



SFH CONSULTANTS LTD

PO Box 86, Orewa 0946, Auckland, New Zealand

Telephone

(09) 216 9857

Email

stephen@sfhconsultants.co.nz

daniel@sfhconsultants.co.nz

**Assessment of Effects
In relation to a
Private Plan Change Request**

For : Rezoning of land currently zoned as Single House and Mixed Housing Suburban as Healthcare Facilities and Hospital Zone

At : 3 Brightside Road, 149,151 & 153 Gillies Avenue, Epsom

Date : January 2019



Executive Summary

This report has been prepared in support of a Private Plan Change on behalf of Southern Cross Hospitals Limited to;

1. Amend the zone of the site at 3 Brightside Road from Mixed Housing Suburban to Special Purpose – Healthcare Facility and Hospital Zone;
2. Amend the zone of the three sites at 149, 151 and 153 Gillies Avenue from Residential – Single House Zone to Special Purpose – Healthcare facility and Hospital Zone;
3. Remove the Special Character Area Overlay from the three sites at 149, 151 and 153 Gillies Avenue; and
4. The inclusion of a parking variation control applicable for this hospital requiring a minimum parking requirement of 1 space per 64m² gfa.

As a result of Auckland’s growing and ageing population, SCHL need to expand their hospital operation at this location to deal with increased demand on the surgical services they provide to the community. The current zoning applied to the existing hospital and the adjoining properties which SCHL owns, does not provide for this expansion. The proposed rezoning will provide for the expansion to the existing hospital and enable the efficient use and development of the existing and proposed hospital for community health and wellbeing.

The existing Healthcare Facility and Hospital Zone recognises that there are a limited number of sites dedicated to Hospital Facilities. The nature of the zoning is usually a “spot zone” located among residential areas and these may be sensitive to the scale of buildings, intensity of use, and noise and lighting effects associated with such activities. Its application is usually used where the existing facilities are not appropriately enabled through their underlying zoning, which is the case here. The zone provides for the operation and development of Hospitals, while at the same time manages the bulk and location of development to control and minimise effects on the amenity of the surrounding environment.

Hospitals make a significant contribution to local, district and regional communities enabling them to provide for their social, economic wellbeing and their health. As a result of the growing and ageing population, their ability to operate efficiently and effectively is important as is their ability to expand to meet the increasing demands on the services they provide.

The rezoning will achieve the higher order Regional Policy Statement Objectives and Policies regarding social facilities, urban growth and form, quality-built environment, and transport among others. A wide range of specialist reports have been prepared in support of the rezoning and confirm that the rezoning will not result in significant environmental effects.

A Section 32 Report has been prepared and concludes that the proposed rezoning will more effectively and efficiently achieve the objectives of the Auckland Unitary Plan and the purpose of the Resource Management Act 1991, compared to the existing operative zonings.



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1.0 Site and Applicant Details

1.1 Site

Site Address:	3 Brightside Road and 149, 151 and 153 Gillies Avenue, Epsom, Auckland 1023
Legal Description:	Lot 1 DP 188920, Pt Lot 16 DP 3541, Pt Lot 15 DP 3541, Lot 1 DP 44293, and Lot 2 DP 44293
Site Area:	9273m ²
AUP (OP) Zoning:	Residential - Mixed Housing Suburban Zone, Residential – Single House Zone,
AUP (OP) Precinct:	N/A
AUP (OP) Overlays:	Natural Resources: Quality-Sensitive Aquifer Management Areas Overlay [rp] - Auckland Isthmus Volcanic, Natural Heritage: Notable Trees Overlay - 213, Pohutukawa, Australian Frangipani, Natural Heritage: Regionally Significant Volcanic Viewshafts And Height Sensitive Areas Overlay [rcp/dp] - E14, Mount Eden, Viewshafts, Natural Heritage: Regionally Significant Volcanic Viewshafts And Height Sensitive Areas Overlay [rcp/dp] - W26, Mount Wellington, Viewshafts, Built Heritage and Character: Special Character Areas Overlay Residential and Business - Residential Isthmus B,
AUP (OP) Controls:	Macroinvertebrate Community Index – Urban,
AUP (OP) Designations:	Notice of Requirements, NoR 7: Proposed Northern Runway, Airspace Restriction Designations, Notified, 15/02/2018
Other:	An overland flow path traverses the site from the west and exits onto Gillies Ave to the east through 149 Gillies Ave. Gillies Avenue is an Arterial Road.



1.2 Applicant

Southern Cross Hospitals Limited
c/- Courtney Bennett
Level 10, AMP Centre
29 Customs Street West,
Auckland
Phone: 021 222 4189
Email: courtney.bennett@schl.co.nz

2.0 Introduction

This report has been prepared in support of a Private Plan Change on behalf of Southern Cross Hospitals Limited to;

1. Amend the zone of the site at 3 Brightside Road from Mixed Housing Suburban to Special Purpose – Healthcare facility and Hospital Zone;
2. Amend the zone of the three sites at 149, 151 and 153 Gillies Avenue from Residential – Single House Zone to Special Purpose – Healthcare facility and Hospital Zone;
3. Remove the Special Character Area Overlay from the three sites at 149, 151 and 153 Gillies Avenue;
4. The inclusion of a parking variation control applicable for this hospital of 1 space per 64m² gfa.

This Plan Change has been prepared in accordance with Schedule 1 of the Resource Management Act 1991 (“RMA”).

2.1 Background Information

Southern Cross Health Society

Southern Cross Health Society is New Zealand's largest health insurance business, with more than 850,000 members. It currently holds 62% of the health insurance market and paid more than \$830m in claims in 2016/17. Claims included more than 240,000 surgical procedures, 420,000 specialist consultations, 750,000 GP visits, and 650,000 prescriptions. Approximately half of the Society's members are individual customers, with the other half being either



employees (with employers paying on their behalf) or individuals who are members of group schemes.

Southern Cross Hospitals

Southern Cross Hospitals has the largest network of private surgical hospitals and procedure centres in the country, with 18 wholly owned or joint venture medical facilities, and 20 rehabilitation clinics through TBI Health. In 2017, 78,000 New Zealanders were treated in a Southern Cross Hospitals facility (compared with 1.1m in a public hospital). Nearly 1,000 surgeons and anaesthetists are credentialed with Hospitals. Approximately 40% of the Hospitals' revenue is from the Society, 25% from ACC, 10% from the public sector, 5% from self-payers, and the remainder from other health insurers.

Southern Cross Trust

Southern Cross Trust is the parent entity of Southern Cross Hospitals and Southern Cross Benefits. It allows the Hospitals to have a tax-friendly status, which lowers the costs of providing health care. Surpluses made from commercial activities are reinvested for the benefit of New Zealanders – primarily through increasing availability of higher quality, lower cost private hospital capacity.

The New Zealand health system

Living in New Zealand has its health benefits – ACC and the public health system provide a good level of healthcare support for accidents and acute care. For any urgent or emergency treatment you will be looked after in the public health system. However, public hospitals cannot provide everything for everyone. Southern Cross health insurance policies are designed to complement these public services.

Non-urgent care in the health system

If a condition is a non-emergency condition, in the public system you will usually need to go through an assessment process and qualify for 'elective' treatment. Common elective treatments include: hip or knee replacement, heart surgery, hysterectomy, cataract removal, cancerous tumour removal, and diagnostic services such as endoscopy, laparoscopy, MRI scans, tonsillectomy, and grommets.

The name "elective" might imply that this type of surgery is optional, but that's not always the case. An

elective procedure is simply one that is planned in advance, rather than one that's done in an emergency situation. Given the limited funding and capacity (among other factors) within the public system, public facilities generally prioritise emergency procedures over elective procedures.

Private health insurance helps with the cost of many non-urgent procedures and provides faster access to private hospitals for the treatment. Not having to wait for treatment within the New Zealand health system means getting back to work faster and enjoying a better quality of life.

Accident Compensation Corporation (ACC)

In contrast to non-urgent procedures, anyone in New Zealand, including visitors, who has an accident or injury is usually covered by the government's personal injury scheme, ACC. ACC helps pay for medical and treatment fees and rehabilitation costs or residential care incurred by any accident or injury.

Proposed Auckland Unitary Plan Process and Submissions

SCHL did not raise the issues around the zoning of the subject sites during the Proposed Auckland Unitary Plan ("PAUP") process, which started in September 2013, for several reasons.

SCHL did not own the additional sites at 149-153 Gillies Avenue, therefore even if there was a rezoning of 3 Brightside Road under the PAUP process, SCHL would still be required to complete this private plan change to address the zoning of 149-153 Gillies Avenue.

There was no process of identification from Auckland Council to make companies such as SCHL aware of the potential for rezoning to a specific hospital zone to occur or to proactively rezone existing hospitals to HFH zone.

To date, the site at 3 Brightside Road operated and developed under a residential zoning, and there was no real opinion that this would be unable to continue because of this historic use. With the properties at 149-153 Gillies Avenue, not being on SCHL's radar in terms of potential expansion sites, they were unable to foresee the issue. Moreover, with the sites 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 at the time.

Additionally, SCHL has a small head office property team, who were focused on other projects around the New Zealand and Auckland including the development of Ormiston Hospital and North Harbour Hospital.

While acknowledging the above, SCHL is now proceeding with the required expansion, has the ownership of the subject properties and has a specific hospital extension designed. They are now in a position to proceed with the Private Plan Change in parallel with a resource consent application.

Strategic location of SCHL facilities (North Harbour, Ormiston and Central)

Southern Cross have distributed their hospitals strategically throughout Auckland to service distinct catchments. These have been designed to provide the community with SCHL services in the upper, lower and central area of Auckland. Section 4 and 6 of the Ernst and Young Report (*Attachment B*), provides an explanation of the rationale for the distribution of SCHL's three major Auckland hospitals. This includes patient catchments, proximity to other facilities and proximity to specialists' place of residence and their consulting rooms among other factors.

3.0 Site and Context Description

3.1 Site Description



Figure 1: Aerial Photograph of the Subject Site.

The sites comprising this private plan change are made up of four properties as illustrated in the figure above: all owned by SCHL. These include 3 Brightside Road (the existing hospital site), 149 Gillies Avenue (boarding house), 151 Gillies Avenue (residential dwelling), and 153 (residential dwelling), Gillies Avenue, Epsom Auckland 1023. Which consists of Lot 1DP 188920, Pt Lot 16 DP 3541, Pt Lot 15 DP 3541, Lot 1 DP 44293 and Lot 2 DP 44293, being a total area of 9273m². A copy of the Certificate of titles are enclosed within *Attachment A*.

The zones, controls, and overlays applicable are outlined in section 1.0 of this AEE. The sites are illustrated in various plans and aerial photographs and specialist reports, including the site context photos within the Design Statement appended to this application. Individually, the properties are described as follows;

3 Brightside Road

The site is irregular in shape, gently sloping and is some 5245m² in area. The current Brightside hospital has occupied the site since the late 1990's, and the site has accommodated a hospital use since the early 1900s. The building is large, three-storey and functional in appearance and nature. The two vehicle

crossings are on the southern boundary with parking generally located to the east and north on the site as well as internally within the building. The western crossing is entry only, with a covered drop off area in front of the reception area. The eastern crossing is both access and egress. The site is generously vegetated around the boundaries, and includes two protected trees. This site was purchased by SCHL in the late 1980s.

149 Gillies Avenue

The site is square in shape with an unusually large lot size of 2208m², this appears to be the result of an amalgamation in the past. Housing additions and alterations have been completed over time to create the generous building footprint, and a two-storey building. The existing building has a complicated layout and roof form. The original building and the northern wing is connected through a corridor for the hostel/boarding house operational requirements. The Special Character Assessment Report indicates that the earlier dwelling's pre-1940s character is evident at the rear of the site, but this is no longer the predominant architectural expression to the street, as it is screened by the extent of the 1979 modifications to this site's original house.

A generous front yard setback is present. The front yard area is vehicle dominated, being cobbled and predominantly utilised for parking and manoeuvring. A sky-line type garage and caravan as well as several mature trees which screen the relatively large building from being fully viewed from the public street.

Low stone walls and planted hedge are used as front fencing, with a double vehicle crossing located near the northern boundary. The northern boundary has been planted to create a good visual privacy screen in relation to the northern properties. The rear boundary has a substantial concrete boundary wall at the interface with 32A Owens Road (Design Statement; view 8, section 2.6, pg 15). The site was purchased in 2017 by Southern Cross Hospitals Limited with the intention to carry out an extension plan.

151 Gillies Avenue

This site has a rectangular shape, with a total site area of 971m². The site is currently occupied by a two-storey house located towards the rear. The house was



built in the early 1920s. The dwelling was altered in 1958 and 1976, associated with this, the rear area has been fully paved.

The generous building setback and the established front garden generally screen the dwelling from being directly viewed from Gillies Avenue. The vehicle crossing is located near the southern boundary on the eastern side of the site. The mature trees and stone walls along the front boundary also contribute the streetscape amenity of the wider environment. This site was purchased by SCHL in 2016.

153 Gillies Avenue

The corner site has a similar lot shape to 151 Gillies Avenue, but with a slightly smaller lot size of 849m². The building is located away from Gillies Avenue, with the access established from Brightside Road. The vehicle crossing is located in the west of the southern boundary of the site.

The eastern part of the site has been densely covered by large mature trees. Stone walls were established at both street boundaries; a tall hedge is located behind the stone wall which effectively screens the house from being viewed from either Brightside Road or Gillies Avenue. This site was purchased by SCHL in 2015.

3.2 Site Context:



Figure 2: Site and Surrounds Motu Design Limited

The above figure from Motu Design’s Urban Design Report highlight the site’s context. It is noted that the surrounding area is an established residential neighbourhood being in close proximity to the city, Newmarket and Mount Eden.

The subject sites immediately adjoin Gillies Avenue which is a busy arterial road, stretching north-south from Newmarket to Epsom. Gillies Avenue carries some 15,120 vehicles per day, with 980 vehicles in the am peak hour, 1,150 vehicles in the pm peak hour. Even though that portion of Gillies Avenue south of the Motorway is historically residential in character, many dwellings have been converted over time to a range of commercial uses. An example of this is 149 Gillies Avenue, which is a boarding house. Gillies Avenue has a mix of large street trees, and large mature trees in the front yards of properties. There are wide spread, tall stone walls, which contribute to the character of the area and also affords a level of noise attenuation for properties. Overhead power lines are present. Large trees in the front of the two corner properties at Kipling and Gillies and the property on the adjacent corner of Brightside and Gillies have been removed in the last few years.

Owens Road is also an arterial road, which provides through connection between Mount Eden Road in the West with Gillies Avenue and Manukau Road in the East. Owens Road carries some 7,600 vehicles per day, 730 vehicles in the am peak hour, and 790 vehicles in the pm peak hour. The street has a number of various and large street trees, a combination of vegetated and fenced/walled front boundaries, overhead power lines, un-restricted on street parking and areas of parking restrictions (broken yellow lines).

Brightside Road is a local road and connects Gillies Avenue with Owens Road. Brightside Road carries 2,500 vehicles per day, 270 vehicles in the am peak hour and 230 vehicles in the pm peak hour. The street has various street trees, diverse boundary treatment, and areas of on-street parking, bus stop and broken yellow lines restricting parking.

Shiphers Avenue is a local road, being a no exit, cul-de-sac and only accessed via Brightside Road. The street is characterised by large mature trees, overhead powerlines, diverse front yard landscaping and boundary treatments and parked cars on both sides of the street.

As noted on the attached context plan, the surrounding built form is predominately 1-2 shared buildings, and consists of dwelling styles, including character dwellings, more recent detached houses and a number of flats and boarding houses. Even within the single house zone, a number of the sites accommodate multi-unit flats.

The institutional built form of Epsom Girls Grammar School is evident (Particularly the Ray Freedman Arts Centre) which is located approximately 200m to the north of the site.

This mixed context is indicative of the variable character along Gillies Avenue and reflects the influence of Gillies Avenue as a major arterial route on the built form and land use activities.

3.3 Surrounding Environment



Figure 3: Area Surrounding the Subject Site (Auckland Council GIS Viewer)

With reference to the contextual photographs within the design statement, we note the following;

Owens/Brightside/Gillies Block

The street block consists of 14 lots, and with 10 lots zoned mixed housing suburban under the AUP(OP). The proposed rezoning will take place on the existing hospital site and the three single house zoned properties. Only 5 out of the 11 residential sites are occupied by single detached houses; while, the other sites are occupied by flats (of up to 6 or 8 units). The potential special character and value for the street block overall is relatively low. The Single House zoned properties (Subject to this proposed plan change) are marooned from the surrounding single house zone environment and other special character properties.

Streetscape

The streetscape within the wider environment is predominately one to two storey buildings with generous building setback distance from the front boundary. The urban design report identifies as a key feature of many of the surrounding sites the volcanic stone walls of varying heights. Tall and large trees line



the street and front yard areas of properties, and this acts to screen and buffer the built environment, while also establishing a high level of shading in the area. The evolution of the area is apparent when looking through a number of photographs of the surrounding streetscape. These show that there have been several large mature trees in the surrounding area removed, new stone walls installed and surrounding sites developed.

Land use Activities

The surrounding sites are predominantly zoned for residential purposes, including single house zone, mixed housing suburban zone and mixed housing urban zone. Apart from residential activities, a number of non-residential activities are located along Gillies Avenue, including, schools, hospital, medical, healthcare, office, childcare, accommodation, and so on. This includes for example those properties at;

- 148 Gillies Avenue,
- 160 Gillies Avenue,
- 161 Gillies Avenue,
- 177 Gillies Avenue,
- 181 Gillies Avenue,
- 187 Gillies Avenue.

Moreover, the subject is located close to Manukau Road and Great South Road where business clusters are found.

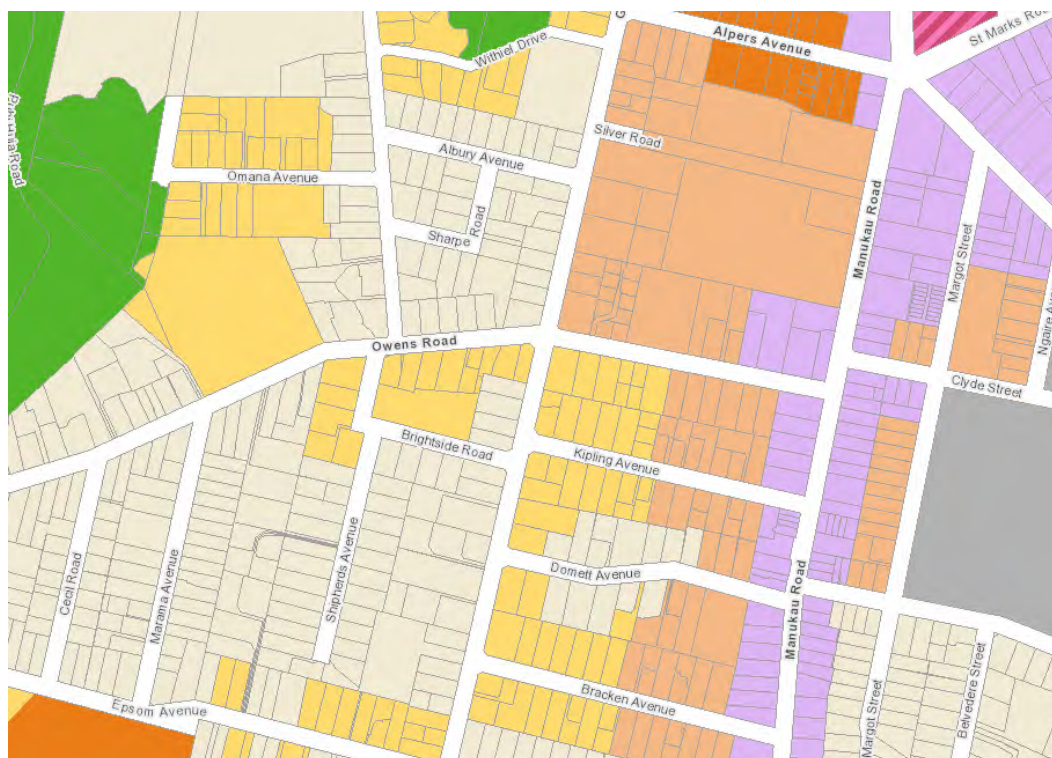


Figure 4: Wider Zoning Context

The influence on the future planned character that Manukau Road and Gillies Avenue as Arterial Roads is great. One of the key principles of the AUP(OP) is the intensification along transport corridors. The Mixed-Use zoned properties that line either side of Manukau Road will create substantial change in the built character of that area.

Further to this, the large area of Mixed Housing Urban zone will also create substantial change to the environment, with the 11-12m, or predominantly three-storey, built form including apartments and terraced housing will also bring about a change in the intensity of built form.

The Mixed Housing Suburban zone will carry on this change in planned future intensity given the changes in planning controls for scale and intensity of residential development compared to the legacy district plan. It is not an insignificant point that the Mixed Housing Suburban zone encompasses the subject site, sites to the north and connects the band of land identified for intensification from the Manukau Road, Gillies Avenue block through to the Pines Apartments in the west. This is reflective of the scale of roads in this area and residential intensity/density.

The three sites at 149-153 Gillies Avenue are the only marooned single house zoned, special character properties in the Brightside, Owens and Gillies Avenue block of properties. This factor combined with the block of flats at 155 and 147 Gillies Avenue which “book-end” these three sites, limit their connection to other special character areas in the wider areas. This ensures that their re-purposing as healthcare and hospital zoning will significantly limit the potential adverse effect on the Special Character Area – Residential Isthmus B overall. There is a clear and defensible boundary, being Brightside Road and Gillies Avenue and the residential properties within the same block to the north being the Mixed Housing Suburban zone.

We consider these factors coupled with the existing hospital and its historic use, sets the subject site apart from a purely single house zoned environment such as the end of Shiphards Avenue, Marama Avenue, or other Special Character Residential Areas in the Isthmus. Those areas do not have the same density or intensity of development nor the proximity to arterial roads, mix of activities and are predominately single level, detached dwellings.

Transportation

There are several bus stops along Mountain Road, Gillies Avenue and Manukau Road where the rapid and frequent bus service operates. The subject site is also located approximately 1km from the Remuera Train Station and with easy access to the motorway network via Gillies Avenue. Walking and cycling are also easily available within the area.

Services

The subject site is located within a well-established urban environment, detailed capacity studies confirm there is ample capacity within the range of services infrastructure.

Natural Hazards

According to GIS viewer the subject site is subject to flooding and an overland flow path. The overland flow path traverses the subject site west-eastly. A potential flood prone area has been identified within the car parking area of the existing hospital site.



Figure 5: Wider Surrounding Area (Auckland Council GIS Viewer)

3.4 Existing Zoning



Figure 6: AUP(OP) Maps indicating; Zoning, Overlay and Controls

As noted above, the existing zoning that applies to the subject sites include the single house zone with a special character overlay area, and the mixed housing suburban zone.

The single house zone provides for low density residential development, which positively responds to

special character of the area. While the zone does enable non-residential activities, these are required to be of a scale and intensity that is in keeping with that anticipated by the zone. This would include 1-2 storeys in height, low coverage and impervious area, and includes healthcare facilities up to 200m². Hospitals are not listed within the activity table which result in a non-complying activity status. New buildings carry the same activity status as the land-use activities they accommodate and so are also non-complying when associated with Hospitals.

Within the mixed housing suburban zone, more residential intensification is anticipated compared to the single house zone, and non-residential activities are enabled where they are compatible with the anticipated scale and intensity of development. This includes predominantly 1-2 storey buildings, with limited coverage and impervious area. While healthcare facilities are enabled as restricted discretionary activities up to 200m², Hospitals remain unlisted in this zone, which results in a non-complying activity status. New buildings carry the same activity status as the land-use activities they accommodate and so are also non-complying when associated with Hospitals.

As explained within Clause A1.7.5 of the AUP(OP), *“Activities are classed 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.”*

This results in a significant issue for SCHL as their current hospital is operating at capacity, there is a need to expand and respond to the growing and ageing population and the current zoning does not provide certainty for the proposed expansions or appropriately recognise and provide for the existing hospital.

4.0 The Proposal

4.1 Overview

Southern Cross Hospitals Limited (“SCHL”) have instructed SFH Consultants Limited to prepare and lodge, on its behalf to Auckland Council, the appropriate documentation for a Private Plan Change. The Private Plan Change relates to the rezoning of the following sites as scheduled in Table 1;

Table 1: Properties to be Rezoned:

<i>Number</i>	<i>Address</i>	<i>Legal Title</i>	<i>Existing Zone</i>	<i>Area m²</i>
3	Brightside Road	Lot1 DP188920	MH Suburban	5245
149	Gillies Avenue	Lot2 DP44293	Single House	2208
151	Gillies Avenue	Lot1 DP44293	Single House	971
153	Gillies Avenue	Pt Lot 15 DP3541	Single House	1226
<i>Total</i>				9273m²

4.2 The Request

SCHL is seeking the rezoning of the above properties as Special Purpose – Healthcare Facility and Hospital as referenced in Chapter H25 of the Auckland Unitary Plan (AUP).

The proposed amendments to the Plan are also changes to the Auckland Council GIS Viewer (the planning maps):

1. Amend the zone of the site at 3 Brightside Road from Mixed Housing Suburban to Special Purpose – Healthcare facility and Hospital Zone;
2. Amend the zone of the three sites at 149, 151 and 153 Gillies Avenue from Residential – Single House Zone to Special Purpose – Healthcare facility and Hospital Zone;

3. Remove the Special Character Area Overlay from the three sites at 149, 151 and 153 Gillies Avenue; and
4. The inclusion of a parking variation control applicable for this hospital of 1 space per 64m² gfa.

This documentation has been prepared in order to support this application and is in accordance with Schedule 1 of the Resource Management Act 1991 (“RMA”).

5.0 Statutory Considerations

5.1 Overview

Schedule 1 of the Resource Management Act 1991 (“RMA”) provides the process for changes to Plans. Clause 21 of schedule 1 confirms that any person may request a change to a district plan.

Clause 22 of Schedule 1 provides that a request under clause 21 shall be made to the relevant local authority in writing, shall explain the purpose of, and reasons for, the proposed plan change and contain a Section 32 evaluation report.

Furthermore, where environmental effects are anticipated as a result of the plan change, the request shall describe those effects in such detail as corresponds to with the scale and significance of the actual and potential environmental effects.

5.2 Purpose and Reasons

The purpose of and reasons for the plan change are described within the following sections of this proposal. These are further supported by the accompanying Assessment of Effects, supporting expert assessment reports, and in the Section 32 Evaluation Report.

5.2.1 The Purpose of the Plan Change

The purpose of the plan change is to enable the efficient operation and expansion of the existing hospital, while managing the effects on the adjacent residential amenity.

5.2.2 The Reasons for the Plan Change

The site has accommodated a hospital activity since the early 1900's. The Brightside hospital was established on its site in Epsom during the 1940's and was completely rebuilt and reopened in 2000. As a surgical hospital Brightside offers a wide range of surgical services and post-operative care for approximately 4,500 patients each year. This four-theatre hospital provides 43 inpatient beds with a staff of nearly 130.

Brightside is currently operating at full capacity with demand exceeding available theatre capacity time with more surgeons seeking theatre list time than available. This proposed Plan Change is to facilitate an extension in response to this increasing demand and to provide an appropriate zone for the site.

SCHL provides essential social infrastructure and has an important role in the New Zealand health sector. In 2017, 78,000 New Zealanders were treated in a SCHL facility. SCHL hospitals are equipped with a range of advanced clinical technologies and many offer options such as higher dependency nursing, specialist consulting suites and on-site imaging and diagnostic technologies. These facilities help to support a wide range of specialist services.

As discussed in detail within the EY Report (*Attachment B*) New Zealand has significant projected population growth and an ageing population, which will require expansion in both the public and private healthcare services to keep up with the demand. Specifically, Auckland and the wider Northern region is expected to experience 58% of New Zealand's population growth. If current models continue, the northern region will require an additional 2,055 beds, 41 surgical theatres, 1.1 million outpatient contracts and 2.2 million GP consultations.

This rapid growth and ageing population is placing increased pressure on the New Zealand public health sector. It is projected that acute surgery procedures will increase by 30,000, or 31%, by 2037; and elective surgery procedures will increase by 77,000, or 43%, by 2037. Over the last 3 years, District Health Boards (DHBs) in the Northern region have been struggling to provide publicly-funded surgery services for elective patients as they need to prioritise acute

surgeries. This raises doubts about the capacity of DHBs to meet the projected volumes of elective surgery.

SCHL assists by taking some of the elective surgery load that would otherwise have looked to the public system. In addition to this, 25% of SCH surgeries in Auckland over the past five years have been directly publicly-funded by ACC and by DHBs with the public sector hiring SCHL's facilities to meet public healthcare targets. It is important that SCHL and the private health sector can continue to deliver the same proportion of surgeries going forward, to avoid increasing the pressure on the public health sector, and any increase to the waiting list. It is therefore a collective effort of both the public and private health sector to increase the operating resources, surgical beds and theatres to maintain an acceptable level of patient surgery thresholds and waiting lists.

Further to general growth in surgery numbers, the medical environment is rapidly changing. As medical technology continues to advance and become better equipped to extend and improve life, specialists are increasingly integrating their services. Hospitals are beginning to expand their facilities to provide a range of healthcare facilities and focus on the wider goal of improving recovery from health issues and overall wellbeing.

To meet this additional demand and changing medical environment, it is critical that SCHL can expand its existing hospital facility at this site.

The reason for the requested plan change is that there is a growing and ageing population within Auckland, which is placing increased demand on hospital services including the services that SCHL provide. There is a need to expand the capacity within the current facility and the current residential zoning provides no certainty for this expansion nor the efficient operation of the hospital.

5.3 *Section 32 Evaluation Report*

Section 32 RMA provides the details of the content of the required evaluation report. The report is required to;

- (a) examine the extent to which the objectives of the proposal being evaluated are the most appropriate way to achieve the purpose of this Act; and
- (b) examine whether the provisions in the proposal are the most appropriate way to achieve the objectives by—
 - (i) identifying other reasonably practicable options for achieving the objectives; and
 - (ii) assessing the efficiency and effectiveness of the provisions in achieving the objectives; and
 - (iii) summarising the reasons for deciding on the provisions; and
- (c) contain a level of detail that corresponds to the scale and significance of the environmental, economic, social, and cultural effects that are anticipated from the implementation of the proposal.

In assessing the efficiency and effectiveness of the provisions in achieving the objectives the report must;

- (a) identify and assess the benefits and costs of the environmental, economic, social, and cultural effects that are anticipated from the implementation of the provisions, including the opportunities for—

- (i) economic growth that are anticipated to be provided or reduced; and
 - (ii) employment that are anticipated to be provided or reduced; and
- (b) if practicable, quantify the benefits and costs referred to in paragraph (a); and
- (c) assess the risk of acting or not acting if there is uncertain or insufficient information about the subject matter of the provisions.

For the purposes of S32, the following is noted;

objectives means, —

- (a) for a proposal that contains or states objectives, those objectives:

proposal means a proposed standard, statement, national planning standard, regulation, plan, or change for which an evaluation report must be prepared under this Act

provisions means, —

(a) for a proposed plan or change, the policies, rules, or other methods that implement, or give effect to, the objectives of the proposed plan or change:

(b) for all other proposals, the policies or provisions of the proposal that implement, or give effect to, the objectives of the proposal.

The following sections provide this assessment;

5.3.1 Appropriateness of the Proposal to Achieve the Purpose of the Act

Section 32(1)(a) of the RMA requires an evaluation of the extent to which the objectives of the proposal being evaluated are the most appropriate way to achieve the purpose of this Act.

The objectives of the plan change are to enable the efficient operation and expansion of the existing hospital, while managing the effects on the adjacent residential amenity.

Part 2 of the RMA sets out the Purpose and Principles of the Act.

Section 5 of the Act identifies the purpose of the RMA as being the sustainable management of natural and physical resources. This means managing the use development and protection of natural and physical resources in a way that enables people and communities to provide for their social, cultural and economic well-being and health and safety while sustaining those resources for future generations, protecting the life supporting capacity of ecosystems, and avoiding, remedying or mitigating adverse effects on the environment.

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. At the same time the increased employment generated by the increased capacity enables those additional employees to provide for their social and economic wellbeing. This is all achieved while managing the adverse effects of the increased scale and intensity through the high-quality design, appropriate provision of services infrastructure, parking, loading and access



as well as appropriate bulk and location in relation to the public realm and the adjacent residential environment.

Section 6 of the Act identifies the matters of national importance which need to be recognised and provided for in achieving the purpose of the RMA. This includes the preservation of the natural character of the coastal environment (including the coastal marine area), wetlands, and lakes and rivers and their margins; protection of outstanding natural features and landscapes, the protection of areas of significance indigenous vegetation and significant habitats of indigenous fauna; maintenance and enhancement of public access to and along the coastal marine area, lakes, and rivers; the relationship of Maori and their culture and traditions with their ancestral lands, water, sites, waahi tapu, and other taonga; the protection of historic heritage; the protection of protected customary rights and the management of significant risks from natural hazards.

The proposed plan change will not compromise any of the above matters of national importance. Hospital development enabled by this plan change will protect significant indigenous vegetation and historic heritage in that the protection of the scheduled trees are protected through the design and layout of the proposed development and the construction methodologies, with the proposed height being under that of the volcanic view shaft overlay for both Mt Wellington and Mt Eden. The existing controls on these items will continue to apply with any infringement requiring robust assessment against the relevant criteria.

Section 7 of the Act identifies a range of “other matters” to be given particular regard by Council. Specific matters from section 7 that are relevant to the plan change include:

b) The efficient use and development of natural and physical resources – The plan change will enable and encourage the redevelopment of the site to provide for the community’s social and economic wellbeing through additional employment and economic growth and provide for the community’s health and wellbeing through increased hospital capacity in light of an ageing and growing population. This is also an

efficient use of a site which fronts a major transport corridor.

c) The maintenance and enhancement of amenity values and f) Maintenance and enhancement of the quality of the environment – The proposed zone recognises that healthcare facilities and hospitals are typically surrounded by residential areas which may be sensitive to the scale of buildings, intensity of use, noise and lighting effects and the development controls including the design quality controls along with other overlay and Auckland-wide controls ensure the effects on adjacent sites and the wider environment are managed appropriately. Through the PAUP hearing process and decision making, it was determined that the existing Healthcare Facility and Hospital Zone achieves this and has been applied to sites of a reasonably similar context.

Section 8 requires Council to take into account the principles of the Treaty of Waitangi. It is considered that this proposal will not bring into question the principles of the Treaty of Waitangi. This conclusion is supported by the fact that the relevant Mana Whenua groups as identified by Auckland Council have been consulted, with no issues raised to date.

The proposed zone change is a more appropriate way of achieving the sustainable management purpose of the Act than the current zone which does not reflect the existing hospital use of the site, nor does it enable SCHL to provide for the increasing health and wellbeing needs of the community. It is considered that the purpose of the plan change is the most appropriate way to achieve the purpose of the Act.

5.3.2 Appropriateness of the Provisions to Achieve the Plan Change Objectives

Section 32(1)(b) of the RMA requires an evaluation of whether the provisions are the most appropriate way to achieve the objectives. In doing so, there is a requirement to;

- (i) identifying other reasonably practicable options for achieving the objectives; and
- (ii) assessing the efficiency and effectiveness of the provisions in achieving the objectives; and
- (iii) summarising the reasons for deciding on the provisions.

5.3.2.1 Other Reasonably Practicable Options

There are a wide range of other options available, and while numerous options were considered, there are three key alternatives that were considered relevant and are worth considering in some detail. These include;

- Option 1: Status Quo or do nothing;
- Option 2: Relocate the hospital elsewhere;
- Option 3: Retain and expand the existing hospital.

These options are described below;

Option 1: Status Quo or Do Nothing:

Under this option, SCHL would rely on the existing residential zoning, and would need to apply for a non-complying activity resource consent to provide for their hospital expansion.

Alternatively, the option would be to do nothing, not expand the Hospital and continue the operation of Brightside in its current form.

The AUP(OP) zoning, does not anticipate Hospitals at this location because they are not provided for within either the Mixed Housing Suburban or Single House zones. Hospitals are non-complying activities. This will require close scrutiny of the proposal against the relevant objectives and policies.

The objectives and policies of the zoning and the special character area overlay provide uncertainty in achieving a positive outcome for the hospital expansion, (which is a reasonable use for these sites considering the existing hospital, the increasing demand from the growing and ageing population, and the SCHL ownership). The existing objectives and policies applicable to the sites focus on providing for non-residential development only of a scale and intensity anticipated by the zoning. This is much less than that required by SCHL.

It is considered that the status quo option of either relying upon the existing residential zoning or the option of not expanding the hospital is not a suitable means of either addressing the identified issue or enabling the efficient use and development of the land resource.

As noted, the demand for surgical services is continuing to grow and as such, SCHL is expected to share in addressing this demand. It is not an option for SCHL to do nothing either as an insurance or health care provider.

Option 2: Relocate the hospital elsewhere;

It is a reasonably practical option that the hospital relocates (either wholly or in part) to another location. However, this option is not without issues.

Firstly, it would be difficult and possibly cost prohibitive to find an alternative site of this scale within this central location. Another issue is that any new location is more likely than not going to be opposed by existing residents of the new location who would likely bring forward similar arguments as the residents in this current location.

While the neighbourhood may not support the change associated with the development of adjacent sites. It must be recognised that the population of Auckland is growing and ageing, and the provision of additional hospital capacity to provide for the health needs of the growing and ageing population is essential for our communities.

As described within the Ernst Young Report (***Attachment B***), in order to achieve this option Southern Cross would need to consider and address:

- a. How the existing Brightside Hospital would continue its function and react to a new hospital that will most likely duplicate the activity, management and associated infrastructure, and overlap with the existing catchment.
- b. The inability to capitalise on and extend an existing hospital with the associated additional capital cost.
- c. The assessment of various other sites to ensure that they will not potentially face similar resource management issues and other constraints as the existing Brightside site. A large consideration is that the Unitary Plan has essentially limited the healthcare facility and hospital zone to the major public hospital and existing healthcare facilities. An industrial location for a new site would not be suitable with potential noise, fumes and truck

movements incongruous with hospital activities. Reverse sensitivity is also likely, with neighbouring site owners likely to object to a new hospital resource consent application (whether the new location is in an industrial or residential zone).

- d. Given the identified catchment with reference to Section 4.1 (of the Ernst Young Report), a location within the Epsom area would be most appropriate because it is a site that is highly accessible for surgeons and other staff, proximity to supporting services, ease of access near the motorway for patients, and proximity to Auckland and Greenlane Hospitals. Identifying and securing a location that has the similar advantages of Brightside will be very difficult, with none being identified to date.

If relocating the hospital included closing the existing hospital, an additional consideration is what would the vacant site at 3 Brightside Road be developed for? As the zoning enables increased residential intensity, and the site is large, located near transport corridors, social facilities, public transport and centres, there would be an option for a number of attached and/or detached houses.

This site would be appealing to Housing New Zealand Corporation or other private housing developers who are actively looking for development sites to establish dwellings for either a Kiwi Build scheme or a private development. Associated with this would be increased residents, increased traffic generation and parking demand (at peak times) among other effects.

Option 3: Retain the existing hospital:

Under this option, the existing hospital would remain and the adjacent sites under SCHL ownership would be rezoned to accommodate the required expansion.

This is a key option, and in considering this option, there are a range of minor alternatives as to how this would be achieved. Including;

- The implementation of alternative provisions;
- Applying the Special Purpose – Healthcare Facilities and Hospital Zone without any modifications;

- Applying the Special Purpose - Healthcare Facilities Zone with modifications.

Alternative Provisions

In considering other alternative provisions to apply, two factors were considered. Is it worth conceptualising and applying a new zoning or precinct to the site or are there existing zones or precincts that could be applied.

We specifically considered the combination of the Healthcare Facility and Hospital Zone and developing a specific Brightside Road Precinct. This would identify the site for hospital use, but with modified controls to respond to the specific context of the site (e.g. to manage potential amenity effects).

The AUP(OP) outlines that precincts enable local differences to be recognised by providing detailed place-based provisions which can vary the outcomes sought by the zone or Auckland-wide provisions and can be more restrictive or more enabling.

This was discussed in detail with Auckland Council Officers and it was agreed that this approach is unlikely to be acceptable, because it may set a precedent for a proliferation of precincts within the AUP(OP). It would also result in an inconsistent approach to the management of similar activities within the AUP(OP), in turn, this would increase complexity and confusion for plan users. We also consider there are more effective and efficient ways to achieve this.

A whole new zone is another potential option for alternative provisions, however, this is considered unnecessary because the AUP(OP) already includes a zone that specifically provides for hospitals.

Applying the HFH Zone without modifications

A reasonable option is to apply the Healthcare Facility and Hospital Zone as it currently exists within the AUP(OP) with no other amendments or controls. This zoning has been applied to public and private hospitals and healthcare facilities throughout Auckland in a range of locational contexts. A list of HFH zoned sites is contained within ***Attachment J***.

According to the PAUP evidence (Council and Submitters) which documents the evolution of the zone and the justification for the current HFH zoning and provisions;

- The zone provides for the operation and development of healthcare facilities that range from regionally significant hospitals to smaller clinical centres that serve a local catchment.
- The zone seeks to enable the ongoing operation and expansion of healthcare facilities, recognising there are a limited number of sites dedicated to major healthcare facilities.
- The zone recognises that healthcare facilities are typically surrounded by residential areas, often used as a “spot zone”, which may be sensitive to the scale of buildings, intensity of use and noise and lighting effects and the provisions seeks to manage the extent of these effects on adjacent sites and the wider area.
- The zone contains bulk and location controls to manage the effects on the amenity of the healthcare facility’s surrounds.
- The provisions give effect to the higher-level policy framework of the Auckland Plan and the Regional Policy Statement by requiring a high quality of design for most new buildings and significant additions and alterations.

This option (HFH Zone without modification) would be the simplest and would enable the efficient use and development of the sites for SCHL’s hospital activities, while managing amenity effects. However, it would enable a great deal of additional development potential and range of activities, exceeding those identified as being required by SCHL. For example, emergency facilities, helicopter facilities, psychiatric care, among other activities that are outside the scope of SCHL’s offerings.

For the reasons above, we consider the application of the HFH zone to be a reasonable option to achieve the purpose of the plan change.

Applying the HFH Zone with modifications

The unaltered HFH zone provides for greater bulk and volume of development potential than identified as being required by SCHL and a wider range of activities than SCHL is involved with.

Because of this, there is an option to reduce the permitted bulk at the site to respond to the local context, concerns of the neighbours, and specific development capacity identified through SCHL's research.

Development Outline Plan

In considering how this would be achieved, we have looked at a range of precincts and also the Auckland Hospital diagram within the HFH zone. This generated an idea for a development outline plan that would identify the building outline, and those non-protected trees and stone walls (that contribute to the character and amenity of this location including special character) for retention.

This would provide certainty for neighbours of the location of the building, provide increased building setbacks, protection of vegetation and significant non-scheduled trees and stone walls. This would better manage amenity effects of hospital development on adjacent properties compared to the standard HFH zone. However, this would add additional complexity to the AUP(OP) and again would apply different place-based controls to a specific activity, setting precedent effects much like the alternative provisions. The development outline plan was as follows;



Figure 7: Potential Development Outline Plan

Parking Variation Control

The general parking requirement for healthcare facilities and hospitals requires a greater number of onsite parking spaces than this facility actually demands. As there are a range of hospitals that are subject to the parking variation control, we consider this is an appropriate and reasonably practical option. Having regard to this, there is an option to amend the parking requirement of this hospital to reflect actual parking demand.

The parking requirement would be based on the surveyed demand generated by Flow Transportation consultants which was identified conservatively as being 1 space per 64m² Gross Floor Area. This would be a reduction from 1 space per 50m² Gross Floor Area.

The proposal is to update Table E27.6.2.4 Parking Rates – area 2;

Activity			Applies to zones and locations specified in Standard E27.6.2(5)	
			Minimum rate	Maximum rate
...				
(T67)	Medical facilities	Hospitals not shown on the Parking Variation Control planning maps	1 per 50m2 GFA	No maximum
(T68)		Grafton Hospital 2 Park Road, Grafton	No minimum	1 per 50m2
(T69)		Greenlane Clinical Centre 210 Green Lane West, Epsom	1 per 55m2 GFA	No maximum
(T70)		Mt Albert 50 Carrington Road, Mt Albert	1 per 60m2 GFA	No maximum
(T71)		Mercy Hospital 98 Mountain Road, Epsom	1 per 40m2 GFA	No maximum
<u>(Txx)</u>		<u>Brightside Hospital</u>	<u>1 per 64m² GFA</u>	<u>No maximum</u>
(T72)		Healthcare facilities	1 per 20m2 GFA	No maximum
(T73)		Veterinary clinics	1 per 20m2 GFA	No maximum
...				

This is considered an appropriate amendment because the general parking standard for hospitals was generated to apply to both large and small hospitals but is a crude and unspecific rate. These other hospitals include emergency care and other activities that SCHL does not provide and which may increase trip generation and parking demand. Moreover, SCHL does not charge its staff or customers to use the onsite parking facilities.

Ride sharing services such as conventional taxi's or Uber and Lyft etc... are diminishing private vehicle use and also reducing parking demand as staff,

patients and visitors can utilise these services when visiting this facility.

As discussed within the Traffic Report (*Attachment D*) the proposed rate of 1 space per 64m² was generated conservatively by the Transportation consultants after a parking demand survey of the existing hospital. The results show the difference in peak parking demands of this particular facility versus those associated with larger public hospitals.

This parking variation control would enable the parking requirements to better respond to actual parking demand of this facility and would reduce the burden of requiring an over-supply of onsite vehicle parking.

Retaining the Special Character Area – Residential Isthmus B Overlay;

In considering retaining the existing hospital, we specifically considered whether there was an option where the sites would be rezoned as HFH zone, but the Special Character Area – Residential Overlay would continue to be applicable.

This option would require consideration of the special character area – Residential Isthmus B values identified within the special character statement and the applicable development controls.

We consider that this option is worth noting because it is similar to the zoning and overlay context at Mercy Hospital at 98 Mountain Road, Epsom.

In considering this option, there are a few points to consider;

- a. How would the proposed hospital development reconcile the scale of infringements to the SCAR development controls such as height (8m), maximum building coverage (25%), minimum landscape requirement (50%), maximum paved impervious area (25%) among others.
- b. Which development controls would take precedence? And would this create confusion around the interplay between zone and SCAR overlay provisions.

- c. Can the maintenance and enhancement of SCAR values be significantly achieved through the proposed hospital development.
- d. Can the buildings be incorporated into the hospital design and development without compromising the functional and operational requirements of a modern hospital.
- e. Are the HFH zone and SCAR overlay compatible or are they fundamentally opposed to each other. Noting the overlay is a residential special character control and the end use of these sites would be for non-residential hospital activities.

While we did consider this option, we note it is only practicable if the existing dwellings could be incorporated into the hospital development and development controls generally compiled with (as per the Mercy hospital at Mountain Road). As this is not feasible at this site, we don't consider the retention of the SCAR Overlay further.

With respect to the commentary above in regards to retaining the existing hospital, this option would include applying the HFHZ without modification, deleting the SCAR Overlay, and including a parking variation control.

5.3.2.2 Efficiency and Effectiveness of Provisions

Having regard to the descriptions and discussion above, we assess the efficiency and effectiveness of the provisions achieving the objectives of the plan change.

Effectiveness measures how well the provisions are in producing a desired outcome, while efficiency measures whether they would achieve the outcome with the least waste of time, energy and materials (lowest total cost to all members of society). While they are both aimed at assessing which is the most appropriate provisions, they place a different but overlapping lens on the assessment.

Option 1: Status Quo or Do Nothing: The status quo will not efficiently or effectively achieve the purpose of the proposal. This is a result of the uncertainty associated with the hospital development when assessed against the current objectives and policies of the current Residential Zoning and SCAR Overlay.

While the current provisions will enable the maintenance of residential character and amenity, it will not efficiently or effectively enable the expansion of the hospital. Moreover, the residential zoning applied to the existing hospital does not enable that facility to function efficiently or effectively because there is an assumption that the hospital is out of place (even considering its long-established use).

Option 2: Relocate the hospital elsewhere: The efficiency and effectiveness of this option in achieving the purpose of the plan change is highly dependent upon the new location, and whether the entire hospital relocates or just the new hospital area.

A new location for the hospital might include sites zoned as metropolitan centre, mixed use or general business, industry, open space, or residential;

- Centre, mixed use or general business zoned properties of a sufficient size and appropriate location are hard to come by in this particular area. They are expensive, and Hospitals remain discretionary activities. SCHL has not been able to identify an appropriately located site in one of these zones for their operations to relocate.
- Industrially zoned sites are generally located to the south and while the price of land is more appealing compared to centre zoned land, hospital development would give rise to reverse sensitivity concerns for existing industrial activities. The objectives and policies of industrial zones offer their own range of issues.
- Open space zoned sites are reducing in area all around the City and in the context of a growing population are important for community health and wellbeing. Their use for hospital development is a non-complying activity and will create another range of concerns.
- This leaves other residential areas for a new location and given the identified volume of additional hospital space that SCHL requires, this creates difficulty in acquiring and amalgamating sites and the neighbours of any new location in a residential context will raise the same concerns as the neighbours of the current hospital.
- The option of expansion of the Auckland Surgical Centre (9 St Marks Road) is not feasible because SCHL lease that land and are not in a position to expand the area of land leased. Moreover, the



option of relocating the additional hospital area to their site at 160 Gillies Avenue would raise similar concerns, with SCHL being required to purchase adjoining properties, whose current owners may not be amenable.

In considering a partial relocation, there will be financial, operational and workforce inefficiencies in the duplication of costs, utilities, staff, and administration.

For the above reasons, we consider relocating the hospital either in part or in full would not efficiently or effectively achieve the purpose of the plan change.

Option 3: Apply the Healthcare Facility and Hospital Zone with a parking variation control;

We consider that the provisions of the plan change are an efficient and effective means of providing for the future hospital development of these strategically located sites, while also managing amenity effects. In particular:

Applying the same suite of provisions that apply to other healthcare facilities and hospitals will ensure a consistent approach within the AUP(OP) to enabling and managing other hospital facilities, albeit, this plan change also benefits from a specific Resource Consent proposal being sought in parallel (providing certainty as to what the re-zoning will provide for).

The proposed zone provides for the efficient use and development of the existing hospital, which is currently operating at capacity, whereas the current zones are unlikely to provide for this.

The existing HFH zone, objectives, and provisions have already been tested through the PAUP process and subject to rigorous S32 analysis confirming that they are appropriate in managing effects of hospitals being located within residential and other areas, while enabling them to operate efficiently and effectively.

The request is consistent with those matters identified throughout the PAUP process which were considered to recognise the limited sites available for existing healthcare facilities and hospitals, recognising their significant contribution to community health and wellbeing, enabling their efficient use and expansion,

while also ensuring the development controls are sufficiently robust to control height, scale, the interface with adjacent zones and the public realm (acknowledging the zone is often a “spot zoning”).

The proposed parking variation control will enable the hospital to directly provide for the actual parking demands of the hospital rather than requiring an oversupply of parking as a result of an unspecific general parking rate. This is an efficient method of providing for the parking demands of this specific activity, while avoiding inefficiencies of providing an oversupply of onsite parking spaces.

The proposed rezoning will directly implement the higher order Regional Policy Statement Objectives and Policies, in particular those applicable to social facilities B2.8.

- As identified within the Ernst Young Report, the rezoning will enable SCHL to provide for increased hospital capacity to meet the health and wellbeing needs of people and the community.
- As identified within the Traffic Report, the subject sites are located on an arterial road and is accessible by a wide range of transport modes. Moreover, the site is able to accommodate additional hospital development without significant effects on the transport network.
- The rezoning will enable the expansion of an existing hospital on a site that has accommodated hospital and healthcare facilities since the early 1900s.
- While the proposed zoning will not implement the Special Character Provisions of the RPS (B5.3) at this site, the intent of provisions will continue to be achieved at other sites in the Auckland Isthmus.

Applying the HFH zone at this site will successfully enable the development of an expansion to the existing hospital facility at this location, while the development controls and assessment criteria will successfully manage amenity effects on the streetscape and adjacent residential properties.

For these reasons, we consider the proposed rezoning and including a parking variation control to be the

most efficient and effective option to achieve the objectives of the plan change.

5.3.2.3 Costs and Benefits

The following section assesses the costs and benefits of the reasonably practicable options to achieve the purpose of the plan change;

Option 1: Status Quo or Do Nothing:	
Benefits	Costs
The adjacent neighbours would unlikely be affected by any hospital development because the development would not proceed.	The resource consent process for SCHL would be uncertain and require significant cost due to the applicable zone and the effects hurdles of the existing zoning.
There would be no loss in single house zone land.	The hospital may not be able to expand. This would result in the SCHL not being able to keep up with demand, which will affect the health and wellbeing of people and the community.
There would be no loss of special character at 149-153 Gillies Avenue.	Should SCHL not be able to expand, the Public healthcare system would need to provide for increased capacity for elective surgeries. This will require additional expenditure from DHB's and in the context of an already economically stretched public system and would have significant impacts on the health and wellbeing of people and communities.
SCHL and neighbours would not be subject to costs for preparation of private plan change, submissions and hearings as this would not proceed.	Without growing SCHL surgical capacity at this central location, overflow patients would need to seek service elsewhere. If SCHL does not meet the needs of its members than the load will fall on for-profit providers, who would be required to do their own expansion, or on the public system.
	Patient waiting lists would continue to increase, placing greater pressure on the public system. The limited operating space would drive up insurance costs as procedure slots would come at a higher premium, impacting health insurance premiums.

Option 2: Relocate the hospital elsewhere;	
Benefits	Costs
The adjacent neighbours would unlikely be affected by any hospital development	SCHL would need to find another location within the area (which is extremely difficult to find and is likely to be more expensive to

<p>because the development would not proceed at this location.</p>	<p>purchase) to provide for the required increase in demand. This would split the hospital and provide inefficiencies from a management and administration perspective</p>
<p>There would be no loss of single house zoned land for hospital purposes.</p>	<p>Southern Cross would have no use for the residential properties at 149-153 Gillies Avenue as they are not a residential entity.</p>
<p>There would be no loss of special character at 149-153 Gillies Avenue for hospital purposes.</p>	<p>A new location would likely require a private plan change to apply the Healthcare Facilities and Hospital Zoning in the new location.</p>
<p>In relocating and vacating the property at 3 Brightside Road, a replacement development such as residential apartments or terrace houses would likely be sought (by some other applicant), this will have a range of benefits including increased housing capacity for new residents to the area.</p>	<p>Centre zoned sites of a sufficient size and appropriate location are hard to come by, expensive, and Hospitals remain discretionary activities.</p>
<p>This option would result in the provision of additional hospital volume to meet identified demand however, the actual details would be dependent on the new location.</p>	<p>Industrial zoned sites are generally located in the south and Hospital development will give rise to reverse sensitivity concerns for existing businesses.</p>
	<p>Open Space zoned sites are reducing in area all around the City and in the context of a growing population are important for community health and wellbeing. Their use for hospital development is a non-complying activity and will create another range of other concerns.</p>
	<p>This leaves other residential areas for a new location and given the identified volume of additional hospital space that SCHL requires. It will be difficult to acquire and amalgamate sufficient land, and the neighbours of any new location in a residential context will raise the same concerns as the neighbours of the current hospital.</p>
	<p>In relocating and vacating the property at 3 Brightside Road, a replacement development such as residential apartments or terrace houses would likely be sought, this will have a range of traffic, noise and amenity impacts for existing residents.</p>
	<p>This option would likely result in a disruption to the locational distribution of the SCHL facilities, potentially forgoing the locational benefits for the patient catchment, specialists' places of residence and their consulting rooms. There is no alternative location in this Golden Triangle (as noted within the EY Report).</p>

	The financial costs of relocating the hospital and building a new facility would have more significant costs associated compared to retaining the current location. These increased costs would inevitably drive up the cost of private healthcare.
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Option 3: Apply the Healthcare Facility and Hospital Zone and including a parking variation control;

<i>Benefits</i>	<i>Costs</i>
The proposed provisions reflect the preferred use and are a reasonable future use of the sites having regard to the historic use and the SCHL ownership and the required expansion.	Proceeding with a Private Plan Change incurs significant financial cost to the applicant.
The proposed zone is consistent with Auckland Council's AUP(OP) Regional Policy Statement for Social Facilities B2.8, as well as Urban Growth and Form B2.2 and Transport B3.3.	A loss of residential dwellings and a boarding house in a residential zone.
The proposed provisions will enable SCHL to meet identified demand. This will better provide for community health and wellbeing.	There will be a loss of single house zoned land and special character values as a result of the hospital development.
The proposed plan change will provide for increased economic growth through the significant investment in the hospital expansion.	There will be effects on residential character and amenity in the surrounding area including from the increased scale of the hospital, noise and lighting effects as well as increased trip generation.
The proposed plan change will provide for an increase in a range of employment opportunities.	There would be less potential for public participation in consenting matters related to Hospital use and development.
The proposed provisions will enable development that is required to enable the hospital to operate efficiently.	There would be less ability for design assessment of proposed hospital use and development compared to the current situation, albeit, the proposed hospital development has already undergone substantial design review including by the Urban Design Panel.
The proposed provisions will appropriately manage the interface with residential properties to manage amenity effects.	
The proposed provisions provide for a hospital that is considered to be accessible by a range of transport modes including public transport, walking, cycling and private vehicle.	
The proposal makes efficient use of land adjacent to arterial roads which are transport corridors.	

<p>The parking variation will enable the hospital to provide for the actual parking demand of the facility rather than responding to a general parking rate that is unspecific. This will result in a more efficient supply of onsite parking and the avoidance of an oversupply of parking.</p>	
<p>The proposal will serve the hospital catchment of patients, including central east and western areas. The hospital also lies in the 'Golden triangle' between Auckland and Greenlane Hospital sites, in close proximity to a range of health facilities, and close to surgeon's personal address allowing easy call-back after hours if necessary.</p>	
<p>Benefits of connecting into the existing hospital without the need for duplication of services, mechanical plant and utilities. This enables the benefits of volume efficiencies, workforce management, food and laundry, medical supplies inventory, hospital infrastructure and site management and means the larger hospital will be able to run at a cheaper cost compared to the equivalent functions spread over 2 smaller sites. This will avoid increased premium increases for this non-profit provider.</p>	
<p>Benefits of connecting into the existing hospital without the need for duplication of staffing or management. This enables the maximisation of existing workforce and scarce skill sets with more effective rostering and job sizing.</p>	

5.3.2.4 Risk of Acting or Not Acting

There is enough information contained within this proposal (including the appended specialist reports) to be certain about the need for the plan change request and the need for increased hospital capacity in this location.

The risk of not acting is that the surgical demand that this hospital provides for will significantly outpace the capacity. This will increase patient lists and wait times for surgeries that are critical to enabling the health and wellbeing of Auckland's residents.

The risk of acting on this information is less than not acting. This evaluation will continue to be refined in relation to any new information that may arise following notification, including during hearings on the Private Plan Change.

5.3.2.5 Iwi Authorities

As noted within the consultation section of this request, the Mana Whenua groups relevant to this area, as identified by Auckland Council, were consulted and provided with the opportunity to provide input or comment. It should be noted that not all groups that were contacted provided a response.

To date, the responses received concluded that either there were no issues, or they deferred their interest to a more relevant group.

As such, there is no specific responses or provisions that are required to give effect to the advice from Mana Whenua.

5.3.3 S32 Evaluation Conclusion

The evaluation contained within this report has been prepared in accordance with S32 RMA and contains a level of detail that corresponds to the scale and significance of effects.

The evaluation concludes that the proposed application of the Healthcare Facility and Hospital zoning and the parking variation control is the most appropriate way to achieve the purpose of the Act, and the provisions are the most efficient and effective way to achieve the efficient operation and expansion of the

existing hospital, while managing the effects on the adjacent residential and streetscape amenity.

5.4 Assessment of Environmental Effects

Clause 22(2) of Schedule 1 RMA requires that where environmental effects are anticipated, the request shall describe those effects, taking into account clauses 6 and 7 of Schedule 4, in such detail as corresponds with the scale and significance of the actual or potential environmental effects anticipated from the implementation of the change, policy statement, or plan.

The relevant effects that require consideration as a result of this plan change request are as follows;

- Character and Amenity;
- Loss of Residential Capacity;
- Transportation Effects;
- Infrastructure;
- Natural Hazards;
- Cultural;
- Natural Heritage;

The following sections provide this assessment;

5.4.1 Character and Amenity

It is anticipated that there will be a change in the character and amenity of the area as a result of the increased scale and intensity of hospital development enabled.

We rely upon the advice within these reports to assist with understanding the extent of character and amenity effects of the plan change, the following reports were commissioned;

- Urban Design Assessment,
- Visual Effects Assessment,
- Special Character Assessment.

Comparison of Bulk and Location

The change in bulk and location controls will have character and amenity effects. The change in controls are as follows;

	<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.			

Infringements to the above standards require restricted discretionary resource consent and are required to be assessed against the criteria noted within C1.9, being;

- (a) any objective or policy which is relevant to the standard;
- (b) the purpose (if stated) of the standard and whether that purpose will still be achieved if consent is granted;
- (c) any specific matter identified in the relevant rule or any relevant matter of discretion or assessment criterion associated with that rule;
- (d) any special or unusual characteristic of the site which is relevant to the standard;
- (e) the effects of the infringement of the standard; and
- (f) where more than one standard will be infringed, the effects of all infringements considered together

According to Clause C1.8(1) Council will consider any relevant objectives and policies for restricted discretionary, discretionary and/or non-complying activities.

Height

The change in the height enabled by the plan change is noticeable. This has the potential to generate

increased shading, dominance and visual privacy effects compared to development anticipated within the SH or MHS zones. However, this transition in heights between 8 and 16m⁺ is fairly common throughout Auckland. This includes where zones such as Mixed-Use zone, Local Centre zone, Terrace housing and Apartment Buildings zone or the light or heavy industrial zones adjoin the Mixed Housing Suburban zone. In this regard, the height change is not exceptional or unusual.

SCHL have been cognisant of the resultant potential effects on residential character and amenity, and these reasons underpin their decisions to purchase the Gillies Avenue properties, firstly 151 and 153, and then subsequently 149 as well. The location of the subject sites relative to adjoining residential properties and the transport network limit the potential for effects, because the adjoining properties are to the north, and the public roads and SCHL properties are to the east, south and west. The increased height is significantly screened from the wider surrounding area by the large mature vegetation onsite and in the surrounding properties and streets.

Height in Relation to Boundary (“HIRB”)

There are no changes to the HIRB controls applicable to development at this site, because the HFHZ requires any future development to use the HIRB control of the adjacent zone. The Urban Design and Visual Effects Reports agree that the HIRB controls will manage the scale of built form in relation to external boundaries ensuring taller areas of built form are located further away from boundaries and retain a reasonable level of sunlight and daylight access to adjacent sites. This control is a consistent approach to HIRB at the interface between MHS zoned properties and zones enabling greater height. Including for example, at the interface with the Local Centre Zone, THAB Zone, and MHU zone for example, while the interface with Light Industry Zoned properties have a more relaxed HIRB control (being 6m + 35°).

In this regard, the HIRB control between the HFH zone and MHS zone sufficiently control bulk and dominance effects and is consistent with other zone interface HIRB controls elsewhere.

Yards

The resultant change in the required yards, will increase the setback from boundaries compared to the underlying zones. This will increase the minimum physical separation between buildings and property boundaries. This control combines with the HIRB control to manage the relationship between building bulk and adjacent properties.

Fencing

The changes in fencing heights are unlikely to have any significant effects because the boundary walls are to be retained to manage streetscape effects, and side and rear fencing up to 2m in height can be reasonably anticipated in each of the zones. This height of side and rear fencing will also assist with noise mitigation as noted within the acoustic report.

Coverage

The increase in the impervious area, while enabling greater coverage, is primarily designed to manage stormwater flows from the site. Increased stormwater runoff effects are discussed within a separate section of this AEE, but we note here that ground soakage testing has been carried out and there is no capacity constraint in accommodating flows generated from the increased impervious area enabled.

Shading

The bulk and scale of a hospital building enabled at this location will have shading effects for the public realm and adjacent properties. The shading effects of the development are illustrated within the shading diagrams contained within the architectural Design Statement (Section 4.0). These demonstrate most of the shading of adjacent residential properties is limited in duration, and given the large setbacks, is generally limited to the site itself and the public realm. The adjacent sites to the north are not shaded to an unreasonable extent, having regard to the path of the sun. While those to the west, east and south are shaded to a small extent at limited times of the day and year. In general, the surrounding residential properties maintain a significant amount of sunlight and daylight during the day. The vegetated environment of this particular area, with the large mature trees, will also provide an element of masking of the additional shading effects of a proposed hospital building.

The accepted level of shading is demonstrated within H4.8.2 assessment criteria related to the use of the alternative height in relation to boundary controls in the mixed housing suburban zone. Here, it is noted that four hours of sunlight between 9am – 4pm during the equinox is the standard. The building bulk enabled by the zone change does not introduce shading effects on adjacent properties to an extent that reduces sunlight access to less than this.

We consider that the access to sunlight and daylight for adjacent properties is maintained to a reasonable extent and the shading of the street is generally masked by vegetation and trees. The Urban Design and Visual Effects Assessment Reports agree. We therefore consider the potential shading effects will be minor.

Visual Privacy

The visual privacy effects from development enabled by the zone change will be from windows at upper levels of a building that is taller than that permitted within the current zone. 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, and the increased yard setback from boundaries. Moreover, the users of the hospital are unlikely to use windows or balconies in the similar way that residents or hotel users would. Additionally, the internal arrangement of the hospital can be such that the upper level is a surgical level, where occupants (staff and patients) are not capable of looking down onto adjacent properties in a way or to an extent that would compromise visual privacy. The visual privacy effects are unlikely to be as great as that associated with a two-storey building or the boarding houses. We are therefore of the opinion that the potential effects of visual privacy will be minor.

Dominance

The visual dominance effects are larger than what would occur generally within the single house or mixed housing suburban zone. This is a result of the larger bulkier buildings enabled by the HFH zone. However, we consider the dominance effects are mitigated by the increased setbacks from the boundaries, compliance with HIRB controls to residential boundaries, the separation provided by

both Gillies Avenue and Brightside Roads, and the articulation, modulation, materials and high-quality design of the hospital building itself. These factors would act to break up the building bulk, reduce its blankness, we consider this would mitigate the potential visual dominance effects to an extent that is minor.

The HIRB and Yard provisions enable a similar level of bulk and location of buildings on sites zoned Mixed-Use, Light Industry, Local Centre, Terraced House and Apartment Building zone for example, that interface with MHS zoned properties.

Design Assessment

In addition to the comments above, we note that the increased bulk enabled as a permitted activity includes, buildings, alterations, additions and demolition unless otherwise specified. Being those that do not increase the building footprint by more than 20%, not within 10m of a road or an open space zone and/or not a parking building visible from and located within 10m from a public road, residential zone or open space zone.

Other new buildings or additions located within 10m of a public road or open space zone that increase the building foot print by more than 20% are a restricted discretionary activity. In addition, new parking buildings, that are visible from and located within 10m of a residential zone, public road or open space zone are also a restricted discretionary activity. These buildings will be subject to design assessment criteria as identified within the HFH zone.

The matters of discretion are found within H25.8.1(2) and (3). These enable the effects of the building design and external appearance on the streetscape and open space zoned land to be assessed, and in relation to parking buildings, an additional assessment on the effects on amenity values of adjoining residential zoned land to be undertaken.

The assessment criteria are found at H25.8.2. in relation to new buildings, the following are listed;

(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.

And additionally, in relation to parking buildings, the following matters of discretion are noted;

(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.

The above criteria enable Auckland Council sufficient control over the design of any new hospital building (triggering RD consent) to avoid large blank facades, the minimisation of visual dominance effects to the adjoining streetscape and properties, and to ensure the hospital development responds to the particular context of the locality. An example of this would be to include conditions of consent to retain stone walls and frontage vegetation to manage streetscape effects. The HFH zone has been applied to sites in a wide range of contexts and balances the significant need for hospitals and healthcare facilities against character and amenity values of their particular location. The Visual Effects Assessment notes, that these other sites are zoned HFH demonstrate good examples where hospitals co-exist comfortably within a surrounding residential context.

Any infringements to development control standards are to be assessed against the matters within C1.9 AUP(OP), which also provide Council with additional discretion to undertake a robust assessment prior to any decision. These matters are noted earlier within this section of the report.

The AUP(OP), when considering hospitals and healthcare facilities, has already made the value judgement that their significant contribution to community health and wellbeing as well as their functional requirements are sufficiently important to warrant development controls that enable the intensive use and development of hospital sites, including no design assessment criteria (subject to compliance with development controls). This is in recognition of the significant and essential contribution and importance of the services they provide to community health and wellbeing.

Non-residential Use

The proposed non-residential use of the Gillies Avenue sites will alter the character and amenity of the area. It is noted that the site at 149 Gillies Avenue has been used for commercial activities (albeit boarding house activities) for many years (since the 1940's), and that there are several examples of commercial and community activities within the surrounding residential area including the SCHL facility at 3 Brightside Road, 160 Gillies Avenue, and other medical facilities.

Gillies Avenue is a large Arterial Road, which carries significant daily traffic flows. One of the Key aspects of the AUP(OP) is the centres and corridors philosophy which enables commercial growth on transport corridors. The non-residential use also provides directly for community social and economic wellbeing and for their health and safety.

For these reasons, we consider that the change in use to a non-residential activity will have adverse effects that are no more than minor having regard to the historic use of 3 Brightside Road and that of 149 Gillies Avenue as well as the ability for the operational characteristics and proposed management practices to comply with Auckland-wide noise and lighting provisions.

Noise and Lighting

The rezoning will result in amenity changes related to noise and lighting emitted from the Gillies Avenue sites. The Auckland-wide controls that manage noise and lighting will continue to apply to this site. Hospitals are provided with increased permitted noise

levels however, this is no greater than childcare centres which are commonly found within residential areas. The SCHL facility will not accommodate emergency services or ambulances, and there is no desire for a helicopter pad or services.

Moreover, because the site will be adjacent to residential zones, the residential noise limits will continue to apply as outlined within E25.6.22. Any future hospital development will be assessed for compliance against these provisions and this will enable those effects to be managed to an acceptable extent at the resource consent stage. Initial reporting from the lighting and acoustic consultants confirm that a reasonably anticipated development at this site is capable of complying with the noise and lighting controls. The noise report (*Attachment I*) confirms, “*The traffic and mechanical plant noise of the proposal are predicted to be able to comply with the Auckland Unitary Plan requirements taking into account the cumulative noise levels associated with hospital activities. Where necessary mitigation and management may be implemented to meet the applicable noise limits.*”

The proposed plan changes will not change the noise limit requirements at the neighbouring residential receivers” (Earcon 2019, pg 13).

We therefore consider that noise and lighting effects are appropriately managed through the controls within the AUP(OP) and any adverse effects of the change in zoning will be minor.

Alternative Building Designs

While SCHL have no desire to apply for resource consent for a different scheme (compared to that already designed) it is conceivable that an alternative building and hospital scheme could be designed, and resource consent applied for under the HFH zone provisions. Unlike apartment developers or similar commercial applicants, SCHL has no desire to rezone then abandon the site. There is also no real risk of SCHL failing as a hospital provider and leaving the healthcare market. These factors should provide a good level of comfort to Auckland Council and adjacent land owners that SCHL will develop the site as indicated.



Visual Landscape Effects

Enclosed within **Attachment F** to this Assessment is a Visual Effects Assessment Report which investigates the existing character of the site and locality, identifies the key landscape features of the area, describes those elements of development that are enabled as a permitted activity under the HFH zone that will be visible from outside the site and assess their visual effects on the locality. This was completed by a suitably qualified and experienced Landscape Architect. This assessment confirms;

“Development permitted under the H25 provisions would result in a noticeable visual change from the current residential characteristics of the land, to one with more intensive built characteristics. The site is part of an established and varied predominantly residential environment surrounding the existing hospital facility. The site and surrounding landscape has the capacity to visually absorb the landscape and visual effects of increased development through the physical characteristics and prevailing attributes and urban fabric within the area.

The surrounding area has a high level of activity through the range of healthcare, transport and residential uses prevailing. Development permitted under the H25 provisions would be visible from various locations in the surrounding urban environment due to the height, form and scale greater than currently existing within the site. Development within the site would however have minimal adverse landscape and visual effects and could be readily accommodated in this location.

In my opinion the standards, provisions and assessment criteria within the H25 SPHZ will protect the surrounding residential area and minimise potential adverse effects of overshadowing, visual dominance and loss of visual privacy on adjacent properties while maintaining a high standard of amenity.

Having undertaken a comprehensive visual effects assessment of the implications of development permitted under the H25 provisions, I conclude that the visual effects will be minor in the context of the existing landscape and visual environment for the reasons identified. The visual amenity and quality of the environment surrounding the site will not be

adversely affected by development permitted by the H25 provisions”
(LA4 2019, pg 20-21).

We rely on the advice contained within this assessment and concur with its conclusion that the adverse visual effects will be minor.

Urban Design

Enclosed within **Attachment G** to this Assessment is an Urban Design Report which addresses urban design aspects of the Plan Change. This was completed by a suitably qualified and experienced Urban Designer. This report concludes;

- *“From an urban design perspective, the consolidation of healthcare and hospital services around the existing hospital, on a regional arterial, easily accessed from the centre of Auckland by various modes of transport, and in an area that already includes a diverse mix of activities and buildings, has substantial merit. It is also in line with the objectives and policies of the RPS for urban growth and social facilities.*
- *The provisions of the HFH Zone are also sufficient to manage potential amenity effects on the streetscape, the public realm, and residential neighbours, due to the permitted activity standards and RD consent requirement and associated assessment criteria for building within 10m of a street frontage. Where buildings are located more than 10m back from the boundary, sufficient space is provided for mature tree retention and additional landscaping to visually screen the building bulk possible as a permitted activity.*
- *Within the provisions of the HFH zone, the HIRB, Height and yard controls will ensure residential amenity is maintained on adjoining sites consistent with other HFH zoned sites across the city that have residential adjoining them. With a maximum height of 16m, and the application of the MHS zone’s HIRB controls, the visual dominance effects of future development on the HFH zone will also be similar to that created across the city by THAB and Mixed Use zones with respect to visual dominance and shading*

effects, and thus can be considered reasonable in the context of the wider planning framework. The wider side yard requirement of 3m will also provide the ability to retain existing and/or provide additional planting along boundaries.

- However, of concern is that clear direction is not provided within the provisions of the HFH zone for the protection of some of the unique character features, that help to ensure a context sensitive design that would achieve a high standard of residential amenity on the neighbouring properties... The dry-stone walls that are a character feature of the streetscape are currently protected by the character overlay in the AUP, but would not be protected under the HFH zone.
- However, it is also noted that as an alternative to the existing mature trees and dry-stone walls a well-Brightside Hospital, Southern Cross Hospitals Ltd 46 designed building with glazing, variation in detailing, planting and new (smaller) trees can provide an attractive presentation to the street as per the provisions of the HFH zone.
- These outcomes (retention of mature trees and drystone walls, sensitive building design and additional planting) can be achieved via the provisions of the HFH zone that will trigger a Restricted Discretionary consent for buildings located within 10m of a street frontage, with the associated assessment criteria able to manage amenity effects on the public realm, including the interface of the site with the neighbourhood. In addition, if the development controls are infringed, such as the maximum height, height in relation to boundary and yard controls, effects on residential amenity will be assessed. If development is internal to the site, (and is not a boarding house or carparking building), to be permitted the development must comply with the development standards which ensure a reasonable level of residential amenity is maintained. In addition, the additional controls from the protected trees and volcanic viewshafts, as well as the site shape, orientation and character of the site enables development to occur in a manner and form

that will integrate into the residential environment.

- *A good urban design outcome is one that balances the need to provide for the regional well-being of the community in an efficient manner, with the protection of localised special character and residential amenity, as acknowledged in the Regional Policy Statement's objectives and policies of the AUP. This can be achieved under the provisions of the HFH zone. However, a site specific development plan control could be included in the HFH zone to provide mitigation for the removal of the special character overlay from 149, 151 and 153 Gillies Ave. This plan could provide for existing key character features to be maintained including open space, mature trees and dry-stone walls. Although these features can be maintained under the HFH zone provisions, the development plan approach has urban design merit as it provides more certainty of these outcomes” (Motu Design 2019, Pg 45-46).*

We rely on the advice contained within this assessment and concur with its conclusion that while a site-specific development outline plan would enable a better urban design outcome to be achieved, that the standard HFH zone provisions (and other applicable provisions) will enable a good urban design outcome at this site.

Special Character

Enclosed within **Attachment H** to this Assessment is a Special Character and Heritage Report which looks at the historical overview, physical analysis, and special character aspects of the Plan Change. This was completed by a suitably qualified and experienced Heritage Architect. This report confirms;

- The properties have been analysed in significant detail with respect to heritage and special character.
- The properties at 151 – 153 Gillies Ave and to a lesser extent 149 Gillies Ave have historical and physical/visual values consistent with the SCA. The period houses, historical stone walls, large setbacks, abundant trees and vegetation are all characteristics that are specifically

highlighted in the SCA's statement of significance.

- The houses at 151 and 153 Gillies Ave clearly have architectural merit that illustrates the identified character values of the SCA, but their contribution to the SCA is restrained both by their visual concealment and by limited recognisability of a historical or contemporary group in the vicinity.
- The properties as a whole do, however, 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.
- The challenge of maintaining and enhancing identified special character values with the proposed removal of the SCA from the subject sites may be managed in various ways.
 - The concurrent lodgement of a resource consent application indicates that SCHL's objective is to retain these landscape features as a key component of its development proposal. It is considered reasonable to assume that this well-progressed scheme would continue to be pursued should the proposed zone change occur.
 - While significant development is enabled as a Permitted activity under the HFH zone, a resource consent for a Restricted Discretionary activity would be required for any development within 10m of a public road (AUP Table H25.4.1 (A20)). There is scope to retain existing landscape features as a condition of consent as part of an assessment of effects on the adjoining streetscape under Parts H25.8.1. and 2.
 - Other approaches that Council may consider are also explored in this report, including changing the underlying zoning but keeping the SCA, and inserting a site-specific development plan in the HFH zone.
- While having some differences, Mercy Hospital on Mountain Road is found to demonstrate useful precedence in terms of how special character can be maintained and enhanced on hospital-zoned land.

Overall, we rely upon the advice from the heritage architect in concluding that the proposal responds sensitively to its context in terms of scale, materiality

and detailing, with a focus on protecting the landscape features (trees, landscaping and stone basalt walls) that provide considerable contribution to streetscape character and based on this we consider that while the special character values of the subject sites will be affected to a more than minor extent, the potential adverse effects on the Isthmus Residential B Special Character Area overall, will be no more than minor and are acceptable because the sites will be repurposed for a hospital development that provides significant community benefit.

Conclusion

Overall, it is our opinion that the proposed zone change will result in an increase in the scale and intensity of development enabled at the subject site and this will generate increased adverse character and amenity related effects for the public realm and adjacent properties. However, these effects have been demonstrated within the range of expert reports to be of a minor extent and appropriate having regard to the particular locational context.

5.4.2 Loss of Residential Capacity

In addition to the comments made in section 5.4.1 above on non-residential use, the proposed plan change will result in the loss of residential capacity within the residential zone. In a city such as Auckland where there is a high level of pressure on the supply of housing, this can have adverse effects such as reducing the capacity of residential zones to provide for much needed residential housing. As noted within section 3.3 above, there are a range of non-residential activities in the surrounding residential area and this demonstrates that it is not uncommon for residential areas to provide for non-residential activities.

We consider there is an adverse effect here, however, the extent of this effect is limited by the fact that the zoning provides for three single dwellings, which is not a significant contribution to housing supply and the existing hospital site is already non-residential. We consider the scale and significance of this effect to be less than minor.

5.4.3 Transportation Effects

The plan change request will result in a different pattern of transportation effects associated with hospital development enabled. This would be greater

than that provided for within the current residential zoning.

In terms of trip generation, a larger number of vehicles will be attracted to the hospital, which has the potential to increase traffic congestion, parking demand and decrease safety. While these matters will be the subject of assessment against the Auckland-wide transport controls at the time any resource consent is submitted to Auckland Council, it is important to confirm the findings of the traffic report at this stage.

The project traffic engineers have assessed the potential transportation effects that are reasonably anticipated by hospital development at this location. Their reporting confirms;

- The location of the subject site provides good accessibility to various transport modes including walking, cycling, bus and private vehicles,
- The effects of the increase in vehicle trips resulting from a permitted development that can be enabled under the zone change are expected to be acceptable with the existing roads and intersections being capable of accommodating the additional traffic without resulting in adverse traffic effects,
- A minimum car parking provision standard of 1 parking space per 64 m² GFA for any additional medical facility development permitted under the Proposed Plan Change is recommended to be established as part of the Proposed Plan Change,
- The controls given in Chapter E27 of the AUP-OIP relating to the provision of appropriate loading facilities, bicycle parking and accessible parking spaces, as well as the design of these transport elements, are adequate to ensure that these matters can be appropriately addressed at the time when consent will be sought to implement a new building under the Proposed Plan Change,
- The Proposed Plan Change is consistent with and encourages key regional and local transport policies and plans.

The traffic report concludes;

It is anticipated that potential traffic effects of any future development under the Special Purpose –



Healthcare Facilities and Hospitals Zone, can be managed appropriately with the identified planning controls in the AUP-OIP and mitigation measures. In summary, these measures could include a Staff Travel Plan to encourage hospital staff to travel by more sustainable transport modes and/or; changes to existing available sight distance from intersections and any potential vehicle access provisions by removing on-street.

In conclusion, the traffic effects of the development of hospital activities that could be achieved under the Special Purpose – Healthcare Facilities and Hospitals Zone, with the implementation of the abovementioned planning instruments and possible mitigation measures, are no more than minor and considered acceptable. Therefore, from a transport planning and traffic engineering perspective, there is no reason to preclude approval of the Proposed Plan Change.

Overall, based on the comprehensive assessment completed by Flow Transportation Consultants, we consider the transportation effects of permitted development enabled by the proposed plan change can be suitably managed to an extent that is no more than minor.

5.4.4 Infrastructure

The proposed plan change is accompanied by an infrastructure assessment which assesses the ability of the public infrastructure to accommodate a proposed hospital development at this location. This report confirms;

There is sufficient supply of water for both firefighting and potable supply to provide for the needs of hospital development enabled.

There is sufficient capacity within the wastewater network to provide for the wastewater needs of hospital development enabled.

There is no public stormwater system in the vicinity which can take the stormwater flows from the site. Ground soakage testing has been undertaken and the results confirm the subsurface conditions can accommodate the reasonably anticipated flows from the impervious area associated with a hospital development at this site.

There is public power, telecommunications, gas and other infrastructure available within the road frontage to provide for the needs of the hospital development.

These are all confirmed to be suitable to provide for a Hospital development, with specific connections to be assessed at the resource consent stage, and development contributions payable to offset any increased demands on the public services.

5.4.5 Natural Hazards

The site is subject to flooding and overland flows. The plan change will increase the development foot print and the impervious area onsite. This will increase the flow of surface water which may exacerbate flooding on-street and down-stream, moreover the diversion of overland flows may occur.

It is envisaged that the Auckland-wide controls will enable adequate assessment of a hospital development at the resource consent stage, it is important to note that there are options available to manage these effects.

The civil engineers confirm that increased flows from the development if left un-mitigated have the potential to increase flooding by around 5mm down-stream. To mitigate this effect, the overland flow and onsite is able to be directed to the ground soakage device. The flow testing has confirmed there is sufficient capacity to accommodate this additional flow and adequately manage the effects of this natural hazard avoiding any additional effects off-site.

5.4.6 Cultural

The proposal has the potential to adversely affect cultural values. In understanding the extent of cultural values that might be affected, the mana whenua groups identified by Auckland Council as having an interest in this area were contacted for comment.

As indicated in other sections of this report, the groups who provided a response did not identify any adverse effects or matters of concern.

We note, that mana whenua groups can participate in the process following lodgement of this plan change

request, and that they will also have an opportunity to participate and raise any issues at a later date.

For the time being, we consider that any cultural adverse effects as a result of this plan change request are of a less than minor extent.

5.4.7 Natural Heritage

The proposed plan change request has the potential to adversely affect natural heritage. The sites are subject to protected trees and two volcanic viewshafts.

While the existing overlay controls related to notable trees and volcanic viewshafts will continue to apply, any reasonably anticipated hospital development, such as the one put forward by SCHL, will protect these heritage features and any development with infringements to rules protecting these scheduled features will need to be assessed against the relevant assessment criteria.

For these reasons, we consider the plan change request will have less than minor effects on natural heritage.

5.4.8 Effects Summary

As a result of the assessment provided above, which is based on the opinion of a range of consultants, it is our opinion that the built form and land use activities that are enabled by the plan change is appropriate in this particular context, and the adverse effects can be managed to an acceptable extent.

5.5 Acceptance

As outlined within Clause 25 of schedule 1, following receipt of the Request, Auckland Council may take one of several options.

We consider Auckland Council should not reject the request because none of the criteria under clause 25(4)(a)-(e) apply.

- The request to enable the efficient expansion and operation of a Hospital within the context of a growing and ageing population is not a frivolous or vexatious request.
- The request has not been considered by Auckland Council or the Environment Court within the last 2 years (or at all).

- The request accords with sound resource management practice.
- The request does not create any inconsistency between the plan and part 5.
- At the date of the lodgement of this request, the plan has been operative in part for more than 2 years.

We consider that the proposal is not a matter that can effectively be dealt with as a resource consent application, as retaining the existing zones would fail to recognise the efficient and effective hospital activities that are existing and proposed.

Having regard to the evaluation and assessment contained within this request, which is informed by a wide range of specialist reports which accompany this proposal, we consider that Auckland Council should accept the request and proceed to notify the request as per clause 26 of Schedule 1.

6.0 Consultation

SCHL have engaged in consultation with a range of parties including; Auckland Council, Urban Design Panel, Neighbours, Mana Whenua among others.

The following sections provide information with respect to who was consulted, when and their feedback.

6.1 Auckland Council – Resource Consent

SCHL are also seeking resource consent for an expansion of the hospital. This has been the subject of several pre-application meetings in the three years leading up to the lodgement of this application. The earlier meetings related to a previous scheme which didn't include 149 Gillies Avenue, with the latter two including all four sites.

- 12 December 2016,
- 29 March 2017,
- 26 April 2017,
- 4 December 2017
- 13 February 2018

Various Council Officers and specialists were in attendance and offered valuable advice and commentary which assisted in the design and preparation of the application. The latest meeting, Council officers raised the uncertainty of the non-complying hospital development to pass the S104D

test. They suggested the plan change was the appropriate approach.

6.2 Auckland Council – Plan Change

SCHL have consulted with Auckland Council in progressing the plan change request.

This has been the subject of several meetings;

- 2nd July 2018,
- 25th September 2018,
- 24th October 2018,
- 5th November 2018,
- 10th December 2018.

The content of the meetings originated with what SCHL was trying to achieve and the need for the proposed Private Plan Change and whether Council was open to a private plan change to address these matters. Following that, the meetings focused on the actual content, justification, and the best way in which to incorporate SCHL's request into the AUP(OP).

In addition, process matters were discussed in relation to the costs and benefits of a combined Plan Change and Land Use application, an end on end approach or a staggered approach.

6.3 Auckland Council – Auckland Urban Design Panel

While a plan change is not generally specific to any one design, the benefit of this application is that it is to provide for a specific hospital development already conceived.

The hospital development proposal was presented to the Auckland Urban Design Panel (“AUDP”) on the 14th of June 2018. The AUDP noted support for the building design with some suggested changes.

6.4 Auckland Council – Local Board

A meeting with the Local Board was requested and this was arranged for the 24th of October 2018. The Local Board had several comments, including, but not limited to;

1. Why build it here and not elsewhere;
2. The AUP(OP) has only just been implemented, why wasn't this considered as part of that process;
3. How many people are anticipated onsite, exact number of employees, a breakdown of the employee types;

4. Specific traffic considerations such as trip generation, loading, parking, deliveries, mitigation;
5. Does it comply with noise;
6. Will the development go higher than 16m;
7. Explain the process of a plan change vs resource consent;
8. How will it respond to special character;
9. Construction effects;

The content within this request provides a response to these questions, however, many of the comments relate to a specific hospital development proposal, which are better addressed at the resource consent stage.

The consultation with the Local Board members is ongoing, and we will continue to update Auckland Council.

6.5 Auckland Council – Other

In addition to the above, the applicants have liaised with the following branches of Auckland Council;

1. ***Healthy Waters Team.*** This team was consulted in terms of preparing the stormwater mitigation and flooding and overland flow path analysis, as well as confirming the opinion on high contaminant generating car parking. This consultation was undertaken by the civil engineering consultants while they prepared their detailed report and plans.
2. ***Contamination Team.*** The contamination report included consultation with the contamination team at Auckland Council to determine any contamination records and any other concerns. This was undertaken by the contamination consultants while they prepared their detailed contamination report.
3. ***Watercare Services Limited.*** The Civil Engineers are speaking with Watercare Services Limited.
4. ***Auckland Transport.*** The Traffic Engineers have distributed their reporting to Auckland Transport for review and feedback.

Overall, the Auckland Council departments provided helpful feedback and information which has assisted in the preparation of the Private Plan Change request.

6.6 Neighbours

SCHL has liaised with adjacent neighbours on several occasions since June 2017 to convey the objectives of their intentions, gather any positive or negative feedback in order to understand the position of the neighbours and ensure their concerns have been addressed as far as practical.

Meetings have been held at the Brightside Hospital, with the neighbours on various dates while the development was being conceptualised and progressed into a comprehensive resource consent application.

The neighbours raised concerns at the meetings and by way of a follow up letter. While unlikely to be all encompassing, the concerns raised included;

- Zoning and overlay concerns,
- Protected Trees,
- Operational matters,
- Lighting Spill,
- Traffic, including Brightside Road being used as a short cut, on-street parking, traffic calming measures,
- Construction, including rock blasting/breaking and resultant effects on adjacent properties, noise, safety,
- Process: resource consent vs plan change.

This application and the accompanying specialist reports have sought to address the concerns of the neighbours as much as practical, noting that it has been expressed that they, “*doubt there is any development scenario that can successfully address the concerns short of simply retaining the status quo ...*” (Feedback Letter dated 10 Sept 2017). For the reasons outlined in this report and the specialist reports, maintaining the status quo is unable to be achieved given the growing and ageing population in Auckland.

Following a meeting at the hospital held on the 19th of September 2018, SCHL were provided with a list of questions that the neighbours requested answers to.

In response a comprehensive package of information was provided to the neighbour's group which included;

1. Development plans,
2. Traffic assessment,
3. A schedule of infringements to current zoning controls and other reasons for resource consent,
4. Answers to specific questions.

Consultation with the neighbour's group will continue as the Private Plan Change progresses.

6.7 *Mana Whenua*

Auckland Council have provided the Mana Whenua contact details for the relevant Mana Whenua Groups within the local area – Albert-Eden.

The relevant Mana Whenua groups were consulted on initially via email dated 17th September 2018 prior to lodgement of this plan change request. This contained information about the proposal including plans and an offer to meet onsite or other location if desirable.

<i>Mana Whenua Group</i>	<i>Feedback</i>
Ngati Paoa	Defer to other Mana Whenua groups
Ngati Whatua o Kaipara	Defer to Ngati Whatua Orakei
Ngai Tai Ki Tamaki Tribal Trust	No Objection
Ngāti Maru	No Response
Ngāti Tamaoho	No Response
Ngāti Tamaterā	No Response
Ngāti Te Ata	No Response
Ngāti Whātua Ōrākei	No Response
Te Ākitai Waiohua	No Response
Te Rūnanga o Ngāti Whātua	No Response
Waikato - Tainui	No Response

Further to this, we understand that Mana Whenua receive a weekly list of all applications lodged and are able to provide comment and feedback for inclusion into the consenting process.

We also note that they can participate through the formal submissions process and we would welcome any additional feedback from interested Mana Whenua groups should they wish to comment any further.

7.0 Conclusion

This report has been prepared in support of a Private Plan Change on behalf of Southern Cross Hospitals Limited to;

- Rezone 5245m² of land within the Southern Cross Hospitals Brightside Road Campus from Mixed Housing Suburban Zone to Healthcare Facility and Hospital Zone;
- Rezone 4028m² of land under the ownership of Southern Cross Hospitals Limited from Single House zone and Special Character Area – Residential Isthmus B to Healthcare Facility and Hospital Zone;
- The inclusion of a parking variation control requiring a minimum parking rate of 1 space per 64m² gfa.

Auckland's population is growing and ageing. As a result, SCHL need to expand their hospital operation at this location to deal with the increased demand on the surgical services they provide to the community. The current zoning applied to the existing hospital and the adjoining properties which SCHL owns, does not provide for this expansion. The proposed rezoning will provide for the expansion to the existing hospital and enable the efficient use and development of the hospital site for community health and wellbeing.

The existing Healthcare Facility and Hospital Zone recognises that there are a limited number of sites dedicated to Hospital Facilities. The nature of the zoning is usually a “spot zone” located among residential areas and these may be sensitive to the scale of buildings, intensity of use, and noise and lighting effects associated with such activities. Its application is used where the existing facilities are not appropriately enabled through their underlying zoning, which is the case here. The zone provides for the operation and development of Hospitals, while at the same time manages the bulk and location of development to control and minimise effects on the amenity of the surrounding environment.

Hospitals make a significant contribution to local, district and regional communities enabling them to provide for their social, economic wellbeing and their health. As a result of the growing and ageing population, their ability to operate efficiently and effectively is important as is their ability to expand to meet the increasing demands on the services they provide.

The rezoning will achieve the higher order Regional Policy Statement objectives and policies regarding social facilities (B2.8), urban growth and form (B2.2), quality-built



environment (B2.3), and transport (B3.3) among others. A wide range of specialist reports have been prepared in support of the rezoning and confirm that the rezoning will not result in significant environmental effects.

A Section 32 Report has been prepared and concludes that the proposed rezoning will more effectively and efficiently achieve the objectives of the Auckland Unitary Plan and the purpose of the Resource Management Act 1991, compared to the existing operative zonings.