

Submission on a notified proposal for policy statement or plan change or variation

Clause 6 of Schedule 1, Resource Management Act 1991
FORM 5



Send your submission to unitaryvplan@aucklandcouncil.govt.nz or post to :

Attn: Planning Technician
Auckland Council
Level 24, 135 Albert Street
Private Bag 92300
Auckland 1142

For office use only
Submission No:
Receipt Date:

Submitter details

Full Name or Name of Agent (if applicable)

Mr/Mrs/Miss/Ms(Full Name)

Katherine Gemma Bulog

Organisation Name (if submission is made on behalf of Organisation)

Address for service of Submitter

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Contact Person: (Name and designation, if applicable)

Scope of submission

This is a submission on the following **proposed plan change / variation to an existing plan:**

Plan Change/Variation Number

PC 21

Plan Change/Variation Name

3 Brightside Road, 149, 151 and 153 Gillies Avenue, Epsom

The specific provisions that my submission relates to are:

(Please identify the specific parts of the proposed plan change / variation)

Plan provision(s)

PC-21

Or

Property Address

Or

Map

Or

Other (specify)

The entire plan change.

Submission

My submission is: (Please indicate whether you support or oppose the specific provisions or wish to have them amended and the reasons for your views)

I support the specific provisions identified above

I oppose the specific provisions identified above

I wish to have the provisions identified above amended

Yes

No

Submission no 90

The reasons for my views are: Please see two sheets attached

(continue on a separate sheet if necessary)

I seek the following decision by Council:

- Accept the proposed plan change / variation
- Accept the proposed plan change / variation with amendments as outlined below
- Decline the proposed plan change / variation
- If the proposed plan change / variation is not declined, then amend it as outlined below.

- I wish to be heard in support of my submission
- I do not wish to be heard in support of my submission
- If others make a similar submission, I will consider presenting a joint case with them at a hearing

KLBref
Signature of Submitter
(or person authorised to sign on behalf of submitter)

16.04.19
Date

Notes to person making submission:

If you are making a submission to the Environmental Protection Authority, you should use Form 16B.

Please note that your address is required to be made publicly available under the Resource Management Act 1991, as any further submission supporting or opposing this submission is required to be forwarded to you as well as the Council.

If you are a person who could gain an advantage in trade competition through the submission, your right to make a submission may be limited by clause 6(4) of Part 1 of Schedule 1 of the Resource Management Act 1991.

I could / could not gain an advantage in trade competition through this submission.

If you could gain an advantage in trade competition through this submission please complete the following:

I am / am not directly affected by an effect of the subject matter of the submission that:

- (a) adversely affects the environment; and
- (b) does not relate to trade competition or the effects of trade competition.

Submission no 90

ATTACHMENT -- Reasons for Submission

1. I/we oppose Proposed Plan Change 21 (PC 21-private) for the following reasons:
 - (a) The proposed plan change has failed to implement the basic direction, objectives and policies of the Auckland Regional Policy Statement (RPS) set out in Chapters B1 & B2. In particular the plan change has undermined the relationship within the intended compact urban form of Auckland between residential, historic, heritage and special character protection and urban intensification development initiatives as outlined in the RPS.
 - (b) While medical facilities are recognised as part of the social infrastructure of Auckland, their location relies on following the spatial objectives of the Special Purpose-Healthcare Facility and Hospital Zone. The subject site does not achieve those objectives or policies.
 - (c) The Special Purpose – Healthcare Facility and Hospital Zone (the “Hospital Zone”) is inappropriate for the subject sites because the sites and their locality do not meet the zone description, objectives or policies found in Chapter H25.1, .2 or .3. Overall the location and scale of the built outcome derived from PC21 undermines the integrity of the Hospital Zone.
 - (d) The subject site lies within an established area of residential zoned land with the Gillies Ave part of the site covered by an overlay which seeks to retain and manage the special character values of this part of Epsom, integrated as it is with the eastern side of Mt Eden. The purpose of the overlay is described in Chapter D18 of the AUP. PC 21 undermines the integrity of the Special Character Overlay by introducing a land use which is contrary in all respects to the heritage and special character purpose of the overlay.
 - (e) PC 21 has potential adverse effects on neighbouring properties and the locality arising from the potential intensity of development, the incompatibility of built form relationships contemplated by PC 21, the proposed reduction in required parking for the private hospital and the requirement for blasting to achieve underground parking. Together, these actual and cumulative adverse effects confirm that the locality of PC 21 is unsuitable.
 - (f) Adverse effects from PC 21 also include the undermining and degradation of the residential and character heritage environment of the subject site and its vicinity as well as the urban amenity considered and protected by the integration of the Single House Zone and the Special Character Overlay in this location.
 - (g) The urban form depicted by the operative land use zone pattern covering the subject site and the surrounding neighbourhood firmly indicates the intention of low scale residential development consistent with the Special Character Overlay which covers part of the subject site and the neighbourhood. PC 21 is contrary to the integrity and purpose of the operative land use pattern and urban design outcomes represented by the operative land use zones.

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- (h) PC 21 incorporates three special character residential buildings which front Gillies Avenue. These dwellings are included for the purpose of demolition and removal to allow the expansion of the private hospital facilities. The loss of these special character dwellings is inconsistent with the purpose of the Special Character Overlay specifically placed over this part of Gillies Avenue and the adjoining hinterland to the west for the purpose of heritage protection imposed through the RPS and implemented through the Special Character area provisions of the AUP district plan provisions.
- (i) PC 21 has failed to protect the substantial trees over the subject area which contribute important landscape and vegetation amenity to the neighbourhood and is recognized in the Special Character Overlay.
- (j) Overall, PC21 has failed to provide the necessary justification required under s.32 of the Act to create the extent of change and modification to the operative planning provisions covering the subject area and the adjoining neighbourhood. In particular –
 - i. the evaluation of the objectives of PC 21 to achieve the purpose of the Act is inadequate,
 - ii. the appropriateness of PC 21 to achieve the relevant objectives having examined alternatives, assessed the efficiency and effectiveness of the proposal to achieve those objectives is not provided , and
 - iii. the summary of the reasons for deciding on PC 21 as the correct course of action does not follow the instruction of s32 RMA, and
 - iv. it has not been demonstrated that the objectives of the applicant cannot be met in appropriately zoned areas of the City.
- (k) The serious failure to address the requirements of s.32 RMA has fundamentally flawed the ability for PC 21 to be considered and assessed under the Act.
- (l) Accordingly, the failure to meet the requirements of s.32 RMA confirms that PC 21 is contrary to the purpose of the Act as set out in Part 2, in particular, it does not provide for the sustainable management of the urban environment of the subject site and the neighbourhood required by s5 RMA. For these reasons PC 21 fails to meet the purpose of the Act and accordingly cannot proceed.

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SUBMISSION BY KATHERINE BULOG IN OPPOSITION TO A REQUEST FOR A PRIVATE PLAN CHANGE BY SOUTHERN CROSS HOSPITALS LTD IN RELATION TO PLAN CHANGE 21 (PRIVATE).

1. I oppose the Private Plan Change for 3 Brightside Road and rezoning of 149, 151, 153 Gillies Ave sought by Southern Cross Hospitals Ltd. My parents reside at 32a Owens Road. This has been my family home for over 20 years. I currently live in Melbourne, but return to stay at my parents' house regularly.
2. Under the current Auckland Unitary Plan, 3 Brightside is currently mixed housing suburban and 149, 151, 153 Gillies Ave is residential single house with special character overlay. Southern Cross wish to rezone these properties (the SX site) to Special Purpose Hospital Zone and Health Care Facility to allow for the expansion of the Brightside Hospital.
3. The proposed development includes the construction of a 16-metre building along the western boundary of 32a Owens Road. The development would significantly reduce my family's enjoyment of the property due to the loss of privacy and light, as well as the sheer bulk and dominance of the proposed building. The existing buildings abutting this boundary are no higher than two storeys and currently only the roofline is visible from my parents' property. The impact on our property has not been given due consideration in the AEE (2019). The statement in the AEE that there are trees on the western boundary of 149 Gillies Ave that would screen the proposed building is incorrect.
4. My family home will also be greatly impacted during the construction of the development. Core samples undertaken by Tonkin and Taylor show a solid basalt underlay at the site to a depth greater than 10.2m. The development of the SX site would require extensive blasting to excavate to a depth of 7m to accommodate the underground carparking required to service a hospital of this size. Extensive blasting over a prolonged period will expose residents to an unacceptable level of noise and stress and will endanger the structural integrity of neighbouring houses and properties.
5. Southern Cross has acknowledged the potential risk to properties during consultation when this issue of excavation and blasting was raised. Southern Cross management proposed that they would survey affected properties before and after excavation, and, negotiate with residents as to repair. Such a solution is an impractical and potentially contentious one. Residents should not be expected to have to negotiate on an individual basis with Southern Cross after sustaining damage to their homes.
6. A commercial development of this scale is inappropriate in a residential area. Southern Cross have not completed a comprehensive section 32 analysis of their proposal, under which they are required to examine alternative sites for the development. At the completion of consultation with the neighbourhood in October 2018, Southern Cross stated that they had not explored alternative sites because the Brightside Rd / Gillies Ave "suits their business model". The commercial interests of Southern Cross should not be protected at the expense of the residents' enjoyment of their private properties in a suburban neighbourhood of recognised special character.

Personal Submission by Gemma Tolich Allen, 32A Owens Rd, Epsom Auckland, 1023 on Application by Southern Cross Hospitals Ltd (SCHL) for a Plan Change under the Auckland Unitary Plan (AUP).

Statement: I wish to express my complete opposition to a Plan Change as proposed by SCHL in their application for Plan Change PC-21.

1. My name is Gemma Tolich Allen. I am an immediate neighbour of the Southern Cross Brightside Rd Hospital, resident at 32A Owens Rd Epsom. I am a Wastewater Biologist by profession.
2. Our (710m²) property adjoins the existing Hospital on the full extent of our southern boundary. The proposed Hospital site at 149 Gillies Ave site, directly adjoins the full extent of our eastern boundary.
3. My husband and I purchased the land at 32A Owens Rd in 1992 and commissioned architects Cook Hitchcock and Sargisson the following year to design a four-bedroom reinforced concrete family home, with separate garage.
4. In 2004 we purchased 120 m² of 30A Owens Rd, incorporating it into our property and constructing a 9m concrete swimming pool with garden. This parcel of land which forms our eastern boundary directly adjoins 149 Gillies Avenue.
5. This has been our family home for the last 25 years where we have lived and raised our three children.

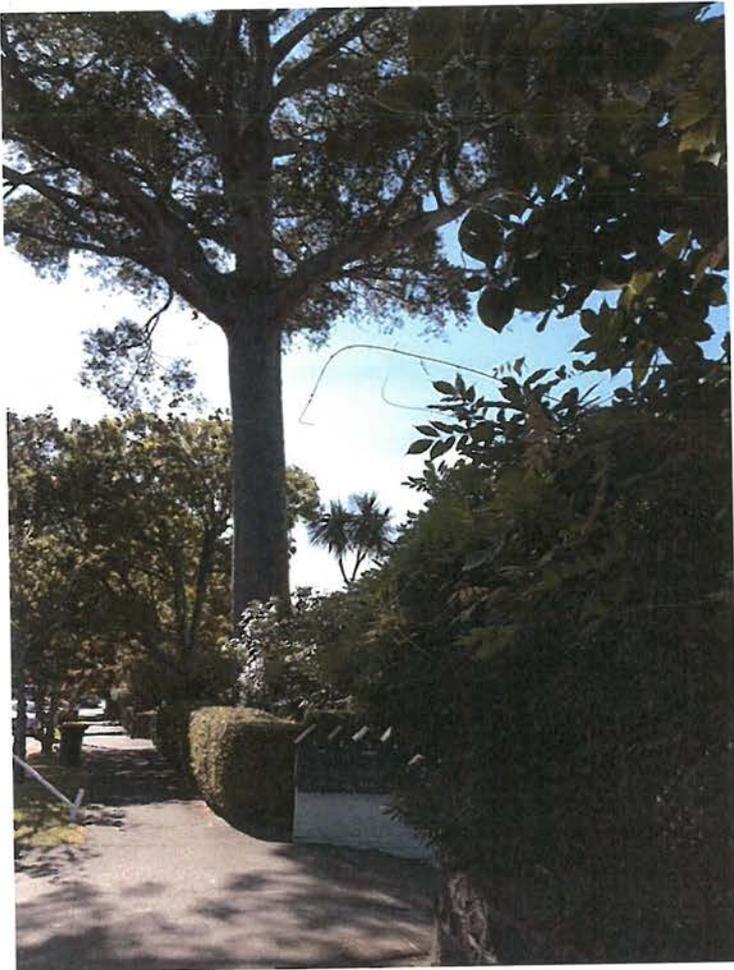
Immediate Surrounds and Neighbourhood Generally

6. We chose to live in the Epsom / Mt Eden location specifically for the many attributes the neighbourhood provided, being a leafy, mature, residential zone with recognised character, within Central Auckland.
7. We have enjoyed the heritage aspects of our immediate community, and the many large specimen trees, planted by the original Owens family which are dotted though out the existing Owens Rd / Brightside Rd block. Four of these trees, two Totara, a Phoenix Palm and a full-size Macadamia tree have been retained on our site, and at our instructions, the house was specifically designed around them, forming a north facing central Courtyard. Specimen Pohutukawa, Puriri, Karaka and Queensland Kauri which are all found within the block, are part of a wider-scale planting undertaken at the same time within the Owens Rd, Gillies Ave area.
8. Native birdlife is prolific within the immediate area and in the neighbourhood generally, connecting the Owens Rd - Brightside block with The Pines, Government House Gardens and the Mountain. The Pines 75 Owens Rd, the adjoining Government Gardens in Mountain Rd and Mt Eden domain, all form part of a designated Significant Ecological Area (SEA)- Terrestrial under the AUP.
9. Throughout the neighbourhood these "islands" with connecting corridors of mature native and exotic trees planted predominantly by George Burgoyne Owen and Thomas Bannatyne Gillies, more than 100 years ago form an interconnected environment, that has sustained and fed the native bird community over generations.

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10. Tui, Kereru (Wood pigeons), Piwakawaka (Fantail) and Ruru (Morepork) are all frequent visitors, residing long-term within the Owens Rd / Brightside Rd. These birds feed and mate extensively within the environment created throughout these adjoining properties.
11. These historic tracts of large mature trees and interconnecting plantings with associated fauna are a rare and iconic feature within Central Auckland and one that should be of prime value in protecting from commercial intrusion. PC21 would lead to greatly increased noise and light pollution, and the inevitable loss of this habitat, species diversity and historical context for the area.
12. The wider neighbourhood, within which the Owens Rd / Brightside Rd block stands, has long been a desired residential area, highly valued for its residential amenities.
13. Excellent schooling, the connection to the Mountain, thriving Village life, kindergartens, the Epsom Library and recreational grounds catering to all ages, are all within walking distance. This residential amenity is an important feature of the neighbourhood, and a fact that favours the young and elderly alike. These factors, taken together form what we can vouch for, as a highly liveable community.
14. Because of these facts I strongly disagree with the assertion in the SFH Assessment of Effects (AEE) Report January 2019 undertaken on behalf of Southern Cross which states at page 15:

“The potential special character and value of the street block overall is relatively low”



Queensland Kauri planted by George Owen circa 1860's – 34 Owens Rd

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36 Owens Rd – an example of well-tended streetscape. The property also retains fine examples of the original George Owens native Planting including Pohutukawa and Karaka

15. The AEE assessment is written by non- residents, whose association with the area can be measured in hours, rather than in years by local residents. It is interesting to note how many stand- alone handsome heritage houses have been completely restored and now occupied by new families over the last 3 – 4 years in both the block between Owens and Mountain Rd as well as Brightside Rd and Gillies Ave.
16. The effects of the current proposed rezoning of the 3 Brightside Rd and the four Gillies Ave sites from mixed residential and single house residential with special character overlay (151, 153 Gillies Ave) to Special Purpose Healthcare Facility and Hospital Zone , on our residence, and the neighbourhood generally, would be immensely detrimental in terms of daily residential living and enjoyment as described above.
17. The proposed Plan change which would allow for a group of commercial buildings with a height of 16m as of right and up to 25m as a Restricted Discretionary Activity, operating 24 hours per day, 7 days per week and providing approximately an additional 100 parking spaces, to be constructed on four residential sites zoned single residence, two of which have a heritage overlay under the AUP, totalling 4,028m², as well as the existing hospital site at 3 Brightside Rd of 5,245m² which is open for complete redevelopment would spell the complete destruction of the immediate neighbourhood in terms of a residential environment.
18. The January 2019 Assessment of Effects Report states:
“There will be effects of increasing height restrictions from 8meters to 16 meters including increased shading, dominance, and privacy effects”
but then goes on to state that these occur throughout Auckland where mixed- use zones, Local Centre Zones, Apartment Building zones or light or heavy industrial zones adjoin mixed housing or suburban zones.

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19. The properties 149 – 153 Gillies Ave are not zoned Local Centre, Apartment Building, light, or heavy industrial, and they would have been substantially more expensive had they been. They are zoned Single House with a special character overlay under the AUP. This was known to Southern Cross, before they went ahead and purchased the properties in 2016 and 2017, having met with Council 24th July 2014 two days after the close of submissions for the AUP, disclosing an opportunity had arisen to purchase 149 – 153 Gillies Ave, as well as presenting with their architects Archimedia and Planners SFH Consultants, the drawings and plans for a new hospital development on those sites, showing three levels with an excavated basement. With regards to this presented design concept the minutes show they were advised by Council officers that:

“the proposed building (which does not reflect traditional building form or building bulk) has the potential to adversely impact on the special character of the area”

20. A summary of the issues in the minutes of the meeting also stated that:

“The site and activity is complex, and the application has the potential to be contentious, consequently the design needs to rest comfortably in its surroundings and within the character of the area”.

21. Under the heading ‘Proposed Auckland Unitary Plan Processes and Submissions’ in the AEE prepared by SFH Consultants Ltd January 2019, it states at page 8 that SCHL *“did not raise the issue around rezoning for the site during the PAUP process for several reasons”.*

“With the properties of 149 – 153 Gillies Avenue not being on SCHL’s radar in terms of potential sites, they were unable to foresee the issue.... Move over, with the site being owned by others, even if they could foresee an issue SCHL could not request a rezoning to HFHZ without the agreement of the owners of the time.” Pgs. 8 - 9.

22. This is not correct. The sites at 149-153 Gillies Ave were on Southern Crosses radar during the submission period. Detailed Plans had been developed for 149 -153 Gillies Ave well before the submission processes closed , Southern Cross also disclosed to Council at the July 2014 meeting they had an opportunity to purchase the sites, but did not discuss the option for a zone change with Council during the Submission Process nor did they lodge a submission on the AUP with Council when they clearly had an opportunity to do so.

23. With reference to other properties noted in the AEE, the proposed building at 149 Gillies Ave is not comparable to Epsom Girls Grammar (Raye Freedman Centre) as asserted on numerous occasions in the January 2019 Report, as the maximum height, of the Epsom Girls Grammar class room block at the southern end closest to Owens Rd / Gillies Ave intersection is 7.5 meters, compared with 16m 20m for the proposed HZHF. The maximum height of the cantilevered roof of the Raye Freedman Centre at the northern end of Gillies Rd closer to the motorway intersection is 10m. The AEE provides other examples of commercial intrusion along Gillies Ave, none of them are comparable to the proposed hospital site, most examples cited being within original residences, with wide setbacks and contained within one smaller property

24. In summary the devaluation and loss of enjoyment, and neighbourhood cohesiveness that would accompany the loss of residential character in this neighbourhood as the result of rezoning a residential neighbourhood to HFHZ would be severe, and irreversible. Southern Cross Hospitals Ltd would benefit commercially, while the cost of this rezoning would be transferred to the immediate community which would be significantly devalued both socially and in terms of amenity.

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32A Owens Rd

25. The Assessment of Effects Report states at page 49 that:

“The location of the subject site relative to adjoining residential properties and the transport network limit the potential for effects, because the adjoining properties are to the North...”

26. This is not correct. Our property at 32A Owens Rd adjoins the proposed building development site at 149 Gillies Ave along our entire eastern boundary and adjoins 3 Brightside Rd along our entire southern boundary. This was known to Southern Cross and SFH Consultants Ltd who prepared the AEE through extensive discussion with them during the consultation process throughout 2017 and 2018.
27. Construction and blasting to a depth of 7 meters through solid basalt for the new Hospital Building at 149 – 153 Gillies Ave will begin 5 meters from our eastern boundary – the width of a living room.
28. The proposed building at 149 – 153 Gillies Ave is shown to be 16 m in height, twice that of the allowable height for the current zoning at 8 meters. However, under the Hospital Zoning a 25m high building can be built as a restricted discretionary activity with no consideration as to the effects, with a 3 m setback from either one or both of our eastern and southern boundaries.
29. I strongly disagree that the HIRB controls and the 3m setback will *“manage the relationship between building bulk and adjacent properties”* as asserted at page 49 in the Assessment of Effects Report.
30. Motu Designs January 2019 Draft Urban Design Assessment referred to our property at 32A Owens Rd, showing an outdated photo taken from Goggle Maps, stating that there are only small or limited windows facing the eastern boundary. This is totally incorrect– our entire downstairs kitchen living area opens out on to the eastern side of our property with garden and pool which flows directly from that part of the house designed as an open Pavilion, and which forms our main living area with open plan kitchen and dining.



32A Owens Rd facing eastern boundary showing extensive indoor- outdoor living plan and 149 Gillies Ave Skyline.

31. The Assessment of Effects Report states at page 51 that in terms of visual privacy:

“The potential effects of visual privacy are mitigated by the location and design of windows, the retention of tall trees which provide visual screening and obscuring of direct views...”

32. None of these factors apply to the effect of the proposed building at 149,151,153 Gillies Ave on our eastern boundary. There are no tall trees which provide visual screening between the 16m proposed building on our eastern boundary. Moreover, there are balconies and windows on the second floor of the proposed building western façade that completely overlook our pool, kitchen dining area and main Courtyard.

33. It is entirely incorrect that the “visual privacy effects are unlikely to be as great as those associated with a two-storey building or the boarding houses” as stated in the Assessment of Effects Report Pg. 51. The current 2 storey boarding house at 149 Gillies Ave does not overlook our property, with only dormer windows and partial roofscape visible from our side. This can in no way be compared with a 16 m building, and to do so is highly misleading.



Eastern Boundary of 32 A Owens Rd directly adjacent to Western Boundary 149 Gillies Ave and Northern Boundary 3 Brightside Rd showing roofscape of current Boarding House.

34. In terms of our Southern Boundary none of the trees that currently provide some screening from the existing hospital such as the Jacaranda, are protected and can be relied upon to remain. The Motu Report highlights this fact also.
35. There are no Plans available for viewing or consultation for the 3 Brightside Rd site which allows 25 m buildings under the Special Purpose Healthcare Facility and Hospital Zone and as such the effects on our property which would extend along our entire southern boundary is unknown, with no criterion for consideration of effects.
36. I strongly disagree with the opinion expressed in the LA4 Visual Effects Assessment Report 2019 Pg. 20 -21. that the visual effects will be minor. The effect will be severe, extensive and irreversible.
37. During consultation with Southern Cross in 2017 and 2018 we raised with them and their Architectural Consultants, and SFH Consultants Ltd the effect the proposed development at 149 – 153 would have on our property in terms of:
 - Privacy

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- Light / skyscape
- Enjoyment of its architectural indoor-outdoor flow
- Loss of value
- Damage during Construction

38. During a chance encounter on Owens Rd with Courtney Bennett Chief of Property and Development for Southern Cross Hospitals on the 13th August 2018, we invited him to accompany us and visit our property.
39. This has been the only viewing by Southern Cross, or their Consultants, of our property during the entire Consultative / Design Process spanning more than 3 years.
40. After viewing the house and vantage points from the Loft / Garage towards our Eastern Boundary, Mr Bennett stated “off the record, your house is *the most affected* (emphasis his) – and we appreciate that”.
41. In February 2019 Auckland Council Planners under clause 23 (1) to Schedule 1 of the RMA have requested further information to be provided by Southern Cross regarding certain Visual Amenity and Landscape Queries including the effects that would be experienced by those living at 30 – 38 Owens Rd.
42. LA4 Landscape Architects responded on behalf of Southern Cross 5th March 2019.

Request

A further analysis and/or graphic depiction (via photos etc) of the effects that would be experienced by those living at 30-38 Owens Road.

Response

In terms of the effects that would be experienced by those living at 30-38 Owens Road I would make the following comments.

The existing mature trees within the Southern Cross site will provide a good buffer and screening towards parts of development enabled by the plan change. Additionally, there are trees within the neighbouring properties in Owens Road. The Owens Road properties are generally orientated north towards the sunlight and not south towards the site. The rear yards of these properties, facing the site are typically service and access yards with associated garaging.

43. As stated previously there are no existing trees on the western boundary at 149 – 153 Gillies Ave, that will in any way buffer or screen the effect of the buildings size and bulk on our property. Indeed, owing to the height of the proposed building there will be unobstructed views directly into, and across, the property from both glazed areas and balconies. This was known by Southern Cross at the time this reply was formulated in February 2019.
44. The size, bulk and density of the proposed 16m building will be visible and will dominate every vantage point from both within the house, and the garden. What is currently a private house garden complex with swimming pool will be obliterated in terms of visual enjoyment and privacy.
45. When describing the north facing aspect of many of the houses at 30 – 38 Owens Rd and the fact that the properties facing the site are ‘typically service and access yards’ LA4 make no mention of

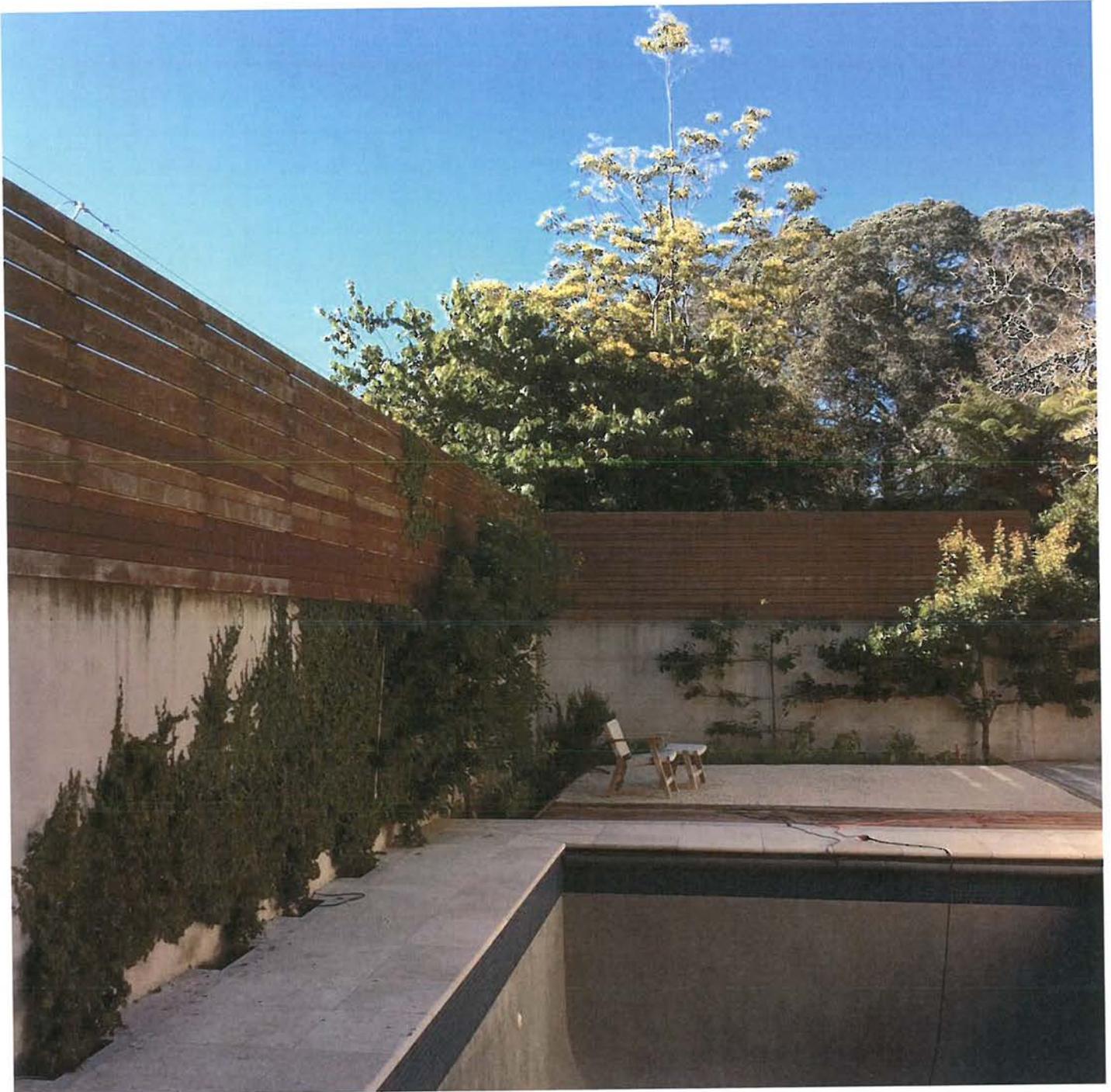
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our eastern side yard with pool and private garden, despite the fact that we are their closest neighbour and in the words of Courtney Bennett “most affected”.

46. LA4 have not undertaken a Visual Impact assessment from our property or included a montage of the building as it will be seen from within our boundaries nor of the potential for 25 m buildings to be set back 3m from our eastern and southern boundaries.
47. I conclude that LA4 have not “undertaken a comprehensive visual effects assessment of the implications of development permitted under the H25 provisions”, as they state at page 20-21 in their Visual Effects Assessment Report 2019 and as referred to in the AEE at page 56.



View from upstairs master bedroom 32A Owens Rd facing eastern boundary skyline 149 Gillies Ave.



Pool and Garden 32A Owens Rd adjoining the western boundary at 149,151 Gillies Ave and the Northern Boundary at 3 Brightside Rd.

Shading

48. The Assessment of Effects Report states that:

“The bulk and scale of a hospital building enabled on this location will have shading effects....” Pg.

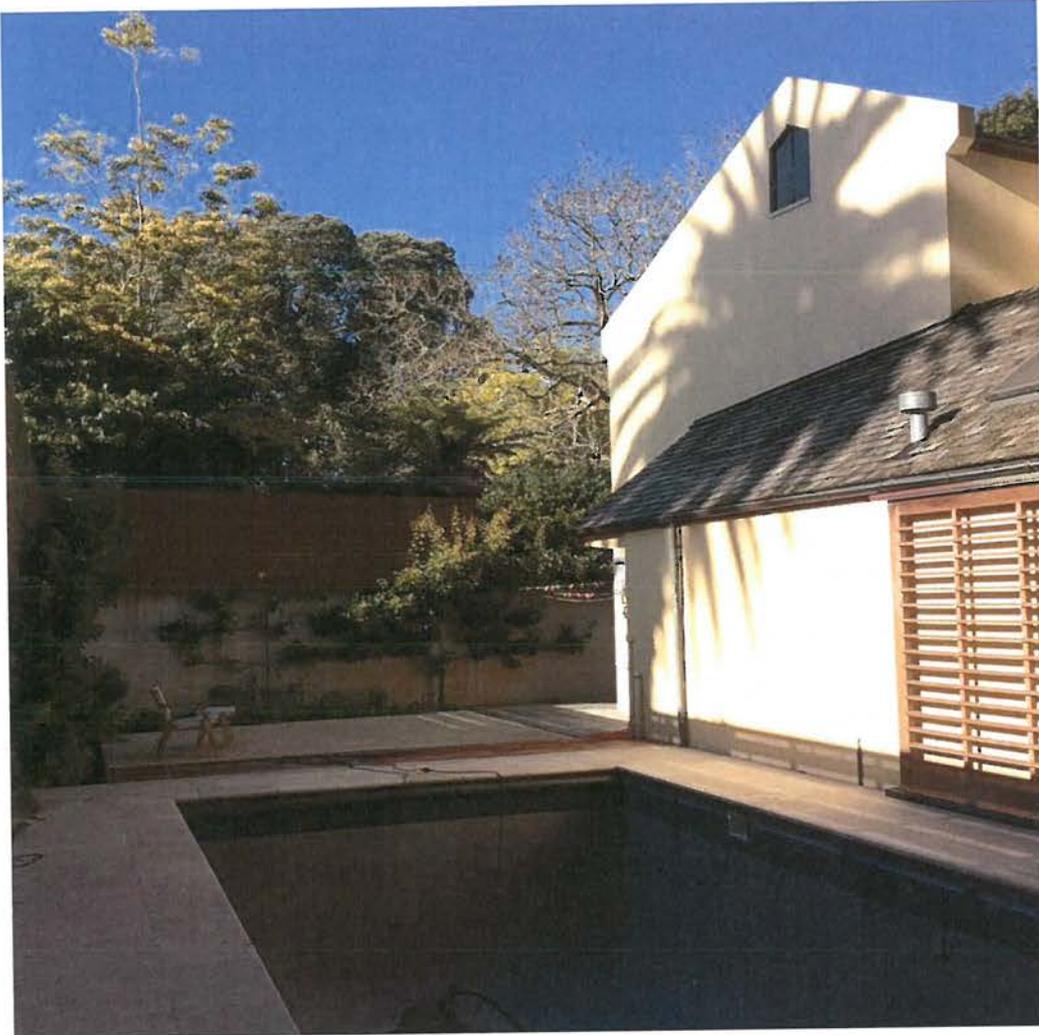
49. We agree with this, knowing that the shading effects on our house and garden will be extensive, irreversible and highly detrimental in terms of our daily living.

50. Morning light in our kitchen dining room which is hereto unobstructed by any tree shading will be severely reduced. Archimedia (29/10/18) in relation to shadowing effects for this part of our property assert at page 51 that:

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“the existing boundary walls and mature evergreen trees on the North end of the site are already the major contributors to shading impact through the mornings”.

51. This statement is not correct as shown in the photo below which shows morning light (7am GMT 18 November 2019) streaming onto the kitchen walls and sliding doors. This light will be severely reduced by the bulk and scale of either a 16m or 20m building.



Eastern aspect of 32A Owens Rd showing morning light 7am GMT 16 November 2018

52. It is disingenuous to say that the effects of this development on 32A Owens Rd “will be minor”.

Blasting and Excavation.

53. Excavation for the proposed basement carpark at 149, 153, 155 Gillies Ave (Archimedia Design Statement, Brightside 2. October 2018) is shown by the Tonkin and Taylor Geotechnical Assessment Report (August 2018) to be extensive, through 7m of solid basalt rock, with the finished floor level of the proposed basement 5.5m below the existing ground level at the site.
54. Boreholes taken on the site in February 2018 by Tonkin and Taylor are noted in their Report at page 4 as “a series of massive basalt layers to depths greater than the deepest borehole at 10.2 m below ground level”.

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55. The report proposes excavation using mechanical excavation saying the massive basalt (approximately 60 – 80%) will likely need to be broken up prior to excavation. The report also outlines for the massive basalt, hard ripping or hydraulic breaking is likely to be suitable for the site. Blasting is proposed as” one of the optional “methodologies” for excavation of the new basement.
56. Excavation of the new basement is shown to begin 5 m in from our eastern boundary wall.
57. It has been estimated by Dr Stuart Rabone, Geologist and Geotechnical expert who provided expert evidence at the original development of Southern Cross Hospital at 3 Brightside Rd in the mid 1990’s, that around 17,000m³ of basalt will need to be removed. He has advised that basalt rock at 140mPA is extremely strong and will need to be removed by blasting.
58. The Civil Engineering Report by Babbage, February 2019, that accompanies the Southern Cross Plan Change proposal does not refer directly to the basalt rock underlay at 149 – 153 Gillies Ave, rather referring to it obliquely as “volcanic material”. The extent of the basalt underlay is therefore not referred to and the reader could be led to believe the “volcanic material” is scoria and rubble, as opposed to a solid basalt underlay identified by Tonkin and Taylor as being more than 10m in thickness. The Babbage Report does not reference the core sampling undertaken by Tonkin and Taylor, the fact that the Report exists and makes no mention of blasting as the means of excavating through 7m of solid basalt rock.
59. During our residents meetings with Southern Cross in 2017 and 2018 this issue of excavation and blasting was raised by us. In response Southern Cross management proposed that they would survey affected properties before and after excavation, and, negotiate with residents as to repair.
60. Firstly, this would be an unnecessarily stressful and potentially contentious process for residents to go through, and, judging from experience with previous damage / blasting for the 3 Brightside Rd excavation in 1997 -1998, likely to be a long drawn-out and unsatisfactory process.
61. A non-damaged house is not of the same value as a damaged house that has been repaired, and serious devaluation would result for any residents who wished to sell.
62. Blasting at this depth, and in such close proximity to established residents, pedestrians and cyclists (x2 daily school children along Gillies Ave from Epsom Girls, Auckland Boys Grammar, Kohia Terrace School, and Auckland Normal Intermediate as well as Diocesan School for Girls) is both unacceptable and highly dangerous.
63. Because of the very close proximity to the site (5m in from our boundary and adjacent to our pool outdoor living space) it would render our property un-liveable during the excavation process, which is estimated to continue for 2 -3 years. Southern Cross would not be able to ensure our safety, or the safety of our family from fly-rock during blasting. During the excavation in the late 1990’s, which we lived through, fly rock was a common feature of the blasting process with neighbours at 15 – 20m distances from the excavation site recording large rocks falling within their properties. Household movements must be scheduled around sirens forewarning of blasts and this gives rise to constant anxiety and a sense of living under siege.
64. The site will in effect operate as an open quarry within a highly confined residential space, adjoining open living areas. On the Gillies Ave side there is constant pedestrian traffic throughout the day, particularly by school children, who do not have the necessary skills to negotiate the daily risk.

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65. There has been no in-depth assessment of effects as to the blasting required to excavate. The value of our property as an undamaged 4-bedroom, 3 building, architecturally designed home in quality materials within a residential zone is likely to be severely devalued. This will be particularly realised over the long term, but also throughout the entire construction period which is, owing to the size of the proposed buildings arising from the HFHC rezoning, and the blasting required, likely to extend over a number of years.

Compliance of the existing Hospital 3 Brightside Rd with existing Consent Conditions

66. The Southern Cross hospital at 3 Brightside Rd has not met its Consent Conditions in terms of parking requirements (Condition 24) and deliveries (Condition 23) since it first began operation.

67. From 1999 when this hospital began its operation until August 2018 delivery and waste removal trucks operated multiple times per week throughout the night and early hours of the morning despite Condition 23 stating:

“All delivery and removal of material to and from the site such as refuse, laundry etc shall be carried out between 7.00am and 7.00pm.”

68. Our household was not aware of this condition and first learnt of it when we began consultation with Southern Cross management over the proposed Gillies Ave development in 2017 and raised it as an existing issue.

69. From 1999 to 2017 Condition 23 was breached multiple times per week, with trucks backing, beeping and clanging as they collected refuse. During the early hours of the morning deliveries arrived before dawn. The noise, as well as sweeping headlights meant the entire household of two adults and 3 children was affected to some extent, but our youngest child whose bedroom was closet to the hospital service area was woken repeatedly in the early hours of the morning throughout all his schooling including through his senior exams.

70. It is inconceivable to believe that hospital management was unaware of this activity occurring weekly over decades. These breaches only ceased, and it only ceased in August 2018 when Southern Cross management mindful of their desire to acquire new and more widespread town planning and resource management consents negotiated with delivery and waste companies to abide by the consented delivery times.

71. Condition 24 states:

“The Consent holder shall use its best endeavours to ensure that all staff park their vehicles on-site within the specified areas beneath the hospital building.”

72. This Condition has also been breached continuously, throughout the operation of Southern Crosses Hospital at 3 Brightside Rd.

73. Parking along Brightside Rd and Shipherds Avenue first began in 1999 and over a short time changed the nature of those streets in term of availability of parking and their relaxed residential nature. The number of parking spaces required by the Hospital under the consent condition 24 has not been provided for; some of the required parking spaces having been converted into storage. Staff have made liberal use of the surrounding streets for convenient parking at the expense of the neighbourhood generally.

Submission no 91

74. These examples of flagrant breaches of the conditions of consent for the existing hospital have impacted on our daily living, and our immediate environment. These breaches have continued under Southern Cross management's knowledge of these infringements. As a result, we have very low confidence in Southern Cross complying with new Town Planning Consents should they be granted.



Residential Character; as seen from the street 34 Owens Rd showing Rooftops of 30, 32A Owens Rd with 149,151 Gillies Ave in the distance.



Owens Rd Brightside Rd showing typical iconic rock walls and planting where the *“The potential special character and value of the street block overall is relatively low” AEE Pg.17*



Pavilion style kitchen/ living area of 32A Owens Rd opening out to eastern boundary adjoining 149 Gillies Ave.

Gemma Tolich Allen

13 April 2019

Gemma Tolich Allen

Submission on a notified proposal for policy statement or plan change or variation

Clause 6 of Schedule 1, Resource Management Act 1991
FORM 5



Send your submission to unitaryplan@aucklandcouncil.govt.nz or post to :

Attn: Planning Technician
Auckland Council
Level 24, 135 Albert Street
Private Bag 92300
Auckland 1142

For office use only
Submission No:
Receipt Date:

Submitter details

Full Name or Name of Agent (if applicable)

Mr/Mrs/Miss/Ms(Full Name)

ROBERT STERLING SPEER

Organisation Name (if submission is made on behalf of Organisation)

Address for service of Submitter

3A SHEPHERDS AVE, EPSOM, AK 1023

Telephone: OR 74 920 972

Fax/Email: robert@speer.co.nz

Contact Person: (Name and designation, if applicable)

Scope of submission

This is a submission on the following proposed plan change / variation to an existing plan:

Plan Change/Variation Number PC 21

Plan Change/Variation Name 3 Brightside Road, 149, 151 and 153 Gillies Avenue, Epsom

The specific provisions that my submission relates to are:
(Please identify the specific parts of the proposed plan change / variation)

Plan provision(s)

Or
Property Address

Or
Map

Or
Other (specify) THE ENTIRETY OF THE PROPOSAL

Submission

My submission is: (Please indicate whether you support or oppose the specific provisions or wish to have them amended and the reasons for your views)

I support the specific provisions identified above

I oppose the specific provisions identified above

I wish to have the provisions identified above amended Yes No

Submission no 92

The reasons for my views are: EXPLAINED IN AN ATTACHMENT

(continue on a separate sheet if necessary)

I seek the following decision by Council:

- Accept the proposed plan change / variation
- Accept the proposed plan change / variation with amendments as outlined below
- Decline the proposed plan change / variation
- If the proposed plan change / variation is not declined, then amend it as outlined below.

- I wish to be heard in support of my submission
- I do not wish to be heard in support of my submission
- If others make a similar submission, I will consider presenting a joint case with them at a hearing

[Signature]
Signature of Submitter
(or person authorised to sign on behalf of submitter)

16 April 2019
Date

Notes to person making submission:

If you are making a submission to the Environmental Protection Authority, you should use Form 16B.

Please note that your address is required to be made publicly available under the Resource Management Act 1991, as any further submission supporting or opposing this submission is required to be forwarded to you as well as the Council.

If you are a person who could gain an advantage in trade competition through the submission, your right to make a submission may be limited by clause 6(4) of Part 1 of Schedule 1 of the Resource Management Act 1991.

I could / could not gain an advantage in trade competition through this submission.

If you could gain an advantage in trade competition through this submission please complete the following:

I am / am not directly affected by an effect of the subject matter of the submission that:

- (a) adversely affects the environment; and
- (b) does not relate to trade competition or the effects of trade competition.

Submission no 92

ATTACHMENT TO Submission by R. Speer to Southern Cross plan change 21 (private) 1

ATTACHMENT TO:

SUBMISSION BY ROBERT SPEER IN OPPOSITION TO A REQUEST FOR A PRIVATE PLAN CHANGE BY SOUTHERN CROSS HOSPITALS LTD IN RELATION TO PLAN CHANGE 21 (PRIVATE).

1. I am a resident in Shipherds Avenue, living in close proximity to the proposal. I have lived here for 16 years.
2. I wish to make a number of points in opposition to the proposal and I am doing this in a private capacity as a local resident. However, I wish to point out that I am a professional planner with over 25 years experience especially in economic planning acting for both private clients and local councils.

The reasons for my submission are:

A. KEY REASONS

3. In essence, the Southern Cross (SX) proposal is a plan change to "institutionalise" a large hospital complex as a permanent commercial intrusion into a well-established residential area. While hospitals are technically considered "community activities" by the AUP, by nature and scale and intensity of effects this proposal is nothing short of a large commercial enterprise. The existing SX Brightside Hospital currently employs around 130 staff. It will ultimately employ over 3x this level if the proposal is approved that would enable over 15,000m²/gfa of hospital space to be housed within buildings potentially up to 25 metres in height across the greater site. This business will target a city-wide, even region-wide, customer base not in any way local or community based in scale. The SX not-for-profit business model is irrelevant to the nature of the activity being a large hospital operating 24/7 including a wide range of non-hospital activities.
4. Hospitals are an activity recognised to have wide-ranging adverse effects. Hence it is notable that hospitals have been recognised as a non-complying activity in all residential zones. It is also notable that in the Healthcare Facilities and Hospital Zone description it is clearly recorded that hospitals "are generally large land extensive facilities with a range of activities relating to their primary function" and their "site generally consists of extensive and highly visible buildings and substantial carparking areas." None of these features sit well in a low-density residential and special character area as found immediately surrounding the subject site. Hence, it is notable that no type of hospital or large commercial activity is permitted in residential zones; this is the baseline into which the hospital is intruding. The outcome would be a large hospital/commercial island surrounded by residential. This is the antithesis of Council's planning goal for "liveable communities" that is being strived for through application of the Auckland Unitary Plan (AUP).

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5. There are numerous likely adverse effects arising from the proposed rezoning. Matters of particular concern to me include:
- Large commercial activities including hospitals are non-complying activities in residential zones; these business activities are inherently in conflict with residential amenity including noise and light-glare, and deliveries and visitors, large traffic flows and streetside parking demand, and general busyness on a 24/7 basis.
 - The AUP has downgraded previous legacy district plans that enabled hospitals as “discretionary activities” in residential zones. This is because of the many known adverse effects on surrounding neighbourhoods. It would be inappropriate to ignore past experience.
 - The location context includes a residential special character amenity overlay on top the majority of local residential sites being zoned Residential – Single House ... this is the lowest development density anywhere in the city. The nature/character of the area is residential homes including many pre-1940 heritage dwellings, families, schools, Mt Eden Mountain, trees and green space. This environmental context is as non-commercial as you can get and is the background against which a new hospital zone will be “imposed”.
 - Proposed building height up to 16metres permitted and up to 25metres under certain circumstances. This contrasts greatly with the 8metre maximum allowed in the surrounding residential area. This is a 200% to 300% increase with consequences for privacy, overlook and shadowing of adjacent residential properties.
 - Proposed large building bulk will extend along the full frontage of the subject site on Gillies Ave and potentially most if not all of Brightside Road. Redevelopment of the existing hospital building will be possible to provide for 5-6-even 7storey buildings. This scale of building bulk will enable visual imposition and dominance completely out of character with the local area which is largely comprised of one and two storey buildings often on large single sites.
 - Hospital building size could increase 300% - 400% on the existing base. This scale of increase will be reflected in a substantial increase in “general busyness” across the site. This increase applies not only to a hospital activity but now includes the introduction of multiple consulting rooms and associated medical services not currently permitted at the existing hospital. The sum total is a substantial increase to staffing, patient-flow, traffic and carparking demands.
 - Subsequent development of other medical activities on adjacent properties. This is commonly found surrounding other major hospitals. This simply means that approval of the hospital zone will not be confined to the site itself but will provide impetus for further commercial development on nearby properties. This is cumulative effects in action and will imply further decay of residential amenity.

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- Significant shortfall in onsite parking coupled with more traffic generation in a residential area. Surrounding streetside parking is already at capacity usage because the existing hospital only provides onsite parking that serves barely 50% of the actual demand from staff and visitors. What does hospital expansion potential of 300% or more mean to this situation, especially when the plan change specifically seeks a dispensation for a major reduction in onsite carparking?
 - The plan change is silent on excavation and blasting but the site sits over solid basalt. This commercial-type development will require blasting across a wide part of the site with inherent issues around safety. Flyrock, noise, dust, vibration and property damage, and a long duration period that could span years are the likely consequences of a major development here. Blasting for excavation is fundamentally an unsafe activity within a highly developed urban area within close proximity to housing, high passing traffic levels, and high pedestrian traffic especially school generated during pre and after-school hours. Previous excavation to establish the existing hospital encountered all of the above problems and only involved around half of the volume likely to be now required for this new proposal. Specialist evidence from other submitters will explain this in detail.
6. Integrity of the Auckland Unitary Plan (AUP) and public confidence in this document is important to the people and communities of Auckland and is essential to consider. Further, "the Plan should be read as an integrated whole", as recommended by the Hearings Panel in presenting its final recommendations in July 2016. Essentially, this means there is a place for every activity but just not all activity-types in the same zone. The proposal does not meet any objectives and policies for residential areas.
 7. "Precedent" is part of the integrity issue. If something as major as this proposal is deemed to be acceptable within a clearly defined low-density residential neighbourhood, does this mean that other non-residential activities are then deemed suitable to intrude into residential areas elsewhere? This would be the antithesis of good planning and the antithesis of AUP intentions clearly emphasising the need to foster the development of "liveable communities".
 8. Cumulative effects are a real factor to have regard to, as explained in the RMA at s.3(d) – "Meaning of "effect" ... (d) any cumulative effect which arises over time or in a combination with other effects." The site already has a strong history of cumulative effects, starting from a private homestead, to a small nursing home for 40-50 years, to the hospital we know today for the past 20 years, to the potential for major further expansion as proposed.
 9. By the proposed plan change, not only is the hospital function being expanded but so are the range of "permitted" ancillary medical services like consulting rooms and ancillary medical services. Noteworthy, in the previous Environment Court decision 1997 such ancillary services were clearly declined because of the extra intensity this would impose on surrounding residential areas. Nothing has changed about the extra impacts such ancillary services would bring to the area.

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10. There is no demonstrated need for expanded private hospital facilities on this site. Healthcare infrastructure in Auckland and NZ reveals a long-established history in predominantly public funded healthcare. Of total money spent, public funded healthcare averages 80-85% while private healthcare averages 15-20%. In addition, projected government health spending is expected to continue growing. This is reflected specifically around Auckland with new surgical theatres recently committed in Waitakere Hospital (3), North Shore Hospital (4), and Manukau Surgical Centre (4-6), plus a brand new acute hospital in South Auckland; this represents about a 25% increase over current capacity.
11. On the other hand, in the private health sector there is a recognised trend of static numbers in "lives covered by health insurance"; relative to population growth, membership is actually declining. These members are the primary users of private hospitals. Further, in the private hospital sector there is a recognised theatre capacity of around 65%-75% occupancy reported, plus there are other new private surgical facilities planned around Auckland. The New Zealand Private Surgical Hospitals Association clearly understands this position when it expressed in its 2017 briefing paper to the Minister for Health that the private sector has "significant capacity to absorb additional load".
12. The overall picture is one that shows expanding government expenditure to achieve clear goals to substantially expand access to elective surgery for the general public through new public sector facilities, while in the private sector there are elements of static health insurance membership compared to population growth, surplus theatre capacity in today's facilities, plus an expanding number of new private surgical theatres being built. The conclusion is that the urgency to the SX claim for needing new facilities is not at all correct and certainly not on this site.
13. Alternative locations have not been given any serious consideration. "Alternatives" is what section 32 in the RMA is all about. However, supporting documents included with the application show little consideration to this important issue. There is no residential zone in the AUP that provides for hospitals. But there are several business zones that do provide for hospitals as discretionary activities subject to basic assessments about traffic safety and standards of amenity.
14. The Brightside Hospital site is not a unique location for a hospital function. No commentary in the application supports the Brightside site as having any type of strategic locational advantage not available elsewhere. In fact, what the reporting shows is that the key location factors sought by SX can be ably met at many alternative business zone locations. The applicant shows no appreciation of the numerous alternative locations available to it but states that it will be subjected to inappropriate reverse sensitivity issues in a business zone. This is incorrect. Business-Mixed Use and Business Light Industry zones have high performance standards for matters like noise, dust and toxic air pollutants which SX object to. Thus, it is not surprising that SX was happy to undertake extensive hospital extensions at its North Shore Wairau Rd medical campus located on land zoned Business-Light Industry.

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15. Overall, PC21 has failed to provide the necessary justification required under s.32 of the Act to support the proposed change and modification to the operative planning provisions covering the subject area and the adjoining neighbourhood. In particular:
 - i. the evaluation of the objectives of PC 21 to achieve the purpose of the Act is inadequate,
 - ii. the appropriateness of PC 21 to achieve the relevant objectives having examined alternatives, assessed the efficiency and effectiveness of the proposal to achieve those objectives is not provided , and
 - iii. the summary of the reasons for deciding on PC 21 as the correct course of action does not follow the instruction of s32 RMA, and
 - iv. it has not been demonstrated that the objectives of the applicant cannot be met in appropriately zoned areas of the City.

16. The serious failure to address the requirements of s.32 RMA has fundamentally flawed the ability for PC 21 to be considered and assessed under the Act.

17. Accordingly, the failure to meet the requirements of s.32 RMA confirms that PC 21 is contrary to the purpose of the Act as set out in Part 2. In particular, it does not provide for the sustainable management of the urban environment of the subject site and the neighbourhood required by s5 in the RMA. For these reasons PC 21 fails to meet the purpose of the Act and accordingly cannot proceed.

18. The SX application should be viewed in the light of all the above inadequacies and if this is done then the answer about the Brightside site is obvious ... the hospital zone proposal is in the wrong place and it should be declined in its entirety.

B. ADDITIONAL RESEARCH AND EXPLANATORY NOTES ABOUT MY REASONS FOR OPPOSING THE PROPOSAL

19. I have undertaken additional research into a number of topics of direct relevance to the proposal including adverse effects, need for new private hospital facilities, and "alternatives" available to locate a hospital activity.

THE TOPICS I WISH TO PROVIDE ADDITIONAL INFORMATION ON INCLUDE:

1. Comparison of the proposal with existing residential standards
2. The AUP is an integrated document
3. Hospitals are a non-complying activity in residential zones
4. Cumulative Effects
5. Parking Effects
6. A Perspective on public healthcare and private healthcare
7. Need/demand for new private hospital surgery facilities
8. Alternatives and s.32
9. Summary... the SX hospital proposal is in the wrong place.

(1) COMPARISON OF THE PROPOSAL WITH EXISTING RESIDENTIAL STANDARDS

20. To get a feel for what is actually changing from a resident's perspective, consider the details of TABLE A below which identifies the standards of the existing hospital and its underlying Residential Mixed Housing Suburban Zone compared to what is proposed by the plan change.

21. Fundamental features highlight:

- | | |
|-------------------------------|---|
| • Site area increase | + 75% to 9,273m ² land area |
| • Building area increase | +200% to 15,000m ² or more building area |
| • Building height increase | +100% to +200%, to 16metres and up to 25m |
| • Building Bulk | spanning two road frontages in excess of 70m length |
| • Operating theatres | unlimited in number |
| • Other healthcare activities | unlimited in number |
| • Operation types | day-only + overnight surgery vs. only overnight now |
| • Excavation/blasting | +100% more than previously experienced 1998-1999 |
| • Special character homes | 3 x to be lost, and 3+nursing home previously lost |

22. The scale of change has to be considered "massive" compared to the existing residential baseline. None of the new standards come anywhere close to respecting a residential scale and intensity of development. There are no "minor effects" from this scale of intrusion, only significant adverse effects.

23. Overall, TABLE A clearly shows that the proposal is dramatically at odds with the stated intentions for development standards and amenity values of adjacent residential areas, including the site on which the existing hospital stands. There is a complete incompatibility between the existing residential standards and the proposal, and the hospital plan change should be declined on the grounds of substantial adverse effects to a well-defined residential neighbourhood.

24. The dramatic differences in standards between the local residential zones and the proposed hospital zone are understandable when you look at the hospital zone description about what the hospital zone is intended to provide for :

"generally large land extensive facilities with a range of activities relating to their primary function ... [and where the] ... site generally consists of extensive and highly visible buildings and substantial carparking areas."

None of these features sit well in a low-density residential and special character area as found immediately surrounding the subject site.

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TABLE A - Comparison of standards of the existing hospital with the Proposal

	<u>Existing</u>	<u>Proposed</u>	<u>Total</u>	<u>Change</u>
1. Site area	5245m ²	4028	9273m ²	+75%
2. Building area	4966m ²	+8,500m ² Indicative, <u>and more</u> across greater site	15,000m ² +	+200%+
3. Building height	8metres	16metres And up to 25metres Or more as "discretionary"		+100% +200%
4. Building bulk	2 x storeys +basement parking	4-6 x storeys, and up to 7-8 storeys and up to 55metres long		Very large, highly visible structures
5. Operating theatres	3 approved +1 illegally used	Unlimited capacity for many more		+200% or more
6. Other healthcare/ consulting rooms	NIL allowed; specifically declined in the existing consent	Unlimited capacity for extra businesses		Substantial increase in the scale of business throughput
7. Day or Overnight	Overnight only, as specified in the existing consent	Day-only + overnight from more day-use		More patient turnover means high activity generation
8. On-site carparking	57 actual Vs. 61 required by the existing Resource Consent	??? BUT large reduction requested from Base standards		vs. Major increases in: • bldg. areas • operating theatres • day-only + overnight patient base increase • wide-ranging ancillary Consultants+Services • streetside parking demand already high
9. Special character Residential homes	3 x lost originally + nursing home	3 more to be removed = 7 in total		Neighbourhood Character destruction
10. Excavation	approx.. 9,000m ³ removed in original build, over 2yrs including frequent Blasting of basalt base	Potentially 16-17,000m ³ now required to achieve indicative basement structure at 7metres depth, could take 3+yrs		•Vibration/property damage • Flyrock/safety • Noise/dust • Traffic interruption • Over prolonged time

(2) AUP IS AN INTEGRATED DOCUMENT

25. It is considered good planning practice to encourage a scale of development that reflects the nature and character of the community in which it is located. The AUP reflects this. Not everyone agrees with all parts of the current AUP but it did emerge from a comprehensive public consultation and hearings process. Notably, SX made no submissions of any type during the consultation process even in relation to the existing site.
26. The outcome of the AUP is clear guidelines for achieving development integration to a large urban setting, attempting to minimise conflicts between adjacent activities and maximise amenity standards within similar activity areas. Without a district plan, the development result is chaos; free market forces do not respond well to soft unenforceable concepts like "in the public good" and "creating a liveable city" unless there are rules expressed in zones.
27. Around Auckland there is a range of residential and business zones that provide for small and large development opportunities and collectively enable virtually all types of development and sizes. An activity not permitted in a particular area does not imply any merit for development by exception; rather, it means it is in the wrong place. Planning is not about enabling development "by exception".
28. The integrity of the overall district plan is important to keep in mind at all times, and in this regard an over-riding comment from the Independent Hearings Panel in recommending the AUP is noteworthy [report 22 July 2016, pg.5]: "The reasons for the Panel's recommendations whether to keep or to change provisions are set out in the recommendations and, like the Plan itself, should be read as an integrated whole." (my emphasis).
29. There are a number of reasons why the integrity of the AUP should be given strong regard.
- The AUP is only 2 years old
 - The AUP was "born" out of considerable public debate
 - The AUP is about "creating liveable communities"
 - The AUP was designed as an integrated document. There is provision for all types of activities, including hospitals, just not all activity types can locate in every zone
 - The objectives and policies of the Residential Single-House Zone and the Residential Mixed-Use Residential Suburban Zone immediately surrounding the SX site provide for housing only
 - Hospitals are not permitted in residential zones for obvious reasons of incompatible adverse effects between a large 24/7 hospital activity vs. residential amenity standards
 - Nor are any other types of large commercial activity permitted in residential zones, for the same reasons

- The existing SX hospital is already an example of cumulative effects, and the proposal will compound this manyfold.
- Precedent – if a hospital or other large commercial activity is allowed to move into core residential areas as an “island”, does this mean the city can look forward to more and more commercial intrusion into residential elsewhere? This is the antithesis of good planning.
- The AUP places great emphasis on developing “liveable communities”. This implies the right location for the right activity so as to minimise adverse effects.

30. The SX Brightside Hospital is in the wrong place. It is completely surrounded by residential for several blocks with mostly a low density and high amenity residential zone that provides for large single family homes with large gardens and lawns including heritage buildings or low intensity townhouses all up to an 8-metre height only – one to two storeys. A major 5-6 storey-or-more hospital structure with associated healthcare activities in no way resembles these characteristics. The juxtaposition of these activities represents poor planning.

(3) HOSPITALS ARE A NON-COMPLYING ACTIVITY IN RESIDENTIAL AREAS

31. The AUP is an integrated document, not a pick and mix activity for land owners to take what they like and ignore what they don't like.

32. It is significant that hospitals are Non-Complying activities in residential zones.

33. Previously in the Auckland City legacy district plan, hospitals were a Discretionary activity in residential zones, as was the case when the first SX application was made in 1994-1997. Notably, hospitals are no longer a recognised activity in any residential zone. This recognises the many known adverse effects on surrounding residential areas including traffic, noise, night light glare, a non-residential development scale and building bulk, and a high level of “general busyness” not typically found in residential communities. The same applies to all other types of large commercial activities which are also considered Non-Complying in residential zones.

34. Immediately surrounding the SX site is a broad band of residential, predominantly Single House Zone and some Mixed Housing Suburban. Common to both these zones is the absolute intent by Auckland Council, as set out in its Auckland Unitary Plan 2016 (AUP) at Part H3 and H4, to have residential areas of high amenity value that reflects a suburban built character not commercial.

35. For example, the purpose of the Single House Zone (Part H3.1 in the AUP) is described as “to maintain and enhance the amenity values of established residential neighbourhoods ...the particular amenity values of a neighbourhood may be based on special character informed by the past, spacious sites with some large trees ... or other factors such as established neighbourhood character.”

Every one of the highlighted amenity values apply to the Epsom-Eden area : special character informed by the past, spacious sites, large trees, established neighbourhood character. Epsom-Eden are old established "inner-city" neighbourhoods in today's vernacular being founded in the early 1900's. There is a high level of residential integrity throughout the area in terms of one and two storey homes usually on large landscaped sites; the absence of commercial intrusion is noteworthy

36. Part H3.1 goes on: "To support the purpose of the zone, multi-unit development is not anticipated...the zone is generally characterised by one to two storey high buildings [up to 8 metres] consistent with a suburban built character."

So not even multi-unit development is anticipated, let alone a commercial enterprise (hospital) across 9000m² of land potentially up to 25 metres (7-8 levels) in height.

37. Under H3.3 – policies, it is clearly stated that : "non-residential activities provide for the community's social, economic and cultural well-being, while being in keeping with the scale and intensity of development anticipated by the zone so as to contribute to the amenity of the neighbourhood."

A hospital is not a community-based activity but city-regionwide, it is not in keeping with the scale and intensity of development anticipated in low density residential zone, and it does not contribute to the amenity of a residential neighbourhood.

38. The same issues apply under the Mixed Housing Suburban Zone, where at Part H4.1 in the AUP, it is described as "... the most widespread residential zone covering many established suburbs... characterised by one or two storey [up to 8 metres], mainly stand-alone buildings, set back from site boundaries with landscaped gardens. The zone enables intensification, while retaining a suburban built character...".

39. Non-residential activities are very limited and must meet these standards : "provide for the community's social, economic and cultural well-being, while being compatible with the scale and intensity of development anticipated by the zone so as to contribute to the amenity of the neighbourhood".

The SX proposal is nowhere near meeting these standards, in fact it is at the opposite extreme with a city-wide business focus, a commercial scale and intensity far in excess of residential standards, and bringing numerous adverse effects impacting the amenity of the residential neighbourhood.

40. Additionally, there are other housing zones around the city, but none accommodate hospitals. Rather, a hospital activity is clearly confined to Business zones which is understandable given hospitals are a "commercial business" recognised to have wide-ranging negative attributes for a residential neighbourhood, especially a tall and bulky 6-7-8 storey surgery hospital operating 24/7.

41. And even at the big-picture level, the contradiction between commercial and residential is clearly respected. In the AUP at Chapter A – Introduction, these key points are recorded:

- At A1.1, about the purpose of the Plan, these key roles are identified:
 - The Plan describes how the people and communities of the Auckland Region will manage Auckland's natural and physical resources while enabling growth and development and protecting the things people and communities value;
 - The Plan provides the regulatory framework to help make Auckland a quality place to live, attractive to people and businesses and a place where environmental standards are respected and upheld.

- At A1.6.4, about zones :
 - Zones manage the way in which areas of land... are to be used, developed or protected. The spatial application of zones generally identifies where similar uses and activities are anticipated."

- And at A1.7.5, about non-complying activities:
 - A resource consent is required for a non-complying activity. As threshold matters, the proposal must be assessed to determine whether its adverse effects on the environment will be no more than minor or whether it will not be contrary to the objectives and policies of the Plan...if it is found to breach both thresholds, then consent must be refused.

 - Activities are classified as non-complying where greater scrutiny is required for some reason. This may include:
 - Where they are not anticipated to occur, or
 - Where they are likely to have significant adverse effects on the existing environment, or
 - Where the existing environment is regarded as delicate or vulnerable, or
 - Otherwise where they are considered less likely to be appropriate.

42. In the instance of the SX Brightside site, all of the above general guidelines about what the AUP is supposed to achieve indicates that the proposal does not meet the objectives and policies of the Plan, nor will it have less than minor adverse effects on the environment. Simply put, the SX proposal is in the wrong location because a hospital activity is not appropriate in residential areas (contradictory amenity values), it will have significant adverse effects on the existing environment (it will be an island of commercial in the midst of well-established residential), and the local environment can be regarded as delicate or vulnerable (a special character residential area that is a minority amongst all housing options found around the city). Overall, there is nothing to commend a hospital activity to this site.

43. Even a review of the Special Purpose – Healthcare Facility and Hospital Zone easily demonstrates its non-compatibility with a residential area.
- in the zone description at H25.1 : “These are generally large, land extensive facilities with a range of activities related to their primary function. The sites generally consist of extensive and highly visible buildings and substantial parking areas.”
 - in the zone objectives at H25.2(3) : “The adverse effects of hospital and healthcare activities, buildings and infrastructure, and accessory buildings and activities on adjacent areas are avoided, remedied or mitigated.”
 - in the zone policies at H25.3(3) : “Minimise the effects of supporting activities and services on the amenity values of the adjacent land”
44. The Healthcare Facility and Hospital Zone applies to 20 properties across the city. 10 are major public hospital facilities. 4 are private hospitals: Mercy Ascot (2), Wilson Centre Takapuna, and Ryman Retirement Hospital in St Heliers. 6 are smaller healthcare/specialist centres. The hospitals, public and private, are all very large facilities which represent exactly what the hospital zone intends. The smaller healthcare centres are positioned amongst substantial grounds and wide yards and are not large hospital structures.
45. At the Brightside site, the land is not large, it has no significant grounds/ yards/ buffers between adjacent properties, but it certainly will contain extensive and highly visible buildings where adverse effects on adjacent areas cannot be avoided.
46. Because of the inconsistencies of the proposal with the objectives and policies of the AUP and the significant adverse effects certainly far more than minor, a proposed plan change has now been notified as a method to try and avoid scrutiny by a resource consent application and its strict threshold test. Of course, this doesn't change anything in terms of significant adverse effects on the character and amenity of the surrounding residential area.
47. The plan change should continue to be viewed as “non-complying” within the context of the integrity of the AUP and its objectives and policies for residential areas which is the environment in which it will be located, and declined accordingly.

(4) CUMULATIVE EFFECTS

48. Cumulative effects are a real issue. It is recognised as such in the RMA at s.3(d).
49. Consider the case in point of the hospital on Brightside Rd. Once it was a small nursing home operating from an older homestead for 40-50years.
50. 20 years ago we got today's hospital at 10x the size of the original nursing home.
51. Now we have a new proposal enabling development many times the size of the existing hospital, all within a hospital zone spanning the entire site.

52. The local community is entitled to ask: What comes next, the entire block consumed by an even larger hospital? In another 20 years do we get to face this same proposal all over again for an even larger site? This is not beyond the realms of possibility over time, even if SX denies this today; 20 years ago SX declared in its earlier proposal that this (the existing hospital) is all it required.
53. Consider the SX example currently unveiling itself at its Wairau Rd North Shore property. SX describes this project as a medical campus with several stages still to come. The ultimate outcome is a medical centre of over 30,000m² gfa spread across a site area of almost 3ha. The Brightside site is only 9000m², not quite 1ha, but the progressive accumulation of other adjacent properties along Owens Rd backing onto current hospital land will more than double this to just over 2ha. For comparison, the core Mercy Hospital activity on Mountain Rd is on a site of 2.1ha and we all know how large that enterprise is; the Mercy site is covered by a Hospital Zone and clearly shows what is allowed for under the proposed zone.
54. It is noteworthy that the existing consent for the current Brightside hospital specifically excluded "Radiology and consulting rooms" because of the extra intensity of activity this would impose on surrounding residential areas. Nothing has changed in terms of the nature of consulting rooms and other medical services and their generation of extra busyness and negative effects that will spill directly into the local neighbourhood and be contrary to typical residential amenity standards. But now, the new proposed plan change specifically enables these ancillary services as "permitted" activities and at an unlimited scale.
55. Even further, it is significant to note how consulting rooms and other medical services congregate around hospitals on adjoining properties even if such activities are also within the hospital buildings. For example:
- Mercy Hospital just 1km up the road has 5 adjacent properties now used as medical consulting services. They are located in large older houses that have been converted.
 - Remuera Rd between St. Marks Rd and Bassett Rd is now almost 100% medical. Many businesses are no longer hidden in older houses but re-developed into typical commercial structures.
 - Ascot Hospital in Green Lane East has adjacent office buildings full of specialist medical consultants, as well as individual medical businesses in close proximity scattered along the Green Lane frontage.
 - Auckland Hospital has a range of medical clinics/services surrounding it.
 - Shakespeare Rd fronting North Shore Hospital is similarly populated with medical services.
 - At Middlemore Hospital, adjacent land is now under development for a wide range of medical consultants and services.
 - The Manukau Superclinic and Surgery Centre is designed to provide a wide range of such services.
 - The Ormiston Hospital building already includes a range of medical consultancies besides the hospital activity.

56. Functionally it makes business sense to see the conglomeration of support services around a major hospital. So it would be naïve to think that this will not happen here on surrounding properties over time.
57. This simply means that approval of the hospital expansion will not be confined to the site itself but will provide impetus for further commercial development on nearby properties, obviously providing further decay of residential amenity.
58. So there is a high risk for additional adverse cumulative effects from more commercial intrusion into the surrounding residential neighbourhood.

(5) PARKING EFFECTS

59. Parking effects are another example of cumulative effects.
60. SX has sought a reduction in the carparking standard for the new hospital zone. The SX application states that they do not need to provide more carparking because they expect a high level of patient usage from Uber services or scootering. If this is so, it should already be applying to today's transport modes used by staff and patients. Yet recent observation shows very little scooter/motorbike usage, but instead a high level of private vehicles which make generous use of streetside parking around surrounding roads.
61. Similar excuses for providing lesser carparking due to public transport and taxi usage were given some 20yrs ago justifying why onsite carparking should be underprovided to code standards. The outcome of the earlier consent standards is a clear underestimation of parking demand by almost 100%. A recent carparking survey indicates that there are almost as many hospital staff and visitors parking on surrounding streetsides as there are onsite parking spaces.
62. Over 3 weeks, 12-30 November 2018, I monitored carparking along all of Brightside Road and part of Shipherds Avenue (to as far as Shipherds Close, about half way up the length of Shipherds Ave which is a cul-d-sac). These two streets are the primary depositories of hospital staff and visitor parking; very little parking was observed along Owens Rd or Mountain Rd. The survey was undertaken each working day morning between 800-830am. The survey noted vehicle license numbers, and over the 3 week period I was able to identify frequent users compared to infrequent users. Frequent users were either residents or hospital staff. I was able to clearly identify resident vehicles through discussions with local residents in the area. I was able to confirm hospital workers through observation of the car driver's destination after leaving the vehicle and often by hospital uniform dress. The residual infrequent users were visitors to the area especially to the hospital.

63. The outcome of the survey identified that:
- resident cars numbered between 7 – 17 cars on any given day... with an average of 11.
 - hospital staff cars numbered between 28 – 40 cars per day ... with an average of 33.
 - visitor cars numbered between 8 – 29 cars per day ... with an average of 15.
 - with an overall total of between 49 – 75 cars per day ... an average of 59.
64. Overall, the parking demand is coming from:
- 56% hospital workers
 - 25% visitors
 - 19% residents.
65. Capacity carparking along Brightside and part-Shipherds is estimated at around 75 vehicles based on actual counting of total parked vehicles under capacity conditions. Capacity conditions most commonly occur on Tues-Wed-Thurs.
66. By comparison, in the quiet period of 1 – 13 January 2019 when the hospital was closed, the number of resident cars per day parked on the street averaged 25 vehicles. There were very few staff, no visitors, and only a few service contractors undertaking annual maintenance activities that made use of streetside parking.
67. So contrary to the expectations of the existing resource consent for all staff parking to be on-site, there is considerable on-street parking by staff as well as hospital visitors amounting to an average of almost 50 vehicles per day; this compares to 57 on-site carparks currently provided by SX.
68. Effectively there is a 100% under-supply in on-site parking. At an average of 50 vehicles per day, the SX demand on streetside parking is at 66% of capacity, and residents demand at 11 vehicles per day is 15% of capacity ... so all up, an average 80% of total streetside parking demand is taken, with mid-week days Tues-Wed-Thurs being the busiest and often reaching capacity parking limits.
69. The consequences to local neighbours is a high level of inconvenience. Personal visitors to residents find difficulty in obtaining parking; service contractors, trades and repair services have difficulty in finding parking close by to where they are undertaking their work; some residents undertake home occupations with such work visitors finding difficulty with parking; early morning pre-7am noise is common from slamming car doors and general talking. And because of the frequent peak capacity condition for streetside parking, it is not uncommon to experience driveways partially or totally blocked by parked cars.

70. Local residents are entitled to ask : what happens next when the hospital intends to increase its operating capacity many-fold while at the same time seeking a substantial dispensation from required onsite parking standards? The outcome seems clear, an even higher level of parking "exported" to surrounding streets.
71. It is noteworthy that the SX proposal includes a dispensation to have parking standards assessed at a low 1:64 ratio. For comparison, the Mercy Hospital on Mountain Road has a standard of 1:40. So the SX proposal seeks over a 50% reduction in parking standards. I had a meeting with the general manager at Mercy Hospital to discuss planning standards at that site including parking. It was pointed out to me that during the submission process to the draft AUP, Council held a firm view that this parking standard was essential to reduce adverse effects to surrounding neighbourhoods. This is exactly the situation at the SX Brightside site.
72. Overall, parking effects is one of the very real cumulative adverse effects that are completely undesirable in a residential area.

(6) A PERSPECTIVE ON PUBLIC HEALTHCARE AND PRIVATE HEALTHCARE

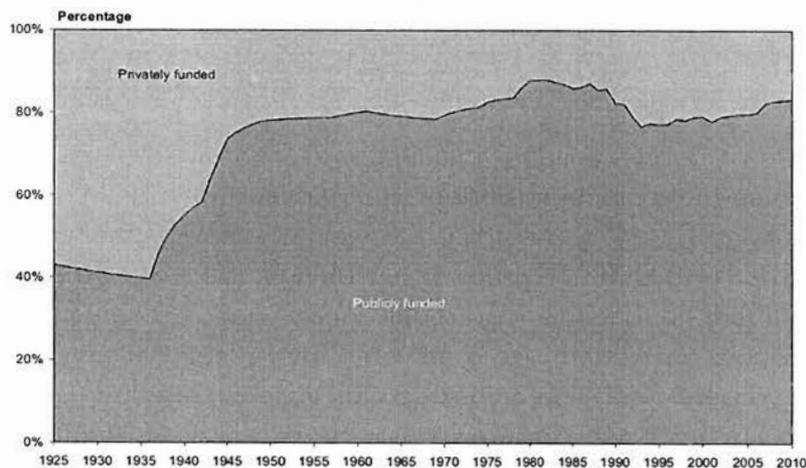
73. In this section, I have undertaken additional research into the healthcare sector through accessing a wide range of publicly available information. These sources are clearly noted. I have also undertaken discussions with qualified public health administrators to verify details.
74. The SX planner's assessment of effects accompanying the application suggests that expansion on the current site is critical to healthcare infrastructure in the Auckland region not only by its location but as a matter of "public need". In fact, according to public information that I have researched and discussions that I have had with healthcare professionals, this is not so.
75. Fundamental market features refuting the so-called "need" include private hospital occupancy rates at below-capacity levels, private healthcare insurance membership experiencing a slowly declining growth rate for several years, and the potential for a range of other new private surgical theatres around Auckland.
76. At the same time, in the public sector the Ministry of Health has confirmed substantial new investment currently being implemented in public hospital facilities specifically around Auckland that will significantly reduce elective surgery waiting times and also reduce the practice of "outsourcing" this surgery to private hospitals.
77. The conclusion is not one of urgent need for additional private surgical facilities. The New Zealand Private Surgical Hospitals Association Inc (NPSHA) clearly supports this position when it expressed in its 2017 briefing paper to the Minister for Health that the private sector has "significant capacity to absorb additional load".
[refer:www.nzpsha.org.nz]

78. General capacity for private hospitals to absorb additional load is not a new feature. According to a public presentation by the president of NZPSHA at the annual NZ Health Summit 2015, a study of private hospital utilisation showed surplus capacity. [refer: "Are We Building Further Capacity When the Resources Already Exist?", by Dr Ian England, president NZPSHA; copy of this presentation provided to me by the presenter Dr England]. This presentation identified that operating theatre capacity was at between 65% utilisation in the northern region (Auckland), 65% in the central region, and 72% in the southern region.
79. This general capacity standard is confirmed in the latest annual report of Ormiston Hospital in South Auckland, in which SX is a major shareholder. This report estimated theatre utilisation rates of 76% in 2018.
80. To help provide perspective as to why this situation should exist, the following is an overview on trends in New Zealand healthcare expenditure, followed by an assessment of contemporary surgical capacity in Auckland.

Trends in New Zealand Healthcare Expenditure

81. Healthcare in New Zealand is predominantly publicly funded. The New Zealand government Ministry of Health (MOH) reports on funding for health in its report *Health Expenditure Trends In New Zealand* [refer: www.health.govt.nz]. The most recent report was published in 2012 (previously 1998-2008). This report shows historical and contemporary trends and supports the notion that funding in New Zealand has moved from a hybrid private/public model where public healthcare was a minor contributor in the early 20th century to one dominated by public funding; fig 4.2 illustrates this.

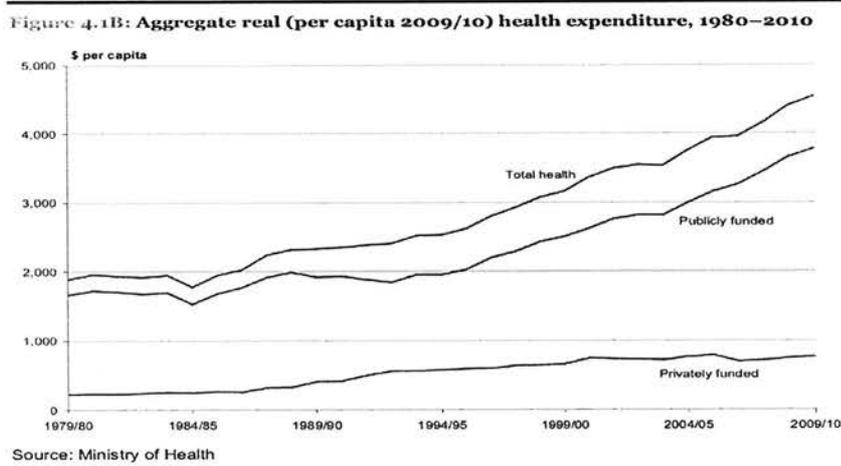
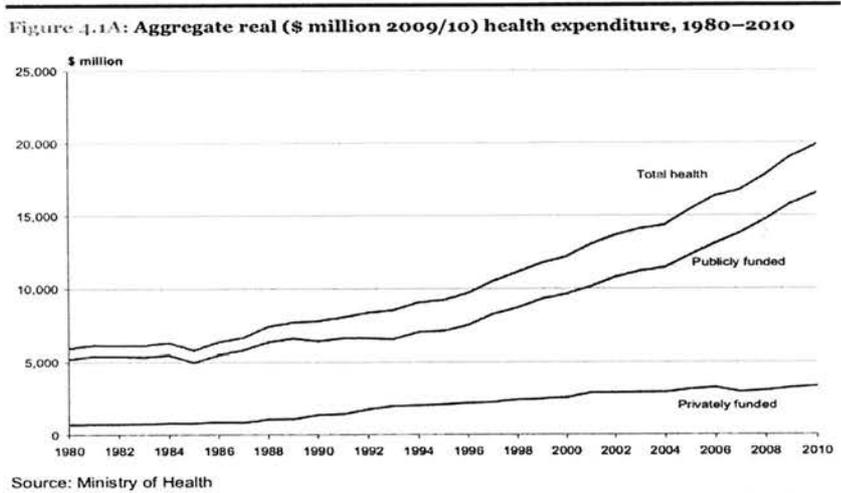
Figure 4.2: Publicly and privately funded expenditure shares, 1925–2010



Source: Ministry of Health

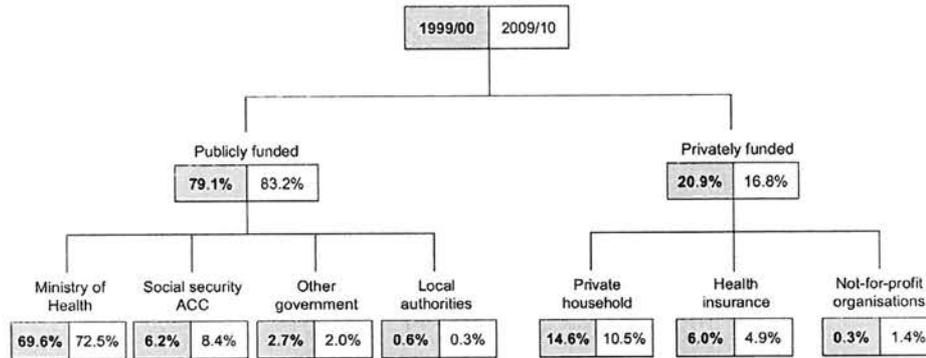
82. The structure of publicly funded health and disability services in New Zealand has undergone a number of changes in the last 2 decades. These have ranged from a 'purchaser/provider' market orientated model introduced in 1993 to the more community-based model that is currently in place. The current model was implemented through the New Zealand Health and Disability Act in 2000. This allowed for the creation of district health boards (DHBs), a key step in moving to a population-based health system and one which has cemented publicly funded health care as the dominant funding stream.

83. Total expenditure on healthcare has grown exponentially over this time, principally in the public sector with a noticeable flattening of the aggregate funding for private health care. This trend has continued in recent years as illustrated in Fig 4.1A and 4.1B below.



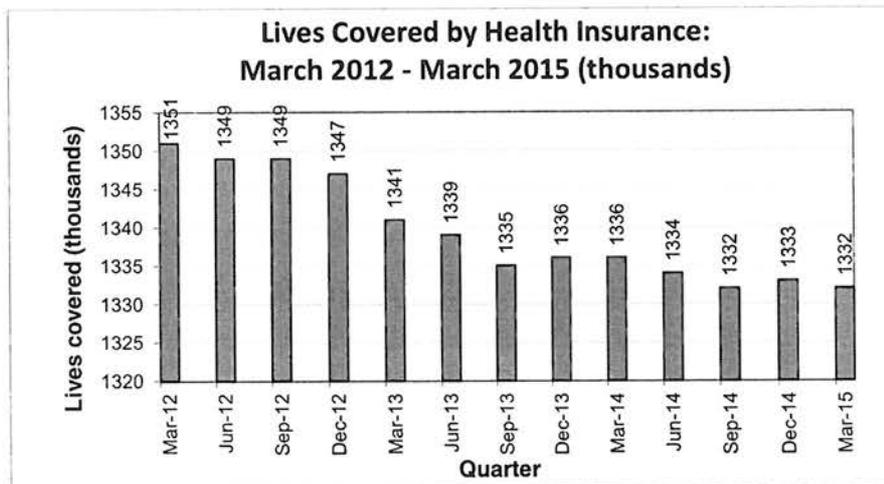
84. During the period covered by the last Health Expenditure Trends report published in 2012, the relative contribution of publicly funded healthcare showed continued growth from 79.1% to 83.2% while the contribution from privately funded healthcare contracted from 20.9% to 16.8%. This is shown in Fig. 4.5 below.

Figure 4.5: Percentage shares of New Zealand's total current health funding, 2000 and 2010



Source: Ministry of Health

85. In the period since the last Health Expenditure Trends report, 'lives covered' by health insurance (a measure of performance used by the health insurance industry) declined a further 1.4% during the triennium 2012-15, and then stabilised over the 2016-18 period with growth of 1.33%. [refer: Health Funding New Zealand [HFNZ] Annual reports at www.healthfunds.org.nz]. Effectively 'lives covered' by health insurance has been static over the past 6 years.

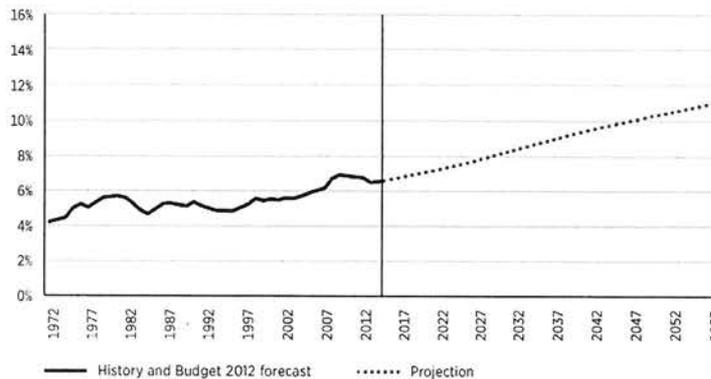


86. One of the key drivers of increased aggregate spending on health remains population growth. This can also be assessed in terms of 'lives covered' rather than total expenditure to take in to account the rise in spending per capita. When considered per 'life covered' the growth in private funding over the years 2015-18 was 2.7% while the population growth over this period was 6.3% (Statistics New Zealand). This supports the preceding data that while the last triennium showed a return to growth in private funding this was at a slower rate than population growth.

87. Declining “lives covered” represents a further contraction in privately funded healthcare relative to that which is publicly funded. It is another measure of the exponential growth of public funding relative to the linear ‘flat’ growth in private healthcare funding shown in figures 4.1A and 4.1B.

88. In terms of future trends, investment in public health towards 2026 was highlighted in the report ‘New Zealand Health Strategy-Future Direction’ published by the Ministry of Health in 2016 [refer: www.health.govt.nz]. This predicted a further increase in publicly funded healthcare this time relative to GDP. Fig 5.

Figure 5:
Projected government health spending as a percentage of GDP



89. Improved access to elective surgery remains a key pillar of the Ministry of Health’s current ‘Health Targets’ with a goal to increase elective surgical discharges by an average of 4000 per annum into the foreseeable future. It is clear that there is political will to grow the public health sector.

90. In summary expenditure on healthcare in New Zealand continues to be one of dominant public funding. Moreover, contemporary trends and political ‘will’ predict future growth to be principally in the public sector.

Assessment of Contemporary Surgical Capacity in Auckland

91. Traditional supply/demand dynamics drive the requirement for surgical capacity in New Zealand at a macro level but this does not apply uniformly to private and public healthcare providers. This over-arching theme ignores some fundamental facts about provision of surgery in New Zealand. In this respect Auckland is governed by these same principles.

92. Firstly, it ignores the division of surgery into elective or ‘planned surgery’ and emergency or ‘acute’ surgery. Private providers with rare exceptions offer only elective surgical capacity in contrast to public District Health Boards (DHBs) which cover both elective and emergency surgery.

The corollary of this is that private providers cannot use growth in acute surgical requirement as a driver for predicted capacity requirements; they do not offer significant if any acute surgical capacity therefore any statement regarding acute surgical growth in New Zealand is largely irrelevant for the purposes of predicting private surgical trends.

93. Secondly, stand-alone private surgical facilities as planned offer no service to the local community; they are functionally 'closed' in that access is gained through referral to an appropriate specialist with admission rights not by residence in the local vicinity. This differs significantly from District Health Boards which operate a 'catchment area' similar to schools.
94. Thus, the immediate demographic of the surrounding community is irrelevant when considering the location of private surgical facilities. In addition, the notion that a private hospital is an asset to the local community is erroneous because:
 - 1] there is no relationship between local residents and the hospital,
 - 2] health workers (including surgeons) come from a wide geographical area, and
 - 3] most importantly clientele are also diversely spread geographically according to the booking habits and preferences of visiting surgeons not site specific proximity of the facility.
95. Finally, pure supply / demand arguments do not recognize that private and public health care providers offer different levels of surgical care in terms of complexity. Healthcare in New Zealand has four levels: from primary (community-based care) to quaternary (regional/national sub specialty). No private surgical facility offers quaternary level care, and tertiary level is also concentrated almost exclusively in DHBs.
96. In contemporary healthcare a 'hub and spoke' model is used to manage these hierarchies such that sub-specialty tertiary and quaternary facilities are located centrally within metropolitan areas, at the hub. Private hospital surgery by its non-complex nature has no requirement to be located adjacent to 'hub facilities' offered by the tertiary/quaternary level found in public hospitals.
97. Also regarding location needs, it is worth noting that contrary to the report prepared by Ernst Young (EY) for SX, proximity to the medical school at Grafton is irrelevant (private hospitals do not have any functional relationship with medical training) and other medical infrastructure eg radiology and other healthcare industries are widely available throughout the Auckland region. It should also be noted that there is no entity with the status of 'Newmarket medical precinct' as proposed in the same report.
98. Against the above background about differing levels of medical facilities, it is clear that private surgery hospitals occupy a small niche which has no functional relationship to proximity around other major facilities or educational facilities. This applies to the SX proposal.

Private Surgical Capacity In Auckland

99. Private hospital facilities retain significant operating capacity as confirmed by the New Zealand Private Surgical Hospitals Association to which SX is a member.
100. The hub and spoke model of healthcare as described above encourages growth of non-complex specialty surgery in the community rather than centrally located. As reported above, this model suits private surgical healthcare and is being embraced by a number of surgical facilities within the Auckland region which is further increasing private surgical capacity. It is understood there are several new facilities in various stages of planning and implementation. One example which has been publicly announced is the North Shore Surgical Centre located across the street from the North Shore Hospital. This is a joint venture involving SX and will add 3 operating theatres opening in late 2019.
101. Funding sources are important to private healthcare supply/demand. Private surgical funding streams can be broken down into three main sources; private insurance, contracted work from the accident compensation corporation (ACC) and 'other' which includes small contributions from self-funding clients, overseas clients and DHB outsourcing (capacity or volume overload from the public sector). Typical contributions of these streams in the larger private hospitals is 50-60% (private insurance), 30-40% (ACC) and 5-10% (other).
102. Both ACC and DHB work can be considered as 'public' work but their contracting is very different. ACC contracting is high volume and well established with mid to long term contract horizons. Its contribution to private hospital activity is stable and the use of private facilities is core to the MOH model for this service. In contrast DHB outsourcing is a relatively recent phenomenon which has been used to assist meeting surgical demand in the public sector where capacity has been breached. In the Auckland region this reflects a period of under investment in public surgical capacity which is now being addressed in the *Northern Region Long Term Investment Plan* (see below). DHB outsourcing is characterized by short term, low volume short horizon contracting. It is not included in MOH modelling and is operated locally by DHBs at their own discretion.
103. Private health insurance is the dominant source of funding to private hospitals. Lives covered by private health insurance is a metric used by the private health insurance industry to track membership. As reported (para.#85-86) this has been static between 2013 and 2018 despite there being substantial population growth. These figures are reported on by Health Funding NZ (HFNZ) who also offers detail as to the demographic of its members.

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104. The latest HFNZ report 2018 reveals that 75% of growth in private insurance membership is in the 20-64 year age group with an average over the last 2 reports of 20% in adults over 65 years of age. This therefore infers that despite life expectancy extending for many and significant growth in our ageing population 80% of growth in private health insurance is below 65 years of age. Older adults are looking predominantly to the public sector to provide their health care needs.
105. Further about private membership, the 65+ year group only comprises 11½% compared to 14½% across the greater national population. This sector is sometimes cited as a key growth area, but clearly it is under-represented in insurance membership. Regularly increasing private health insurance membership fees will not be helping to expand membership in a sector living within fixed incomes. It seems quite clear that older New Zealanders are preferentially choosing access to public healthcare to which the DHBs are responding with substantial expansion to public elective surgery facilities.
106. According to the EY economic report accompanying the application (pg.3), SX private insurance membership represents 62% of all private insurance. In light of the above information on static to declining private insurance membership, clearly SX as the dominant insurance provider is experiencing a similar membership trend, and this influences demand for private hospital services.

Public Surgical Capacity in Auckland

107. Health targets are a set of six national performance measures specifically designed to improve the performance of health services. They are reviewed annually to ensure they align with health priorities. One key performance indicator is access to elective surgery. In the latest report [refer: www.health.govt.nz/healthtargets] DHBs planned to deliver 142,690 surgeries per annum nationally but delivered 5,394 additional procedures above and beyond the target. In the Auckland region the collective target of 61,654 was exceeded by 3,358 surgeries or approximately 5.5%. This report pre-dates planned public investment described in the next section.
108. In light of the above information on improving public sector surgery access, it is considered that the commentary in the Ernst Young report to SX regarding policy choices for the Labour- New Zealand First coalition government that *"it will be unlikely that there will be focus on elective services for the next 3 years"* (page 9 paragraph 3.3.1) is plainly incorrect. DHBs continually review their performance relative to targets and central funding is inextricably linked to meeting these targets.

109. Longer term health targets are reflected in the Northern Region Long Term Investment Plan [refer: www.nra.health.nz] This is a living document that addresses the service requirements in Auckland and Northland over the next 20 years. It acknowledges past lack of investment in infrastructure and proposes 3 different models to cater for growing health needs in the region. Only the most aggressive option considers 'outsourcing' to commercial or private facilities as a sustainable tool to address future requirement. This option is dismissed by the planning body, The Northern Regional Alliance that is tasked with implementing MOH policy, in favor of investment in DHB assets. This is not only evident from statements made in the long term plan but by recent funding announcements.
110. For example, in October of 2018, Prime Minister Jacinda Ardern committed over \$200 million to a new state of the art surgical facility in Auckland. The North Shore Surgical Centre will house 4 theatres run by Waitemata DHB. This will provide for up to 4000 per annum additional procedures matching the growth target set by the Ministry of Health.
111. There is also a further \$100 million capital asset fund being delivered to the 3 Auckland DHBs to share. Counties Manukau DHB are currently in the planning stages of commissioning a further 4-6 theatres on their Manukau site which will increase the elective surgical capacity by 22-33% in the next 5 years and have targeted this fund to kick start their upgrade.

Summary About Surgical Capacity in Auckland

112. New Zealand has a health system dominated by the provision of state funded public healthcare. Funding ratios of public to private healthcare are currently around 80:20 which represents a long-term trend that started in the mid 1900's prior to which funding was evenly represented. This balance not only represents strategic political will but also public engagement with publicly funded healthcare. We are not only at an historic high for publicly funded healthcare in New Zealand but well above the OECD average of 73%. This trend is set to continue with MOH projected spending expected to progressively increase as a share of GDP.
113. The macro economics of public versus private surgical healthcare within the Auckland region are reflective of the overall New Zealand funding picture but also local drivers such as supply and demand. A period of under investment in public health infrastructure in the early 2000's resulted in short term low volume outsourcing of surgical procedures to private providers in order to meet targets. This situation has been addressed in the Northern Region Long Term Investment Plan with major fiscal injections already pledged. These investments promise to dramatically increase public surgical capacity with planning out to 50 years. The capacity of newly planned public facilities far exceed population growth demands such that a real improvement in quicker access to public elective surgery is expected to be achieved.

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114. Growth in privately funded surgery has contracted relative to population growth. Importantly growth in private health insurance is predominantly in the under 65 year old age group meaning an ageing population is looking towards the public system for their health care.
115. In addition, major private surgical facilities have spare capacity, additional to which other private facilities are planning to add to their capacity with additional theatres. In terms of their position in the New Zealand healthcare landscape they suit low complexity level surgery peripheral to the public DHBs as part of a 'hub and spoke' model of care. Only the Mercy-Ascot facility has a high dependency unit and intensive care facility capable of supporting more complex surgery.
116. This means private providers have a high level of flexibility in location rather than needing to be positioned around DHB focal points. This flexibility of location is aided by the lack of any functional relationship with a community as a 'catchment area'.
117. It also means that stand-alone private surgical facilities, as planned here, offer no service to the local community per se; they are functionally 'closed' because access is gained through referral to an appropriate specialist with admission rights. This differs significantly from District Health Boards which operate according to a catchment area.
118. Thus, the immediate demographic of the surrounding community is also largely irrelevant when considering the location of private surgical facilities.
119. In summary, the 'need' for further private surgical capacity cannot be supported in terms of public need for additional healthcare infrastructure. Public funding is by far the dominant healthcare provider in New Zealand. And Public operating capacity in Auckland is set to increase dramatically, well in excess of population growth demand, resulting in a substantial increase in public access to elective surgery.

On the other hand, private hospital occupancy rates are well short of capacity, and there are new expansion plans by other private providers to have regard to which will increase current capacity in the Auckland region. Further, there is a notable trend in private health insurance membership effectively showing nil growth and falling well below general population growth levels, with membership favouring the 20-64 year age group while older age groups tend to be treated in the public system.

Collectively, there is no near-term or medium-term need for additional private hospital capacity; as the Private Surgical Hospitals Association stated in 2015 and again in 2017, the sector "has significant capacity to absorb additional load".

Thus, the proposal by SX has nothing to do with providing a critical component to the social healthcare infrastructure in Auckland; it is simply an aspiration by a private healthcare provider.

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(7) NEED/DEMAND FOR NEW PRIVATE HOSPITAL SURGERY FACILITIES

120. The EY economic report is relied upon by the SX planner's AEE to justify the need/demand for new SX facilities. The EY report goes into some detail about future demand for surgeries and associated needs for new hospital facilities.
121. A fundamental point is population growth. It is obvious that if a population is growing, so will the demand for healthcare as well as many other services. But a perspective needs to be kept in mind about the SX position in the healthcare market because, firstly private healthcare is a small portion of total healthcare, secondly public healthcare facilities are expanding rapidly especially in Auckland, thirdly existing private hospitals have "significant capacity to absorb additional load", and fourthly SX is not the only private health provider.
122. In fact, in terms of national private surgical throughput, while SX has the largest network it provides less than half the national elective surgical volume in private hospitals at around 78,000 out of 170,000 operations or around 45% [SX Health Trust annual report 2018, and APHNZ 2017].
123. This illustrates the breadth of other operators in the private surgical sector. It also confirms that satisfying future demand does not apply solely to SX.
124. Referring to the EY report [pg.3], it clearly shows that the source of SX revenue is 62% from private insurance. But on the other hand, growth in private insurance is lagging far behind population growth rates as shown above [para.#85-86-87], and it is particularly lagging in the 65+ year old group [para.#103-104-105].
125. So the majority of business revenue to the SX hospital customer base is not growing much if at all, which should have been (but was not) reflected in the EY projections about future SX need.
126. The EY report (pg.13/4.2) prepared growth assumptions for SX Brightside using a growth pattern based on the experience of the public hospital system. But these EY assumptions are incorrect for several reasons.
 1. Firstly, we know that the public hospital system is growing exponentially and that even stronger future growth is being planned for by the Auckland DHBs [para.#83+84 and #88+89].
 2. Secondly, we know that private healthcare is not growing anywhere near the rate of the public sector [para.#83].
 3. Thirdly, we know that private health insurance membership is not growing [para.#85+86+87].

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4. And fourthly, we know that particularly the 65+age sector is not growing in membership and is under-represented compared to the overall population [para.#103+104+105].

The simple outcome is that the EY projections substantially overstate potential demand for SX.

127. Another shortcoming to the EY projections is that there is no reference that I can find that their projections have had any regard to other expansion plans occurring in the private healthcare sector. During my meeting with the general manager to Mercy Ascot about planning matters [referred to above at #71], it was confirmed to me that at no time was any communication made with the Mercy Ascot Group enquiring about their future expansion plans; this ignores a very large private healthcare provider in Auckland. It seems likely this lack of enquiry also applied to other private operators and their future expansion plans.
128. While population growth is important, a further shortcoming in the EY report is that it incorrectly alludes to very strong population growth particularly occurring in Central Auckland. In fact the correct answer is, yes there is growth in Central Auckland but at a rate less than that experienced in other parts of the city.
129. EY noted at pg.15 in its report that the high growth in Waitemata Ward was representative of the nature of growth in Central Auckland. Unstated is the fact that the Waitemata Ward is not all of Central Auckland; in fact it only comprises a small portion of total Central Auckland being only the areas in and around the city centre and Viaduct Basin and Ponsonby. It is not surprising that high growth has been experienced here given the large number of new apartments recently developed.
130. Further, what is very interesting to note about this Waitemata Ward growth is the "youthfulness" of residents in these areas with the median age of just 30yrs vs. 35yrs city-wide and 38yrs nationally [StatsNZ 2013 census]. The EY report makes comment about age usage at hospitals, at pg.8/Figure 8, which shows growth in surgery numbers by age groups. Noteworthy, the 15-44yrs band (either side of 30yrs median age in Waitemata Ward) is shown to be very stable over time and not placing any pressure on future needs.
131. So the EY conclusion that there is very high future growth demand in Central Auckland does not stand up. Nor does the EY conclusion stand up in light of known major public health investment and its influence on private demand. Public investment influences a dominant share of total health expenditure, and this is expected to keep growing strongly including very substantial investment around Auckland in the immediate future.

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132. Combined with the facts that the private hospital sector is deemed to have "significant capacity to absorb additional load", that there are future expansion plans for other private hospitals, and that the general state of private health insurance membership is actually declining relative to population growth and that these members are the major source of clients to private hospitals, the conclusion is that there is no immediate urgency at all to the SX claim for more hospital facilities.
133. The EY projections did not reflect any of these wider market features, and consequently, the EY projections are clearly over-estimating the SX demand position.
134. Overall,
- Future healthcare demand will obviously be influenced by population growth but Central Auckland is not an area of high demand compared to other parts of Auckland.
 - In the private healthcare industry, existing private hospitals have significant capacity to absorb additional load, and there are other private hospitals also planning for expansion.
 - While in the public sector there is substantial public investment already committed in the three Auckland DHBs over the immediate future years to expand public capacity in elective surgery.
 - Collectively these actions will meet the Ministry of Health's current goal to increase elective surgical discharges into the foreseeable future.
135. Thus, the so called "need" for the SX proposal is substantially overstated. There is nothing in the "need" details that are in any way site-specific to Brightside, and in any event such a proposal can and should be established elsewhere.

(8) ALTERNATIVES AND S.32

136. A plan change requires that careful attention be given to s.32 in the RMA, which is all about "alternatives" including the "do nothing" option.
137. To correctly set the background to this topic, it is important to appreciate the starting position of SX regarding alternatives. At a meeting in September 2018 between SX and community residents, the question about investigating alternative sites was put to the SX property manager, Mr Courtney Bennett. His response clearly set out their corporate position on alternatives : that basically SX is only interested in looking at their existing site right now and is not investigating alternatives. This narrowly confined approach is evident throughout the evidence behind the application.

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138. The planner's AEE refers to an economic and alternatives study completed by Ernst Young (EY) Consulting. I have reviewed this report in detail and have already noted several shortcomings in their demand projections. There are equally serious shortcomings in the EY assessment of alternatives because there is no evidence of serious investigation about alternatives.

139. The crux of the SX position is simply expressed in the EY executive summary at pg.2:

"Brightside, Gillies and Auckland Surgical Centre are currently operating at full-capacity, and Gillies and Auckland Surgical Centre are landlocked, leaving Brightside as the only opportunity for an extension. This might include the need for rezoning to provide certainty of use for the existing hospital. The other alternative is to build a new hospital elsewhere, or relocate the hospital. This is more expensive than the extension option and no suitable centrally located site has been found. Building in an industrial area to the South, North or West will not adequately serve the catchment using the hospital, and loses the reasons favouring Brightside Hospital's current location, including the value-added to the local area, proximity to tertiary services and intensive care, to health education (medical school), to the healthcare provider industry, and its convenience to patients and clinical specialists."

140. Breaking the above statement down, there are many incorrect facts in it.

(i) *"... Gillies and Auckland Surgical Centre are landlocked, leaving Brightside as the only opportunity for an extension..."*

Gillies is surrounded by similarly zoned residential land to Brightside. This local area is fully developed, so yes it is landlocked exactly as per Brightside. The same planning challenges apply.

The Auckland Surgical Centre (ASC) is located on St Marks Rd. This land is zoned Business-Mixed Use which provides for hospitals as a discretionary activity and also allows development potential up to 18 metres as of right and higher as discretionary. The site currently has a low-profile structure with substantial redevelopment potential. It is centrally located to the many desirable location features outlined by SX.

Brightside is also landlocked by surrounding low density residential land including high quality special heritage and amenity overlays. The only difference is that SX has managed to purchase adjacent residential sites. Properties elsewhere could just as easily be secured.

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(ii) *"This might include the need for rezoning..."*

Yes it will, but EY has given no consideration anywhere in the report to the business challenge of rezoning and the opportunity costs in money and time this will incur to SX and neighbours. EY is not a planning consultancy, but any useful business consulting firm should fully understand the business and financial implications and risks associated with seeking land in a suitably zoned position vs. not.

(iii) *"... The other alternative is to build a new hospital elsewhere, or relocate the hospital. This is more expensive than the extension option..."*

Yes, relocating the hospital is a definite option but the EY report is silent on any details. There are many location options for this to occur, which are explained below.

The unsubstantiated statement that relocation is more expensive than the extension option is misleading. The costs to build a new hospital structure as indicatively proposed are basically the same at site A or B.

But at Brightside the costs will be substantially greater because of the extensive basement structure and associated costs, in time and money, relating to blasting and excavation through basalt to a depth of around 7metres. This exercise could take up to around 3 years before any other construction can commence. This substantial cost and delay can be avoided at alternative sites.

Regarding other costs, it needs to be noted that the existing SX hospital is over 20years old and it is not a high standard of building having been subjected to significant leaky-building issues. With its age comes a limited future and need for re-developed at some point; this cost would be similar at any other site. Existing equipment is transferable.

The property value of the existing hospital land is very high with potential residential development enabled to "Residential- Mixed Use Suburban" standards including bonus development rights due to the large size of the site and comprehensive redevelopment potential. The Auckland Council 2017 CV to the existing SX property is \$20m which is a substantial sum that could be applied to the purchase of an alternative site.

Additionally, the costs to acquire the 3 properties along Gillies Ave adjacent Brightside totalled \$10.6m according to property records. That means that the greater SX Brightside site has a property value of at least \$30m that could be applied to an alternative site.

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\$30m can buy a lot of business zoned land. As but one alternative example, there was for sale during 2018 a 10,500m² site (twice the size of the 3 x Gillies properties and equal to the entirety of the SX Brightside landholding) in Marua Rd Ellerslie; this sold for \$9.4m in December 2018. Marua Rd is zoned Business-Light Industry, the site is adjacent the large Sir Edmund Hillary retirement village, has passing traffic volumes half that of Gillies Ave, is in very close proximity to "hot spot" SX patients of Remuera, Meadowbank, St Heliers and Eastern Bays (see pg. 11 in EY), is close to other medical services and is close to many clinical specialists (see pg.19 in EY), and is close to Southern Motorway access. These are the so-called key site advantages SX is looking for according to EY.

Overall, it is clear that in just land costs, it is possible to obtain a large parcel of business zoned land at a lesser cost than the very high-valued residential land SX has chosen to invest in.

- (iv) *"and no suitable centrally located site has been found. Building in an industrial area to the South, North or West will not adequately serve the catchment using the hospital..."*

There is absolutely no supporting evidence to the simple statement that there is no suitable centrally located site. Seeking a site in the general Central Auckland Isthmus implies the need to look for re-development "brownfield" options, not just vacant land, which is exactly what all other commercial development must do. The Brightside proposal is itself based on brownfield redevelopment not vacant land.

The AUP provides for hospitals as "discretionary activities" in business zones, especially the mixed-use and light-industry zones. These zones do not have noxious fumes or excessive noise levels by the very nature of the zone controls imposed on development here, and as such the notion that other locations may be subject to "reverse sensitivity" is erroneous. SX development at its Wairau Rd North Shore site is a case in point. Here, stage one of a major medical campus has just been completed on Business-Light industry zoned land. This is part of the large Wairau Valley business precinct.

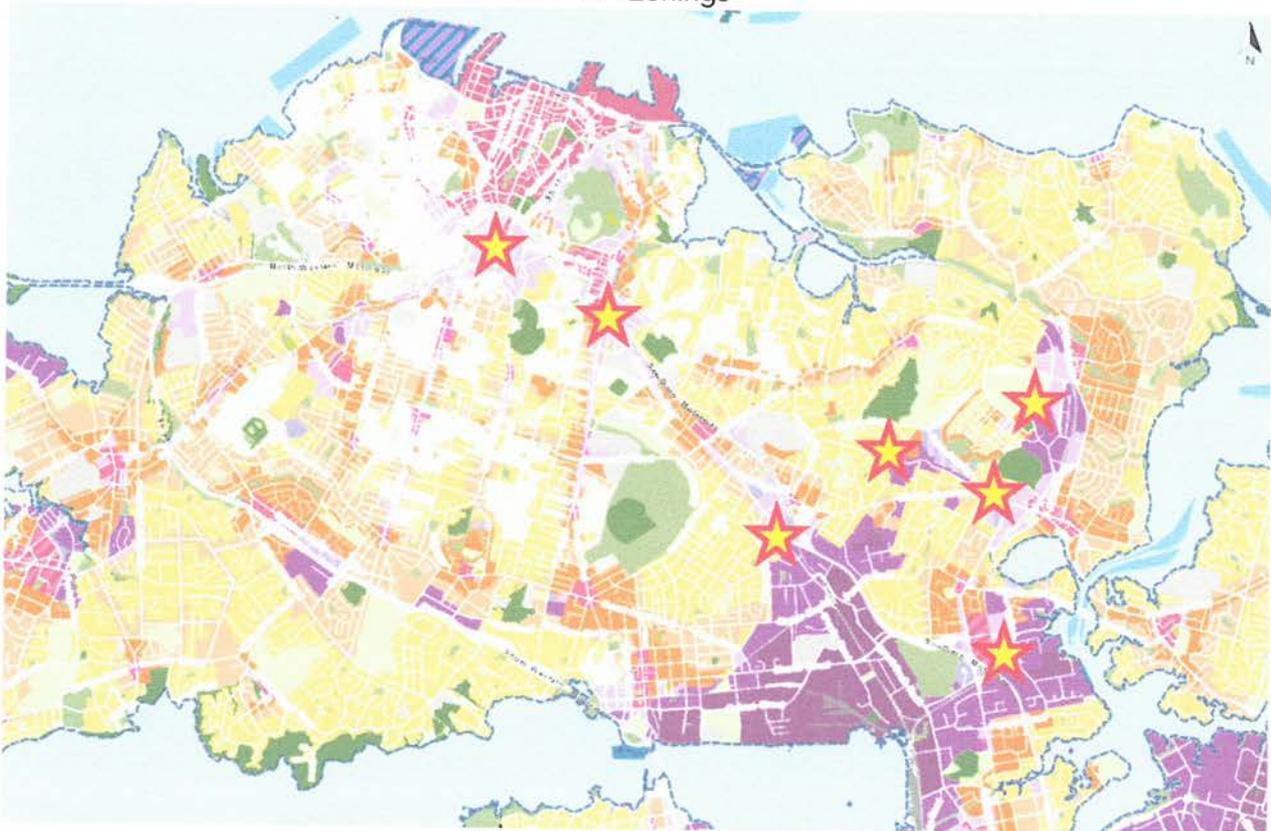
It is not necessary to travel South, West or North to find suitably zoned business land. There are many options through Central Auckland as identified in the following MAP A.

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MAP A is taken from the AUP Plans showing zones across Central Auckland Isthmus. I have highlighted with "yellow stars" those zones of business-mixed-use and light-industry ... all those areas with an underlying colour light-purple (mixed-use) and medium-purple (light-industry). There are many such zones around the central parts of the Isthmus including suitable positions at Morningside, St Marks Rd, Ellerslie, Greenlane, Marua Rd, Tamaki, SylviaPark that are all within very close proximity to the essential location features SX indicates it requires.

MAP A - Zonings



The only difference from the Brightside site is that the zoning controls in these alternative business-zone positions are favourably disposed to hospital activities whereas Brightside has low density residential zones including an amenity/ heritage overlay and a clear zone statement that identifies hospitals as a non-complying activity.

Overall, the EY report has given no serious investigation at all to alternative sites, nor does EY acknowledge the fact that the Brightside site has NO unique location features that cannot be fulfilled elsewhere.

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- (v) *"...and loses the reasons favouring Brightside Hospital's current location, including the value-added to the local area, proximity to tertiary services and intensive care, to health education (medical school), to the healthcare provider industry, and it's convenience to patients and clinical specialists."*

The Brightside hospital offers no "value-added" to the local area. Firstly, it invades a well-established residential community with non-residential adverse effects of the magnitude of a large commercial enterprise. Secondly, from the perspective of how private hospitals operate, there is no relationship between local residents and the hospital because clients are diversely spread geographically; the SX hospital catchment is the greater city and region. Proximity to a hospital facility is of no value.

The hospital's proximity to tertiary services and intensive care is irrelevant. In a large well served metropolitan area such as Auckland, access to this support is found Auckland wide. There is no functional relationship between SX hospitals which provide low-level-low-risk surgery and higher intensive care facilities located in major public hospitals. The occasional need for additional assistance is not a major location factor, especially when you consider that there are many other sites that can equally meet the standard of good proximity to such intensive care.

SX hospitals do not require proximity to the Grafton medical campus or medical school. Medical training occurs in public hospitals, not private. The training of allied health professionals (eg. anaesthetic technicians, nursing students) is equally independent of private hospitals.

Convenience to patients and clinical specialists does not support the Brightside site because, in fact the patients are sourced city-wide and the clinical specialists are also located city-wide. The Brightside site has absolutely no strategic locational advantages.

For example, the EY report (pg.11+12) includes maps identifying the distribution of SX patients. Review of these maps shows the clear conclusion that patients are widely sourced. If anything, the so called "hot spots" favour the Eastern Suburbs of Remuera, Eastern Bays, Meadowbank and it is here that SX should be focusing its hospital location interests if their research is to be believed.

And regarding the location of personal residences of specialists, this too is illustrated in the EY report (pg.19). The "grey dots" representing specialists are very wide spread, not at all congregated, which means there is no special benefit to the Brightside location. In fact, specialists travel where the work is across a wide range of hospital sites throughout all of Auckland.

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The two large "red-dots" on the pg.19 map represent "surgeons rooms". But what is not explained by EY is that the location of surgeons' rooms has no direct association to where specialists actually undertake the surgery. It is common for surgeons to have capacity to consult Auckland wide in addition to their registered surgeons' rooms which may be central. The decision about where to actually do the surgery has far more to do with where hospital theatre space is available and patient preference than proximity of surgeon's rooms to a hospital. That is, surgeons' rooms in the "two red dots" will see its specialists travel city-wide for both consultation and theatre operations, not simply to the closest hospital.

Overall, the specific Brightside site has no unique locational advantages regarding any aspect of hospital location requirements.

141. At the end of the EY report, it attempts to sum up its findings through a type of pros/cons table assessing three options: do nothing, build on a new site, expand Brightside. Bear in mind this assessment is highly focused on the preferred SX business position for using existing sites; it gives no serious consideration to other options or issues. Eleven factors are put forward to consider.

Notably, not one supports the Brightside site as superior. In fact, what it shows is that these key factors can be ably met at many alternative locations because none are site-specific benefits to Brightside eg.

- meeting growth demand for SX members ... can be satisfied at any site
- meeting surgical growth demand ... can be satisfied at any site
- serve current catchment of patients ... the catchment is city-wide and can be satisfied at many alternative positions
- location allows easy access for key professionals ... can be satisfied at many other sites
- easy access to public hospitals ... there is no functional relationship that cannot be satisfied elsewhere
- proximity to other health facilities ... can be satisfied at many other locations
- financial cost to build ... no serious assessment was tested; there are many common costs to any site; there are excessive costs at Brightside for exaction/blasting not required elsewhere; there is a very high residual property value at Brightside available to purchase land elsewhere
- operating efficiencies ... same efficiencies apply at any integrated development
- workforce ... same efficiencies apply at any integrated site development, and the workforce is mobile to travel to other sites
- technology upgrading ... achieved at any new integrated site development
- range of services provided ... achieved by any new integrated site development.

142. EY makes the comment at pg.20 in its report: *"If relocation is the preferred option, Southern Cross will need to consider the factors of convenience of travel and accessibility for patients, specialists, and community services. Given that the site of Brightside satisfies these factors suggests the appropriateness of this option."*

This is a non-sequitur. From the above assessment, it is quite clear that there are many alternative locations that can meet the SX location needs. Brightside is not unique and has no special strategic location advantages. And when you apply an assessment of planning objectives and policies to the Brightside site, it fails. Fortunately for SX, there are alternative sites in Central Auckland to help their business aspirations.

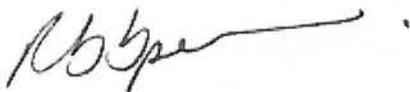
143. The overall approach to seriously investigating alternatives, or rather the lack thereof, demonstrates the narrowly confined approach to really only considering existing SX sites. It certainly lacks respect for the integrity of the district plan and the rigour of a s32 assessment to seriously consider alternatives.

144. There is no residential zone in the AUP that provides for hospitals. But there are several business zones around Central Auckland that do provide for hospitals as discretionary activities subject to basic assessments about traffic safety and some limited standards of amenity...exactly as applied to the recent SX Wairau Rd expansion. The AUP was recommended by the Hearings Panel [July 2016] "to be read as an integrated whole"; it was designed to be used as an integrated planning document with a place provided for all types of activities, just not everything is permitted in the same place.

145. The SX application should be viewed in the light of "integrated planning", and if this is done then the answer about the Brightside site is obvious ... it is in the wrong location.

CONCLUSION

146. For all the above reasons the SX proposal should be declined. Fortunately for SX, there are many alternative locations around Central Auckland that can provide for private hospital activities.



Robert S. Speer
April 2019

Submission on a notified proposal for policy statement or plan change or variation

Clause 6 of Schedule 1, Resource Management Act 1991
FORM 5



Send your submission to unitaryplan@aucklandcouncil.govt.nz or post to :

Attn: Planning Technician
Auckland Council
Level 24, 135 Albert Street
Private Bag 92300
Auckland 1142

For office use only
Submission No:
Receipt Date:

Submitter details

Full Name or Name of Agent (if applicable)

Mr/Mrs/Miss/Ms (Full Name)

SUZANNE MURIEL SPEER

Organisation Name (if submission is made on behalf of Organisation)

Address for service of Submitter

3A SHIPHERDS AVENUE EPSOM AUCKLAND 1023

Telephone: 021 223 8090 Fax/Email:

Contact Person: (Name and designation, if applicable)

Scope of submission

This is a submission on the following proposed plan change / variation to an existing plan:

Plan Change/Variation Number PC 21

Plan Change/Variation Name 3 Brightside Road, 149, 151 and 153 Gillies Avenue, Epsom

The specific provisions that my submission relates to are:
(Please identify the specific parts of the proposed plan change / variation)

Plan provision(s)

Or
Property Address

Or
Map

Or
Other (specify) THE PROPOSED PC 21 IN ITS ENTIRETY

Submission

My submission is: (Please indicate whether you support or oppose the specific provisions or wish to have them amended and the reasons for your views)

I support the specific provisions identified above

I oppose the specific provisions identified above

I wish to have the provisions identified above amended Yes No

Submission no 93

The reasons for my views are:

SEE ATTACHMENT

(continue on a separate sheet if necessary) ✓

I seek the following decision by Council:

Accept the proposed plan change / variation

Accept the proposed plan change / variation with amendments as outlined below

Decline the proposed plan change / variation

If the proposed plan change / variation is not declined, then amend it as outlined below.

I wish to be heard in support of my submission

I do not wish to be heard in support of my submission

If others make a similar submission, I will consider presenting a joint case with them at a hearing

Sharon Apes

Signature of Submitter

(or person authorised to sign on behalf of submitter)

16 April 2019

Date

Notes to person making submission:

If you are making a submission to the Environmental Protection Authority, you should use Form 16B.

Please note that your address is required to be made publicly available under the Resource Management Act 1991, as any further submission supporting or opposing this submission is required to be forwarded to you as well as the Council.

If you are a person who could gain an advantage in trade competition through the submission, your right to make a submission may be limited by clause 6(4) of Part 1 of Schedule 1 of the Resource Management Act 1991.

I could / could not gain an advantage in trade competition through this submission.

If you could gain an advantage in trade competition through this submission please complete the following:

I am / am not directly affected by an effect of the subject matter of the submission that:

(a) adversely affects the environment; and

(b) does not relate to trade competition or the effects of trade competition.

Submission no 93

ATTACHMENT TO Submission by S.M. Speer to Southern Cross plan change 21 (private) 1

ATTACHMENT TO:

SUBMISSION BY SUZANNE M. SPEER IN OPPOSITION TO A REQUEST FOR A PRIVATE PLAN CHANGE BY SOUTHERN CROSS HOSPITALS LTD IN RELATION TO PLAN CHANGE 21 (PRIVATE).

What are the reasons for your submission?

PART A

1. My husband and I purchased our property in Shipherds Avenue, 16 years ago and have lived here ever since. We have lived here with our 4 children who attended local schools in the neighbourhood.
2. We purchased our house here because of its established residential character of a low key nature being mainly one to two storey dwellings, the high level of amenity deriving from the many trees and extensive gardens characterising the area and the presence of the volcanic cone of Mt Eden and its adjoining green belt. The quiet residential cul de sac which forms Shipherds Avenue provided a safe residential environment for our family to grow up in.
3. We are surprised and unhappy that Southern Cross Hospitals have chosen to pursue the removal of a substantial piece of residential land from our neighbourhood and replace it with the real possibility of high institutional type buildings which will generate a large amount of activity into our surrounding neighbourhood which is not residentially based.
4. I am a town planner and with my husband we are the directors of a town planning and market research consultancy firm specialising in statutory planning and economic planning. Having said that, this submission is a personal submission.

PART B

5. The proposed plan change has failed to implement the basic direction, objectives and policies of the Auckland Regional Policy Statement (RPS) set out in Chapters B1 & B2. In particular the plan change has undermined the relationship within the intended compact urban form of Auckland between residential, historic, heritage and special character protection and urban intensification development initiatives as outlined in the RPS.

Submission no 93

6. While medical facilities are recognised as part of the social infrastructure of Auckland, their location relies on following the spatial objectives of the Special Purpose-Healthcare Facility and Hospital Zone. The subject site does not achieve those objectives or policies.
7. The Special Purpose – Healthcare Facility and Hospital Zone (the “Hospital Zone”) is inappropriate for the subject sites because the sites and their locality do not meet the zone description, objectives or policies found in Chapter H25.1, .2 or .3. Overall the location and scale of the built outcome derived from PC21 undermines the integrity of the Hospital Zone.
8. The subject site lies within an established area of residential zoned land with the Gillies Ave part of the site covered by an overlay which seeks to retain and manage the special character values of this part of Epsom, integrated as it is with the eastern side of Mt Eden. The purpose of the overlay is described in Chapter D18 of the AUP. PC 21 undermines the integrity of the Special Character Overlay by introducing a land use which is contrary in all respects to the heritage and special character purpose of the overlay.
9. PC 21 has potential adverse effects on neighbouring properties and the locality arising from the potential intensity of development, the incompatibility of built form relationships contemplated by PC 21, the proposed reduction in required parking for the private hospital and the requirement for blasting to achieve underground parking. Together, these actual and cumulative adverse effects confirm that the locality of PC 21 is unsuitable.
10. Adverse effects from PC 21 also include the undermining and degradation of the residential and character heritage environment of the subject site and its vicinity as well as the urban amenity considered and protected by the integration of the Single House Zone and the Special Character Overlay in this location.
11. The urban form depicted by the operative land use zone pattern covering the subject site and the surrounding neighbourhood firmly indicates the intention of low scale residential development consistent with the Special Character Overlay which covers part of the subject site and the neighbourhood. PC 21 is contrary to the integrity and purpose of the operative land use pattern and urban design outcomes represented by the operative land use zones.

Submission no 93

12. PC 21 incorporates three special character residential buildings which front Gillies Avenue. These dwellings are included for the purpose of demolition and removal to allow the expansion of the private hospital facilities. The loss of these special character dwellings is inconsistent with the purpose of the Special Character Overlay specifically placed over this part of Gillies Avenue and the adjoining hinterland to the west for the purpose of heritage protection imposed through the RPS and implemented through the Special Character area provisions of the AUP district plan provisions.
13. PC 21 has failed to protect the substantial trees over the subject area which contribute important landscape and vegetation amenity to the neighbourhood and is recognized in the Special Character Overlay.
14. Overall, PC21 has failed to provide the necessary justification required under s.32 of the Act to create the extent of change and modification to the operative planning provisions covering the subject area and the adjoining neighbourhood. In particular –
 - i. the evaluation of the objectives of PC 21 to achieve the purpose of the Act is inadequate,
 - ii. the appropriateness of PC 21 to achieve the relevant objectives having examined alternatives, assessed the efficiency and effectiveness of the proposal to achieve those objectives is not provided , and
 - iii. the summary of the reasons for deciding on PC 21 as the correct course of action does not follow the instruction of s32 RMA, and
 - iv. it has not been demonstrated that the objectives of the applicant cannot be met in appropriately zoned areas of the City.
15. The serious failure to address the requirements of s.32 RMA has fundamentally flawed the ability for PC 21 to be considered and assessed under the Act.
16. Accordingly, the failure to meet the requirements of s.32 RMA confirms that PC 21 is contrary to the purpose of the Act as set out in Part 2, in particular, it does not provide for the sustainable management of the urban environment of the subject site and the neighbourhood required by s5 RMA. For these reasons PC 21 fails to meet the purpose of the Act and accordingly cannot proceed.

PART C

17. The following considers issues under the headings of:
1. Introduction.
 2. Background to the proposal – lack of true consultation while the proposal keeps getting bigger.
 3. New Unitary Plan provisions and its comprehensive approach to where activities are to be located in the Auckland Region.
 4. Built heritage is at risk.
 5. Need to protect housing potential to achieve the region's urban growth strategy.
 6. The site is confined and small and coupled with the provisions of the proposed rezone there will be a significant impact on surrounding amenity levels.
 7. Gradual expansion of the Brightside Hospital into an established residentially zoned neighbourhood – creeping commercialism.
 8. What does the proposed plan change request mean if successful?
 9. Conclusions

1. Introduction

18. The architect and planning consultants for Southern Cross have worked hard to meet their client's brief to expand the Brightside Hospital. They have provided a rezoning proposal that will maximize the gross floor area of a new hospital building and provide a range of associated medical facilities. But to be successful a proposal first needs to be located in the correct location.
19. In other words the big decision is whether the proposal should even be located on the subject site. The rest – the possible institutional design of the new permitted hospital, the lack of transition into the surrounding residential neighbourhood, lack of sufficient on site parking, the new hospital building being at least 2 x the height of the adjoining and current residential zonings of the neighbourhood, potentially an extraordinarily large quantity of earthworks and excavation of hard rock in a quiet residential area to build basement parking

Submission no 93

- and so on are all important factors in evaluating the proposal but they are secondary factors to whether there should even be a substantial hospital here.
20. Having said that, these secondary factors hugely compound the situation so that the proposed Brightside Road/Gillies Avenue site is definitely the wrong location for the proposed rezoning proposal.
21. The following expands on the above and explains why the proposed change 21 is incorrect in its entirety.

2. Background to the proposal – lack of true consultation while the proposal keeps getting bigger

22. As concerned and affected residents we have met with Southern Cross on 3 occasions, the last being in September 2018.
23. At these meetings we have been presented with a series of concept drawings showing the design of a new hospital to be constructed on Gillies Avenue sites adjoining 3 Brightside Road and then linking into the existing Brightside Hospital with a substantial overpass.
24. At these meetings, the new hospital proposal has progressively increased in size and complexity despite the community's concerns about the proposal detracting from the amenities of the neighbourhood and its use of residential and special character housing land.
25. We believe that true consultation has not been undertaken by Southern Cross with adjacent residents. The consultation does not satisfy the tests established in case law for consultation. In the decision *Wellington International Airport Limited and others v Air New Zealand* [1993] 1 NZLR 671, at p. 675. Judgment of the Court of Appeal delivered by McKay J quoting McGechan J in the High Court in *Air New Zealand and others v Wellington International Airport Limited and others*, HC, Wellington, CP 403-91, Jan 6, 1992 stated:
- "Consultation must allow sufficient time, and a genuine effort must be made. It is a reality not a charade. The concept is grasped most clearly by an approach in principle. To "consult" is not merely to tell or present."
26. In this instance, the meetings held with Southern Cross only revealed that its representatives were determined to proceed with the proposal regardless of the community's substantial input and response against an expanded hospital.

27. Southern Cross has stated that it has incorporated substantial design elements into the proposal that will mitigate adverse effects on residents. I do not consider that to be the case. Moreover, inclusion of such design features does not sit well with myself or other residents who view an expanded hospital in this location to be in the wrong location and such features do not negate this viewpoint or make the proposal more palatable.
28. Residents did write to Southern Cross outlining how in their opinion a resource consent application as a non-complying activity in the current residential zoned site would fail to pass the gateway tests for a non complying activity.
29. Since 2014 Southern Cross has met several times with Council resource consent planners through its pre application meeting process. Council planners have stated that they would have great difficulty supporting the proposal as a non-complying activity on the residentially zoned land.
30. Southern Cross appears to have changed its approach for gaining planning approval for its new hospital. It appears to have concluded that a plan change request route might be a more successful route than that of a resource consent for a non-complying activity in a residential zone.
31. This new planning route means that Southern Cross is now asking for a new zone over their entire land holdings rather than a resource consent for a new hospital limited to 149 – 153 Gillies Avenue excluding 3 Brightside Road.
32. In other words, the project has grown once again with the proposed zoning enabling future new hospitals and healthcare facilities to be constructed not just at 149 – 153 Gillies Avenue but also where the current Brightside Hospital is located. These can be built up to 16 metres as of right in the proposed zone and to 25 metres as a restricted discretionary activity. The project has now the potential to grow upwards and outwards well beyond where we as residents began our discussions with Southern Cross.
33. The nature of the proposal has also changed as the new zone will not be limited to a surgery hospital as at present with the current Brightside Hospital but will allow a range of activities such as medical consulting rooms, and radiology facilities plus pharmacies and other facilities as well as a wide range of hospital types not just a surgery hospital.

3. *New Unitary Plan provisions and its comprehensive approach to where activities are to be located in the Auckland region.*

34. There is an expectation in the community that the current provisions of the Unitary Plan are upheld by the Council. This is especially so as these provisions are recently operative having been subject to an extensive public submission and hearings process.
35. The Unitary Plan has adopted a comprehensive approach which indicates where residential activity is to be located and also where hospitals and commercial activity are to be located. This approach is fundamental to the drawing up of the Unitary Plan.
36. Consequently hospitals are a non-complying activity in the residential zones including for the two residential zones relevant to the subject site. The Brightside Road location for the rezoning proposal is not seen to be a correct location for the hospital activity.
37. The current non-complying activity status of hospitals compares with the provisions of the previous district plan where the Residential 2A zoning of the site allowed hospitals as a discretionary activity. In summary, it appears that the Council has moved towards strengthening its provisions in the Unitary Plan against hospitals being allowed in residential areas.
38. Having said that, the Unitary Plan approach to the location of land use activities is not just about where private hospitals cannot be located in Auckland in order to protect other land uses and features. Instead the Unitary Plan has made a concerted effort to recognize private hospitals are suitable to be located in certain areas of the city.
39. The table below shows where new private hospitals can be located under the general current planning provisions (in addition to the Special Purpose Zone – Healthcare Facility & Hospital where they are a permitted activity). There are six business zones allow hospitals as either a permitted or discretionary activity.

Submission no 93

Diagram 1: Table showing zones where hospitals are catered for.

ZONE	ACTIVITY STATUS OF HOSPITALS
Business - City Centre	Permitted
Business – Metropolitan Centre	Discretionary
Business - Town Centre	Discretionary
Business – Local Centre	Non- complying
Business – Neighbourhood Centre	Non – complying
Business – Mixed Use	Discretionary
Business – General Business	Discretionary
Business- Light Industry	Discretionary

40. These zones are distributed throughout the city including being located on the Isthmus of Auckland, a central location. These zones exist in Tamaki , Ellerslie, Penrose, Greenlane and Morningside for example and are located on major arterial routes. They are not just located in South Auckland as the applicant contends in his planning report. Locations of nearby acceptable zones for a hospital/healthcare campus as proposed are shown below in the following map.

Diagram 2: Nearby central locations of the zones where hospitals are provided for



Submission no 93

41. Often land located in these acceptable zones do not exhibit adverse characteristics of noise, fumes, lights and heavy traffic referred to by the applicant as to why Southern Cross does not wish to locate in an industrial area. In fact such characteristics are more associated with heavy industry zones where hospitals are not permitted rather than these characteristics occurring in the Light Industry Zone for example where hospitals are a discretionary activity.
42. The applicable zonings where hospitals can locate as a discretionary or permitted activity also permit greater building heights than the residential zones where this type of activity is not allowed. These height maximums will accommodate a hospital of 16 metres as proposed by Southern Cross. The table below quickly summarises the maximum permitted heights to support this point.

Diagram 3: Maximum permitted heights in those zones where hospitals are to be located.

ZONE	ACTIVITY STATUS OF HOSPITALS	MAXIMUM PERMITTED HEIGHT
Business - City Centre	Permitted	High – varies with other limitations – site specific height control
Business – Metropolitan Centre	Discretionary	High – varies with other limitations – site specific controls
Business - Town Centre	Discretionary	Varies 11m – 27m dependent on height variation controls for a site.
Business – Local Centre	Non- complying	18m with specific height restrictions for certain sites or a height variation control
Business – Neighbourhood Centre	Non – complying	13m with specific height restrictions for certain sites or a height variation control
Business – Mixed Use	Discretionary	18m with specific height restrictions for certain sites or a height variation control
Business – General Business	Discretionary	16.5 metres with a height variation control for certain sites
Business- Light Industry	Discretionary	20 metres with a height variation control for certain sites

43. Within Auckland, Southern Cross has two of its hospitals within these zones. They include:

- St Marks – zoned Business – Mixed Use located in Newmarket.
- Wairau Park – zoned Business - Light Industry for its new large hospital expansion fronting Wairau Road, North Shore. 1.7 hectares of its total 2.9 hectare site is located on industrial zoned land. This comprises 60% of the total site on industrial zoned land. The remainder is the old hospital located on residentially zoned land.

Diagram 4: New expanded Wairau Road hospital located on industrial zoned land



44. Some of Southern Cross's smaller low key hospitals are located in residential zones such as the Gillies Avenue hospital at 160 Gillies Avenue. These are generally older and smaller and were established under previous district plans with different planning legacies which more readily allowed them to locate as discretionary activities in residential zones.

45. Southern Cross is located within the Ormiston Hospital and Specialist Centre at 125 Ormiston Road, Flat Bush in South Auckland. Today the hospital is a non-complying activity in the Local Centre Zone. However under the previous Auckland City - Manukau District Plan (Operative 2002), the hospital and healthcare facilities were a discretionary activity in the Business 5 zoning of the Ormiston land. It is interesting to note that this zone applied not only to these activities but also light industry amongst other land uses. This is important as Southern Cross have said they wish to avoid such areas in justifying the proposed location in Epsom amongst housing yet this does not hold for their Ormiston hospital.
46. In this regard Southern Cross' s planning assessment accompanying the plan change request states:.
- "Industrial zoned sites are generally located in the south and Hospital development will give rise to reverse sensitivity concerns for existing businesses." (page 43, Assessment of EffectsSFH Consultants Ltd).
47. Contrary to this statement, Business - Light Industrial zoned land is now used to accommodate the recently expanded Southern Cross hospital in Wairau Road on the North Shore. This position is described by Southern Cross as a "medical campus" with more development still to come. It is an example where Southern Cross has considered it appropriate to locate in an industrial zone despite stating in its section 32 analysis that it will not do this due to reverse sensitivity issues from locating in an industrial area.
48. What the planner's assessment does not acknowledge is that reverse sensitivity issues will occur for established residents of Epsom if the proposed zoning were to be approved. This has already happened with the current Brightside Hospital where the planning conditions of the resource consent allowing the hospital to be built have not been observed by Southern Cross. After-hour deliveries to the hospital have been common in the middle of the night, light-glare continues to be problematic, extensive demand for on- street parking by both hospital staff and visitors and the installation of more operating theatres than what was approved has served to accentuate these problems for surrounding residents.
49. The present zoning provisions facilitating private hospitals are seen to be generally adequate and valid to meet Southern Cross's proposal without the need to intrude within an established residential area of Epsom with the creation of a private hospital precinct at Brightside Road and Gillies Avenue which will be

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- detrimental to the life quality of nearby residents.
50. If there is the need for another healthcare and hospital zone as now proposed, then this zone should be located away from residentially zoned land and areas and located in and around the Business zones especially the Mixed Use and the Light Industry zones which more easily align themselves with a hospital type activity.
 51. This is supported by the objectives and policies of the Urban Growth and Form chapter B2 of the Unitary Plan. Here, while social facilities are recognized as an important element in providing for this city's needs in Objective B2.8.1 (1), this is balanced against Objective B2.4.8.1 (3) which seeks to avoid, remedy or mitigate reverse sensitivity effects between social facilities and adjacent land.
 52. The Unitary Plan is to be read as an interrelated whole. Consequently, the objectives relating to residentially zoned land are relevant for the subject site as these signal how the Council perceives this area when the Plan became operative. These objectives clearly intend that a "quality built environment" is to exist in the region where "The health and safety of people and communities are promoted" (Objective B2.3.1) and "Non-residential activities are provided in residential areas to support the needs of people and communities" (Objective B2.4.1 (5)). But in so doing, the Unitary Plan also "Require[s] non-residential activities to be of a scale and form that are in keeping with the existing and planned built character of the area." (Objective B2.4.1 (5) and "Residential areas are attractive, healthy and safe with quality development that is in keeping with the planned built character of the area." (Objective B2.4.1 (2)). It is my contention that the rezoning proposal will not achieve these objectives and others of the Unitary Plan.

4. Built heritage is at risk

53. In catering for widespread intensification of our city, the Unitary Plan has as a starting point noted the "hands off areas" where elements of the region need to be protected from urban development. Traditionally in Auckland this has included its harbours, the Hunua and Waitakere Ranges and the volcanic cones. The Unitary Plan amongst other matters now also includes the protection of special character residential areas and other built environments. The retention of 149 to 153 Gillies Avenue as a special character area is part of this scenario. This is important in Epsom where so much of this type of character has been removed and lost. It is a valuable resource. These properties provide a gateway into the nearby adjacent special character area of Shiphers Avenue and to the south while linking this neighbourhood with the special character areas along Mountain Road and to the north.

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54. As a member of the organization that promotes the documentation and conservation of modern built heritage – buildings, sites and neighbourhoods (DOCOMOMO International and DOCOMOMO New Zealand), it is clearly apparent that built heritage can be at risk of demolition or deterioration. This application illustrates this with its aim to either remove or demolish 149, 151 and 153 Gillies Avenue.
55. The applicant's heritage analysis report by Lifescapes recognizes that these properties have historical and physical/visual values consistent with the Unitary Plan's Special Character Area – refer key findings of this report. It goes on to say that the residential buildings should not be kept but instead the elements of the stonewalls, large trees, hedges and gardens should be retained.
56. In my opinion, this recommendation by Lifescapes to remove the houses and hostel is similar to the heritage argument of retaining only the façade of an historically important building and redeveloping behind it. Southern Cross is giving so called lip service to the significance of these three properties. It appears that Southern Cross is trying to escape controversy by saving the landscape elements yet at the same time demolishing the primary element of the character of the properties being the residential buildings themselves. This approach is superficial with the very essence of the heritage significance being removed from the properties. This approach facilitates Southern Cross intent to maximize its floor area and commercial presence while on the other hand it continues to destroy the applicable Special Character Overlay and character of this area. It is noteworthy that Southern Cross has already destroyed 4 other character residential buildings in the process of building its current hospital.
57. At this point in time, the applicant is seeking a generic rezoning with only a variation in required on-site parking requirements. There is no certainty that these landscape elements of the walls, trees and hedges etc will be retained.
58. The large trees on the Gillies Avenue property frontages especially at 151 and 153 Gillies Avenue are in my opinion post-mature. As such, there is no certainty that these trees will remain in the near future. They can be removed as of right as they are not scheduled or otherwise covered by the notable tree overlay or special protections of the Unitary Plan under Chapter E15. Activity (A22A) (Table E15.4.1 Activity table) in this chapter allows for these trees to be removed in the applicable zone and overlay within which the properties are located. As a result, a proposed new hospital at 16 metres high will be extremely visible from both Gillies and Kipling Avenues.

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59. Policy B2.4.2 (5) of the Unitary Plan's chapter on Urban Growth and Form specifically states that intensification of residential areas will be avoided in areas of the city with historic and special character. This proposal is contrary to this regional policy.

5. Need to protect housing potential to achieve the region's urban growth strategy

60. The existing Brightside Hospital at 3 Brightside Road is zoned Residential – Mixed Housing Suburban. As discussed above, the Council has chosen in its newly released Unitary Plan not to zone this site for hospital purposes. In fact through the submission process to the Unitary Plan the Council retained its position on this when it then rezoned this property from Residential - Single House Zone to the more intensive Mixed Housing Suburban Zone. This zoning is in accordance with the rest of the block surrounded by Brightside, Owen and Gillies with the exception of 149,151 and 153 Gillies being retained as the Residential Single House Zone.
61. The retention of the residential zonings on the subject site will assist in achieving the region's urban growth strategy contained in Chapter B2.4 of the Unitary Plan to provide many more new dwellings. Rezoning to a hospital zone would result in loss of potential for these dwellings located close to major transport routes and urban centres.
62. Exploring this a little further, the current Mixed Housing Suburban Zone provides for Integrated Residential Development as a restricted discretionary activity. This is a good vehicle to ensure development which may be fairly intense can be well designed. It applies to land holdings over 2000m² in area. Accordingly it applies to the current Brightside Hospital site which is 5245m² in area. This activity provides for a wonderful opportunity for residential development here when the old hospital reaches its end of life, so to say.
63. Reference is made to a recent resource consent, number LUC60302475, as a guide for the number of dwellings that could be constructed on the current Brightside Hospital site with its 5245m² land area. This resource consent relates to land at 21 Margan Avenue Papatoetoe. Here, 12 dwellings were approved to be constructed on the 1522m² site with an average of 126m² freehold land per dwelling. Utilising this ratio of 1 dwelling per 126m² means that approximately 40 well designed and well laid out dwellings could be built at 3 Brightside Road (this does not include the land area at 149 to 153 Gillies Avenue as it is assumed

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that these sites will continue to retain their special character heritage overlay restricting their level of housing development potential).

64. While this is a fairly high density form of development, it does show the potential loss for housing if the land is rezoned away from residential and to healthcare and hospital facilities. In addition, 149 Gillies Avenue presently accommodates approximately 30 boarders in its residential facility.; this is an important contribution to alternative housing needs.

6. *The site is confined and small and coupled with the provisions of the proposed rezoning there will be a significant impact on surrounding amenity levels*

65. It is understood that the neighbourhood within which the proposal is to be located will change over time. This is evident by the Residential Mixed Housing Suburban Zone applied to much of the block within which the subject site is situated. This zone allows a much higher intensification of housing development than currently exists there. However, the planning standards associated with the zone can result in levels of high amenity even though the area can be greatly intensified. This is included within one of the objectives for this zone which states that "Development provides on-site residential amenity for residents and adjoining sites and the street." (H4.2(4)).

66. In contrast the hospital proposal will significantly and substantially de-emphasize local amenity. This impact is contrary to Policy B2.4.2 (10) which states that .."non-residential activities [are] to be of a scale and form that are in keeping with the existing and planned built character of the area."

67. In part this is due to the Healthcare and Hospital Zone being designed for sites which are relatively large and somewhat freestanding. The zone description states in this regard that "These are generally large, land-extensive facilities ...The sites generally consist of extensive and highly visible buildings and substantial parking areas."

68. In contrast the subject site is relatively small. It is just under 1.0 hectare in area. This compares for example with:

- Southern Cross's Wairua Road hospital which sits on approximately 3 hectares of land, and
- Ascot's Mercy Hospital site on Mountain Road, Epsom which is also approximately 3 hectares in size.

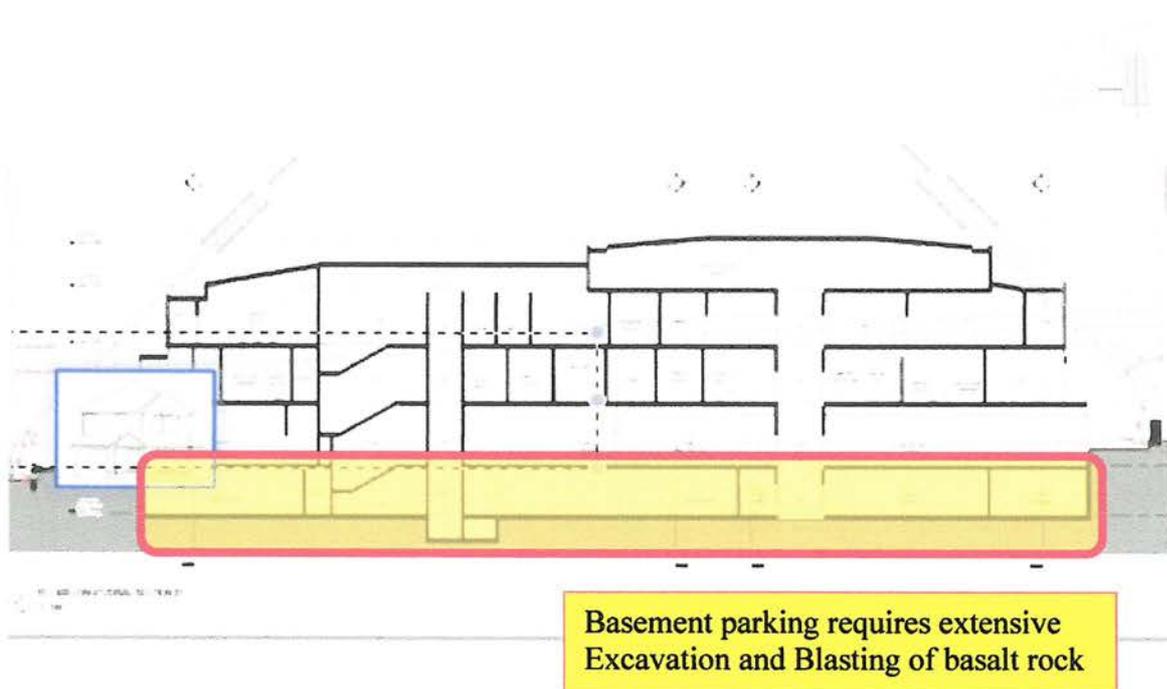
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69. As a result the subject site is not large enough to:

- Provide sufficient distance from established surrounding and adjoining residential properties to manage adverse visual and dominance effects, noise and light glare on these neighbours.
- Successfully accommodate the proposed additional building height; and this does not complement nor interface well with adjacent residential land.
- Provide an appropriate building height transition to adjacent residential areas.
- Reflect the low key development design of the current Brightside Hospital at 3 Brightside Road which in itself may not remain according to the development standard for the new zone proposal.
- Support an urban built character envisaged by the Unitary Plan of predominantly 1- 2 storeys in height resulting in a greater intensity of development than envisaged within this suburban location.
- Properly provide for needed on-site parking for proposed activities. In this regard, a lesser on-site parking car parking ratio is sought than is the usual standard in the Unitary Plan for a hospital. This is in spite of the fact that the current Brightside Hospital cannot provide adequate on-site car parking for staff and its visitors.
- Be developed with major excavation and earthworks occurring which will significantly adversely affect surrounding neighbours. Drawings presented to the residents' group by Southern Cross show that the proposed building for the hospital and healthcare facility will include a large amount of earthworks necessary to form an underground car park.

*Diagram 5: Cross section north to south showing excavation line
– draft concept drawings showing basement parking requiring excavation.*



70. It is estimated that approximately 16 – 17000m³ will be excavated for the building much of which will be very hard basalt rock. Excavation will be 7 – 8 metres in depth. This equates to 4000 truck trips for earthworks alone without the additional construction traffic after earthworks are completed. It is anticipated that excavation will take at least 3 years to complete. Heavy traffic will obstruct surrounding local and major streets for a very long period of time.

71. These earthworks cannot be viewed as a temporary effect. A time period of 3 years for earthworks coupled with another 2 years approximately for construction of the new hospital cannot be viewed as a temporary adverse effect on neighbours and the general community. A total of 5 years to build a major hospital building is a long time for a residential area to sustain.

72. Under the provisions of the Unitary Plan (chapter E12 Land disturbance) earthworks greater than 500m² and more than 250m³ requires a resource consent in the residential zones. The project is likely to have approximately 70 times the permitted levels of earthworks allowed in a residential zone.

73. In a Healthcare and Hospital zone, earthworks greater than 2500m² and 2500m³ require consent. The project is likely to have approximately 7 times

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the permitted levels of earthworks allowed in this zone.

74. Moreover, earthworks on the site is likely to include blasting of the very hard basalt under the site. (The Tonkin and Taylor report dated September 2018 given to residents by Southern Cross details the large quantity of basalt beneath the site). Much attention was given to the adverse effects of excavation and rock blasting for the current hospital in the 1997 Environment Court consent. It is expected that if excavation is to occur this time for the new hospital, its effect will be severe both in the short term during construction and in the long term with its likely effect on surrounding buildings. It is unlikely that the proposal will satisfy the objectives of the Unitary Plan's land disturbance controls which seek to "...protect the safety of people and avoids, remedies and mitigates adverse effects on the environment." (Chapter E12.2 Objectives).
75. In addition to the above points, the subject site adjoins only residentially zoned land without any other form of development such as schools and industrial areas to assist in providing a transition between the proposal and these established residential neighbourhoods.
76. The likely adverse impact on adjacent properties by the imposition of the rezoning will be contrary to the actual objectives and policies of the Healthcare Facility and Hospital Zone which seeks to avoid, remedy or mitigate adverse effects of these activities on adjacent area (Objective H25.2 (3)) and to "Minimise significant adverse effects of overshadowing, visual dominance and loss of visual privacy on adjacent properties by use of graduating building heights and by locating away from the zone boundary." (Policy H25.3 (4)).
77. The applicant has provided a table illustrating the different planning standards for the hospital zone and the current residential zones.

Diagram 6: The applicant's table comparing the planning standards for the hospital zone and the current residential zones – refer page 48 SFH Consultants Ltd Assessment of Effects ... accompanying the request for a plan change.

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	<i>MHS zone</i>	<i>SH zone with SCAR Overlay</i>	<i>HFH zone</i>
Height	8m (+1m)*	8m (-1m)*	16m*
Height in Relation to Boundary ("HIRB")	2.5m + 45° to side/rear boundaries only	2.5m + 45° to side/rear boundaries only	The same control as the adjoining zone, being: 2.5m + 45° to side/rear boundaries only
Yards	3m front 1m side/rear	3m front 1m side/rear	3m front 3m side/rear
Maximum Impervious Area	60% gross	60% gross	80% gross
Building Coverage	40% net	35% net (25% net (SCAR))	N/A
Landscaped Area	40% net (plus 50% of front yard)	40% net (plus 50% of front yard)	N/A
Fences and Walls	1.4m front 2m side/rear	1.4m front 2m side/rear	N/A

* All of the subject sites are affected by volcanic viewshaft overlays, which alter the maximum height. In the western area of 3 Brightside Road, this is as low as 11.5m-16m.

78. Analysis of this table indicates major differences between the residential and hospital zones especially as within the latter zone:

- there will be no building coverage maximum
- there will be no minimum landscaped area
- the maximum impervious area is increased by 33%
- the maximum height is doubled to 16 metres or more under very limited controls as a restricted discretionary activity.

79. The proposed zone therefore utilizes few of the existing residential provisions that apply to residential developments in either the Residential Mixed Housing Suburban or the Residential Single House Zones applicable to the site. In so doing, the proposed zone and its provisions do not focus on the size and scale of buildings and site development nor on how that development will respond appropriately to its surrounds and the planned character of the adjacent residential areas.

80. It is noted that surrounding buildings do not come anywhere near the height of the proposed zone with the tallest of these being 2 storeys – 8 metres.

81. The proposed plan change will allow higher buildings to occur. As a restricted discretionary activity they can reach 25 metres in height and even higher as a discretionary activity. This is shown in the table below:

Diagram 7: Extract from Table H25.6.1.1 Building heights, Auckland Unitary Plan

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Table H25.6.1.1: Building heights

Site area	Permitted activity standard	Restricted discretionary activity standard	Discretionary activity standard
Sites with a total site area up to 4ha	Up to 16m	Between 16m and up to 25m	Greater than 25m

82. These controls will provide far less protection than was envisaged by the Unitary Plan for the area.

Traffic and parking

83. The current Brightside Hospital has resulted in an extremely high demand for on-street parking in the surrounding residential streets due to hospital on-site parking being filled up.

84. I surveyed the area and during the operating times of the hospital the parking spaces on the streets were often close to 100 percent full.

85. People who need to visit the hospital simply cannot find a park inside the hospital grounds and are having to park on the street.

86. On-street parking demand is also a result of hospital staff needs with this parking beginning at 6.30am most mornings during the working week.

87. This parking pattern makes it very difficult for residents and their own visitors.

88. Under the 1997 resource consent for the current Brightside Hospital, 61 on-site car park spaces are to be provided at 3 Brightside Road. It appears that the hospital is in breach of this condition as only somewhere between 53 and 57 spaces are provided.

89. The suggested parking variation of 1 on-site space per 64m² GFA will exacerbate this difficult situation. This ratio is well below that of the required standards for the nearby Mercy Hospital at 1 on-site space per 40m² GFA and for others nearby. The dispensation in this regard does not make sense.

90. The required on-site parking requirements of Chapter E27 Transport of the

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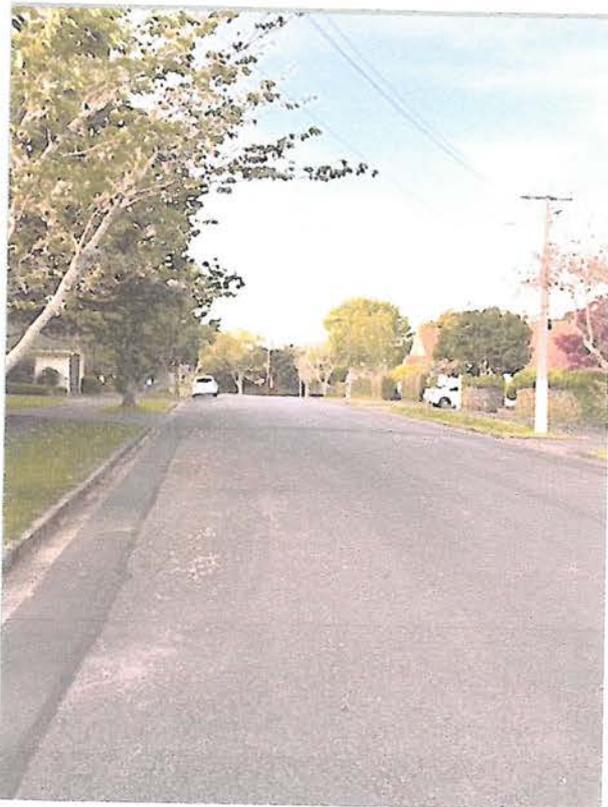
Unitary Plan are shown below to support this statement.

Diagram 8: Table E27.6.4.2 Parking Rates for hospitals

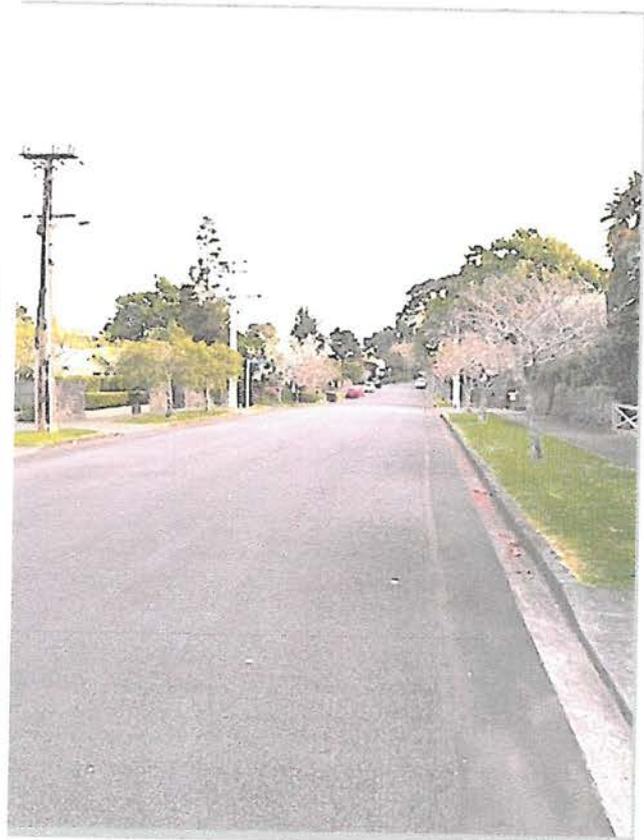
(T67)	Medical facilities	Hospitals not shown on the Parking Variation Control planning maps	1 per 50m ² GFA	No maximum
(T68)		Grafton Hospital 2 Park Road, Grafton	No minimum	1 per 50m ² GFA
(T69)		Greenlane Clinical Centre 210 Green Lane West, Epsom	1 per 55m ² GFA	No maximum
(T70)		Mt Albert 50 Carrington Road, Mt Albert	1 per 60m ² GFA	No maximum
(T71)		Mercy Hospital 98 Mountain Road, Epsom	1 per 40m ² GFA	No maximum

91. The following photographs illustrate how street parking is filled by visitors and staff of the hospital. Staff street parking starts at 6.30am or earlier each day throughout the working week. Visitor parking is at heaviest on Tuesdays to Thursday inclusive each week but during the rest of the working week most if not all on-street parking capacity is filled by staff to the hospital.

Diagram 9 & 10: Wednesday 25 October 2017 6.30pm – hospital visitors and workers have left for the day



Looking towards the hospital along Shipherds Ave



Looking away from the hospital along Shipherds

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Diagram 11: Monday 16 October 2017 3.00 pm – parked cars of hospital visitors and workers fill kerbside parking in Shipherds Avenue.

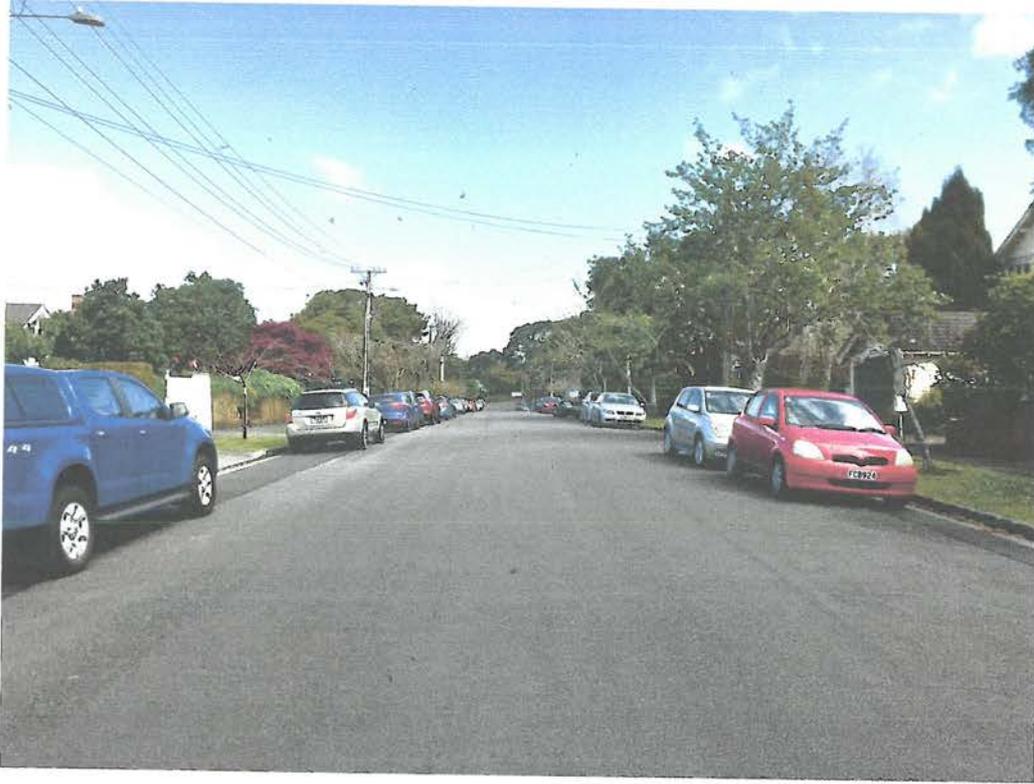


Diagram 12: Monday 16 October 2017 3.00 pm – parked cars of hospital visitors and workers fill kerbside parking in Brightside Road.



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7. Gradual expansion of the Brightside Hospital into an established residentially zoned neighbourhood – creeping commercialism

General history of Brightside Hospital – commercial creep

92. The history of the Southern Cross hospital in Brightside Road illustrates the slow but steady expansion of the Brightside Hospital into the established surrounding residential neighbourhood.
93. The hospital has increased in both building size and land holding since Southern Cross purchased it around 1981.
94. The following illustrates when additional properties were acquired by Southern Cross to increase its land holding. The history shows that the organisation has adopted an ad hoc form of decision making towards its hospital expansion with a “creeping commercial scenario approach” into the established residential environment.
95. The ad hoc approach to its planning for the Brightside Hospital is further evident by Southern Cross not making a submission to the Proposed Auckland Unitary Plan (PAUP) on its current Brightside hospital and its zoning nor on its 3 newer properties on Gillies Avenue.
96. Southern Cross purports that it could not have made a submission. The reasons for this are outlined in the comments on pages 8 – 9 of the Assessment of Effects (AEE) report by SFH Consultants Ltd for Southern Cross under the heading of “*Proposed Auckland Unitary Plan Process and Submissions*”. The various reasons stated in this section of the AEE are at the very least incomplete and are somewhat misleading as to why a submission was not lodged. In fact the contrary is true as Southern Cross clearly had the opportunity to lodge a submission on the Unitary Plan and at the very least a submission concerning the site for its current Brightside Hospital.
97. This is evident by the communications occurring between Council officers and representatives of Southern Cross during the PAUP submission period.

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98. In this regard the minutes of the pre-application meeting of Southern Cross and Council officers on 24th July 2014 (Council reference: PG/2014/849) clearly show an intention by the applicant to develop and expand the hospital in a manner similar to that which has now been made public and forms part of the request for a plan change. This July meeting was held only 2 days after the full submission period to the PAUP closed on 22 July 2014. The meeting required earlier investigation work by Southern Cross prior to attending the pre-application meeting so as to enable discussion about the design concept for hospital expansion as recorded in the minutes for that meeting. The meeting was therefore held at a time when Southern Cross was in the knowledge of the proposed Healthcare Facility (and Hospital) Zone details of the PAUP. Southern Cross clearly had this expansion concept in its business planning for its organization before submissions closed contrary to the statements in the AEE report by SFH Consultants.
99. In our residents' meeting last year with Southern Cross, its attending representatives explained that Southern Cross's business strategy is to expand existing facilities and that is the prime reason for this proposal. Representatives further explained that this strategy had been successful for the business organization at its Wairau Road hospital campus.
100. In examining the Wairau Road hospital site, it is evident that the expansion of the hospital and accompanying facilities has predominantly occurred on Light Industrial zoned land adjoining the original premises. This is a very different scenario from that proposed for Epsom whereby expansion is proposed on residentially zoned land.
101. Bear in mind that Southern Cross has already demolished 4 residential buildings in Brightside Road to build the current Brightside Hospital. The rezoning proposal includes the demolition or removal of 3 more for its new expansion. A total of 7 residential buildings will be removed to allow the Brightside Hospital campus.
102. The site history is:
- The large and beautiful Owen House at 3 Brightside Road was built in the 1850's (refer Interim Environment Court decision June 1996).
 - Brightside Hospital established in the Owen House at 3 Brightside Road in the 1920's (refer Interim Environment Court decision June 1996). This

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property also included a second residential building being the old nursing home.

- About 1981 Southern Cross purchases the old Brightside Hospital (formerly the Owen House) and nursing home at 3 Brightside Road.
- 1984 -1986 SX purchases the house and property at 7 Brightside Road.
- 1991 – SX purchases house and property at 9 Brightside Road.
- February 1997 - Decision by Environment Court approving the demolition of the old Brightside Hospital and nursing home at 3 Brightside Road in conjunction with the character houses at 7 and 9 Brightside Road and approving the construction of the current hospital. The address of the hospital becomes known as 3 Brightside Road.
- July 2014 - SX begins a series of pre- application meetings with Council planners over the proposal to expand the hospital on to 149, 151 and 153 Gillies Avenue stating that an opportunity has arisen to purchase these adjacent properties (Council reference: pre- application minutes PG/2014/849).
- February 2015 SX buys 153 Gillies Avenue; to be removed or demolished.
- May 2016 SX buys 151 Gillies Avenue; to be removed or demolished.
- December 2017 SX buys 149 Gillies Avenue; to be removed or demolished.

103. The three photographs below show that the old Brightside Hospital was for many years restricted to its original site at 3 Brightside Road. It is only after Southern Cross purchased the hospital that it begins to gradually expand into the adjoining residential area as land is specifically purchased for expansion.

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Diagram 13: Aerial photograph 1949



9 Brightside house

7 Brightside house

3 Brightside - the old Brightside Hospital (formerly the Owen House).

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Diagram 14: Aerial photograph 1959

(NOTE : Pale blue = incorrect boundaries from Council basemap)



9 Brightside house

7 Brightside house

3 Brightside – the old Brightside Hospital and nursing home

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Diagram 15: Aerial photograph 2008



NZTM : 1757689, 5916991

0 30 60m

POWERED BY
esri

3 Brightside –
current Brightside Hospital,
formerly 3, 7 & 9 Brightside Rd.

149+151+153 Gillies Avenue
proposed additional land to be added
to hospital campus

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Proposed rezoning will result in an enormously significant increase in hospital and medical facilities for the neighbourhood.

104. The likely scale of change resulting from the rezoning proposal will be enormous when compared with the existing residential baseline for the area. The rezoning will allow development standards which do not compare with or respect the residential scale existing in or planned for the neighbourhood under the current residential zonings.
105. Draft drawings presented to residents last year for a new hospital reveal the high scale of intrusion into the established residential area. Overall the comparison shows a hospital campus that is planned to be approximately 3 times the size of the current Brightside Hospital facility.
106. A table is included below to compare the current Brightside Hospital with that now proposed. Gross floor area comparisons are given along with height of buildings and size of site. This information is coupled with other details such as a comparison between the number of operating theatres, and likely earthworks requiring significant heavy traffic and blasting of solid basalt for excavation.
107. The table in Diagram 16 below highlights the following features:
 - Site area increased : +75% to 9,000m² land area
 - Building area increased : +200% to 15,000m² or more building area
 - Building height increased : +100% to +200%, to 16metres and up to 25m
 - Building bulk increased : spanning 2 road frontages in excess of 70m each
 - Operating theatres increased : unlimited vs. presently limited to 3
 - Other healthcare activities : unlimited vs. nil currently allowed
 - Operation types : day and overnight surgeries vs. overnight only currently allowed
 - Excavation/blasting : +100% more than previously undertaken for the current Brightside Hospital 1998-1999
 - Special character homes : 3 x to be removed/demolished,
And 3 x previously lost plus a nurses' home.

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Diagram 16: Comparison between the current hospital and the proposed redevelopment of the hospital as shown in draft concept drawings to residents, October 2018.

	Existing	Proposed	Total	Change
1. Site area	5245m ²	4028	9273m ²	+75%
2. Building area	4950m ²	+8,500m ² Indicative, <u>And more</u> across greater site	15,000m ² +	+200%+
3. Building height	8metres	16metres And up to 25metres Or more as "discretionary"		+100% +200%
4. Building bulk	2 x storeys +basement parking	4-6 x storeys, and up to 7-8 storeys and up to 55metres long		Very large, highly visible structures
5. Operating theatres	3 approved +1 illegally used	Unlimited capacity for many more		+200% or more
6. Other healthcare/ consulting rooms	NIL allowed; specifically declined in the existing consent	Unlimited capacity for extra businesses		Substantial increase in the scale of business throughput
7. Day or Overnight	Overnight only, as specified in the existing consent	Day-only + overnight from more day-use		More patient turnover means high activity generation
8. On-site carparking	7 actual s. 61 required by the existing Resource Consent	??? BUT large reduction requested from Base standards		vs. Major increases in: • bldg. areas • operating theatres • day-only + overnight patient base increase • wide-ranging ancillary Consultants+Services • streetside parking demand already high
9. Special character Residential homes	3 lost originally nursing home	3 more to be removed = 7 in total		Neighbourhood Character destruction
10. Excavation	prox.. 9,000m ³ removed in original plan, over 2yrs requiring frequent excavation of basalt base	Potentially 16-17,000m ³ now required to achieve indicative basement structure at 7metres depth, could take 3+yrs		• Vibration/property damage • Flyrock/safety • Noise/dust • Traffic interruption • Over prolonged time

Submission no 93

8. What does the proposed plan change request mean if successful?

The function and visual character of the area will change forever – the rezoning proposal is inappropriate and will have a precedent effect.

108. In a meeting with representatives of Southern Cross last year, Southern Cross explained that they saw the proposal would be a natural extension of the Newmarket business area along Gillies Avenue to 149 – 153 Gillies Avenue and around the corner into Brightside Road. In those discussions they explained that the Epsom Girls Grammar School campus would provide the linkage between the present business area of Newmarket and the new hospital and its zone. This thought is entailed within the design of the proposed hospital which is institutional in external appearance.
109. I do not share this vision and I consider that the Unitary Plan does not either. Instead, it is my opinion that the area forms part of a large landscaped residential area which is related to and is integrated into the open space and volcanic cone of Mt Eden. To alter this with the intrusion of a large hospital will significantly change the function and visual character of the area.
110. It is most likely that a large hospital as now proposed will encourage the establishment of ancillary medical facilities around it such as medical specialist consulting rooms. These already exist on some sites on Gillies Avenue to the south of the subject site. The proposal will encourage many more to establish on nearby residentially zoned sites especially along Gillies Avenue. Ancillary medical facilities around major hospitals is a universal pattern.
111. If the present rezoning request is approved, there is little to prevent the current nearby hospitals – the Endoscopy Centre at 148 Gillies Avenue and the Gillies Avenue Hospital at 160 Gillies Avenue also applying and being granted a rezoning for a hospital zone to accommodate them. Both exist in residentially zoned areas and if their rezoning requests are approved, the commercial creep of these facilities will destroy the existing character of the Epsom area.
112. It is highly possible that Southern Cross will go on in the future to expand even further its hospital facilities in the area. This will occur in two ways:
- Replacement of the low rise current Brightside Hospital with at least a 16 metre new hospital building or even higher.
 - Southern Cross may continue to buy up the rest of the block surrounded by Owens Road, Gillies Avenue and Brightside Road. This will result in a hospital campus heading towards the scale of Mercy Hospital at Mountain Road.

Submission no 93

Resulting lack of balance between social infrastructure and residential provision

113. The applicant argues that Section 5 of the Resource Management Act supports its case to locate a hospital in the area. In section 5.3.1 of the Assessment of Effects report accompanying the request for a rezoning, it is stated that :
- "The purpose of the plan change is considered to achieve the purpose of the Act through the provision of increased hospital capacity associated with an existing facility which enables people and the community to provide for their health and wellbeing."*
114. However in my opinion, section 5 is also about a balance between the provision of social infrastructure and the other factors which make up a successful community.
115. To achieve a balance under section 5 of the Act, the Unitary Plan presently strikes this balance with the presence of the Special Character Area Overlay and its inclusion of the 3 properties of 149, 151 and 153 Gillies Avenue within this overlay.
116. The proposed hospital will not specifically serve the local community within which it seeks to locate in Epsom. Its catchment is from the whole of the region and outside of Auckland. Its catchment is determined by the demand for a particular specialist who is able to perform his operations at that facility. It is not dependent on a local catchment population as alluded to in the applicant's reports. As the hospital's catchment is region wide, it does not need to locate in Epsom. It is taking up valuable residential land when it could easily locate in a business zone. Consequently a balance is not achieved with its location on this site.
117. Moreover, there are several small and large hospitals already in the immediate area. Mercy Hospital lies within 1 kilometre to the north. Within 500 metres there is the Endoscopy and Gillies Hospitals on Gillies Avenue. There is the Southern Cross St Marks Hospital in Newmarket on St Marks Road being less than 2 kilometres away from the subject site. The Auckland Hospital is located within 4 kilometres of the subject site.
118. This addition of yet another major hospital as now proposed in Epsom will have an adverse cumulative effect on the community where the balance between these facilities and the residential component will tip forever away from the provision of housing and special character areas in Epsom.

Submission no 93

Justification for rezoning cannot be tied in part to an actual building design shown by the applicant as mitigation of adverse effects on neighbours.

119. The applicant has presented draft drawings of the new hospital to residential neighbours. These show a new hospital building on the corner of Gillies Avenue and Brightside Road which rises to a maximum height of 16 metres including an underground car park. It utilises some of the existing landscape features present on the site today such as rock walls. It preserves the current Brightside Hospital with a 2 storey bridge link between the old and new hospital buildings all constructed to 3 storeys above ground level.
120. The provision of a draft design for the hospital development and campus does not provide any certainty that this design concept will actually occur. The drawings are a draft only. Instead Southern Cross seems to want maximum flexibility under the Special Purpose Healthcare Facility and Hospital rezoning for its redevelopment of the land here by adopting the generic provisions of this zone.
121. In the future a greater intensity of development may occur as the proposed zoning rules allow the replacement of the current hospital. The rezoning allows buildings to reach 25 metres in height as a restricted discretionary activity and it allows for a wide range of activities beyond the hospital activity.

The healthcare facility and hospital zone provides wide powers to the applicant for redevelopment without regard to the neighbourhood within which it is to be located.

122. If the new zone is consented to, the neighbourhood and community will find it has little input into future development on the site. Such provisions as the following do not support input from those who may be adversely affected:

" H25.5. Notification (1) Any application for resource consent for any of the following activities will be considered without public or limited notification or the need to obtain the written approval from affected parties unless the Council decides that special circumstances exist under section 95A(4) of the Resource Management Act 1991:

- (a) new buildings or additions to existing buildings that increase the building footprint by more than 20 per cent that are visible from and located within 10m of a public road or open space zone; and*
- (b) new parking buildings visible from and located within 10m of a public road or a residential zone or open space zone....."*

123. The new zone will enable inappropriately wide powers for the applicant to redevelop the entirety of the subject site including the replacement of the current Brightside Hospital.

9. Conclusions

124. The current residential and Special Character Area Overlay planning provisions for the land which is the subject of this request for a private plan change are relevant and valid and these provisions should remain on that land.

125. The provisions of the Auckland Unitary Plan comprehensively provide for private hospitals and healthcare facilities in areas other than the land subject of this private plan change request and it is in these areas that the proposal should locate and not in this established and zoned residential area.

126. The private plan change request and its resulting urban development will be out of step with the existing and anticipated urban form of the area and it will therefore have a detrimental impact upon people's appreciation and the pleasantness and aesthetic coherence of the area.

127. The Unitary Plan provides a "positive" planning framework that sets clear environmental bottom-lines and the provision of a private hospital and healthcare facilities as allowed in the proposed rezone does not satisfy the environmental bottom-lines established by the Unitary Plan for residential and special character areas.

128. The above conclusions are reflected in the recent Court of Appeal decision *Panuka Developments Auckland Ltd v Auckland Council* [2018] NZEnvC 179. In this decision the Court found that the Auckland Unitary Plan "has only recently been made operative, so can in a general sense be considered to offer provisions prepared having regard to Part 2, and a coherent set of policies designed to achieve clear environmental outcomes".



Suzanne M Speer
April 2019.

Submission on a notified proposal for policy statement or plan change or variation

Clause 6 of Schedule 1, Resource Management Act 1991
FORM 5



Send your submission to unitaryplan@aucklandcouncil.govt.nz or post to :

Attn: Planning Technician
Auckland Council
Level 24, 135 Albert Street
Private Bag 92300
Auckland 1142

For office use only
Submission No:
Receipt Date:

Submitter details

Full Name or Name of Agent (if applicable)

Mr/Mrs/Miss/Ms(Full Name)

Eden Epsom Residential Protection Society Inc.

Organisation Name (if submission is made on behalf of Organisation)

Address for service of Submitter

32 A Owens Rd, Epsom, Auckland 1023

Telephone:

021 052 6973

Fax/Email:

gemma@hydrobio.co.nz

Contact Person: (Name and designation, if applicable)

Gemma Allen, Treasurer

Scope of submission

This is a submission on the following proposed plan change / variation to an existing plan:

Plan Change/Variation Number

PC 21

Plan Change/Variation Name

3 Brightside Road, 149, 151 and 153 Gillies Avenue, Epsom

The specific provisions that my submission relates to are:

(Please identify the specific parts of the proposed plan change / variation)

Plan provision(s)

[Empty box]

Or

Property Address

[Empty box]

Or

Map

[Empty box]

Or

Other (specify)

The entire plan change

Submission

My submission is: (Please indicate whether you support or oppose the specific provisions or wish to have them amended and the reasons for your views)

I support the specific provisions identified above

I oppose the specific provisions identified above

I wish to have the provisions identified above amended

Yes

No

Submission no 94

The reasons for my views are:

See attached

(continue on a separate sheet if necessary)

I seek the following decision by Council:

Accept the proposed plan change / variation

Accept the proposed plan change / variation with amendments as outlined below

Decline the proposed plan change / variation

If the proposed plan change / variation is not declined, then amend it as outlined below.

I wish to be heard in support of my submission

I do not wish to be heard in support of my submission

If others make a similar submission, I will consider presenting a joint case with them at a hearing

Signature of Submitter
(or person authorised to sign on behalf of submitter)

D. Henderson
President

Date

1 April 2019

Notes to person making submission:

If you are making a submission to the Environmental Protection Authority, you should use Form 16B.

Please note that your address is required to be made publicly available under the Resource Management Act 1991, as any further submission supporting or opposing this submission is required to be forwarded to you as well as the Council.

If you are a person who could gain an advantage in trade competition through the submission, your right to make a submission may be limited by clause 6(4) of Part 1 of Schedule 1 of the Resource Management Act 1991.

I could / could not gain an advantage in trade competition through this submission.

If you could gain an advantage in trade competition through this submission please complete the following:

I am / am not directly affected by an effect of the subject matter of the submission that:

(a) adversely affects the environment; and

(b) does not relate to trade competition or the effects of trade competition.

Submission no 94

ATTACHMENT – Reasons for Submission

1. I/we oppose Proposed Plan Change 21 (PC 21-private) for the following reasons:
 - (a) The proposed plan change has failed to implement the basic direction, objectives and policies of the Auckland Regional Policy Statement (RPS) set out in Chapters B1 & B2. In particular the plan change has undermined the relationship within the intended compact urban form of Auckland between residential, historic, heritage and special character protection and urban intensification development initiatives as outlined in the RPS.
 - (b) While medical facilities are recognised as part of the social infrastructure of Auckland, their location relies on following the spatial objectives of the Special Purpose-Healthcare Facility and Hospital Zone. The subject site does not achieve those objectives or policies.
 - (c) The Special Purpose – Healthcare Facility and Hospital Zone (the “Hospital Zone”) is inappropriate for the subject sites because the sites and their locality do not meet the zone description, objectives or policies found in Chapter H25.1, .2 or .3. Overall the location and scale of the built outcome derived from PC21 undermines the integrity of the Hospital Zone.
 - (d) The subject site lies within an established area of residential zoned land with the Gillies Ave part of the site covered by an overlay which seeks to retain and manage the special character values of this part of Epsom, integrated as it is with the eastern side of Mt Eden. The purpose of the overlay is described in Chapter D18 of the AUP. PC 21 undermines the integrity of the Special Character Overlay by introducing a land use which is contrary in all respects to the heritage and special character purpose of the overlay.
 - (e) PC 21 has potential adverse effects on neighbouring properties and the locality arising from the potential intensity of development, the incompatibility of built form relationships contemplated by PC 21, the proposed reduction in required parking for the private hospital and the requirement for blasting to achieve underground parking. Together, these actual and cumulative adverse effects confirm that the locality of PC 21 is unsuitable.
 - (f) Adverse effects from PC 21 also include the undermining and degradation of the residential and character heritage environment of the subject site and its vicinity as well as the urban amenity considered and protected by the integration of the Single House Zone and the Special Character Overlay in this location.
 - (g) The urban form depicted by the operative land use zone pattern covering the subject site and the surrounding neighbourhood firmly indicates the intention of low scale residential development consistent with the Special Character Overlay which covers part of the subject site and the neighbourhood. PC 21 is contrary to the integrity and purpose of the operative land use pattern and urban design outcomes represented by the operative land use zones.

Submission no 94

- (h) PC 21 incorporates three special character residential buildings which front Gillies Avenue. These dwellings are included for the purpose of demolition and removal to allow the expansion of the private hospital facilities. The loss of these special character dwellings is inconsistent with the purpose of the Special Character Overlay specifically placed over this part of Gillies Avenue and the adjoining hinterland to the west for the purpose of heritage protection imposed through the RPS and implemented through the Special Character area provisions of the AUP district plan provisions.
- (i) PC 21 has failed to protect the substantial trees over the subject area which contribute important landscape and vegetation amenity to the neighbourhood and is recognized in the Special Character Overlay.
- (j) Overall, PC21 has failed to provide the necessary justification required under s.32 of the Act to create the extent of change and modification to the operative planning provisions covering the subject area and the adjoining neighbourhood. In particular –
 - i. the evaluation of the objectives of PC 21 to achieve the purpose of the Act is inadequate,
 - ii. the appropriateness of PC 21 to achieve the relevant objectives having examined alternatives, assessed the efficiency and effectiveness of the proposal to achieve those objectives is not provided , and
 - iii. the summary of the reasons for deciding on PC 21 as the correct course of action does not follow the instruction of s32 RMA, and
 - iv. it has not been demonstrated that the objectives of the applicant cannot be met in appropriately zoned areas of the City.
- (k) The serious failure to address the requirements of s.32 RMA has fundamentally flawed the ability for PC 21 to be considered and assessed under the Act.
- (l) Accordingly, the failure to meet the requirements of s.32 RMA confirms that PC 21 is contrary to the purpose of the Act as set out in Part 2, in particular, it does not provide for the sustainable management of the urban environment of the subject site and the neighbourhood required by s5 RMA. For these reasons PC 21 fails to meet the purpose of the Act and accordingly cannot proceed.

Submission no 94

SUBMISSION ON BEHALF OF THE EDEN EPSOM RESIDENTIAL PROTECTION SOCIETY INCORPORATED IN OPPOSITION TO A REQUEST FOR A PRIVATE PLAN CHANGE BY SOUTHERN CROSS HEALTHCARE LTD IN RELATION TO THE BRIGHTSIDE HOSPITAL

1. I am the President of the Eden Epsom Residential Protection Society Incorporated. This submission provides supplementary material in support of the Society's submission opposing this request for a plan change in its entirety.

The Society

2. The Society was formed on 13 November 2018 after residents of the Eden Epsom area became aware that Southern Cross was planning a major expansion of its existing hospital in Brightside Road. Specifically, the Society was formed to reflect the strong opposition of the local community to this proposal. The formal objects of the Society are:
 - (a) To retain, protect and enhance the existing residential character of the Eden Epsom area of Auckland City, including its environmental and amenity values.
 - (b) To engage with Auckland City and any other relevant authority or agency having responsibility for activities in the Eden Epsom area in order to advance the purposes of the Society.
 - (c) To present evidence and submissions to applications for resource consents, plan changes or variations, and any appeals that may follow, which will or might affect the values, assets and environmental qualities of the Eden Epsom area or its residents and properties.
3. The Society is a purely voluntary organisation and is wholly dependent upon donations in order to fund its activities. The Society and local residents have a wide /range of concerns about this proposal which are summarised below. However, recognising the high cost of engaging legal counsel and expert consultants, the Society has focussed its opposition to the plan change request on three key areas of this proposal:
 - (a) Concerns about the integrity of the Unitary Plan if this request were permitted.
 - (b) The obvious loss of residential character and the threat of creeping commercialism if the proposal is approved given the wide range of activities and the bulk, scale and height of buildings permitted by the zone.

- (c) The adverse effects of removal of the existing heritage buildings on the properties at 149–153 Gillies Avenue, which are currently subject to a special character overlay under the Unitary Plan.
4. The Society's focus on these three main issues should not be taken as detracting in any way from a range of other concerns. Rather, our approach is dictated largely by funding constraints. Apart from the three issues identified above, there are additional objections to the proposal:
- (a) Serious adverse effects on the immediate neighbours of the site including dominance, overshadowing, loss of privacy, noise from activities on the site and light spill.
 - (b) Traffic and parking issues on Gillies Avenue, Owens Road, Brightside Road and Shipherds Avenue.
 - (c) Major disruption during a lengthy construction period including the need to blast a large quantity of basalt necessary to construct an underground carpark on the site.

Steps taken by the Society to date

5. The Society has been actively communicating its views to the Mt Albert-Eden Local Board and to Council officers. We have convened three public meetings attended in each case by at least 100 concerned members of the public. As well, there have been meetings last year with relevant Council officers to communicate the grounds of our opposition and to obtain further information about the proposal.

Consultation with Southern Cross

6. There have been three meetings by members of our committee with representatives of Southern Cross. The last of these was on 19 September 2018. It is evident that Southern Cross has changed its strategy over time. Initially, we were advised that an application would be made for a resource consent for a non-complying activity. That would have been required for at least two major reasons: first, hospitals are not permitted in the residential zones applicable to the Brightside Road and Gillies Ave sites and second, Southern Cross indicated its intention to build a new hospital of up to 16 metres on the Gillies Ave site. This would be close to double the height permitted in the zone.

7. By email of 11 May 2018, the Council advised us that the section 104D gateway test would prevent Council from granting consent for a non-complying activity. We agree.
8. Then we were advised at the last meeting in September 2018 that a plan change would be sought to the Special Purpose – healthcare facility and hospital zone. This would apply not only to the sites at Gillies Avenue but also for the existing site (zoned mixed housing suburban under the Unitary Plan).
9. After the Society raised concerns about the plan change proposal, it appears Southern Cross was still determining how to proceed. I received an email from Mr Courtney Bennett of Southern Cross on 27 November 2018 stating, amongst other things:

“We are still taking advice and considering how to proceed from here with regard to a plan change. As such we are not in a position to update you with a definitive timeframe for lodging an application with Auckland Council. We will look to update you when possible”.
10. In the same email Mr Bennett acknowledged that Southern Cross had not answered all the questions we had raised at the time of the meeting in September 2018 and in subsequent emails.
11. It was not until early February 2019 that we became aware that a request for a private plan change had been lodged by Southern Cross with the Council on 1 February 2019. It was not until after this request was formally notified on 21 March 2019, that the Society became aware of the terms of the requested plan change.
12. A further difficulty for submitters is the lack of certainty about whether Southern Cross intends to lodge a “parallel” application for a resource consent as it said it would in the AEE. This has not happened to date and has resulted in confusion about what Southern Cross proposes.
13. While we acknowledge that Southern Cross has provided to the Society on a confidential basis copies of some earlier draft plans of its proposals, we still have no definitive plans. As well, we are disappointed that our requests for clarification made from September 2018 onwards went unsatisfied.

History of the site and previous planning applications in relation to Brightside Hospital

14. The present hospital in Brightside Road was established as a discretionary activity by a decision of the Environment Court issued on 26 February 1997. The local community strongly opposed the grant of the consent over a three year period prior to that date. During that period, I was practising as a barrister and Queen's Counsel and represented the Society then known as the Brightside Protection Society. I therefore have an intimate knowledge of the circumstances surrounding the grant of the consent at that time.
15. The current hospital in Brightside Road is located at 3 Brightside Road. Originally, there existed on the site a substantial residence built in the mid 1850's for Mr G B Owen. Later, the building was adapted and used as a private hospital accommodating 36 patients from the 1920s onwards (then being described as located at 1-5 Brightside Road). Southern Cross subsequently acquired the hospital and, in the 1990s, acquired two adjoining residential properties at 7 and 9 Brightside Road.
16. Southern Cross then proposed the demolition of all buildings on the sites then known as 1-9 Brightside Road and the construction of a private hospital containing 50 beds and a further four high dependency unit beds. Facilities were to include three operating theatres. A building with floor space of 2,950m² (or 1,475m² on each of two levels) was proposed plus a basement level comprising service areas and vehicle parking. Importantly, under the proposed district plan then applying the zoning was residential 2a which provided for private hospitals as a discretionary activity. Under the AUP, hospitals are no longer permitted in the residential zones applicable to the subject land.
17. In November 1994, an application by Southern Cross for a resource consent for the hospital was granted by the Auckland City Council subject to a number of conditions. Southern Cross wished to have medical consulting rooms in the new hospital, but this aspect of their application was declined on the grounds that the intensity of use of the site would be increased to a level that was unacceptable in terms of its effects on the neighbourhood, particularly the effects of increased vehicle traffic.
18. The Brightside Protection Society Incorporated appealed against the Council's decision and a hearing of some seven days in length ensued. On 24 June 1996, the then Planning Tribunal issued an interim decision concluding that the proposal exceeded "the environmental capacity

of the site and its environs ...". The Tribunal concluded that modifications were necessary including greater yard boundaries and ample landscaping.

19. The Tribunal was satisfied that 61 carparking spaces would be appropriate and recorded its understanding that all staff vehicles would be parked on site. In order to address concerns raised about proposed excavations of basalt for the underground carpark proposed, the Tribunal directed that two further bore holes were to be drilled.

20. The matter came back before the Tribunal (by then the Environment Court) and a further hearing over four days took place in November 1996. The Environment Court heard substantial disputed evidence about the effects of blasting, traffic issues and the revised plans produced by Southern Cross. In its decision given in February 1997, the Court expressed "some disappointment" over the revised plan because it was "apparent that the building had simply been altered to the minimum extent stipulated under the interim decision". In the end, however, the Environment Court was persuaded that the resource consent should be upheld taking into account a revised landscaping plan and the imposition of a total of 25 detailed conditions. Strict controls were placed on:
 - (a) the scale of the building and the extent of side yards to protect residential amenity.
 - (b) carparking and manoeuvring.
 - (c) landscaping and trees (a revised landscape plan was to be prepared and approved by the Environment Court).
 - (d) extensive conditions were placed on the way in which excavation work and blasting was to be carried out.
 - (e) all delivery and removal of materials to and from the site during the hospital's operations were to be carried out between 7.00am and 7.00pm.
 - (f) Condition 25 provided: "The premises shall not be used for consulting rooms, accident and emergency services or for radiology consulting services and shall not be used for day surgery, ie for minor surgery which does not require the occupancy of a bed".

21. It is evident that the Environment Court was concerned to ensure that the present Hospital was limited in scale and intensity and was designed to fit as comfortably as possible within the existing residential environment. That included consideration of two particular parts of the district Plan then in force:

“The need to recognise, maintain and where possible enhance the recognised character and amenity of established residential environments”

and

“The need to provide for supporting activities where they complement the residential environment”.

Events since the grant of the source consent in 1997

22. The present hospital was duly constructed but only after a construction period of between two and three years in length. Despite the detailed conditions regarding blasting and excavation, residential properties were subjected to fly rock and significant damage through vibration. One in particular is the home situated at the corner of Brightside Road and Shipherds Avenue. Roof tiles were dislodged, and other damage was caused to that property. I am aware that the then owner of the property encountered serious difficulty endeavouring to obtain compensation from Southern Cross. One of the members of our group, Dr Stuart Rabone is a geologist and will give detailed evidence on the likely effects of excavation and blasting required for the new hospital.

Non-Compliance with the 1997 consent

23. Southern Cross has not complied with several conditions imposed on the 1997 resource consent:

- (a) We understand that Southern Cross has been utilising four operating theatres rather than the three operating theatres approved and that this has continued for all or most of the period since the hospital was opened.
- (b) Deliveries to the site regularly occur outside the 7.00am to 7.00pm period stipulated in the conditions of consent. This has caused disturbance to neighbours with trucks manoeuvring in the early hours of the morning.
- (c) Staff parking has not been confined to the site. Members of our group observe hospital staff parking their cars in Brightside Road and Shipherds Avenue and walking to the premises on an ongoing basis.

- (d) We understand day surgery occurs despite the ban on this.
- (e) Recently a number of significant mature trees were removed on the southern frontage of Brightside Road. Although some have been replaced with new (smaller) trees, the landscape plan has been ignored.

24. These matters have been drawn to the attention of Southern Cross but only one has been remedied. Deliveries now occur in day-time but this has produced problems of its own in Brightside Road.

Integrity of the Unitary Plan

25. A primary concern of the Society and local residents is the potential effects of allowing a change to the Unitary Plan in order to accommodate the proposed hospital. The Unitary Plan has been in effect for a little over two years. Southern Cross did not file a submission opposing the residential zonings either of its existing hospital site or the land fronting Gillies Avenue. Nor did it seek any change to the proposed Unitary Plan that would have accommodated a hospital. We would have expected that such a large organisation would have taken appropriate steps to protect its interests if it had plans for a major expansion.
26. Neither the existing hospital site nor the Gillies Avenue properties now acquired by Southern Cross are zoned for a hospital even as a discretionary activity. Rather, these zones are confined to residential uses, in each case with a maximum permitted height of 8 metres.
27. Residents are entitled to rely on the Council maintaining the provisions of the Unitary Plan so recently promulgated after an exhaustive process. If this plan change were permitted, it would set a very damaging precedent for the integrity of the residential zones in Eden Epsom and, indeed, in other areas of the city.
28. If the plan change request is granted, Southern Cross will own virtually all the properties on three sides of the block bounded by Brightside Road, Gillies Ave and Owens Road. It takes little imagination to conclude their next move will be to buy the remaining properties on Owens Road and control the whole block.

Section 32 issues

29. We are aware that Southern Cross is required to provide an evaluation report under section 32 of the Resource Management Act. This has exacting requirements under which Southern Cross is required to produce evidence on such matters as:
- (a) Whether its proposal is the most appropriate way to achieve its objective,
 - (b) Identifying other reasonably practical options for achieving its objective; and
 - (c) An assessment of the efficiency and effectiveness of the proposed change in achieving its objectives.
30. The Society's view is that Southern Cross has failed to provide any compelling justification for a major expansion of its hospital at this site. We were most surprised to learn at our meeting with Southern Cross representatives in September 2018 that no consideration had been given by Southern Cross to other sites for its proposal except by expanding its existing hospital locations at Gillies Ave and St Marks Road. No evidence has been produced to show why new hospital facilities, if they are in fact needed, could not be located in areas appropriately zoned for such activities such as the extensive business zones under the Unitary Plan.
31. In effect, Southern Cross is seeking a "spot zone" solely to suit its own convenience and without regard to the pattern of existing zonings. That cannot be justified in the absence of a compelling need that cannot be appropriately met elsewhere. There is no such need. The Society has analysed the reasons given in the Ernst Young report to support an expansion at this site and has concluded that issues such as the location of doctors and patients can all be equally met in appropriate zones in the central isthmus area as Southern Cross desires.
32. The Society views the activities of Southern Cross as a progressive leveraging of expansion from the original tiny hospital of 36 beds in the historic Owens family home to a major commercial enterprise that is completely out of keeping with the existing residential character of the area.

Activities and scope of development permitted in the Special Purpose – Healthcare Facility and Hospital Zone

33. The AEE prepared by Southern Cross acknowledges (page 40) that the new zone would “enable a great deal of additional development and activities exceeding those identified as being required ...”.
34. An examination of the AUP confirms the scope of activities and the scale of development the new zone would permit. These include hospitals, boarding houses, visitor accommodation, dwellings, supported residential care and retirement villages.
35. Hospitals could include any type of hospital, emergency services, radiology and diagnostic services, consulting rooms and day surgery. All of these activities are likely to generate very substantial visitor numbers, consequential traffic and parking issues, and a range of other adverse effects such as additional noise generation from sirens for emergency vehicles at any hour of the day or night.
36. A resident and member of the Society will present evidence demonstrating that the number of carparks provided on-site at the existing hospital is totally inadequate for the present demand. The conclusion reached about parking issues in the Southern Cross traffic report cannot be supported in the light of this evidence. Nor is there any justification to reduce the parking requirement for the new zone.
37. Archimedia Architects have attempted to assess the bulk or mass of development permitted on the site and produced photomontages endeavouring to depict this. But these do not capture the full development potential since they are based on the permitted height of 16 metres and take no account of the ability to build up to 25 metres in height as a restricted discretionary (RD) activity. It is clear that residents will have little or no say in any application for a RD consent (H 25.5 of the AUP) and that the Council would be severely restricted in the matters it could take into account in considering any such application (H 25.8.1 of the AUP).
38. Even at the 16 metre maximum, it is obvious that the new zone could result in a large scale development that is much too intensive for the relatively small site available and would be seriously incompatible with the surrounding residentially zoned land.
39. Southern Cross relies heavily on existing trees and stonewalls in an attempt to mitigate the gross scale of permitted developments. However, the Council has no ability to compel

Southern Cross or any subsequent owner to maintain these features. The Society's view is that these features should be excluded from consideration.

40. Reference has been made to development plans or covenants to compel retention of these features but neither has been offered and, in any event, they would be extremely problematic to draft or enforce. And, of course, Southern Cross would seek to amend any such plan or covenant when it did not suit their ambitions for development or when circumstances changed.
41. We agree with the Council's view communicated to us by Mr Duguid by email on 19 March 2019 that the private plan change request must be assessed on its own merit under the provisions of the RMA relevant to such changes.
42. We also agree with Mr Duguid's advice that the plan change must be assessed independently of any resource consent application. Further, that any such application (if received before a substantive decision is made on the plan change) will be assessed against the provisions of the AUP at the time the resource consent application is lodged (ie against the present residential zonings where the hospital proposal would be non-complying).
43. In short, the new zone is completely inappropriate for the subject land. The Hospital zone has been applied under the AUP only to existing sites and facilities. This is consistent with the zone description (H 25.1) for "generally large, land-extensive facilities with a range of activities related to their primary function. The sites generally consist of extensive and highly visible buildings and substantial parking areas".

Southern Cross proposal inconsistent with existing residential character

44. To the extent actual development plans may be relevant, the draft plans we have seen for the expanded hospital involve:
 - (a) A building of five levels (excluding the basement carpark) to a height of 15 metres.
 - (b) An expanded GFA from approximately 5,000m² at present to a total of 13,000m².
 - (c) A three-fold increase in the total number of operating theatres from three (as permitted) to 10.
 - (d) A basement carpark of up to 7 metres deep requiring excavation of up to 17,000 cubic metres of basalt and other material.

- (e) A private hospital running 24 hours (7 days per week) for inpatient and day care surgery,
- (f) Amalgamation of the existing and new buildings by a two-level bridge and with traffic circulation throughout both sites accessible from Gillies Avenue and Brightside Road.
- (g) Provision for radiology services and unspecified consulting services.

45. The bulk and height of the proposed development is out of kilter with the existing residential character of the area and will dominate and overlook surrounding properties. The design and appearance of the new hospital building is unashamedly commercial in nature and makes no attempt to be a “congenial neighbour” in its residential environment.
46. Neither Southern Cross nor any later owner would be bound to implement any such consent. And, in any event, a resource consent would be irrelevant and unnecessary if the plan change is granted.
47. In its previous decision in 1997, the Environment Court’s intention was to limit the intensity of the use of the existing site and to ensure the preservation of residential character. The present proposal runs directly counter to that intention.

The removal of the character overlay and the loss of existing heritage buildings

48. The proposal involves the demolition and removal of the two residential dwellings at 151 and 153 Gillies Avenue as well as the hostel at 149 Gillies Avenue. It also involves the removal of the character overlay on those sites. Southern Cross offers no justification for the loss of these properties and the contribution they make to the existing character of the area. The Society’s concern is that the Unitary Plan has provided for the protection of these sites and Southern Cross should be required to demonstrate compelling reasons to justify their removal. If allowed, this proposal will set a further dangerous precedent for the protection of similar buildings in the Eden Epsom area and would be contrary to the plain objectives of the Unitary Plan. It should also be noted that Southern Cross has already removed three character dwellings from its existing site. The cumulative effect of removing character homes is to undermine the purpose of the overlay.
49. Southern Cross made no submissions about the character overlay at the time the Unitary Plan was prepared and should not now be granted any exemption from its requirements.

Other concerns

50. As already indicated, there are a range of other issues of real concern that will be elaborated upon by residents supporting the Society. These include the effects on immediate neighbours such as noise, dominance, loss of privacy, light spill, traffic and parking as well as construction effects including excavation and blasting activities which raise major health and safety issues and point to the unsuitable nature of the site for a major hospital.

Expert evidence

51. The Society will also rely on expert evidence to be presented at the hearing of this matter. Brief summaries of their main points are lodged with this submission.

Request for further information

52. On 22 March 2019, I emailed Council officers requesting that the applicant be required to provide further information on three matters:

- (a) Montages complying with established guidelines.
- (b) Montages removing unprotected trees from the views depicted.
- (c) A montage from 32A Owens Road showing the permitted building mass in relation to that property.
- (d) A report on the health of the unprotected trees on the subject site.

53. The Council planner responded advising we should raise this matter in our submission. We now do so and ask that our request be considered and acted upon.



Hon Tony Randerson QC

President
Eden Epsom Residential
Protection Society

/ April 2019

memorandum

bridgetgilbert
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To: Eden Epsom Residential Protection Society

Date: 4 April 2019

Reference: Proposed Plan Change 21 (Private) to the Auckland Unitary Plan

1. Introduction

- 1.1. BGLA has been engaged by Eden Epsom Residential Protection Society to provide preliminary comment on the (urban) landscape¹ and visual effects of Proposed Plan Change 21.
- 1.2. I have visited the site and surrounding area (including some of the neighbouring residential properties) and reviewed the application documentation available on the Auckland Council website, including: the reports prepared by LA4, Motu Design and Archimedia; the AEE; the proposed planning provisions; and the material supplied as Further Information.
- 1.3. I have grouped my (preliminary) comments under the following topic headings:
 1. Description of the Existing Neighbourhood
 2. Proposed Plan Change
 3. Role of the Resource Consent
 4. Visual Effects
 - a. Photomontages
 - b. Effects
 5. (Urban) Landscape Effects
 - a. Vegetation Effects
 - b. Residential Amenity Effects
 - c. Sense of Place/Neighbourhood Character

2. Description of the Existing Neighbourhood

- 2.1. In my opinion, both the LA4 and Motu Reports overemphasise the role of the busy traffic corridor of Gillies Avenue (and to a lesser degree, Owens Road), variable

¹ Consideration of these issues inevitably overlaps with urban design effects.

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architectural styles and the scattered non-residential uses within the wider context in shaping the (urban) landscape character of the local area.

- 2.2. This is important as it effectively 'sets the scene' of an urban landscape context that has a relatively low sensitivity (in their opinion), to change of the type contemplated by the proposed plan change.
- 2.3. In my view, LA4 and Motu have:
 - Glossed over the quite different urban character associated with the Gillies Avenue corridor roughly south of the Newmarket Viaduct, whereby the overtly commercial neighbourhood character (to the north) gives way to a distinctly spacious, leafy and residential character. Whilst non-residential uses are evident, they are either of a type that suggests a good 'fit' with a residential neighbourhood (e.g. a secondary school, sports facilities and parks), or of a limited scale and scattered patterning such that they do not dominate the neighbourhood character (e.g. the scattered medical facilities, childcare facilities, boarding houses/backpackers). In fact, in relation to several of the latter uses, many of these developments are located within character buildings serving to maintain (to at least some degree), the impression of a residential neighbourhood.
 - Overlooked the critical role that the comprehensive network of mature specimen trees supported by a mosaic of established hedges, historic rock walls and spacious garden plantings contributes to neighbourhood character. It is my expectation that the coherent and legible patterning of these landscape features, together with the character homes throughout the area, were instrumental in the application of the Special Character Overlay. Further, whilst these landscape features serve to obscure public views of at least some of the character homes, the sense of spaciousness and 'green relief' that they imbue is, in my view, noteworthy in shaping the special identity of this part of the isthmus.
 - Failed to acknowledge the very carefully considered development controls that were applied to the existing hospital development to ensure that it did not detract from neighbourhood character and residential amenity (for example, restricting the height of built development along the Brightside Road frontage to ensure that the building reads as two-storey from this orientation).
- 2.4. The Special Character Overlay that has been applied to this portion of the city speaks to the heightened sensitivity of the area to development change of the type anticipated by the proposed plan change.
- 2.5. In my view, LA4 has also incorrectly identified the Gillies Avenue corridor as distinct from the 'pleasant leafy aspect' associated with the suburban context beyond. I consider this distinction to be artificial. Whilst the road itself is busier than many of the surrounding streets, the relatively consistent patterning of reasonably spacious properties with large specimen trees and extensive garden plantings, and/or older character homes interspersed with a limited (and scattered) patterning of infill and commercial development is evident across the entire area.

3. Proposed Plan Change

- 3.1. Both the LA4 and Motu Reports largely confine their description of the proposed plan change to the scale of development enabled as a permitted activity. I consider this to be an important shortcoming.
- 3.2. The proposed zoning expressly provides for, and anticipates, “extensive and highly visible buildings and substantial parking areas” and deliberately sets out a stepped scale of development that is envisaged on such sites: i.e. P: up to 16m high buildings; RD: 16m to 25m high buildings; D: > 25m buildings.
- 3.3. The proposed plan change enables development up to 25m high on the site as a restricted discretionary activity, with assessment criteria limited to:
 - (1) *Visitor accommodation and boarding houses:*
 - (a) *whether the development complies with H6 Residential - Terrace Housing and Apartment Buildings Zone – Rule H6.6.13 or meets the purpose of the standard.*
 - (2) *New buildings or additions to buildings that increase the building footprint by more than 20 per cent, that are visible from and located within 10m of a public road or an open space zone:*
 - (a) *the extent to which design features can be used to break up the bulk of the building by, for example varying building elevations, setting parts of the building back, and the use of architectural features without compromising the functional requirements of the use of the building;*
 - (b) *the extent to which the visual effects of the building can be softened by landscaping; and*
 - (c) *the extent to which any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the road or public open space zone can be integrated as part of the façade or roof of the building.*
 - (3) *New parking buildings visible from and located within 10m of a public road or a residential zone or open space zone:*
 - (a) *the extent to which design features can be used to break up the bulk of the building by, for example varying building elevations, setting parts of the building back, and the use of architectural features without compromising the functional requirements of the use of the building;*
 - (b) *the extent to which the visual effects of the building can be softened by landscaping; and*
 - (c) *the extent to which any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the road or public open space zone can be integrated as part of the façade or roof of the building.*

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- 3.4. Unlike other urban zones that enable taller buildings (e.g. THAB: 16m), there is no criterion requiring the consideration of effects of new hospital buildings (or additions) on the surrounding residential area.
- 3.5. For these reasons, I consider the landscape and urban design assessments should consider the effects of a 25m high building on the neighbouring residential properties along the northern boundary (Owens Road properties), assuming compliance with the various other development controls i.e. height in relation to boundary, yard setback, impervious coverage, retention of protected trees, etc. (I return to this point under my discussion of residential amenity effects shortly.)
- 3.6. I also consider that the LA4 and Motu Design Reports have erroneously assumed that the existing (unprotected) specimen trees along the road frontages of 149, 151 and 153 Gillies Avenue will be retained as part of the proposed plan change.
- 3.7. Given the overarching Zone Description that is intended to apply to the area, and absence of specific measures within the proposed provisions to secure the retention of these specimens, I do not consider that these trees can be presumed to remain:

These are generally large, land-extensive facilities with a range of activities related to their primary function. The sites generally consist of extensive and highly visible buildings and substantial parking areas. (My emphasis.)

- 3.8. I also expect that the relatively small scale of the site for activities of this nature increases the risk of tree (and other landscape feature) removals.

4. Role of the Resource Consent Plans

- 4.1. The LA4 Report evaluates the plan change assuming the permitted activity standards in the provisions.
- 4.2. In contrast, the Motu Design Report includes repeated reference to the outcome anticipated by the resource consent plans (for example, in relation to the tree retentions envisaged under that scheme) in the discussion of effects. I consider this to be technically incorrect (and confusing) given that the application is for a plan change.

5. Visual Effects

Photomontages

- 5.1. I am concerned that the Photomontages may be inaccurate as they rely on site features such as "fencelines, driveways, road markings and power poles" (Archimedia Report page 22) to locate and scale the architectural model. In my experience, for this photomontaging technique to be accurate, the 'site features' need to coincide with the building edges. There is no evidence in the Archimedia Report this is the case.
- 5.2. I consider that panoramas are necessary (in addition to 'single frame' views) in this instance, due to the sensitivity of the location together with the proposed scale of development change.
- 5.3. The Photomontages should also advise the reading distance and correct printed page size for each of the montages.

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- 5.4. The Archimedia Photomontage Methodology Statement advises that the planting modelled in the imagery is derived from “the landscape plan designed by Motu Design” (Archimedia Report page 22). No such plan exists in the Motu Report. I also note that no detail is provided in the Archimedia Photomontage Methodology Statement with respect to plant growth assumptions (e.g. ‘x’mm growth after ‘y’ years) for the vegetation that is modelled, which is a usual requirement when modelling mitigation planting.
- 5.5. In addition, as explained earlier, the existing specimen trees along the road frontages of the site are not protected and can be removed as of right under the proposed (and existing) planning regime. Therefore, this vegetation should be removed from the Photomontages of the proposed plan change massing.
- 5.6. I also consider that a Photomontage is required from 32A Owens Road. The extremely close proximity of this property to the site, in conjunction with its orientation of indoor and outdoor living areas towards the site means that it is likely to be the most affected residential property and is deserving of a thorough analysis of adverse visual effects. Further, the absence of a criterion that requires consideration of the effects of a 25m high building on neighbouring residential properties (assuming compliance with the other development controls) suggests that both a 16m high and a 25m high building block should be modelled in the view from 32A Owens Road.
- 5.7. Visual simulation (or photomontage) best practice typically applies the methods set out in the NZILA Best Practice Guide Visual Simulations BPG10.2. I consider that the imagery produced by Archimedia (or others, acknowledging that this is a specialist field of work) should comply with the methods recommended in that document. The Best Practice Guide is available at the following link:
<https://nzila.co.nz/documents/search?category=practice-documentation>.

Visual Effects

- 5.8. The LA4 Report considers the effects of the proposed plan change in relation to the existing visual environment; however, fails to factor into their analysis the extent of visual change that is enabled by the existing zoning and overlay provisions.
- 5.9. It is my understanding that the Special Character Overlay that applies to 149, 151 and 153 Gillies Avenue limits permitted activities to the restoration and repair of buildings, and minor alterations to their rear.
- 5.10. All other building-related changes trigger the need for a resource consent process that includes consideration of a wide range of matters, taking into account effects on landscape and vegetation. Whilst the rock walls and mature specimen trees on these properties could be removed ‘as of right’, I note that these existing features make an important contribution to existing on-site residential amenity, including buffering from the street. I therefore consider that their removal is unlikely under the existing zoning and overlay regime.
- 5.11. Further, the generous proportions of these residential properties, means that tree and rock wall removals are unlikely to occur due to spatial/sunlight constraints which are common reasons cited for such removals.
- 5.12. Overall (and unsurprisingly), it is my impression that the AUP:OP anticipates very limited visual change on these properties.

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- 5.13. On balancing these considerations, together with my comments with respect to the sensitivity of the local area and the likelihood of vegetation removals under the proposed plan change, I consider that the development enabled by the proposed plan change will generate significant adverse visual effects in **views from Gillies Avenue, Brightside Road and Kipling Avenue.**
- 5.14. In my opinion, the bulk and mass of built development enabled by the plan change will read as overwhelmingly dominant and institutional in character; and, in so doing, form a jarring contrast with the surrounding spacious and leafy, residential context.
- 5.15. To assist an understanding of the adverse visual effects that I consider will be generated in this regard (albeit acknowledging the technical issues in relation to the photomontages), **Figures 1 and 2** attached (very approximately) depict the Viewpoint 1 and 2 outlooks with the unprotected trees along the road frontages removed from the view. (NB It is understood that if the Special Character Overlay is removed, the stone walls along the property boundaries could also be removed although this has not been modelled in the attached figures.)
- 5.16. For **views from Shiphards Avenue** I consider that the scale of development enabled by the plan change will suffer from the same difficulties, and reiterate that the existing hospital (which is visible from this orientation) was specifically designed to read as a two-storey building from this orientation to secure a reasonable fit with the surrounding residential context. The scale of development enabled by the plan change runs counter to this fundamental design consideration.
- 5.17. In **views from 32A Owens Road**, again, the mitigation benefits of the nearby tree (copper beech) cannot be relied on with any certainty. I expect that the existing attractive, vegetated and skyline outlook available from this property that is devoid of visible buildings (excepting the top of the terracotta tiled roof and chimney of 149 Gillies Avenue) will be replaced by large-scale built development at close range. This will create the impression of buildings towering over the indoor and outdoor living areas at 32A Owens Road.
- 5.18. I also expect that the attractive views to Mount St John from first-floor windows on the eastern side of this dwelling (which include a home office) are likely to be obstructed by buildings.
- 5.19. Whilst I accept that private residential views are not protected per se, bearing in mind the very limited visual change that could occur on 149 Gillies Avenue as of right, I consider the scale and proximity of built development to indoor and outdoor living areas and degree of outlook obstruction enabled by the proposed plan change (noting that a 25m high building can be undertaken as a RD activity² with no consideration given to effects on neighbouring residential properties) amounts to a significant adverse visual effect.

6. Urban Landscape Effects

Vegetation Effects

- 6.1. I consider that the network of mature specimen trees throughout the site makes an important contribution to the (urban) landscape character of the wider neighbourhood.

² Assuming compliance with other development controls.

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The expansive, leafy character associated with this vegetation is fundamental to the identity and sense of place associated with this part of the city; and, as mentioned previously, is part and parcel of the Special Character of the area.

- 6.2. In addition, it is understood that these specimens form part of a much larger coordinated planting strategy that was initiated by the Owens family when they first settled the area. While many of these specimens may not be protected, it is understood that the generous scale of properties in the local area means that many remain today.
- 6.3. In my opinion, the specimen tree (and other landscape feature) removals that could occur as of right under the proposed plan change suggest an adverse landscape effect. For completeness, I consider the risk of removal of the existing specimen trees and landscape features to be appreciably higher under the proposed zoning in comparison to the existing planning provisions for the reasons outlined earlier.

Residential Amenity Effects

- 6.4. I consider that the very close proximity (3m setback) and scale of built development (16m, up to 25m as RD) enabled by the plan change is likely to dominate 32A Owens Road and appreciably detract from the existing high degree of privacy enjoyed at this property. The inability to consider such effects (in addition to visual amenity and shading effects) in any future RD development were the proposed zoning applied to the site, points to a very real risk of such adverse effects.
- 6.5. As a consequence, adverse dominance and privacy effects are rated as significant adverse in relation to 32A Owens Road.
- 6.6. With respect to shading effects, the diagrams prepared by Archimedia (page 34) purport to model the shading enabled by the "maximised mass". Given that buildings up to 25m high are enabled as a restricted discretionary activity, with no scope to consider effects on neighbouring residential properties, I consider that the shading of a 25m high building (assuming compliance with other development controls) in this part of the site should also be modelled and assessed.
- 6.7. In my opinion, scaled cross sections depicting the spatial relationship between the dwelling at 32A Owens Road and a 16m high and a 25m building on the site (assuming compliance with the other development controls) are also required to enable a clear understanding of residential amenity effects.

Sense of Place/Neighbourhood Character

- 6.8. Drawing from my comments with respect to visual effects and vegetation effects, it is my opinion that the removal of the existing character homes, specimen trees and other landscape features on the site and their replacement with large, institutional scale buildings and extensive carparking, will significantly detract from the highly attractive and cohesive, spacious and leafy residential neighbourhood (in which character homes dominate) that currently prevails throughout the local area.
- 6.9. Overall, it is my impression that the scale and character of development associated with the proposed rezoning is a poor fit in this sensitive part of the cityscape. Further (and taking into consideration the comparisons cited in the LA4 Report), the limited size of the site for development of this type serves to exacerbate this incongruity.

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- 6.10. On balancing these considerations, adverse (urban) landscape effects are rated as significant.



Figure 1: Photomontage View 1
Source: AEE Attachment C Design Statement and
Permitted Development Plans (Archimedia)



Figure 2: Photomontage View 2
Source: AEE Attachment C Design Statement and
Permitted Development Plans (Archimedia)

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Auckland Unitary Plan - Proposed Plan Change 21 (Private)
Submission under Clause 6, First Schedule, RMA, 1991

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1. This statement has been prepared to support a submission by the Eden Epsom Residential Protection Society in opposition to the implementation of a Private Plan Change (PC.21) lodged with Auckland Council by Southern Cross Hospitals Limited (SXHL). The purpose of the Plan Change is to define an enlarged development site for the purposes of the hospital, with substantially increased bulk and location potential. The proposal covers land presently included in the Single House zone of the Auckland Unitary Plan (operative in part) which is subject to a Special Character Overlay, described in Chapter D18 of the plan, and which seeks to retain and manage the special character values of this part of Epsom.
2. The special character intended to be protected under the SCA is not disputed by either Lifescapes or Motu – in fact both endorse SCA and the contributions made to it by 151 & 153 Gillies Avenue:
Motu: "The special character of the surrounding neighbourhood is immediately evident," and
Lifescapes: "It is found that the houses at 151 and 153 Gillies Ave have architectural merit that illustrate the identified character values of the SCA."
3. Carolyn Hill (Lifescapes – for SXHL) goes on to say: *"The properties as a whole do ... make a positive contribution to the collective character values of the SCA through their landscape features including large trees, hedges, gardens and basalt stone walls. It is considered that their substantial loss would adversely affect the identified character and amenity values of the area"*.
4. I agree that the removal of the houses and the construction of a new building of the scale proposed will significantly and adversely diminish the intrinsic character which the overlay seeks to preserve. The question is not, however, solely one of effects arising from removal of the two houses, but also the corollary effect of insertion into the existing SCA a new structure of the bulk and scale contemplated under the proposed Plan Change (refer Figure 1 below).
5. A further factor is the cumulative effect which flows from the original application granted in 1997. This enabled a large institutional building to be placed into a distinctive residential area (although not then designated as "special character"), and the proposed Plan Change now seeks to expand the scale and bulk of this insertion, so that the original building can be seen as a Trojan Horse for further diluting the SCA.
6. The subject sites clearly exhibit the character for which the overlay has been defined, but these sites are important also for the manner in which they provide a "buffer" which supports the integrity of the wider zone, so that the loss of these houses will not only destroy the existing character as it pertains to these sites, but will further erode the extent and distinctive collective character of the wider SCA.
7. Carolyn Hill of Lifescapes has prepared a very thorough analysis of the properties and associated District Plan issues which bear on their value and protection. She

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concludes in her substantive report that "... the houses at 151 and 153 Gillies Ave have architectural merit that illustrate the identified character values of the SCA." I wholly agree with that conclusion.

8. The Council has sought "further analysis ... on the values of the houses (and) how these values, which have been identified by Lifescapes as being of architectural merit and consistent with the values of the area, can be maintained and enhanced".
9. The response argues at length that an assessment of the character value of the houses is "different from a historic heritage assessment against the criteria of AUP Part B5.2.2(1) – (5), *which is beyond the remit for a special character assessment* under Part B5.3.2(2)." (my emphasis) Yet, while acknowledging this, the response then proceeds to examine their architectural values against the historic heritage criterion "physical attributes" of Part B5.2.2(f) and, while acknowledging that the houses are "good examples of their type", concludes that they "are not architectural exemplars or have a rarity that would warrant retention under a scheduling-type arrangement as a historic heritage place".
10. This is totally irrelevant to the central purpose of a special character area and, in my view, it is improper and invidious to apply the historic heritage criteria to houses within the SCA. This analysis reads as an attempt to diminish buildings which precisely satisfy the criteria for inclusion in the SCA.
11. The report damns the houses with faint praise in noting that "while they are in good condition and have been well maintained they are not notable in terms of their craftsmanship", and "while they are good examples (and therefore representative in the broadest sense) this method of construction and use of materials remains common through the region". Further, while recognising that they are the work of the notable architectural practice of Arnold & Abbott, the report concludes that "these houses are considered fairly undistinctive when viewed as part of their overall portfolio of work, which remains well-represented in the city."
12. I disagree with this assessment of their architectural quality, which I find to be very high and remarkably intact, and the implicit assumption that, because there is other extant work by the same firm then their loss will be of small consequence.
13. The Council also requests an exploration of "options (including) retention, reuse or relocation (and if) the assessment concludes that the houses should be removed (even though it agrees that the houses are consistent with the values of the area), alternative options for maintaining their values should be explained."
14. The response is prefaced by a reference to the "necessity of balancing wider benefits and costs, as required under Section 32 of the RMA". It is difficult to see how such cost and benefits can be appropriately articulated in a setting where the potential benefits accrue largely to the applicant, and the costs entirely to the community, through the loss of buildings of distinctive character and the consequent diminution of the character area in which they are located.
15. It is arguable that the public benefit provided by way of enhanced health care may be more appropriately be served though the consideration of alternatives (such as locating the hospital in appropriately zoned areas), which is also a requirement of S.32, overlooked in the report.

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16. The Lifescapes report concludes that although the houses align with the special character values of the SCA, they are largely concealed from the street. In my opinion, this is an inevitable and widespread feature of an area that is defined for precisely the relationship between buildings and their associated landscapes. I agree also that there are other environmental characteristics which have accrued over time such as walls, fences, trees and gardens that actively contribute to the special character of the SCA. If PC 21 is approved, the continued retention of these features could not be guaranteed.
17. In my opinion, the comparative weight given to the maintenance and enhancement of these values is not diminished by the relative (in)visibility of a building of identified character. Visibility from the public realm is only one measure of the intrinsic value of individual buildings in the context of a SCA. In fact, if the buildings are removed, then the SCA ceases to apply (as defined under Chapter D.18), since the character area is defined precisely in terms of *buildings* in the suburban landscape, and hence the loss of value is absolute – both to individual buildings and to the character area as a whole.
18. The relative invisibility of the houses from the public street – certainly from Gillies Avenue, and to a lesser extent in Brightside Avenue - can be recognised as an accident of history, due in part to the raising of the height of the original stone boundary wall and the density of mature trees (which themselves contribute significantly to the specific character of this locality). And yet, this is precisely characteristic of the relationship between the constructed buildings and their associated landscapes for which this part of the SCA was defined – in particular, the deep set back of buildings from the street – which the overlay seeks to retain and manage.
19. “Streetscape” can be defined as the space between the faces of buildings along the street edges. This includes the open spaces historically associated with the existing buildings as well as the density and character of the flora in those spaces, and the broader sense of spaciousness that characterises this part of the overlay. This will be wholly destroyed by a development of the bulk enabled by the Plan Change (see also figure 1).
20. Under the policies of Part D18.3., developments are required to regard and respond positively to the area’s identified special character values and context. The removal or substantial demolition of buildings that contribute to the continuity or coherence of the special character area is discouraged. New buildings are “expected to maintain character continuity and coherence; maintain streetscape qualities and cohesiveness; respond positively to existing design/patterns/forms, including relationships between built form and open space; maintain landscape setting; recover and be compatible with existing fabric and features”.
21. The proposed plan change will be wholly inconsistent with these objectives for the Epsom SCA, and to argue that the removal of these houses is “in line with the SCA’s (Isthmus B1) emphasis on landscape qualities” is an oxymoron, since without the associated buildings, the special character area becomes meaningless.
22. It is irrelevant whether the houses are demolished or relocated, and I agree with Carolyn Hill where she says “relocation contributes no benefit to the SCA, and the fate of the houses once removed is not relevant in this context.” I disagree, however, with

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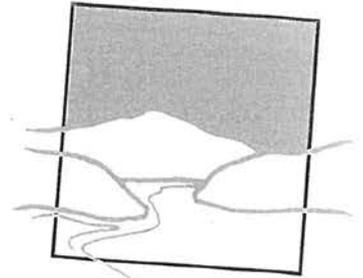
Ms Hill's conclusion that "retention of the houses defeats the purpose of the plan change", and I argue rather that the plan change defeats the purposes of the SCA, and will undermine, rather than maintain and enhance, broader identified character values of the properties.

23. If Plan Change 21 is approved, the special character values protected by the overlay on the Gillies Ave sites would be destroyed, and would result in serious cumulative effects on that character throughout the wider Eden Epsom residential area. The new zone would permit an anomalous over-scaled and dominant presence in an area of very high historical and environmental amenity.

Jeremy Salmond
QSO, MArch, FNZIA
29 March 2019



Figure 0 comparison of existing building footprints and permitted bulk enabled by the proposed plan change.



**METRO
PLANNING
LIMITED**

Proposed Plan Change 21 (Private) (PC21) Auckland Unitary Plan

Submission of Eden Epsom Residents Protection Society

Clause 6, First Schedule, RMA, 1991

1. This statement has been prepared to provide an additional explanation to the matters of submission set out in the Notice of Submission of Eden Epsom Residents Protection Society opposing PC21. The statement follows seriatim the order of reasons set out in the Society's submission.

Auckland Regional Policy Statement (RPS)

2. The direction for urban growth and form set out in Chapter B2 of the Auckland Unitary Plan (AUP) recognises the management of growth using the concept of a quality compact urban form (see B2.2). An element within this regional direction is the specific protection of significant historic heritage places using a variety of techniques including the use of special character areas as an overlay. The direction for urban growth is balanced against the built heritage and character needs set out in Chapter B5 with special character specifically covered in Part B5.3. PC21 has failed to recognise the relationship between the provisions of Chapters B2 and B5 of the AUP where the balance between managing growth and development fully considers the need for built heritage and special character protection. This balance is seen as a regional strategy supporting active stewardship towards built heritage and special character areas. PC21 fails to implement these overarching RPS objectives and policies.

Special Purpose – Healthcare Facility and Hospital Zone (Hospital Zone)

3. The zone description at Part H25.1 sets out the spatial expectations of sites to be included in the Hospital Zone. The subject site does not match the zone expectations of having large

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land-extensive areas and facilities. Accordingly the subject site does not comply with the objectives and policies of the Hospital Zone particularly in respect of the amenities of the neighbourhood adjoining the subject site.

4. PC21 fails to achieve a spacious outcome for the vicinity. The development potential arising from the Hospital Zone on the subject site is out of scale with the neighbourhood. The use of the Hospital Zone over the subject land undermines the purpose and integrity of the Hospital Zone as a reliable land use instrument in the AUP. PC21 creates an unacceptable precedent in this settled residential area and would undermine the purpose and integrity of the residential zone framework operative of the neighbourhood.
5. The range of permitted activities in PC21 would compromise the neighbourhood for reasons of:
 - The incompatible scale of development permitted or as a restricted discretion
 - The limited scope for community input on applications
 - The restricted ability of the Council to control the form of development
 - The absence of any control over the adverse effects of PC21 developments on neighbours or the vicinity.

Special Character Area

6. The purpose of the Special Character Areas is described in Chapters B5 and D18 of the AUP. The heritage and character protections in the AUP have the identified role of ensuring that the amenity and history associated with particular areas and suburbs continues to contribute to the social and cultural values of the City in contrast to those parts of the City identified for development within the compact urban form regime. PC21 fails to recognise or maintain the regional significance of this fundamental relationship between development and heritage/character protection in the AUP.
7. PC21 has not acknowledged the built form relationships that exist across this Special Character Area stretching from North Epsom to Mt Eden Road. The relationship is underpinned by the Single House zone over part of the subject site and through the overlay of a Special Character Area. PC21 cannot maintain and enhance this relationship and land use purpose. The character and heritage qualities of the subject site will be lost if PC21 is

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enacted. A new hospital development on the subject site is incompatible with the operative land use expectations which the AUP imposes for this neighbourhood.

Section 32 RMA – Analysis

8. The starting point in a s32 analysis is the evaluation of the objectives of PC21 to achieve the purpose of the Act. At part 5.3.1 of the PC21 AEE this matter is briefly and inadequately discussed. PC21 is not compared or related to the operative AUP structure and therefore cannot achieve the purpose of the Act. The discussion of alternatives to the proposal is self serving to the extent that there are no objective or economic reasons given as to why the proposal cannot be located elsewhere on the Isthmus, in a compatible land zone, where adverse effects can be managed without neighbourhood disruption. Finally the evaluation does not value the existing environment for its purpose under the operative zone and special character area controls. Accordingly the efficiency and effectiveness analysis is seriously deficient.

Statutory Conclusions

9. The failure to measure up to the provisions of s32 RMA determines that PC21 is inadequate. Adverse effects arising from the loss of special character amenity, noise from blasting, the over intensive development of the site, inadequate parking, a development envelope that is incompatible with the neighbourhood, and the limited ability of the Council to control the form and impact of development together mean that PC21 is without merit when measured against the purpose of the Act set out in Part 2. In particular, PC21 cannot achieve the purposes of s5, s6 or s7 RMA. The actual and cumulative adverse effects likely to arise from PC21 have no means of mitigation, remedy or avoidance.
10. Overall the site covered by PC21 is inappropriate for the imposition of the Hospital Zone. It is too small and too constrained by special character urban elements. The existing hospital can remain as a standalone facility governed by the conditions of consent imposed in 1997.

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