



SECTION 42A REPORT

Hospital Special Purpose Zone

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Appendix 1.1: Recommended amendments to the Hospital SPZ chapter

Appendix 1.2: Recommend amendments to the Interpretation chapter

Appendix 2: Recommended decisions on submissions to the Hospital SPZ chapter

Table 1: List of Submitters and Abbreviations of Submitters' Names

Submitter Number	Abbreviation	Full Name of Submitter
S42	Te Whatu Ora	Te Whatu Ora - Health New Zealand, Te Tai Tokerau
S512	FENZ	Fire and Emergency New Zealand
S454	Transpower	Transpower New Zealand Limited
S482	Heavy Haulage Assoc Inc	House Movers Section of New Zealand Heavy Haulage Association Inc
S516	Ngā Tai Ora	Ngā Tai Ora - Public Health Northland
S555	NKoNHCT	Ngā Kaingamaha o Ngāti Hine Charitable Trust

Table 2: Other abbreviations

Abbreviation	Full Term
BOI Hospital	Bay of Islands Hospital Kawakawa
FNDC	Far North District Council
Rawene Hospital	Hokianga Health Rawene Hospital
NPS	National Policy Statements
NPS-HPL	National Policy Statement for Highly Productive Land 2022
NPS-IB	National Policy Statement for Indigenous Biodiversity 2023
NZCPS	New Zealand Coastal Policy Statement 2010
ODP	Operative Far North District Plan 2009
PDP	Proposed Far North District Plan 2022
Hearings Panel	Proposed District Plan Hearings Panel
NRP	Regional Plan for Northland 2024
RPS	Regional Policy Statement for Northland 2016
RMA	Resource Management Act 1991
SNZ PAS 4509:2008	SNZ PAS 4509:2008 New Zealand Fire Fighting Water Supplies Code of Practice



1 Executive summary

1. The Far North Proposed District Plan (PDP) was publicly notified in July 2022. The Hospital Special Purpose Zone (Hospital SPZ) chapter is located in the in Part 3 (Area-Specific Matters) and is one of 12 Special Purpose Zone chapters within the PDP.
2. There are nine original submissions and six further submissions on the Hospital SPZ. Most of the original submissions support the provisions either in full or in part, with only one original submission in opposition (seeking the deletion of a rule). Te Whatu Ora - Health New Zealand, Te Tai Tokerau (Te Whatu Ora), is the primary original submitter, seeking a range of amendments to ensure that the Hospital SPZ is fit for purpose, both now and for future development of hospitals in the Far North District. There are also some general plan-wide submissions (e.g. provision for emergency facilities, generic visitor accommodation rules) on the Hospital SPZ that seek a range of amendments.
3. The key themes in submissions on the Hospital SPZ are:
 - a) The need to better support the future redevelopment of hospital sites, both in terms of the scale of permitted development and the range of anticipated activities.
 - b) A range of plan wide submissions requesting amendments to provisions, such as rules and standards applying to visitor accommodation, emergency services, relocatable buildings and the National Grid.
4. This report has been prepared in accordance with section 42A of the Resource Management Act 1991 (RMA) and outlines recommendations in response to the issues raised in submissions. This report is intended to assist the Hearings Panel to make recommendations for decisions on the submissions and further submissions on the Hospital SPZ chapter in the PDP, and to provide submitters with an opportunity to see how their submissions have been evaluated and responded to prior to the hearing.
5. The key changes recommended in this report relate to:
 - a) Inclusion of two new definitions for 'Hospital' and 'Hospital related activities'; and
 - b) Amendments to HOSZ-S1 and HOSZ-S3 to better enable the redevelopment of hospital buildings and efficient use of land within Hospital SPZ.



2 Introduction

2.1 Author and qualifications

6. My full name is Jerome Wyeth. I am a Technical Director – Planning at SLR Consulting based in Whangarei.
7. I hold the qualification of Bachelor of Science (Geography) and Masters of Science (Geography), with First Class Honours. I am a Full member of the New Zealand Planning Institute.
8. I have over 20 years of experience in resource management and planning with roles in central government, local government and the private sector. My primary area of work is policy planning for local and central government, and I am the New Zealand Policy Portfolio Lead at SLR Consulting. I have worked on a number of district and regional plans at various stages of the RMA Schedule 1 process and have prepared planning evidence for local authority and Environment Court hearings on a range of resource management issues.
9. I have been closely involved in the development and implementation of numerous national direction instruments under the RMA (national policy statements and national environmental standards), from the policy scoping stage through to policy decisions and drafting, the preparation of section 32 evaluation reports and implementation guidance. This includes close involvement in national direction instruments relating to highly productive land, climate change, renewable electricity generation and transmission, indigenous biodiversity and plantation forestry.
10. I have been working with the Far North District Council (FNDC) on the PDP since 2021. My involvement in the PDP initially involved refining certain chapters in response to submissions on the draft district plan and preparing the associated section 32 evaluation reports. I was then involved in leading others PDP topics and undertaking a consistency/quality assurance review of the plan prior to notification working closely with the FNDC team. Since mid-2023, I have been working with the FNDC PDP team analysing submissions and am the reporting officer for a number of PDP topics.
11. In 2021, SLR Consulting (then 4Sight Consulting) was engaged by FNDC to help prepare the Hospital SPZ chapter and associated section 32 evaluation report prior to notification. Although one of my SLR colleagues was responsible for the preparation of these documents, I was involved in the review of the Hospital SPZ chapter as part of the wider consistency/quality assurance process. The Hospital SPZ was managed by an in-house FNDC planner from notification through to April 2024 when it was reallocated to me. As such, I have some background in the development of the chapter, the three hospital sites that the zone applies to and the general intent of the Hospital SPZ provisions.

2.2 Code of Conduct

12. I confirm that I have read the Code of Conduct for Expert Witnesses in the Environment Court Practice Note 2023 and that I have complied with it when preparing this report. Other than when I state that I am relying on the advice of another person, this evidence is within my area of expertise. I have not omitted to consider material facts known to me that might alter or detract from the opinions that I express.
13. I am authorised to give this evidence to the Hearings Panel on Council's behalf.

3 Scope/Purpose of Report

14. This section 42A report relates to Hearing Stream 2 – Hospital SPZ. It has been prepared in accordance with Section 42A of the RMA to:
 - a. Assist the Hearings Panel in their role as independent commissioners making recommended decisions to Council on the submissions and further submissions on the PDP Hospital SPZ; and
 - b. Provide submitters with information on how I have evaluated their submission points and the basis of my recommendations to the Hearings Panel, prior to the hearing.
15. This report responds to submissions on the Hospital SPZ provisions in the PDP.

3.1 Overview of the Hospital Special Purpose Zone

16. There are three sites in the Far North District that are within the Hospital SPZ shown in Figure 1 to Figure 3 below. Note of these sites are designated in the PDP.



Figure 1: Bay of Islands Hospital in Kawakawa (BOI Hospital) on Hospital Road

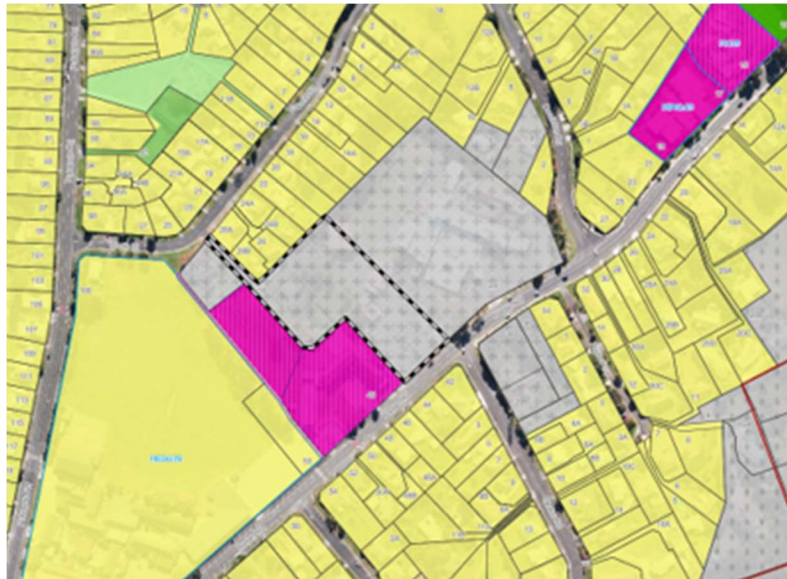


Figure 2: Kaitaia Hospital at 29 Redan Road.



Figure 3: Hokianga Health Rawene Hospital (Rawene Hospital) at 163 Parnell Street.

17. FNDC has responsibilities under the RMA and RPS to protect regionally significant infrastructure. Public hospitals are recognised as regionally significant infrastructure within the RPS and PDP and the PDP introduces the Hospital SPZ for public hospitals to provide clear direction as to the range of activities anticipated within the zone and the built form permitted for hospital buildings and structures.
18. The Hospital SPZ includes bespoke provisions to support the specific needs of public healthcare facilities, including:
 - a. Enabling hospital and hospital related activities and visitor accommodation ancillary to hospital activities as permitted activities.
 - b. Enabling supported residential care activities as restricted discretionary activities.



- c. Discretionary activity rules for non-hospital related activities that are either not compatible with the purpose of the Hospital SPZ or are more appropriately located in other zones.
- d. Managing the bulk and location of buildings and structures to ensure that the potential adverse effects of built form within the zone do not adversely affect the amenity values and character of the surrounding locality. This includes standards controlling maximum height of buildings and structures, height in relation to boundary, boundary setbacks, and outdoor storage and rubbish collection areas.

3.2 Rezoning requests

- 19. I am aware of the following requests from Te Whatu Ora (S42) to either include additional land within the Hospital SPZ or rezone private land that is currently incorrectly mapped as being within the Hospital SPZ. These requests are as follows:

Rawene Hospital

- a. Include two additional properties on De Thierry Street (being Lot 1 DP 65762 and Pt Lot 1 DP 36075) within the Hospital SPZ. These properties are located to the east of Rawene Hospital on the opposite site of Rawene Rd and are zoned Mixed Use and General Residential in the PDP respectively.

BOI Hospital

- b. Include two additional properties to the north of BOI Hospital (being vacant Part Section 13 Block XVI Kawakawa Survey District and Lot 1 DP 79488) within the Hospital SPZ. These properties are zoned General Residential in the PDP.
- c. Remove two private properties from the Hospital SPZ at 17 and 21 Hospital Road (being Lot 1 DP 63855 and Part Allotment 20 Suburbs of Kawakawa). These properties are zoned Commercial under the ODP and appear to have been included in the Hospital SPZ in error.
- d. Remove the Ministry of Education property at 19 Hospital Road (being Lot 2 DP 63855) from the Hospital SPZ. This property is zoned Commercial under the ODP and appears to have been included in the Hospital SPZ in error.

- 20. The above submission points will be addressed as part of the rezoning hearing (Hearing Stream 19), currently scheduled for August 2025. This will enable full consideration of these rezoning requests and relevant submitter evidence in conjunction with other rezoning requests.



3.3 Consequential amendments

21. The PDP will provide consistent, District-Wide setbacks from MHWS in the Coastal Environment chapter, and consistent setbacks from rivers, lakes and wetlands in the Natural Character chapter. All submissions relating to setbacks from MHWS are being considered in the Coastal Environment topic, as discussed and agreed to by the reporting officers. This is not applicable to the Hospital SPZ as no MHWS setbacks were included in the notified version of the chapter. However, for consistency with other zone chapters, a consequential amendment is required to Advice Note 2 above the Rules table for integration and consistency with recommendations in the Coastal Environment and Natural Character topics as follows:

"This zone chapter does not contain rules relating to setbacks to waterbodies and MHWS for buildings or structures or setbacks to waterbodies and MHWS for earthworks and indigenous vegetation clearance. The Natural Character chapter contains rules for activities within wetland, lake and river margins and the Coastal Environment chapter contains rules for activities within the coastal environment. The Natural Character chapter and the Coastal Environment chapter should be referred to in addition to this zone chapter."

22. An amendment to the note in HOSZ-R1 is also required as follows:

Note: Where located adjacent to a wetland, lake and river margins refer to Natural character chapter and where located adjacent to MHWS refer to Coastal Environment chapter.

3.4 Clause 16 amendments

23. Separate to the section 42A report recommendations in response to submissions, Council is making a number of Clause 16(2) amendments to the PDP to achieve consistent formatting of rules and standards, including inserting semi colons between each standard, followed by "and" after the second to last standard (where all of the standards must be met to comply) or "or" after the second to last standard (when only one of the standards must be met to comply). These changes are neutral and do not alter the effect of the rules or standards, they simply clarify the intent. The Clause 16 corrections are reflected in Appendix 1.1 and 1.2 to this Report (Officer's Recommended Provisions in response to Submissions).

4 Statutory Requirements

4.1 Statutory documents

24. I note that the section 32 evaluation report for the Hospital SPZ provides a summary of the relevant statutory considerations applicable to this topic. This includes a summary of the relevant provisions in Part 2 of the RMA, the National Planning Standards and the RPS. As such, it is not necessary to repeat the detail of that statutory assessment within this report. However,



it is important to highlight where relevant higher order documents have changed since notification of the PDP.

4.1.1 Resource Management Act reforms

25. On 19 December 2023 the coalition Government repealed the Natural and Built Environment Act 2023 and Spatial Planning Act 2023. The Government has indicated that the RMA will also be repealed, with work on its replacement legislation to begin in 2024.
26. The Government has indicated that new legislation will be introduced into parliament in the current term of government (i.e. before the next general election in 2026). At the time of writing, details of the new legislation and its timing are unknown. The RMA continues to be in effect until any potential replacement legislation is enacted.

4.1.2 National Policy Statements

4.1.2.1 New Zealand Coastal Policy Statement

27. Section 75 of the RMA requires that a District Plan must give effect to the New Zealand Coastal Policy Statement (NZCPS). I note that Rawene Hospital is located within the coastal environment and is subject to the Coastal Environment overlay in the PDP and associated provisions in the Coastal Environment chapter.
28. Submissions on the Coastal Environment chapter will be considered separately by the Hearings Panel in Hearing 4, currently scheduled for August 2024. The interplay between the Coastal Environment provisions and how they apply to urban zones (including the Hospital SPZ) will therefore be considered in Hearing 4.

4.1.2.2 National Policy Statement Gazetted since Notification of the PDP

29. The PDP was prepared to give effect to the National Policy Statements (NPS) that were in effect at the time of notification (27 July 2022). As District Plans must be "prepared in accordance with"¹ and "give effect to"² a National Policy Statement, the implications of the relevant NPS on the PDP must be considered.
30. The National Policy Statement for Indigenous Biodiversity (NPS-IB) came into effect on 4 August 2023, after the PDP was notified for public submissions (27 July 2022). Similarly, the National Policy Statement for Highly Productive Land (NPS-HPL) came into effect post-notification of the PDP on 17 October 2022.

¹ Section 74(1)(a) of the Resource Management Act 1991

² Section 75(3)(a) of the Resource Management Act 1991



31. Although the BOI Hospital site contains some tracts of indigenous vegetation, the intent is that the PDP will give effect to the NPS-IB as appropriate and within scope through the Ecosystems and Indigenous Biodiversity chapter, as opposed to the Hospital SPZ provisions. The NPS-HPL is not applicable to the Hospital SPZ as is excluded from the transitional definition of highly productive land under Clause 3.5(7)(b)(ii) of the NPS-HPL as the land was subject to a notified plan change to rezone this land to urban³ when the NPS-HPL came into effect. As neither of these NPS are directly relevant to the Hospital SPZ chapter provisions, the statutory context set out in the section 32 report for the Hospital SPZ contains an accurate summary of relevant NPS in my view and is not repeated here.

4.1.2.3 National Policy Statements – Announced Future Changes

32. In October 2023 there was a change in Government and several announcements have been made regarding future amendments to, or replacement of, seven National Policy Statements (affecting the National Policy Statements for Freshwater Management, Indigenous Biodiversity, Urban Development, Renewable Electricity Generation, Electricity Transmission and Highly Productive Land and Natural Hazards). None of the potential changes to NPS are of particular relevance to the Hospital SPZ.

4.1.3 National Environmental Standards

33. The only national environmental standards likely to be applicable to hospital activities are the 'Resource Management (National Environmental Standards for Air Quality) Regulations 2004', in that they control discharges to air from mortuaries. As regional councils and unitary authorities are responsible for managing air quality and environmental discharges under the Resource Management Act, these standards have not been considered in drafting of the Hospital SPZ in the PDP or the consideration of submissions below.

4.1.4 National Planning Standards

34. The PDP must give effect to the National Planning Standards. The National Planning Standards enable district plans to use special purpose zoning to provide targeted provisions to manage hospitals and hospital related activities. The zone framework standard⁴ outlines eight standard special purpose zones, including a Hospital SPZ which is described as:

Areas used predominantly for the operation and development of locally or regionally important medical, surgical or psychiatric care facilities, as well as health care services and facilities, administrative and commercial activities associated with these facilities.

³ The definition of urban zones in Clause 1.3 of the NPS-HPL includes special purpose zones (excluding Māori Purpose Zone).

⁴ Zone Framework Standard 8.3.



35. The PDP has applied the Hospital SPZ to the three public hospitals in the Far North District:
- a. BOI Hospital
 - b. Kaitaia Hospital
 - c. Rawene Hospital.
36. I consider that all three of these sites meet the intended purpose of the Hospital SPZ as set out in the National Planning Standards as they are all regionally important facilities that provide important medical, surgical and (in some cases) psychiatric care facilities as well as wider healthcare, administrative and commercial activities associated with the core hospital function.

4.1.5 Treaty Settlements

37. Since notification of the PDP, there have been no further Deeds of Settlement signed in the Far North District to settle historic Treaty of Waitangi Claims against the Crown.

4.1.6 Iwi Management Plans – Update

38. Section 74 of the RMA requires that a local authority must take into account any relevant planning document recognised by an iwi authority and lodged with the territorial authority.
39. When the PDP was notified in July 2022, Council had 14 hapū/iwi management planning documents which had been formally lodged with Council, as listed in the PDP section 32 overview report⁵. Council took these management plans, including the broader outcomes sought, into account in developing the PDP. Of the 14 hapū/iwi management planning documents, two have been revised since notification of the PDP –
- a. Ngā Tikanga mo te Taiao o Ngāti Hine' the Ngāti Hine Environmental Management Plan
 - b. Ahipara Takiwā Environmental Management Plan
- Ngā Tikanga mo te Taiao o Ngāti Hine' the Ngāti Hine Environmental Management Plan
40. Ngā Tikanga mo te Taiao o Ngāti Hine' the Ngāti Hine Environmental Management Plan was in draft form at the time of the notification of the PDP. This was updated, finalised and lodged with the Council in 2022, after notification of the PDP in July 2022. In respect of the Hospital SPZ chapter, the potential effects of hospitals on Ngāti Hine's values are not specifically referred to or addressed in the Environmental Management Plan. However,

⁵ [section-32-overview.pdf \(fndc.govt.nz\)](https://fndc.govt.nz/section-32-overview.pdf)



the current 2022 version does identify issues and policies relating to population growth (section 3.8), including policy 3 as follows:

Ngāti Hine supports planning initiatives which will ensure that development of urban centres is in a manner and at a rate which ensures adequate infrastructure is in place before development occurs.

Ahipara Takiwā Environmental Management Plan

41. The Ahipara Takiwā Environmental Management Plan was updated in 2023, after notification of the PDP in July 2022. The current 2023 Environmental Management Plan identifies four underpinning values, including Te Ohanga/Social (refer to section 2.5). In particular, "*Social investment is required to improve the outcomes for our people*".
42. While the effects of hospitals on Ahipara Takiwā's values is not specifically referred to or addressed in the Environmental Management Plan, the current 2023 version identifies issues relating to population growth and movement, including a policy in section 4.2 as follows:

Ngā Hapū o Ahipara supports planning initiatives which will ensure that development of residential areas is in a manner and at a rate which ensures adequate infrastructure is in place before development occurs. Ongoing meaningful discussion and consultation with Ngā Marae o Ahipara from any groups, entities throughout any processed f development is a requirement Ngā Hapū o Ahipara has.

43. At the time of writing this report, FNDC anticipates that the Patukeha Iwi/Hapu Management Plan will be finalized in June 2024. The Hearings Panel will be required to take this into consideration in their recommendations to Council.

4.2 Section 32AA evaluation

44. This report uses 'key issues' to group, consider and provide reasons for the recommendations on submissions. Where material changes to the provisions of the PDP are recommended, these are to be evaluated in accordance with section 32AA of the RMA.
45. Where applicable, the section 32AA further evaluation for each key issue considers:
 - a. Whether the amended objectives are the best way to achieve the purpose of the RMA.
 - b. The reasonably practicable options for achieving those objectives.
 - c. The environmental, social, economic and cultural benefits and costs of the amended provisions.



- d. The efficiency and effectiveness of the provisions for achieving the objectives.
 - e. The risk of acting or not acting where there is uncertain or insufficient information about the provisions.
46. The further evaluation under section 32AA is also required to contain a level of detail that corresponds to the scale and significance of the anticipated effects of the changes that have been made.

4.3 Procedural matters

47. No meetings with submitters were undertaken for this topic therefore there are no procedural matters to consider for this hearing.

5 Consideration of submissions received

5.1 Overview of submissions received

48. A total of nine original submissions and six further submissions were received on the Hospital SPZ chapter. The main submissions on the Hospital SPZ are from Te Whatu Ora (S42) who is the key stakeholder in the three hospitals subject to the Hospital SPZ provisions. Te Whatu Ora are primarily seeking to make the provisions of the Hospital SPZ more enabling, particularly with respect to the range of activities provided for in the zone and the bulk and location standards that may limit future development plans. The other submissions on the Hospital SPZ are from submitters who have either made several general submissions on the PDP (which also apply to the Hospital SPZ) or submitters that have an interest in public health matters and how particular activities are supported in the Hospital SPZ.
49. The key issues identified in this report are set out below:
- a. Key Issue 1: General submissions
 - b. Key Issue 2: Definitions for Hospital and Hospital Related Activities
 - c. Key Issue 3: Hospital SPZ objectives and policies
 - d. Key Issue 4: Hospital SPZ rules
 - e. Key Issue 5: Hospital SPZ standards.
50. Section 5.2 constitutes the main body of the report and provides an analysis of submissions on the Hospital SPZ and recommendations on the decisions requested in submissions.
51. I note that there are a large number of Hospital SPZ provisions that have not received any submissions and do not require a recommendation. There is also one general submission point from Te Whatu Ora (42.001) that



supports the Hospital SPZ overview as notified and supports that hospitals are recognised as regionally significant infrastructure. Accordingly, I recommend that this submission is accepted and the Hospital SPZ overview is retained as notified.

5.2 Officer Recommendations

52. A copy of the recommended plan provisions for the Hospital SPZ chapter and amended definitions is provided in **Appendix 1 – Recommended provisions**.
53. A full list of submissions and further submissions on the Hospital SPZ and my recommendation on those submissions is contained in **Appendix 3 – Recommended Decisions on Submissions** to this report.

5.2.1 Key Issue 1: General submissions

Overview

54. Note that the analysis in this section has been made in conjunction with other section 42A report authors that are also addressing the same or similar general submissions to help ensure consistent recommendations on general submissions and integration of PDP provisions.

Provision(s)	Officer Recommendation(s)
General plan content/ miscellaneous, new rule, HOSZ-R1, HOSZ-R3, HOSZ-S3	Minor amendment to HOSZ-R1 to clarify that it includes relocated buildings

Analysis of Submissions on Key Issue 1

Matters raised in submissions

55. There are several general submissions received on the Hospital SPZ that raise wider plan-wide issues and/or relate to multiple zones/provisions in the PDP. The general submissions received on the Hospital SPZ relate to visitor accommodation, emergency service facilities, relocatable buildings and critical infrastructure.
56. Airbnb (S214.013) requests consistent provisions for visitor accommodation across the PDP in every zone. More specifically, Airbnb request a permitted activity threshold of ten guests per night and a restricted discretionary activity status where compliance with this standard is not achieved. This relief is supported by Des and Lorraine Morrison (FS23.075) who consider that adopting a consistent approach in the PDP will make it easier for the plan provisions to be applied and understood, with the effects unlikely to differ significantly from residential zones. The relief is opposed by Te Whatu Ora (FS402.022) on the basis that the Hospital SPZ is not an appropriate location for generic visitor accommodation that is not associated with hospital activities.



57. FENZ (S512.064) requests a new permitted activity rule for emergency service facilities and for these activities to be exempt from standards relating to setback distances and vehicle crossings. FENZ note that fire stations are currently located in a range of zones in the Far North District and that the PDP only includes rules for emergency service facilities in some zones with different activity status. FENZ considers that emergency service facilities should be enabled as a permitted activity across all zones in the PDP to ensure new fire stations can be efficiently developed as appropriate. This is a plan-wide request from FENZ with multiple submission points from FENZ on the PDP zone chapters seeking the same relief.
58. FENZ also requests an advice note in HOSZ-S3 that highlights the provisions of the Building Code relating to the further control of building setbacks and firefighting access (S512.087). Te Whatu Ora support FENZ's submission (FS402.019). The requested advice note from FENZ is as follows:
- Building setback requirements are further controlled by the Building Code. This includes the provision for firefighter access to buildings and egress from buildings. Plan users should refer to the applicable controls within the Building Code to ensure compliance can be achieved at the building consent stage. Issuance of a resource consent does not imply that waivers of Building Code requirements will be considered/granted.*
59. Heavy Haulage Assoc Inc (S482.018) requests amendments to HOSZ-R1 to provide for relocated buildings as a permitted activity subject to compliance with specific performance standards and a restricted discretionary status when these standards are not complied with. Heavy Haulage Assoc Inc consider that the definition for "building" in the PDP does not clearly include relocated buildings and that the separate definition of "relocated buildings" in the PDP appears to create a distinction between these two types of buildings. On this basis, Heavy Haulage Assoc Inc considers that it is unclear whether the permitted activity rules in most zones for "*new buildings and structures...*" also apply to relocated buildings. Heavy Haulage Assoc Inc considers that district plan provisions controlling newly constructed buildings and relocated buildings should be the same as the effects are essentially the same, noting this was the conclusion of the Environment Court in *New Zealand Heavy Haulage Association Inc v The Central Otago District Council* [C45/2004]. Further submitters Des and Lorraine Morrison support Heavy Haulage Assoc Inc, particularly in urban zones (FS23.161). Te Whatu Ora do not support the relief sought as they are of the opinion that the PDP does not limit or exclude relocated buildings (FS402.021).
60. Transpower (S454.134) requests an amendment to the Hospital SPZ to ensure that critical infrastructure, such as transmission lines, is provided for. This submission point from Transpower states that transmission lines may need to traverse any zone in the Far North District due to their linear nature and requirement to connect to new electricity generation and therefore this infrastructure should be provided for in each zone. This original submission is supported by Te Whatu Ora (FS402.001).

Analysis

61. In terms of the submission from Airbnb seeking consistent visitor accommodation standards across all zones, I do not consider that this appropriate for the Hospital SPZ. Visitor accommodation in the Hospital SPZ is provided for under HOSZ-R3, which specifies that visitor accommodation is a permitted activity provided "*it is ancillary to the hospital activity for the purposes of non-permanent accommodation for hospital staff, contractors, patients or family*". Providing for generic visitor accommodation not linked to the core hospital activities on site with up to 10 guests as a permitted activity is not consistent with the purpose of the Hospital SPZ, which is to enable the efficient and effective operation of medical facilities and ancillary activities within the zone.
62. Further, I note that the three public hospitals are located in established urban environments in close proximity to land zoned for residential use. This includes the General Residential and Māori Purpose - Urban zones where provision is made for visitor accommodation as a permitted activity. In my opinion, these adjacent zones are better suited to providing for the type of general; visitor accommodation envisaged by Airbnb. Accordingly, I recommend that this submission point from Airbnb is rejected.
63. In terms of the submission from FENZ seeking a permitted activity rule for emergency service facilities in the Hospital SPZ, I note that the PDP:
 - a. Defines an emergency service facility as "*means fire stations, ambulance stations, police stations and associated ancillary facilities*". The relief sought from FENZ is therefore broader than solely the development of fire stations and could enable police and ambulance stations to be located in a wider range of locations.
 - b. Enables emergency service facilities to be established as a permitted activity in certain zones (including the Light Industrial and Mixed-Use Zones with no conditions and in the Rural Production Zone where the GFA does not exceed 150m²) while requiring resource consent for these facilities on other zones where there is greater potential for adverse effects on traffic and the amenity of the surrounding environment (e.g. a discretionary activity in the Residential Zone).
64. Under the notified Hospital SPZ rules, an emergency service facility would require resource consent as a discretionary activity under HOSZ-R6 (activities not otherwise listed in this chapter). In my opinion, this is appropriate as the Hospital SPZ is intended to provide for primary medical activities and a range of ancillary activities to the core hospital function of the zone. In my opinion, fire and police stations⁶ (which are also included in the definition of emergency service facilities) are not compatible with the

⁶ Note that ambulance stations are compatible with the purpose of the Hospital SPZ – refer to analysis in Key Issue 2 with respect to hospital related definitions and making ambulance and helicopter facilities permitted in the Hospital SPZ.



function of a hospital and are not appropriate as a permitted activity within the Hospital SPZ. Accordingly, I recommend that this submission point from FENZ is rejected.

65. In terms of FENZ's request to exempt emergency service facilities/activities from standards relating to setback distances and vehicle crossings, I consider that this relief is already adequately, and most efficiently, addressed through the following district-wide provisions in the PDP:
 - a. Rules NH-R5 (Wild fire - Buildings used for a vulnerable activity (excluding accessory buildings)) and NH-R6 (Wild fire - extensions and alterations to buildings used for a vulnerable activity (excluding accessory buildings) that increase the GFA)) in the Natural Hazard chapter which include specific requirements for new buildings and alternations to existing buildings used for a vulnerable activity to have water supply for firefighting purposes that complies with SNZ PAS 4509:2008 New Zealand Fire Fighting Water Supplies Code of Practice (SNZ PAS 4509:2008).
 - b. Rule TRAN-R2 (Vehicle crossing and access, including private accessways) in the Transport chapter which includes a permitted activity standard for vehicle crossing and access for fire appliances to comply with SNZ PAS 4509:2008.
66. Accordingly, I do not recommend any amendments to the Hospital SPZ chapter in response to this submission point from FENZ.
67. While I acknowledge the submission point from FENZ that there may be further setbacks required through the Building Code and other legislation, I do not consider that it is necessary or appropriate to add the requested advice note to HOSZ-S3. This is because there is a range of other legislation and controls that sit outside the District Plan and referring to all these additional requirements through advice notes in the District Plan would be inefficient, confusing and cumbersome.
68. For this reason, the PDP deliberately sought to limit the use of advice notes to the 2-3 advice notes that were notified in the PDP above the rule tables. These advice notes are included to direct plan users to other parts of the PDP or occasionally direct plan users to NES rules, so they perform an important navigation function for RMA related provisions (as opposed to controls and requirements in other legislation). Accordingly, I recommend that this submission point from FENZ is rejected.
69. In response to the submission from Heavy Haulage Assoc Inc requesting a new permitted activity rule for relocatable buildings, I disagree that such a rule is necessary for the Hospital SPZ. Rule HOSZ-R1 as notified in the PDP is a permitted activity rule which refers to "*New buildings or structures, and extensions or alterations to existing buildings or structures*".



70. In my view, “new buildings or structures” includes relocatable buildings even if they are not new in terms of the date they were built. The key point is that the building is “new” to the site it is relocated to or constructed on. An older relocated dwelling can be new in the context of its location on a site in the Hospital SPZ, when it is relocated to a new site, or moved from one part of the site to another. This is supported by the definition of the word “new” from Oxford Languages which is as follows:
- 1. Produced, introduced, or discovered recently or now for the first time; not existing before.*
 - 2. already existing but seen, experienced, or acquired recently or now for the first time.*
71. The definition of “building” in the PDP, which is a National Planning Standards definition, also supports this interpretation as the definition refers to a moveable physical construction. The full definition of “building in the PDP” is as follows:
- means a temporary or permanent movable or immovable physical construction that is:*
- a. partially or fully roofed; and*
 - b. fixed or located on or in land;*
- but excludes any motorised vehicle or other mode of transport that could be moved under its own power.*
72. On this basis, I do not consider that a specific rule for relocated buildings is required in the Hospital SPZ as these are already provided for under HOSZ-R1 which treats new and relocated buildings the same. This is appropriate in my view as I agree with Heavy Haulage Assoc Inc that there is no real difference in effects of a construction of a new building and relocation of a second-hand building. Despite my assessment above, I believe the existing rule HOSZ-R1 can provide additional clarity by amending the description to include specific reference to relocated buildings.
73. Since making their submission, Transpower has advised Council that they no longer wish to pursue the generic submission points seeking changes to 11 of the zone chapters to recognise transmission lines as critical infrastructure, including the Hospital SPZ (S454.134). Transpower understands that the PDP Infrastructure chapter provides for infrastructure and its protection on a district-wide basis.

Recommendation

74. For the above reasons, I recommend that the submissions from Airbnb, FENZ, and Transpower relating to plan/zone wide issues are rejected with respect to the Hospital SPZ.
75. For the above reasons, I recommend submission that the submission point from Heavy Haulage Assoc Inc is accepted in part, and the rule description

in HOSZ-R1 is amended to include the words “relocated buildings” as follows: “*New buildings or structures, relocated buildings, and extensions or alterations to existing buildings or structures.*” As a consequential amendment, I also recommend PER-1 is amended to include reference to relocated buildings.

Section 32AA evaluation

76. I consider that my recommended amendment in relation to relocated buildings is appropriate, efficient and effective because it clarifies the intent of the PDP (to permit relocated buildings and new buildings, subject to standards to manage potential environmental effects), reduces ambiguity and provides clarity which reduces costs associated with plan interpretation and implementation.

5.2.2 Key Issue 2: Definitions of Hospital and Hospital Related Activities

Overview

Provision(s)	Officer Recommendation(s)
New definition of 'Hospital'	Insert new definition
New definition of 'Hospital Related Activities'	Insert new definition

Analysis of Submissions on Key Issue 2

Matters raised in submissions

77. Te Whatu Ora and Ngā Tai Ora both request the following definition for 'hospital' (S42.005 and S516.014 respectively):

"Hospital means any regionally significant infrastructure that provides for the medical, surgical or psychiatric care, treatment and rehabilitation of persons."

78. Both submitters note that the PDP definition of 'Healthcare services' specifically excludes hospitals, so the absence of a definition for hospitals creates uncertainty as to how hospitals are provided for across the PDP. The submitters also consider that this is particularly problematic in the Hospital SPZ where hospitals and hospital related activities are a permitted activity under HOSZ-R2 but there is no associated definitions.
79. Te Whatu Ora (S42.006) also request a definition for 'hospital related activities' to further clarify the range of activities that could be considered ancillary to a hospital and are permitted activity under HOSZ-R2. Their suggested definition wording is as follows:

"Hospital related activities means activities associated with the provision of medical, surgical or psychiatric care, treatment and rehabilitation of persons within a hospital, including:

- a. offices and administration facilities;*
- b. pharmacies, food and beverage activities, bookstores, gift stores and florists;*
- c. commercial services including banks and dry cleaners;*
- d. ambulance facilities and first aid training facilities;*
- e. conference facilities;*
- f. helicopter facilities;*
- g. hospices;*
- h. hospital maintenance, operational and service facilities, including kitchens, storage facilities, waste processing and laundries;*
- i. medical research and testing;*
- j. mortuaries;*
- k. rehabilitation and recreational facilities;*
- l. training; and*
- m. private specialist and general medical facilities, services and practices.*
- n. Staff, patient and visitor accommodation;*
- o. Emergency Services; and*
- p. Care Centres*
- q. Signage*
- r. Lighting"*

80. Richard Milne supports Te Whatu Ora's submission point (FS184.2) but Kapiro Conservation Trust, Vision Kerikeri 2 and Vision Kerikeri 3 oppose the submission point to the extent that it is inconsistent with the relief sought in their original submissions (FS566.037, FS569.059 and FS570.023).

Analysis

81. I agree with the submitters above that further clarification of the hospital and hospital related activities permitted under HOSZ-R2 is required. Section 5.2 (Proposed management approach), of the section 32 evaluation report for the Hospital SPZ states (**emphasis added**):

The main changes in the overall proposed management approach for managing hospitals through the Hospital SPZ in the PDP are:

*... Clearer direction on the range of activities that are appropriate in a Hospital SPZ **through the introduction of new definitions for 'hospital' and 'hospital related activities'.***

82. The section 32 evaluation report clarifies this intent further in Section 6.2 (Evaluation of options), relating to the option of introducing a special purpose Hospital SPZ, stating:

Introducing definitions of 'hospital' and 'hospital related activities' provides certainty that activities included in these definitions are permitted in the Zone. This is important for forward planning of hospital activities and removes ambiguity about which activities are anticipated and supported in the zone ...

... The provisions are based on well understood activity descriptions and controls that are already in use in other district plans in the region and align with the definitions of the PDP and direction of the National Planning Standards so the provisions should be clear and easy to implement.

83. I consider that it is clear from the section 32 evaluation report that FNDC intended to include definitions of 'Hospital' and 'Hospital related activities' in the PDP and that the omission of these definitions from within the interpretation chapter is an error. Having clear, well-defined definitions for 'Hospital' and 'Hospital related activities' is a core component of the Hospital SPZ chapter framework and, in my opinion, is essential for effective and clear interpretation of the zone objectives and policies, and HOSZ-R2 in particular.
84. The National Planning Standards do not have definitions of 'Hospital' or 'Hospital related activities' so introducing definitions for these terms will not be inconsistent with definitions standard.
85. I agree with the wording of the definition of 'Hospital' suggested by Te Whatu Ora and Ngā Tai Ora, being:
- "Hospital means any regionally significant infrastructure that provides for the medical, surgical or psychiatric care, treatment and rehabilitation of persons."*
86. I note that this is the same definition used in the Whangarei District Plan (Operative in Part) 2022, so this has the benefit in providing consistency between adjacent districts. I also consider that the wording aligns well with the National Planning Standards description of a Hospital SPZ as this refers to providing medical, surgical or psychiatric care facilities as the core function of the zone.
87. I support the reference to 'regionally significant infrastructure' as this aligns with the inclusion of public hospitals as regionally significant infrastructure in Appendix 3 of the RPS and the PDP definition. As such, I recommend that the submission points from Te Whatu Ora and Ngā Tai Ora requesting a a definition of 'Hospital' in the PDP are accepted.
88. With respect to the definition of 'Hospital related activity' requested by Te Whatu Ora, I agree that the inclusion of this definition is useful and

important and is consistent with the original intent outlined in the section 32 evaluation report as discussed above.

89. While I agree with the inclusion of a 'Hospital related activity' definition in principle, I consider that the range of activities requested by Te Whatu Ora goes further than the range of activities that I would consider truly ancillary to a hospital and intended to be enabled within the Hospital SPZ. I also consider that the requested chapeau of the 'Hospital related activity' definition unnecessarily repeats part of the 'Hospital' definition so this can be refined further. I agree that it is useful to list activities that are clearly ancillary to a hospital within the definition to provide certainty to all parties. I also agree with Te Whatu Ora that the list should not be finite and there should be some scope to consider other types of activities if these are clearly ancillary to the main hospital on site. As such, I recommend using the words 'including, but not limited to' to provide a small amount of flexibility for other ancillary activities to be considered as appropriate.
90. Given the detailed nature of the requested definition of 'Hospital related activities' from Te Whatu Ora, I have provided a comment and recommendation in relation to each activity in the table below. In broad terms, I largely agree with the definition requested by Te Whatu Ora but consider that some activities should be excluded on the basis they are not clearly ancillary to the hospital or are already addressed by other PDP provisions.

Type of ancillary activity	Comment	Officer Recommendation
<i>Offices and administration facilities</i>	Agree these are ancillary to a hospital	Include
<i>Pharmacies, food and beverage activities, bookstores, gift stores and florists</i>	Agree these are ancillary to a hospital	Include
<i>Commercial services including banks and dry cleaners</i>	Consider that these general commercial services do not have a strong enough link to being ancillary to a hospital activity and are better located in the Mixed-Use Zone	Exclude
<i>Ambulance facilities and first aid training facilities</i>	Agree these are ancillary to a hospital	Include
<i>Conference facilities</i>	Agree these are ancillary to a hospital	Include
<i>Helicopter facilities</i>	Agree these are ancillary to a hospital	Include
<i>Hospices</i>	Agree these are ancillary to a hospital	Include

Type of ancillary activity	Comment	Officer Recommendation
<i>Hospital maintenance, operational and service facilities, including kitchens, storage facilities, waste processing and laundries</i>	Agree these are ancillary to a hospital	Include
<i>Medical research and testing</i>	Agree these are ancillary to a hospital	Include
<i>Mortuaries</i>	Agree these are ancillary to a hospital	Include
<i>Rehabilitation and recreational facilities</i>	I consider that rehabilitation facilities are already covered by the recommended definition of 'Hospital' and but recreational facilities ancillary to a hospital are appropriate	Include reference to recreational facilities only
<i>Training</i>	Agree these are ancillary to a hospital but suggest adding in the word 'activities' after 'training'	Include
<i>Private specialist and general medical facilities, services and practices</i>	I consider that these activities are already covered by the recommended definition of 'Hospital'	Exclude
<i>Staff, patient and visitor accommodation</i>	This is a separate activity provided for by HOSZ-R3, therefore should not be included in this definition	Exclude
<i>Emergency Services</i>	This term is too broad for consideration as an activity ancillary to a Hospital for the reasons outlined in response to the FENZ submission under Key Issue 1 above. The relevant emergency services are already covered by providing for ambulance and helicopter facilities above	Exclude
<i>Care Centres</i>	This is a separate activity provided for by HOSZ-R5, which required resource consent as a restricted discretionary activity and therefore should not be included in this definition	Exclude
<i>Signage</i>	This is addressed through the PDP – Signs chapter	Exclude
<i>Lighting</i>	This is addressed through the PDP – Light chapter	Exclude

Recommendation

91. For the above reasons, I recommend that the submission points from Te Whatu Ora and Ngā Tai Ora in relation to including a definition of 'Hospital' are accepted, and that the interpretation chapter is amended by adding the following definition (with hyperlinks provided in the Hospital SPZ chapter):

"Hospital means any regionally significant infrastructure that provides for the medical, surgical or psychiatric care, treatment and rehabilitation of persons"

92. For the above reasons, I recommend that the submission point from Te Whatu Ora in relation to including a definition of 'Hospital related activities' is accepted in part, and that the interpretation chapter is amended by adding the following definition (with hyperlinks provided in the Hospital SPZ chapter):

"Hospital related activities means activities that are ancillary to a hospital, including, but not limited to:

- a. *Offices and administration facilities;*
- b. *Pharmacies, food and beverage activities, bookstores, gift stores and florists;*
- c. *Ambulance facilities and first aid training facilities;*
- d. *Conference facilities;*
- e. *Helicopter facilities;*
- f. *Hospices;*
- g. *Hospital maintenance, operational and service facilities, including kitchens, storage facilities, waste processing and laundries;*
- h. *Medical research and testing;*
- i. *Mortuaries;*
- j. *Recreational facilities; and*
- k. *Training activities.*

Section 32AA evaluation

93. The section 32 evaluation report was drafted on the premise that definitions of 'Hospital' and 'Hospital related activities' would be included in the interpretation chapter to support the consistent and effective interpretation of the Hospital SPZ provisions. The omission of these definitions in the notified PDP appears to be a clear error. As the appropriateness of including

these definitions and the rationale for using them as a basis for the Hospital SPZ provisions has already been assessed in the section 32 evaluation report, no further evaluation under section 32AA of the RMA is required in my opinion.

5.2.3 Key Issue 3: Hospital SPZ Objectives and Policies

Overview

Provision(s)	Officer Recommendation(s)
New objective, HOSZ-01, HOSZ-P1	Retain as notified

Analysis of Submissions on Key Issue 3

Matters raised in submissions

94. There were two submission points on the Hospital SPZ objectives. Te Whatu Ora request that the following new objective be inserted into the Hospital SPZ (42.002):

HOSZ-04 - Integration of associated commercial, administration and ancillary Hospital activities with health care services, which enable patients, staff, consultants, contractors and visitors to efficiently use the Hospital site and avoid travelling to multiple sites for similar and/or associated services.

95. Te Whatu Ora's rationale for this new objective is that hospitals are significant employment and community hubs. In order for hospitals to fulfil these roles, Te Whatu Ora considers that there is a growing need currently and in the future for ancillary activities to be established in the Hospital SPZ that are currently not provided for and "may at this point in time not be considered to be 'normal' Hospital activities". Examples given by Te Whatu Ora are childcare activities, commercial activities and private healthcare and research activities.
96. Creative Northland (S300.006) supports Objective HOSZ-01 but requests more emphasis on considering creative outcomes to enhance well-being as part of the core function of a hospital. Examples given by Creative Northland include "special consideration around the connection and access to cultural practice and inclusion of Tangata Whenua as part of the healing process". No specific wording amendments were requested to Objective HOSZ-01 by Creative Northland to support the relief sought. The further submission of Te Whatu Ora (FS402.018) opposes this submission point on the basis that it is outside the scope of the RMA and should not addressed in the PDP.
97. There was one submission point on the Hospital SPZ policies. Te Whatu Ora (S42.003) request amendments to HOSZ-P1 as follows:

Recognise the regional significance of the Far North District hospitals by enabling a range of existing and future hospital activities, ~~and~~ hospital related activities, and ancillary activities within the Hospital Zone.

98. The rationale from Te Whatu Ora for mentioning 'ancillary activities' specifically is the same as the rationale for including a new objective HOSZ-O4 discussed above. Broadly the intent is to enable a wider range of ancillary activities to be established within the Hospital SPZ (including activities not anticipated currently) to enable hospitals to be significant employment and community hubs.

Analysis

99. I consider that the content of the new objective suggested by Te Whatu Ora is already adequately covered by the three notified objectives and/or my recommended new definitions of 'Hospital' and 'Hospital related activities' discussed in Key Issue 2 above. In my view, the integration of '*associated commercial, administration and ancillary Hospital activities with health care services*' is sufficiently provided for by the definitions of 'Hospital' and 'Hospital related activities', is clearly referenced in HOSZ-O1(b) and is provided for in the rule framework by HOSZ-R2. Further, the need to provide for the efficient and effective operation of these activities is also recognised and provided for by HOSZ-O1(a). As such, I consider that the new objective requested by Te Whatu Ora largely duplicates outcomes already provided for in the Hospital SPZ provisions. Accordingly, I recommend that this submission point is rejected.
100. With respect to the Creative Northland submission point on HOSZ-O1, I acknowledge the matters raised by the submitter, such as creativity to be recognised as a key wellbeing healing activity and to better recognise creative outcomes. However, in my view, these matters are not directly related to the RMA and are more appropriately dealt with through initiatives outside the PDP. I therefore broadly agree with the Te Whatu Ora further submission and recommend that Creative Northland's original submission point be rejected.
101. Finally, I consider that Te Whatu Ora's requested amendments to HOSZ-P1 are also unnecessary given my recommendation above to include a new definition of 'Hospital related activities', which specifically refers to ancillary activities. If this recommendation is accepted, I consider that ancillary activities are already sufficiently covered by the notified wording of HOSZ-P1. Accordingly, I recommend that this submission point is rejected.

Recommendations

102. For the above reasons, I recommend that the submission points from Te Whatu Ora and Creative Northland seeking to amend the objectives and policies of the Hospital SPZ are rejected.

Section 32AA evaluation

103. No change to the provisions is recommended as a result of the submissions on the objectives and policies of the Hospital SPZ. On this basis, no evaluation under section 32AA of the RMA is required.

5.2.4 Key Issue 4: Hospital SPZ rules

Overview

Provision(s)	Officer Recommendation(s)
HOSZ-R2, HOSZ-R5	No amendments to Hospital SPZ rules recommended.

Analysis of Submissions on Key Issue 4

Matters raised in submissions

104. Te Whatu Ora (S42.004) request that the header title to HOSZ-R2 be amended to refer to ancillary activity for the same reasons as set out in relation to the requested amendments to the Hospital SPZ objectives and policies in Key Issue 3 above.
105. Te Whatu Ora (S42.008). request the deletion of HOSZ-R5 which provides for supported residential care as a restricted discretionary activity. Te Whatu Ora state in their submission that supported residential care activities are increasingly a common activity on hospital sites for the likes of activities such as Hospice, Ronald McDonald or Cancer Society houses. I assume from this reasoning that Te Whatu Ora is seeking that residential care activity be included as part of the 'Hospital related activity' definition and therefore be a permitted activity under HOSZ-R2 rather than require resource consent as a restricted discretionary activity.
106. NKoNHCT (S555.005). request that HOSZ-R5 be amended to provide for retirement villages as a restricted discretionary activity. NKoNHCT consider that a retirement village is 'incidental' to a hospital activity and is therefore appropriate in the Hospital SPZ. The further submission of Te Whatu Ora (FS402.020) opposes the NKoNHCT submission point, stating:

"Te Whatu Ora do not support the relief sought to provide for retirement villages within the Hospital Zone, because the Hospital Zone has been located in limited locations and the efficient use of this land for hospital and ancillary activities are important. Furthermore, definitions recommended by Te Whatu Ora provide sufficient scope for elderly residential living and care."

Analysis

107. In terms of the requested amendment HOSZ-R2, I consider that my recommendation above to include a definition of 'Hospital related activity' with the reference to 'activities that are ancillary to a hospital' addresses Te

Whatu Ora's concerns at least in part and I do not consider it necessary to reference ancillary activities in the rule title. As such I do not recommend any amendments to HOSZ-R2.

108. In terms the request from Te Whatu Ora to delete HOSZ-R5, I assume that the rationale for this request is to enable supported residential care activity⁷ to be a permitted activity (based on their submission point requesting inclusion of a new definition of 'Hospital related activities' which includes care facilities).
109. While I have recommended a definition of 'hospital related activities' under Key Issue 2 above, I do not recommend that this includes care facilities as requested by Te Whatu Ora. This is because I consider that is appropriate for supported residential care facilities to go through a resource consent process in order to establish in the Hospital SPZ to ensure potential adverse effects relating to parking, traffic, noise and hours of operation can be appropriately considered and managed. In my opinion, it is important that activities less related to the hospital are assessed with respect to their potential offsite effects on neighbouring sites, particularly as most hospital sites are surrounded by residential areas. For these reasons, I do not recommend listing 'care facilities' as part of the 'Hospital related activities' definition or deleting HOSZ-R5 as requested by Te Whatu Ora.
110. With respect to the NKoNHCT submission point requesting that HOSZ-R5 be expanded to include retirement villages, I agree with Te Whatu Ora that land in the Hospital SPZ should be prioritised for the core hospital activity and supporting hospital related activities. I also note that the land surrounding the three public hospitals includes land zoned General Residential where retirement villages are provided for as a restricted discretionary activity. In my opinion, it is more appropriate to locate retirement villages outside of the Hospital SPZ in more generic residential locations rather than within a zoned specifically identified for hospitals and hospital related activities.

Recommendations

111. For the above reasons, I recommend that the Te Whatu Ora submission point on HOSZ-R2 is accepted in part insofar as the recommended definition of 'Hospital related activities' addresses their relief sought. I do not recommend any amendments to HOSZ-R2.
112. For the above reasons, I recommend that the Te Whatu Ora and NKoNHCT submission points on HOSZ-R5 are rejected.

⁷ Defined in the PDP as "means land and buildings in which residential accommodation, supervision, assistance, care and/or support are provided by another person or agency for residents."

Section 32AA evaluation

113. No change to the Hospital SPZ rules recommended as a result of the submissions. On this basis, no evaluation is required under section 32AA of the RMA.

5.2.5 Key Issue 5: Hospital SPZ standards

Overview

Provision(s)	Officer Recommendations
HOSZ-S1	Retain with minor amendment
HOSZ-S2	Retain as notified
HOSZ-S3	Retain with minor amendment

Analysis of Submissions on Key Issue 5

Matters raised in submissions

114. Te Whatu Ora (S42.009) request that HOSZ-S1 be amended, increasing the maximum permitted height of buildings and structures, or extension or alteration to an existing building or structure, from 12 metres to 16 metres above ground level. Te Whatu Ora explain the rationale for the increased height in their submission as follows:

"A height of 16m would allow for a 3 story building including roof plant. For a modern hospital, floor to floor height is required to be in the order of 4.5 m. This allows for sufficient natural air circulation, internal plumbing, electrical and data cabling and access to services, flexibility in the use of each space and the ability to easily utilise modern medical and lifting equipment etc. Therefore, if the existing Hospital were rebuilt, it would be approximately 16m m high, plus roof top plant and lift machinery etc."

115. Te Whatu Ora (S42.010) request that HOSZ-S2 be amended, to provide a uniform height to boundary sunlight angle on all boundaries, being a more permissive threshold of 45° at 3 metres above ground level on all boundaries. The rationale provided is that the more permissive height to boundary provisions will allow the hospital sites to be developed efficiently while ensuring potential effects on neighbouring properties are adequately managed. Kapiro Conservation Trust, Vision Kerikeri 2 and Vision Kerikeri 3 oppose the submission point on the basis that it is inconsistent with their original submissions (FS566.041, FS569.063 and FS570.027). John Andrew Riddell (S431.195) seeks retention of the notified PDP height to boundary provisions that vary the required height according to the orientation of the relevant boundary.
116. Finally, Te Whatu Ora (S42.011) request that HOSZ-S3 be amended, to reduce the minimum building setback from all boundaries from 10 metres to 3 metres. Te Whatu Ora is concerned that HOSZ-S3 is more stringent than the ODP, which are generally between 2-3m in most cases, and this



more onerous standard will adversely impact the ability to redevelop the hospital sites.

Analysis

117. I have considered the combination of height, height in relation to boundary and boundary setbacks as a package of standards that work together to achieve two outcomes:
 - a. Provide sufficient flexibility to support development of the hospital and hospital related activities within the Hospital SPZ; and
 - b. Achieving a level of built development at the boundaries of the Hospital SPZ that does not compromise the amenity of the adjacent and surrounding land.
118. Te Whatu Ora's submission has helpfully explained the rationale as to why an additional 4m to the maximum height limit is required to practically develop a modern, 3-story hospital building. I consider that being enabling with respect to height is consistent with the purpose of the Hospital SPZ, particularly in the context of future redevelopment of the hospital sites.
119. Similarly, I can understand why Te Whatu Ora considers that a 10m boundary setback and the height to boundary controls to be overly restrictive, particularly when viewed in the context of the controls for the Commercial Zone in the ODP, which did not have boundary setbacks or height to boundary standards. The majority of hospital land parcels are zoned Commercial under the ODP, except for the following four sites:
 - a. Two sites at 4-6 Dominion Road form part of Kaitaia Hospital and have a Residential zoning under the ODP. In the ODP Residential Zone the boundary setback was 3m on road boundaries and 1.2m along other boundaries, plus a 2m and 45° height to boundary standard that applied to all boundaries.
 - b. Two sites that are part of the BOI Hospital (11 Greenacres Drive and a 4.5ha land parcel to the south of this) have a Rural Production zoning under the ODP. In the ODP Rural Production Zone the boundary setback was 10m, plus a 2m and 45° height to boundary standard that applied to all boundaries.
120. In my opinion, there is an opportunity to be more flexible with the bulk and scale of development internal to the Hospital SPZ, provided the standards that apply at the boundaries with other zones reflect the same or similar level of development that is permitted in those zones. Given the operational requirements outlined by Te Whatu Ora with respect to maximum building height, I recommend that this submission point is accepted and the maximum permitted building height be increased from 12m to 16m in HOSZ-S1.

121. Under the PDP, there are no height to boundary or setback requirements for Mixed Use zoned land that adjoins the Hospital SPZ. In the General Residential Zone, the height to boundary standard is the same as notified in the PDP for the Hospital SPZ, but the setback standard is 3m from road boundaries and 1.2m along other boundaries (GRZ-S1 and S2 respectively).
122. In the interests of preserving amenity levels along Hospital SPZ boundaries that adjoin the General Residential Zone, I recommend no change to the proposed height to boundary standard (HOSZ-S2) in the Hospital SPZ. Although there is no equivalent height to boundary standard in the Mixed Use Zone, I still consider it important to retain this standard in the Hospital SPZ to mitigate the difference in the maximum permitted building height of 16m I am recommending in the Hospital SPZ and the maximum permitted building height of 12m in the Mixed Use Zone under MUZ-S1.
123. With respect to setbacks, I consider it appropriate to reduce the setback to 3m in line with Te Whatu Ora's submission point. Although this is more stringent than the Mixed Use Zone (which has no setback standards to the Hospital SPZ), it aligns with the most restrictive boundary setback in the General Residential Zone (3m under GRZ-S3). Again, retaining a setback standard also provides a means of mitigating the adverse effects of the additional permitted height to HOSZ-S1 I am recommending on adjoining zones. I have also identified a potential issue where HOSZ-S3 could potentially apply a setback standard to site boundaries **within** the Hospital SPZ which is not the intent and could create barriers for future development. I therefore recommend that HOSZ-S3 is amended to refer to "all site boundaries adjoining another zone" rather than "all site boundaries". I consider that there is scope under Clause 16, Schedule 1 to recommend this amendment as it corrects a minor error while retaining the same policy intent.
124. Overall, I consider that the combination of being more permissive with respect to maximum height but retaining the height to boundary standard as notified and reducing the setback standard to be consistent with the adjacent General Residential Zone is appropriate. In my opinion, it strikes the right balance between enabling hospital development and redevelopment projects within the zone while managing adverse effects at the interface with adjacent zones.

Recommendations

125. For the above reasons, I recommend that the Te Whatu Ora submission requesting an increase in the permitted maximum height under HOSZ-S1 is accepted and that the standard is amended as follows:

The maximum height of a building or structure, or extension or alteration to an existing building or structure is 162m above ground level.

126. For the above reasons, I recommend that the Te Whatu Ora submission point requesting an amendment to HOSZ-S2 – Height in relation to boundary is rejected and that the John Andrew Riddell submission point on the same standard be accepted.
127. For the above reasons, I recommend that the Te Whatu Ora submission point requesting a reduction in the boundary setback under HOSZ-S3 is accepted and that the standard is also amended to only apply with boundaries within adjoining zones rather than within the Hospital Zone . I therefore recommend HOSZ-S3 is amended as follows:

The building or structure, or extension or alteration to an existing building or structure, must be set back at least 3±0m from all site boundaries adjoining another zone.

Section 32AA evaluation

128. My recommended amendments to the maximum height and setback standards in the Hospital SPZ are considered to be more efficient and effective in facilitating hospital redevelopment compared to the notified PDP standards. In particular, the amendments align with the direction set out in HOSZ-O1 to ensure hospitals are able to operate efficiently and effectively and also to expand and develop as needed to meet the current and future health care requirements of the district.
129. I consider that the combination of amending the height and setback standards but retaining the height to boundary standard as notified meets the intention of HOSZ-O3, which is to balance the adverse effects of hospital and hospital related activities on the surrounding environment but also recognise the operational and functional needs of hospitals.
130. The benefits of amending HOSZ-S1 and HOSZ-S3 are increased flexibility for hospitals to be redeveloped into fit for purpose facilities in the future, plus allowing hospital sites to be used more effectively and efficiently. Costs include the potential for adverse amenity effects along zone boundaries, particularly with the General Residential Zone. However, however I consider this risk to be low given my recommendation to retain HOSZ-S2 as notified.
131. Overall, I consider that my recommended amendments HOSZ-S1 and HOSZ-S3 are the most appropriate way to achieve the Hospital SPZ objectives in terms of relevant tests in section 32AA of the RMA.

6 Conclusion

132. This report has provided an assessment of submissions received in relation to the Hospital SPZ chapter. The primary amendments that I have recommended relate to:
 - a) Inclusion of two new definitions for 'Hospital' and 'Hospital related activities'; and



- b) Amendments to HOSZ-S1 and HOSZ-S3 to better enable the redevelopment of hospital buildings and efficient use of land within the Hospital SPZ.
133. Section 5.2 considers and provides recommendations on the decisions requested in submissions. I recommend that the submissions on the Hospital SPZ chapter should be accepted, accepted in part, or rejected, for the reasons set out in this report.
134. I recommend that provisions for the Hospital SPZ be amended as set out in Appendix 1 for the reasons set out in this report.
135. I consider that the amended provisions will be efficient and effective in achieving the purpose of the RMA, the relevant objectives of the PDP and other relevant statutory documents, for the reasons set out in the Section 32AA evaluations undertaken.

Recommended by: Jerome Wyeth – Technical Director, SLR Consulting.

Approved by: James R Witham – Team Leader District Plan, Far North District Council.

Date: 16 May 2024