

MERCY HOSPITAL DUNEDIN LIMITED PRIVATE PLAN CHANGE REQUEST

LANDSCAPE AND VISUAL EFFECTS ASSESSMENT REPORT

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6 JULY 2012



INTRODUCTION

- Mercy Hospital Dunedin Limited requests a Private Plan Change in relation to the landholding that accommodates Mercy Hospital in Maori Hill, Dunedin. I have been engaged to assess and report on the effects of the proposed Plan Change that relate to landscape and visual amenity issues.
- The relevant landholding (the site) is located at 72 Newington Avenue, is described as Part Section 8-10 Block I Deposited Plan 539, and takes in 4.2ha.
- The details of the proposed Plan Change are set out in the Private Plan Change Request document that this report is attached to. In summary, the proposed Plan Change seeks the rezoning of the site from Residential 1 Zone to Major Facilities (Mercy Hospital) Zone in order to provide for further limited development of the hospital activities. The proposed zone incorporates a structure plan that provides a specific activity area and height restrictions (i.e. a building envelope) within which the existing hospital buildings may be expanded. This building envelope is detailed in three dimensions in the Private Plan Change Request document. For reference, I attach a plan and three dimensional images of the building envelope (collectively known as the structure plan) that is sought to this report as Appendix 1.
- I understand that under the proposed zoning, hospital activities including buildings would be permitted within the specified building envelope. Outside this envelope, any building activities would require resource consent i.e. the proposed Plan Change would not enable anything outside of the building envelope that is not already enabled. Therefore, what must be considered in terms of landscape and amenity issues, are the effects of hospital activities and buildings within the building envelope that is sought.
- As discussed, full details are provided in the Private Plan Change Request document. By way of a brief description and with reference to Appendix 1, the proposed building envelope would provide for new built form:
 - i. along the northern half of the western elevation of the hospital that would effectively fill in much of the space between the main hospital building and the Marinoto Clinic wing. This built form could be up to the current height of the Marinoto Clinic, as can be seen on the appended north-west 3D image, and would occupy space that is



currently garden and part of a paved entry area. I shall refer to this built form as the northwestern built form;

- ii. at the southwestern corner of the existing hospital building, closest to the historic convent building in an area that is currently garden and paved utility space. The height of building that is provided for here is stepped, as can be seen the appended north-west 3D image. I shall refer to this built form as the southwestern built form;
- iii. along the eastern elevation of the existing hospital building from the southeastern corner to approximately three quarters of the way along this elevation, so as to envelope a smaller existing module of built form as can be seen on the appended north-east 3D image. This area is currently used for car-parking/delivery/utility space. The height of building that is provided for is aligned with the existing southern end of the hospital building and hence is lower than the main roof. I shall refer to this built form as the eastern built form;
- iv. to accommodate lifts and stairs in the area of the external corner between the Marinoto Clinic and the main hospital building as can be seen on the appended north-east 3D image. This area is currently used for car-parking. Building in this area would be provided for up to the full height of the roof of the existing hospital building. I shall refer to this built form as the northeastern built form;
- v. along the northeastern elevation of the Marinoto Clinic wing up to two thirds of the height of the existing building as can be seen on the appended north-east 3D image. This area is currently used for car-parking. I shall refer to this built form as the northern built form.
- For ease of reference, I have labelled the various areas of built form on the plan that forms the first page of Appendix 1.
- This assessment has been prepared after a number of visits to the site and the surrounding area. In conducting my assessment, I have not visited private properties or dwellings and therefore, the effects of the proposed Plan Change in relation to the landscape and amenity experience that is had from individual private properties will not be referred to in detail. I



understand that consultation with the public and the local community has taken place and that ultimately the private Plan Change request will be subject to public notification.

THE EXISTING ENVIRONMENT AND THE GUDANCE PROVIDED BY THE DISTRICT PLAN

- The site is shown on the plan that forms Appendix 2 to this report and is comprised of 4.2 hectares of land that slopes variably from Burwood Avenue and Grendon Street in the north down to the southeastern point of the site, adjacent to Newington Avenue, in the south. The site accommodates the main hospital building, the Marinoto Clinic, the historic convent building (Marinoto House) and the Mercy Care building, as well as internal roading and various car-parking areas.
- An important aspect of the site is its vegetation and landscape treatment. As is indicated on Appendix 2, much of the site (particularly its southern and eastern parts) accommodates dense and mature gardens and many very large trees. 18 of these trees are Significant Trees in terms of the Dunedin City District Plan and are given some protection as such. The size of the site and its gardens that were originally established in the 19th Century give it uniqueness. In an overall sense, the site has a leafy and somewhat enclosed character reminiscent of a very mature city park. This character can be appreciated from within the site but also by looking into it from neighbouring properties or roads.
- At a broader scale, the site is located centrally within the Maori Hill suburb but separated from the main thoroughfare of Highgate. Maori Hill in general is a particularly mature area of Dunedin that features many very well established properties and mature gardens. As can be seen on Appendix 3, to the southeast of the site runs the town-belt area that separates Maori Hill from Dunedin City proper. The town-belt takes the form of dense, mature tree cover.
- 11 Regarding the manner in which landscape is valued by the Dunedin community, the Dunedin City District Plan (the Plan) is of guidance as follows:
 - In a very general sense, Sections 4.2 and 4.3 of the Plan set out that amenity values and significant resources are valued, including Landscape Areas and Significant Trees;

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¹ Dunedin City District Plan, provisions 4.2.1, 4.3.1 and 4.3.4.



- ii. Section 8 of the Plan sets out the community's aspirations regarding amenity in residential zones. Notwithstanding that it is proposed to change the residential zoning of the site itself, these provisions describe what the community expects in relation to amenity that is experienced from residential land, such as that which surrounds the site. It is stipulated that amenity should be maintained or enhanced and recognises that non-residential activities such as community support activities, can contribute to this².
- iii. Section 13 of the Plan sets out expectations in relation to the townscape, including the importance of some open spaces such as the Urban Landscape Conservation Areas³. As can be seen on Appendices 2 and 3, the town-belt (Urban Landscape Conservation Area 01) takes in part of the site itself, but this part is not proposed to be affected by the Plan Change in any way.
- iv. Section 14 of the Plan deals with landscape issues throughout the Dunedin City District. The maintenance and enhancement of the landscape quality is an important issue and development that integrates with existing landscape character is encouraged⁴.
- v. Through Section 15 of the Plan, the community recognise that trees can contribute to the amenity that observers experience and particularly significant trees are listed and given some protection in this regard⁵. The site contains 18 such trees and the Plan Change does not propose to affect these.
- Regarding landscape values, I consider that it can be concluded from the above that in a broad sense the community value the amenity that is experienced in the residential areas of the city and seek that this is maintained and enhanced. The community particularly value the contribution that the relevant Urban Landscape Conservation Area and Significant Trees make to amenity.

 $^{^2}$ lbid, provisions 8.1.1, 8.1.5, 8.2.1, 8.2.5, 8.2.7, 8.3.1, 8.3.10 and 8.3.12.

³ Ibid, provisions 13.1.1, 13.2.1, 13.2.4 and 13.3.1.

⁴ Ibid, provisions 14.2.3, 14.2.4 and 14.3.4.

⁵ Ibid, provisions 15.1.1, 15.2.1, 15.2.2, 15.3.1, 15.3.2.



THE LANDSCAPE AND AMENITY RELATED EFFECTS OF THE PROPOSED PLAN CHANGE

- Regarding the potential for the activities enabled by the proposed Plan Change to affect amenity and landscape appreciation, the vicinity from which these effects are potentially perceivable is shown on Figure 3. For purposes of discussion, observers that have the potential to be affected can the categorised into the following groups:
 - i. Observers to the south and southwest of the site;
 - ii. Observers to the northwest of the site;
 - iii. Observers to the north, northeast and east of the site.
- Essentially, the proposed Plan Change will enable an expansion of built form in accordance with the structure plan and height restrictions. What must be assessed is whether or not an observer will perceive this expansion and, if so, whether or not the expansion will adversely affect the character and quality of amenity that that observer experiences. I will discuss this in relation to the observers referred to above in the following paragraphs.

Observers to the south and southwest of the site

- The area to the south and southwest of the site from which the activities that would be enabled by the proposed Plan Change are potentially perceivable consists approximately of the land bounded by Wallace Street, Pacific Street, Highgate and the site itself. Moving southwest from the site, topography rises to Claremont Street and then begins to fall. Consequently, further southwest than Claremont Street, there is likely to be no visibility of the proposed activities, except from higher buildings.
- More specifically, regarding visibility from this area of built form that would be enabled by the proposed Plan Change:
 - i. There is no potential visibility from Wallace Street or immediately adjacent properties;
 - ii. Pacific Street and the land on either side of it is topographically lower than the site and the site is consequently screened from this area. There may be some visibility



from dwellings and other buildings in the vicinity of the intersection of Pacific Street and Highgate but there is no visibility from the public roads in this area;

- iii. There is no visibility from Highgate and immediately adjacent properties although there may be visibility from high parts of the dwellings in the block between Highgate, Maheno and Claremont Streets;
- iv. There is no visibility from Lynwood Avenue or immediately adjacent properties;
- v. There is difficult visibility from the public road of Claremont Street between dwellings.

 There is likely to be visibility from parts of dwellings and properties between

 Claremont Street and Newington Avenue. An indicative view is shown in Photograph

 1 below;
- vi. There is visibility from Newington Avenue and the properties to its immediate southwest. However from the lower part of Newington Avenue (approximately east of Hamel Street) visibility is lost due to topography.
- As alluded to above, the Maori Hill area in general is a particularly mature and established residential area. Consequently, even from areas where topography would allow direct views into the site, the many high and mature trees and buildings of the area often block visibility and mean that an observer's views are particularly short; the immediate area around him forming his visual environment. Also the dense, mature and varied vegetation within the site itself often considerably blocks visibility.
- In summary of the above, I consider that from public places, visibility of built form that would be enabled by the proposed Plan Change will be of a particularly low degree; it will be difficult to notice. More direct visibility of the upper parts of the existing hospital buildings and of the proposed northwestern, south western, and perhaps the top of the northeastern built form will be available from parts of the private dwellings and properties between Claremont Street and Newington Avenue, on both sides of Hamel Street.
- Regarding the effect of the potential new built form on the amenities and landscape appreciation that is currently had from the private properties referred to in the previous paragraph, I note that the new built form will not significantly increase the bulk or height of the existing hospital buildings in these views. Its appearance may change but it will not take up



any more space in these views than it currently does; i.e. the hospital building will not become a more dominant element in these views than it currently is. The views will remain quite complex and busy, made up of many varied elements. I also note that perhaps the most important and enjoyed views from these properties are to the east and southeast, towards the harbour. Generally, I consider that the effect of the built form that would be enabled by the proposed Plan Change on these properties will be of a low degree.



Photograph 1: towards the hospital building from the top of Hamel Street. Part of the grey roof of the convent building can be seen through the dense trees of the site.

Observers to the northwest of the site

The area to the northwest of the site from which the activities that would be enabled by the proposed Plan Change are potentially perceivable consists approximately of the land bounded by Newington Avenue, Highgate, Grendon Street and the site itself. This area is topographically higher than the site and is relatively flat. Consequently, moving away from the site towards Highgate, potential visibility of the proposed activities becomes blocked by the many dwellings and trees within the area.



- 21 More specifically, regarding visibility from this area of built form that would be enabled by the proposed Plan Change:
 - i. There is no potential visibility from Highgate or adjacent properties to its southeast;
 - ii. There is visibility from the part of Burwood Avenue that immediately adjoins the site and from approximately the southern half of the part that then ascends towards Highgate;
 - iii. There is some potential visibility from high parts of dwellings within approximately the southern half of the block that sits between Burwood and Newington Avenues. Indicative views are shown in Photographs 2 and 3 below;
 - iv. There is some potential visibility from high parts of dwellings within approximately the southern half of the block that sits between Burwood Avenue and Grendon Street.
- Again, the area described above is densely filled with buildings and mature trees, and consequently potential views are often blocked.



Photograph 2: towards the hospital building from the part of Burwood Avenue that is adjacent to Newington Avenue. The brown roof of the Marinoto Clinic can be seen with the higher roof of the main hospital building above it and to the right.



In relation to public views from this area, plain views are available from the part of Burwood Avenue that immediately adjoins the site and from approximately the southern half of the part that then ascends towards Highgate. In these public views the northwestern built form and perhaps the top of the northeastern built form will be seen. As can be seen in Photographs 2 and 3, existing built form will act as an immediate backdrop to new built form that would be enabled by the proposed Plan Change, with the possible exception of the top of the proposed northeastern built form. Again, while the appearance of the buildings may change in these public views, their visual bulk will change very little. New built form will not block any currently available view and in both the existing and proposed situations the character of the visible building will remain the same, i.e. a hospital building. I do not consider that there will be any effect on the amenity or landscape appreciation that is experienced from these locations that is of a significant degree.



Photograph 3: towards the hospital building from the part of Burwood Avenue that ascends towards Highgate. The main hospital building forms a backdrop to the Marinoto Clinic.

In relation to the views from private land set out in points iii and iv above, any views that are available will be of approximately the same orientation as those depicted in Photographs 2 and 3. In some cases a viewer will be more elevated, i.e. at a window on the upper storey of a dwelling. While I cannot comment on specific views or specific private properties, it again



appears that the visual bulk of the hospital building, and therefore its relative significance in the view, will not significantly increase. Consequently, it appears that any effect on amenity or landscape appreciation will be of a low degree.

Observers to the north, northeast and east of the site

- The area to the north, northeast and east of the site from which the activities that would be enabled by the proposed Plan Change are potentially perceivable consists approximately of the land that lies between Drivers Road and the site itself including the properties on either side of Grendon Street and Tolcarne Avenue. Obviously as one moves away from the site intervening buildings and trees have more of a blocking effect, so properties on the southwestern side of Grendon Street will have the most opportunity to see any new built form.
- More specifically, regarding visibility from this area of built form that would be enabled by the proposed Plan Change:
 - i. There is limited potential visibility from Drivers Road. This currently amounts to very brief glimpses of the roofline of the main hospital building through the gaps between dwellings. It is possible that the eastern built form will be visible in these views (although it may be too low) as well as the top of the northeastern built form;
 - ii. There is potential visibility from the upper (northern) part of Brent Street and from much of Baxter Street. Again, current visibility is of the upper part of the main hospital building;
 - iii. There is difficult intermittent visibility from Grendon Street through gaps between dwellings and vegetation. An indicative view is shown in Photograph 4 below;
 - iv. There is likely to be visibility from many of the dwellings between the site and Grendon Street;
 - v. There is likely to be visibility from properties between the site and Tolcarne Avenue including from parts of the St Hilda's school property;



vi. There is likely to be some visibility from some properties between Grendon Street/Tolcarne Avenue and Drivers Road.



Photograph 4: towards the hospital building from the part of Grendon Street where vacant land adjoins the street allowing a view into the site. The upper part of the main hospital building can be seen through the trees of the site.

- In views listed above, potential visibility of new built form enabled by the proposed Plan Change will be of the upper parts of the proposed eastern, northern and northeastern built form.
- In relation to the public views that are potentially available from Drivers Road, I consider that the changes that would be brought by the proposed Plan Change will be difficult to see. In practical terms, the proposed eastern and northern built form would be either invisible or almost so. The top of the northeastern built form may be visible but, in any event, the glimpses to the site that are potentially available are, in fact, hard to gain. I consider that from Drivers Road any effects in relation to amenity will be negligible.
- From the parts of Brent and Baxter Streets described above, the current main hospital building forms a somewhat more significant element in the views. It appears that the proposed northern and eastern built form would be visible but the existing hospital building would form an immediate backdrop to it. The visual bulk or roofline of the building would not change from the existing situation and hence I consider that any effects would be of a slight degree at worst. The proposed northeastern built form may be visible as an element that breaks the existing roofline of the hospital building but only in a particularly confined way. The overall composition of views will change very little.



From Grendon Street, views of the existing hospital building are difficult to gain for a member of the public using this street. The best visibility from this street is shown in Photograph 4 which is taken from the location where a part of the Mercy Hospital land abuts Grendon Street. This area of land is vacant and hence relatively good visibility into the site is available. Visibility is considerably less from other parts of Grendon Street; brief glimpses of parts of the roof of the hospital building being intermittently available from the public road between adjacent dwellings and vegetation. It appears that in these glimpses that are intermittently available from the street, the proposed eastern and northern built form will be either invisible (i.e. too low to come into the field of view) or will be very slightly visible. The proposed northeastern built form will be more visible but is a relatively small element. I consider that very few users of this street would observe the Mercy Hospital site with sufficient attention to notice the changes that would result from the proposed Plan Change. The amenity that is enjoyed by users of this street will remain practically identical whether the proposed Plan Change proceeds or not.

Regarding the views from private land that is set out under points iv, v and vi above, the degree of visibility will vary. Most visibility will be available from the properties to the southwest of Grendon Street/Tolcarne Avenue, and then visibility will reduce as one moves across Grendon Street and towards Drivers Road. Visibility will also be dependent upon the orientation and height of individual dwellings on these properties from which the site may be viewed. From properties to the northeast of Grendon Street/Tolcarne Avenue, I consider that any additional built form that would be visible as a result of the proposed Plan Change will represent a very minor alteration to the composition of the views that are currently enjoyed. The visible changes will be of a similar nature to those described above in relation to Brent, Baxter and Grendon Streets.

From properties to the southwest of Grendon Street/Tolcarne Avenue, a clearer and closer view into the site is available. While the dense vegetation of the site visually softens and partially screens built form, the existing buildings of the site are likely to be readily apparent elements in views to the south and southwest from a number of dwellings in this area. Again, since the proposed northern and eastern built form will be lower than the existing building, this new built form will not increase the visual bulk of the existing building. It will not screen or block any existing views. The proposed northeastern built form will potentially rise above the



existing roofline in views from some dwellings but again, it would appear that this will amount to a relatively slight alteration to the composition of views. Without examining specific views from private dwellings in detail, I consider that the overall effect of the proposed Plan Change on the amenity that is available from these properties will be of a low degree.

CONCLUSIONS

- The proposed Plan Change will enable an expansion of the built form of the existing hospital operation within a specific building envelope. If perceivable, new built form has the potential to affect the character of views, and therefore the amenity, of observers in public and private areas that surround the site.
- For observers in the area to the south and southwest of the site, there is some limited visibility of the proposed building envelope from the public places of Claremont Street, Hamel Street and Newington Avenue, however, new built form within this envelope would have only slight effects in relation to amenity. There is likely to be clearer visibility of the building envelope from parts of private properties and dwellings between Claremont Street and Newington Avenue, but again, new built form will not significantly increase the bulk or height of the existing hospital buildings. Generally, I consider that the effect of the proposed Plan Change on these properties will be of a low degree.
- For observers in the area to the northwest of the site, there is public visibility of the proposed building envelope from Burwood Avenue, however, again, new built form will change the visual bulk of the hospital buildings to a slight degree only and consequential amenity effects will also be slight. Clearer views are likely to be available from private properties adjacent to Burwood Avenue although it appears that the overall effect on the composition of views and the amenity that they provide will remain of a low degree.
- For observers to the north, northeast and east of the site, there is public visibility of the proposed building envelope from Brent, Baxter and Grendon Streets. Visibility is difficult from Grendon Street and consequently potential amenity effects are particularly limited. From Brent and Baxter Streets, visibility of the proposed building envelope is likely to be somewhat clearer and the proposed northeastern area of built form may break the line of the roof of the



existing building, however, the hospital buildings are a relatively peripheral element in these views and amenity of observers will not change to any major degree. Private views will again be clearer, particularly from dwellings on the southwestern side of Grendon Street. Without reference to individual private views, it seems that amenity effects will remain of a low degree.

Ben Espie VIVIAN + ESPIE 6 July 2012.

ATTACHED APPENDICES:

- 1 PLAN AND 3 DIMENSIONAL IMAGES OF PROPOSED BUILDING ENVELOPE (THE PROPOSED STRUCTURE PLAN)
- 2 THE SITE LOCATED ON AN AERIAL PHOTOGRAPH
- 3 THE VICINITY OF THE SITE