

**BEFORE THE HEARING PANEL**

**UNDER**

the Resource Management Act  
1991 (“**RMA**”)

**IN THE MATTER**

the Proposed Far North District  
Plan (“**PDP**”)

**STATEMENT OF PLANNING EVIDENCE OF MELISSA IVY MCGRATH ON BEHALF  
OF HEALTH NEW ZEALAND – TE WHATU ORA**

**Hearing 2 – Special Purpose Zones**

**Hospital**

**04 June 2024**

**1. SUMMARY OF EVIDENCE**

- 1.1 This evidence has been prepared on behalf of Health New Zealand - Te Whatu Ora (“**Te Whatu Ora**”)<sup>1</sup> as it relates to their submission and further submissions on Far North District Council’s (“**Council**”) PDP with regard to Hearing Stream 2. This evidence focuses on responses to the recommendations in the Special Purpose Zones - Hospital 42A Reports (“**s42A**”). In particular, this evidence focuses on Te Whatu Ora’s submission points on the Hospital Special Purpose Zone (“**HOSZ**”).
- 1.2 In summary, I conclude that the Reporting Planner for Council has made a number of recommendations that satisfy Te Whatu Ora’s submission points. Despite this, there still remains several areas where I disagree with the recommendations of the Reporting Planner, and as a result, consider that further amendments are required. The relevant matters addressed in my evidence include:
- (a) Details on Te Whatu Ora’s existing facilities and master plans for Kaitaia Hospital, Bay of Islands Hospital and Rawene Hospital (Hokianga Health), and the importance of these facilities as Regionally Significant Infrastructure (“**RSI**”) under the Regional Policy Statement for Northland (“**RPS**”).

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<sup>1</sup> Submission 42.

- (b) HOSZ-S2 Height in Relation to Boundary – I disagree with the recommendations of the Reporting Planner on this provision, and consider that a more permissive height in relation to boundary threshold of 45° at 3 metres above ground level on all boundaries as requested by Te Whatu Ora is a necessary amendment. In my opinion, the increase in height in relation to boundary standard will not result in adverse effects due to the spatial location, topography and vegetation surrounding the HOSZ sites. Furthermore, this approach is consistent with other similar provisions for Hospital Zones throughout New Zealand and will give effect to the RSI provisions in the RPS.
- (c) New provisions for hospital related activities – the Reporting Planner has made a number of recommendations with regard to Te Whatu Ora’s submissions on provisions related to ‘hospital related activities.’ In my opinion, the amendments sought by Te Whatu Ora are logical and will enable the reasonable and appropriate expansion of these activities within the HOSZ in accordance with the RPS provisions and HOSZ objectives and policies.
- (d) Supported residential care – I disagree with the Reporting Planner’s recommendation that supported residential care should go through a restricted discretionary activity resource consent process to establish in the HOSZ. In my opinion, residential care activities are likely to have effects that are less than or similar to hospital activities and I consider that permitted activity standards of the HOSZ will appropriately manage potential effects.

## **2. INTRODUCTION**

2.1 My full name is Melissa Ivy McGrath. I am a Senior Associate with Barker & Associates, a planning and urban design consultancy with offices across New Zealand.

2.2 I am a qualified planner with a Master of Resource Management from Massey University and am a Full Member of the New Zealand Planning Institute. I have 19 years of experience as a planner. During this time, I have been employed in various resource management positions in local government and private companies including experience with:

- (a) Statutory resource consent planning in the Northland and Auckland regions, including an extensive range of work in the Whangārei, Kaipara and Far North Districts.

(b) Consideration of submissions and formulation of policy and policy advice for Councils throughout New Zealand including, Whangārei District Council, Kaipara District Council, Far North District Council, and private clients.

2.3 I attach a copy of my CV in **Attachment 1** which provides further detail on my experience and expertise.

2.4 I confirm that I am very familiar with Far North, having grown up in Hokianga and worked as a consent planner for Far North District Council in the early 2000's.

### **Purpose and scope of evidence**

2.5 This evidence is in respect of a submission by Te Whatu Ora on Council's PDP in relation to Hearing Stream 2 and the Hospital Special Purpose Zone.

2.6 My evidence will address the following topics:

- (a) Proposed Hospital Special Purpose Zone;
- (b) Spatial Distribution and Location of HOSZ;
- (c) Public Hospitals as Regionally Significant Infrastructure;
- (d) Supported recommendations of the S42a;
- (e) HOSZ-S2 Height in Relation to Boundary;
- (f) Hospital related activities; and
- (g) Residential care as permitted activity;

2.7 I have read the Code of Conduct for Expert Witnesses in the Environment Court Practice Note 2023. I have complied with the Code of Conduct in preparing this statement of evidence. Unless I state otherwise, this evidence is within my sphere of expertise and I have not omitted to consider material facts known to me that might alter or detract from the opinions I express.

2.8 B&A staff have previously provided assistance to the Far North District Council on the PDP. This related to assistance with the formulation of section 32 evaluations for a number of topics prior to the notification of the PDP. That engagement did not carry forward post notification of the PDP. In regard to these matters, I confirm the following:

- (a) B&A is an independent planning consultancy providing planning and resource management advice and services. B&A act on behalf of a number of private and public clients throughout the country;
- (b) I have had no involvement in the preparation of provisions, the section 32 evaluation or any advice following notification for the Hospital Special Purpose Zone within this PDP hearing; and
- (c) I contributed to the section 32 evaluation of Heritage and Special Zones topics and reviewed the section 32 evaluation for the Earthworks and Minerals topic and confirm that these are not relevant to Te Whatu Ora's submission.

2.9 Noting the above, I have no conflict of interest to declare with respect of the hearing of Te Whatu Ora's submission within the PDP review.

### **3. INVOLVEMENT WITH PDP ON BEHALF OF TE WHATU ORA**

3.1 I have been engaged by Te Whatu Ora to provide independent planning evidence on their behalf for the PDP. I was initially engaged by Te Whatu Ora in September 2022 to provide planning advice to inform their original submission (#S42) (**Attachment 2**) and subsequent further submission (#FS402) (**Attachment 3**). In preparing this evidence I have reviewed the Council's Section s42A Hearing Report for the Hospital Special Purpose Zone topic and the relevant attachments of this report.

### **4. EVIDENCE CONTEXT**

4.1 Te Whatu Ora undertakes the operational functions of the Ministry of Health, leading the day-to-day running of the health system across New Zealand, with functions delivered at local, district, regional and national levels. This includes the management of all health services, including hospital and specialist services, and primary and community care within the Far North District.

4.2 Te Whatu Ora manage and operate health services from multiple locations across the Far North District including main hospital sites at Kaitaia Hospital, Bay of Islands Hospital and Rawene Hospital (under Hokianga Health), dental clinics and ancillary housing.

#### **Kaitaia Hospital**

- 4.3 Kaitaia Hospital campus is located at 29 Redan Road Kaitaia, being comprised in an approximately 7ha site with multiple allotments – see **Figure 1** below. The site is situated in the south western extent of Kaitaia, Te Hiku Hauora Services (medical) and Kaitaia College are located directly to the west, with residential development located to the north, east and south across Redan Road.

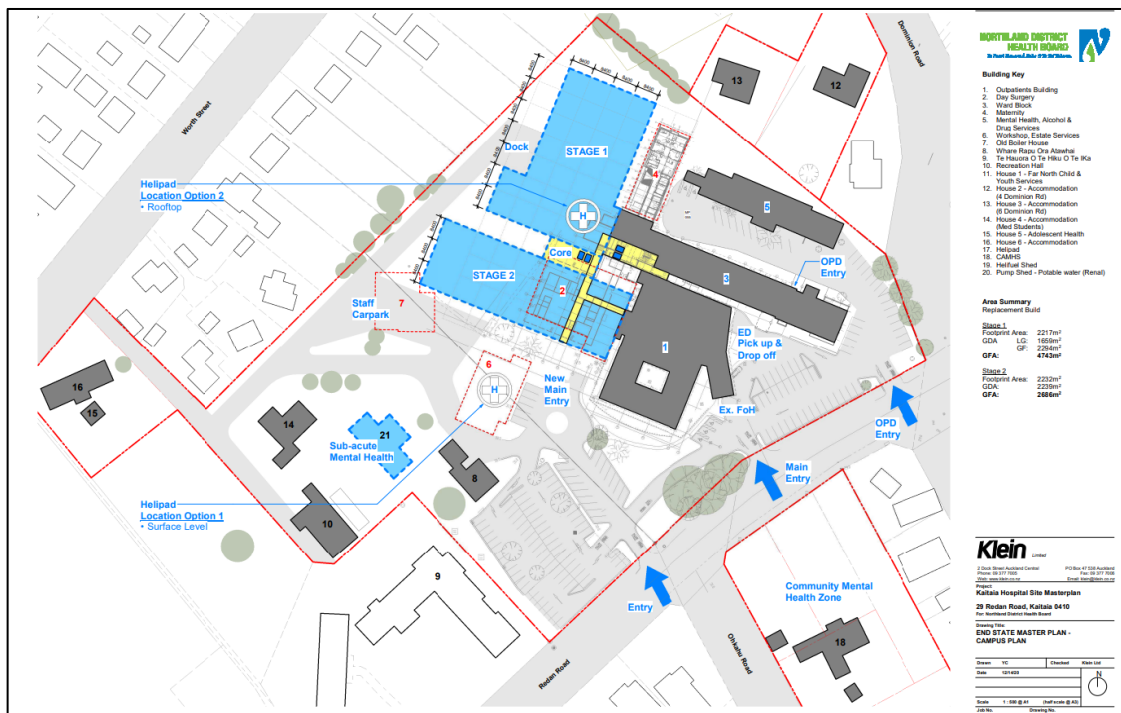


**Figure 1** – Kaitaia Hospital Campus Aerial (Source: EMaps)

- 4.4 The main Kaitaia Hospital campus services presently include:
- (a) Emergency department;
  - (b) Radiology;
  - (c) After-hours General Practice facility;
  - (d) Day Surgery facilities (2 x Theatres, 1x Endoscopy);

- (e) Birthing/maternity unit;
- (f) Occupational therapy department;
- (g) General/Paediatric ward with modern isolation room (20 + 8 beds);
- (h) Chemotherapy Clinic (weekly);
- (i) An 8 station haemodialysis outpatient unit;
- (j) General Practitioner practices located onsite;
- (k) Outpatients' consulting rooms;
- (l) Community Mental Health services; and
- (m) Helipad.

4.5 Te Whatu Ora have clear growth and development aspirations for the Kaitiā Hospital campus with an established master plan in place – see **Figure 2** below.



**Figure 2** – Kaitiā Hospital Campus Masterplan

## Bay of Islands Hospital

Bay of Islands Hospital campus is located at Greenacres Drive and Hospital Road Kawakawa, being compromised in an approximately 16ha site with multiple allotments



– see **Figure 3** below. The site is situated at the southern extent of Kawakawa. State Highway 1 extends along the eastern site boundary, residential development is located to the north and west across Greenacres Drive, and rural land is located to the south.



**Figure 3 – Bay of Islands Hospital Campus** (Source: EMaps)

4.6 Bay of Islands Hospital campus services presently include:

- (a) Inpatient ward (a mixture of general medicine & paediatric beds);
- (b) Five post-natal beds with two delivery suites;

- (c) Accident and Medical Department including two resuscitation bays (not a walk-in Emergency Department);
- (d) Radiology and Laboratory services;
- (e) 8 station satellite haemodialysis unit (a support service to the Whangarei Hospital renal service);
- (f) Physiotherapy and Occupational Therapy;
- (g) Outpatient Clinics;
- (h) Community Health Services including Paediatric Outreach Services, Diabetes, Community, Nursing, Public Health and Social Work; and
- (i) Helipad.

4.7 Te Whatu Ora have clear future growth and development aspirations for the Bay of Islands Hospital campus with an established master plan in place – see **Figure 4** below.

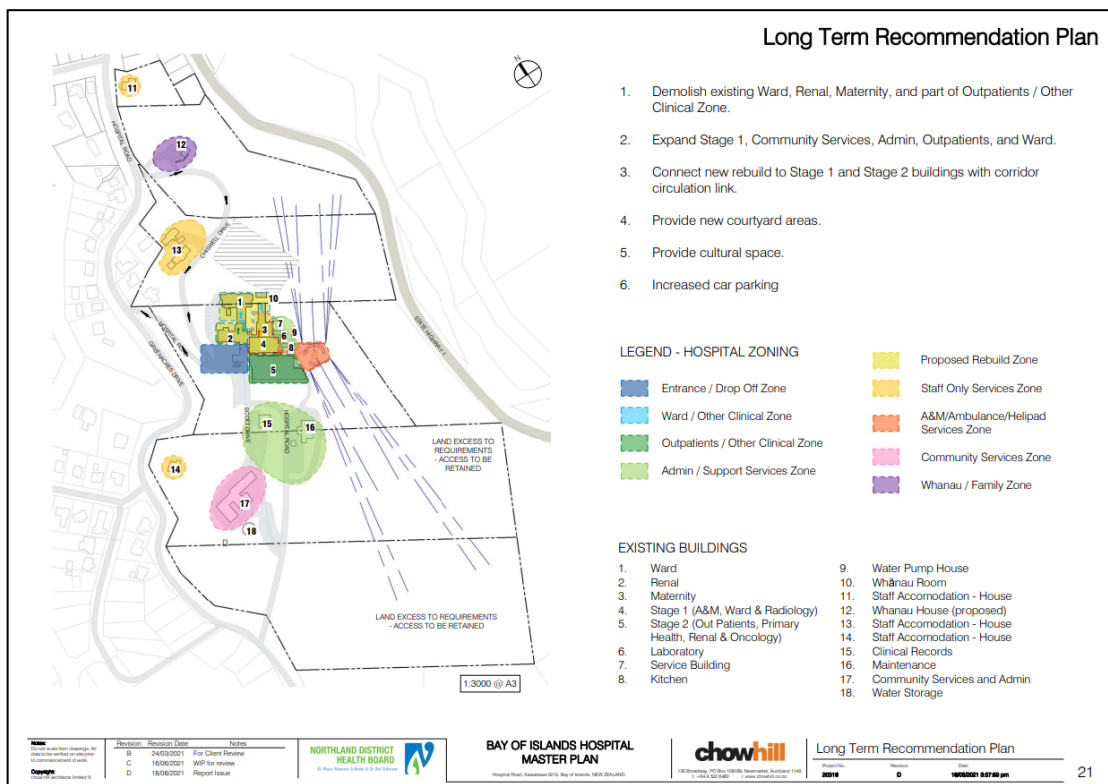


Figure 4 – Bay of Islands Campus Masterplan

**Rawene Hospital (Hokianga Health)**



Rawene Hospital is located at Rawene Road, being comprised of approximately 6ha of land with multiple allotments, located at the southern extent of the township of Rawene – see **Figure 5** below. Residential development is located to the north, rural lifestyle to the west and east and Rawene Cemetery is located to the south.



4.8 Hokianga Health provides the following services:

- (a) Accident and urgent medical care clinic;
- (b) Primary healthcare services (e.g. General Practitioners, community nursing);
- (c) Acute inpatient care and post-operative recovery care (10 bed);
- (d) Residential, rest home and hospital level aged care facility, including palliative care (12 bed);
- (e) Maternity services – three birthing suites plus pre- and post-natal care Emotional Wellbeing and Social Services;
- (f) Home & Community Support Services;
- (g) Community Development and Health Promotion;

- (h) Rongoā Māori (traditional Māori healing); and
- (i) Helipad.

## 5. PROPOSED HOSPITAL SPECIAL PURPOSE ZONE

5.1 Te Whatu Ora support the introduction of a Hospital Special Purpose Zone (“**HOSZ**”) in the PDP. Te Whatu Ora seek that the zone:

- (a) Enables the efficient and cost-effective development and redevelopment of physical infrastructure on-site;
- (b) Enables Hospital activities to continue to operate on-site, and to expand and evolve to meet the growing and changing health and social demands of Far North communities;
- (c) Enables the efficient and cost-effective development and redevelopment of associated activities such as car parking, residential activities, retail activities, education and research facilities, private health care facilities, staff facilities and aged care facilities etc; and
- (d) Recognises and provides for critical activities such as ambulances and helicopters.

5.2 In my opinion, the introduction of a bespoke Special Purpose Hospital Zone gives effect to mandatory direction 8 – Zone Framework Standard of the National Planning Standards 2022. This direction states that a district plan must contain zones consistent with the zones as described in table 13. Table 13 includes a special purpose zone for hospitals 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.”*

5.3 I note the importance of this description and will expand on this point further in my evidence.

## **6. SPATIAL DISTRIBUTION AND LOCATION OF THE HOSPITAL ZONE**

- 6.1 The Reporting Planner<sup>2</sup> states that submission points seeking rezoning will be addressed as part of the rezoning hearing (Hearing 19). I note that Te Whatu Ora have made submissions seeking changes to the spatial extent and rezoning of HOSZ.
- 6.2 I have been unable to determine from the Hospital Zone Section 32 Evaluation Report (“s32”) what, if any, zone criteria were evaluated by Council. Whilst I accept at a high level the s32 has evaluated three zoning options, no evaluation of the appropriateness of the spatial locations or zone boundaries has been undertaken.
- 6.3 Section 3.1 of the s42A states that three sites are within the HOSZ, implying that these sites are the only appropriate locations for HOSZ. In the absence of any proposed zone criteria, I consider that the logical direction must be taken from the National Planning Standards zone description.
- 6.4 I consider that it is essential to understand the spatial distribution and location of a zone when establishing provisions to appropriately, efficiently and effectively manage effects. I, therefore, preface my recommendations within this evidence on the basis that the zone extent and location may be subject to change as a result of Te Whatu Ora’s rezoning request submission points.

## **7. PUBLIC HOSPITALS AS REGIONALLY SIGNIFICANT INFRASTRUCTURE**

- 7.1 Te Whatu Ora support the recognition and promotion of the benefits of RSI throughout the Far North District, particularly the importance of public hospitals. Appendix 3 of the RPS defines RSI, which includes public hospitals.
- 7.2 Objective 3.7, and Policies 5.3.1 and 5.3.2 of the RPS recognise the benefits of RSI and that particular regard shall be had to the significant social, economic, and cultural benefits of RSI. The HOSZ as notified, includes objective HOSZ-O2 and policy HOSZ-P1 which recognise the importance of the Far North District’s hospitals as RSI. Te Whatu Ora support this objective and policy as notified and I consider that these give effect to the RPS.
- 7.3 Policy 5.3.3 of the RPS is particularly relevant to the provisions of the HOSZ, in my opinion, because the policy establishes a very clear direction with respect to allowing

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<sup>2</sup> Hospital Zone S42A Report section 3.2, paragraphs 19 and 20

effects associated with RSI and the manner in which potential effects associated with RSI must be managed:

*“(1) **Allow** adverse effects arising from the establishment and operation of new regionally significant infrastructure and the re-consenting of existing operations where:*

*(a) The proposal is consistent with Policies 4.4.1(1), 4.4.1(2), 4.6.1(1)(a), 4.6.1(1)(b), 4.6.1(2) and 4.6.2 (1);*

*(b) The proposal does not result in established water quality limits or environmental flows and/or levels being exceeded or otherwise could lead to the over-allocation of a catchment (refer to Policy 4.1.1);*

*(c) Damage to and/or loss of the relationship of iwi with ancestral sites, sites of significance, wāhi tapu, customary activities and/or taonga is avoided or otherwise agreed to by the affected iwi or hapū; and*

*(d) In addition to the matters outlined in 1) (a) – (c) above, other adverse effects are avoided, remedied or mitigated to the extent that they are no more than minor.*

*(2) **Allow** adverse effects arising from the maintenance and upgrading of established regionally significant infrastructure wherever it is located, where:*

*(a) The adverse effects whilst the maintenance or upgrading is being undertaken are not significant; and*

*(b) The adverse effects after the conclusion of the maintenance or upgrading are the same or similar to before the activity being undertaken.*

*(3) When **managing** the adverse effects of regionally significant infrastructure decision makers will **give weight** to:*

*(a) The benefits of the activity in terms of Policy 5.3.2;*

*b) Whether the activity must be recognised and provided for as directed by a national policy statement;*



*(c) Any constraints that limit the design and location of the activity, including any alternatives that have been considered which have proven to be impractical, or have greater adverse effects;*

*(d) Whether the proposal is for regionally significant infrastructure which is included in Schedule 1 of the Civil Defence Emergency Management Act as a lifeline utility and meets the reasonably foreseeable needs of Northland.*

*(e) The extent to which the adverse effects of the activity can be practicably reduced. Such an assessment shall also take into account appropriate measures, when offered, to provide positive effects, either within the subject site or elsewhere provided that the positive effects accrue to the community of interest and/or resource affected; and*

*(f) Whether a monitoring programme for any identified significant adverse effects with unknown or uncertain outcomes could be included as a condition of consent and an adaptive management regime (including modification to the consented activity) is used to respond to such effects.*

*(g) Whether the infrastructure proposal helps to achieve consolidated development and efficient use of land.”*

*[my emphasis added].*

## **8. SUPPORTED RECOMMENDATIONS OF THE S42A**

8.1 Where the Reporting Planner has accepted the relief sought in the Te Whatu Ora original submission points, or recommended amendments which are consistent with that relief sought, I support these recommendations. This includes:

- (a) S42.005 – Definition of Hospital Activity;
- (b) S42.009 – HOSZ-S1 Maximum Height; and
- (c) S42.011 – HOSZ-S3 Setback

## **9. HOSZ-S2 HEIGHT IN RELATION TO BOUNDARY**

9.1 Te Whatu Ora seek to enable development and redevelopment of physical infrastructure onsite in a cost-effective and efficient manner which provides the

flexibility to meet changing Government public health requirements and funding priorities.

- 9.2 Te Whatu Ora have requested a number of changes to the notified HOSZ bulk and location permitted activity standards, maximum building height, setback from boundary and height in relation to boundary, to establish an overall development envelope without the requirement to obtain unnecessary and costly resource consents. The relief sought seeks to create more enabling provisions to provide for efficient development and use of land within the HOSZ.
- 9.3 The Reporting Planner<sup>3</sup> has accepted the need to establish a more enabling development envelope and to provide the ability to establish three-storey buildings as a permitted activity, supporting the Te Whatu Ora relief sought to increase the maximum building height and building setback. However, the Reporting Planner has not supported the Te Whatu Ora's relief sought with respect to Height in Relation to Boundary (HOSZ-S2) in the interest of preserving amenity levels along HOSZ boundaries that adjoin the proposed General Residential Zone. This, in my opinion, fails to appropriately enable built development with the HOSZ, defeating the purpose of increasing the building height.
- 9.4 Te Whatu Ora have sought a more permissive height in relation to boundary threshold of 45° at 3 metres above ground level on all boundaries.<sup>4</sup> In my opinion, the increase in height in relation to boundary standard will not result in adverse effects due to the spatial location, topography and vegetation surrounding the HOSZ sites. The spatial distribution of the HOSZ as proposed by Council, applies to three specific locations with limited interface with General Residential Zones:
- (a) Bay of Islands Hospital is established on a knoll, surrounded by roads on three boundaries with extensive vegetation and interfaces with 8 residential allotments, 5 of which have existing residential units. Being approximately 300m cumulatively in length, located to the north of the site.
  - (b) Hokianga Health, Rawene Hospital is established on a hill, surrounded by roads and does not interface with any existing residential lots.

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<sup>3</sup> Page 30 of the s42A.

<sup>4</sup> S42.010

- (c) Kaitaia Hospital site is flat in topography, with Redan Road establishing the southern site boundary. The Hospital interfaces with 20 residential allotments, all of which have existing residential units. Being approximately 538m cumulatively in length, located to the north and east of the site.

9.5 Furthermore, I note that the amendment to standard HOSZ-S2 sought by Te Whatu Ora is consistent with the permitted activity standard for height in relation to boundary in other Hospital Zones throughout New Zealand, examples include:

- (a) New Plymouth Proposed District Plan (Appeals Version), Hospital Special Purpose Zone, standard PREC-S2.<sup>5</sup>
- (b) Hamilton City Operative District Plan, Major Facilities Zone, rule 16.4.3.
- (c) Whangārei Operative District Plan, Hospital Special Purpose Zone, rule HOSZ-R5.
- (d) Thames Coromandel Operative District Plan, Special Purpose Provisions, 26.7 Standards, Table 5.

9.6 In my opinion, the relief sought by Te Whatu Ora will give effect to the RPS policy direction, specifically:

- (a) Policy 5.1.3 which requires new subdivision, use and development particularly residential development to avoid adverse effects on the operation, maintenance or upgrading of public hospitals as RSI; and
- (b) Policy 5.3.3 which allows adverse effects arising from public hospitals as existing RSI and applies limitations to managing effects.

9.7 In my opinion, the relief sought by Te Whatu Ora will give effect to HOSZ-O3, by managing adverse effects on the surrounding environment whilst recognising the special operational and functional needs of hospitals.

## **10. HOSPITAL RELATED ACTIVITIES**

10.1 Hospitals are a significant employment and community hub and it is important to enable the growing need for hospital related activities to be established within the

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<sup>5</sup> Standard and rule are not subject to appeal.

HOSZ. Co-location of services such as childcare, assisted living and commercial services, enable the ability to provide wrap around services for the community, supporting social and cultural well-being. Co-location and provision of hospital related activities ensure the efficient use of existing hospital resources and land within the HOSZ, which is cost effective, and ensures that health funds are spent on essential health services for the community.

10.2 Te Whatu Ora have requested the following changes to the HOSZ provisions to ensure the efficient use of land and provision of health care services to the Far North District, these being:

(a) New objective:

*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.*<sup>6</sup>

(b) Amendment to policy HOSZ-P1:

*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.*<sup>7</sup>

(c) Amendment to rule HOSZ-R2 to provide for hospital related and ancillary activities as permitted activities.<sup>8</sup>

(d) Delete HOSZ-R5 to provide for supported residential care activities as permitted activities.<sup>9</sup>

(e) Inclusion of a new definition of Hospital Related Activities:

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

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<sup>6</sup> S42.002.

<sup>7</sup> S42.003.

<sup>8</sup> S42.004.

<sup>9</sup> S42.008.



- 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,*
- n. services and practices,*
- o. Staff, patient and visitor accommodation;*
- p. Emergency Services; and*
- q. Care Centres*
- r. Signage*
- s. Lighting”<sup>10</sup>*

10.3 The Reporting Planner has rejected the new objective sought by Te Whatu Ora on the basis that the content of the new objective is already adequately covered by the three

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<sup>10</sup> S42.006 and S42.007.

notified objectives and/or new definitions of 'Hospital' and 'Hospital related activities'. Whilst I agree that elements of the proposed objective are included in notified objectives HOSZ-O1-O3, in my opinion, the notified objectives do not include the concept of 'integration of services'. Therefore, as an alternative method to achieve the relief sought, I recommend an amendment to objective HOSZ-O1 as follows:

*"Hospitals in the Far North District are able to:*

*a. operate efficiently and cost effectively;*

*b. provide an integrated and wide range of hospital activities and hospital related activities; and*

*c. expand and develop as needed to meet the current and future health care requirements of the district."*

10.4 Te Whatu Ora requested an amendment to HOSZ-P1 to add 'ancillary activities' to the policy to enable a wider range of ancillary activities to be established within the HOSZ (including activities not anticipated currently) to enable hospitals to be significant employment and community hubs. The Reporting Planner has recommended this submission be rejected because the amendment would be unnecessary given their recommendation to include a new definition of 'Hospital related activities' which will specifically refer to ancillary activities. I agree with the Reporting Planner on the basis that the definition of 'hospital related activities' is accepted to enable the full range of ancillary activities.

10.5 The Reporting Planner has recommended that the definition of 'hospital related activities' as proposed by Te Whatu Ora be accepted in part. Reasons are detailed in their table located on pages 22 and 23 of the s42A Report, I address those ancillary activities recommended to be excluded by the Reporting Planner as follows:

- (a) Commercial services - the Reporting Planner considers 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. In my opinion, this exclusion will limit the range of services related to hospitals, preventing the ability to provide comprehensive healthcare services for the community. For example, General Practitioner services (doctors) fall within the definition of commercial services. It is very common for such activities to occur within a Hospital Zone, and in proximity to public hospitals as is demonstrated by the

fact that such services already exist at the three existing hospitals in the Far North.<sup>11</sup>

- (b) Private specialist and general medical facilities, services and practices – the Reporting Planner considers that these activities are already covered by the recommended definition of ‘Hospital’. I disagree with the Reporting Planner because the definition of Hospital is limited to RSI, and RSI is limited to public hospitals, as such private specialist services are excluded from the definition of ‘Hospital’. Irrespective of a perceived double up by the Reporting Planner, I argue that it is imperative that these activities are explicitly provided for.
- (c) Staff, patient and visitor accommodation – the Reporting Planner considers that this is a separate activity provided for by HOSZ-R3 and, therefore should not be included in this definition of hospitals. I disagree with this recommendation as it is common for accommodation such as Ronald McDonald House to be established in proximity to hospitals. I consider that it would be more efficient to delete HOSZ-R3 and include this matter in the definition of ‘Hospital related activities’.
- (d) Emergency Services - the Reporting Planner has recommended that this be excluded because the term is too broad for consideration as an activity ancillary to a Hospital. In my opinion, it is an efficient use of land to enable to co-location of emergency services. Ambulance and other emergency services are often located in proximity to a hospital, and it is strange in my opinion to say that such activities are not provided for in a HOSZ when, by its very nature, a hospital is providing emergency health care needs.
- (e) Care centres – the Reporting Planner has recommended that this be excluded because 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. In my opinion, this exclusion will limit the range of services related to hospitals, preventing the ability to provide comprehensive health care services for the community. For example, hospice activities fall within the definition of care centres, it is very common for such activities to

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<sup>11</sup> See Paragraphs 4.4 and 4.8 of this statement of evidence.

occur within a Hospital Zone and in proximity to public hospitals. Furthermore, I note that Te Whatu Ora have sought to delete HOSZ-R5.

- (f) Signage and lighting – the Reporting Planner has recommended that this be excluded because it is addressed in each relevant chapter. In my opinion, it is essential for the health and safety, and operational requirements of hospitals for signage and lighting to be fully enabled.

10.6 For these reasons, I support the relief sought from Te Whatu Ora and oppose the illogical recommendations to reject these activities by the Reporting Planner.

## **11. RESIDENTIAL CARE AS PERMITTED ACTIVITY**

11.1 Te Whatu Ora has requested the deletion of HOSZ-R5 which requires consent for supported residential care as restricted discretionary activity because 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<sup>12</sup>.

11.2 The Reporting Planner considers that is appropriate for supported residential care facilities to go through a resource consent process in order to establish in the HOSZ to ensure potential adverse effects can be appropriately considered and managed. In my opinion, residential care activities are likely to have effects that are less than or similar to hospital activities and I consider that permitted activity standards of the HOSZ will appropriately manage potential effects.

**Melissa McGrath**

**Date:** 4 June 2024

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<sup>12</sup> S42.008



**LIST OF ABBREVIATIONS USED IN THIS STATEMENT OF EVIDENCE:**

Council	Far North District Council
HOSZ	Hospital Zone
PDP	Far North District Plan
RPS	Northland Regional Policy Statement
RMA	Resource Management Act 1991
RSI	Regionally Significant Infrastructure
S32	Section 32 of the RMA / Council's Section 32 Evaluation Report
S42A	Section 42A of the RMA / Council's Section 42A Report
Te Whatu Ora	Te Whatu Ora – Health New Zealand

**Attachment 1 – Melissa McGrath CV**



## Melissa McGrath

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### Senior Associate

BA; MRP; MNZPI

Melissa has 20 years of experience in resource management planning, with a Masters in Resource Management. Melissa has worked for local authorities throughout the Northland Region, preparing changes to various district plans. During her time at Whangārei District Council as District Plan Manager, Melissa led the rolling review of the District Plan, Melissa has worked internationally with Pacific Aid undertaking policy work in Vanuatu. Melissa previously worked in private consultancy undertaking consenting and policy work throughout New Zealand. Melissa has a range of planning experience in consenting, policy development, consultation and public engagement.

### Projects / Key Experience

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**Policy:** Managing District Plan Review, leading council hearing and appeal management. Preparation of Private and District Plan Changes including section 32 evaluation, 42A Reporting, attendance at hearings and preparation of written right of reply and Environment Court Mediation and Expert Witness. Managing and working alongside technical consultants. Community / Stakeholder engagement including presentations on marae and Council workshops.

**Particular Projects:** Leading Whangārei District Plan Rolling Review, managing topics such as three waters infrastructure, transport including review of Council Engineering Standards. Reporting planner for network utilities plan change in particular implementing the National Policy Statement on Electricity Transmission and National Environmental Standards for Electricity Transmission Activities. Preparation of Whangārei Growth Strategy 30/50. Preparation of Draft Port Vila City Plan (Vanuatu).

**Resource Consents:** Reporting on a number of land use and subdivision consents throughout New Zealand addressing a wide range of environmental, economic, social and cultural issues. Presenting evidence at resource consent hearings on behalf of Council as reporting planner, submitters and applicants at resource consent hearings. Preparing resource consent and notice of requirement applications on behalf of network utility operators.

**Non-statutory work:** Preparation of submissions on District Plans, Central Government legislation and policy documents. Preparation and management of non-statutory documents to assist Māori Land owners develop papakāinga on their ancestral lands.

### Expertise

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- Strategic policy
- District Plan changes, private and public
- Resource consent processing, application preparation and management
- Public consultation

### Affiliations

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- Full Member of the New Zealand Planning Institute

## **Attachment 2 – Original Submission**

10 October 2022

Proposed District Plan Submission  
Far North District Council  
Private Bag 752  
Kaikohe 0440  
By email: [pdp@fndc.govt.nz](mailto:pdp@fndc.govt.nz)

**Form 5 – Submission on a change proposed to the Far North District Plan.**

On behalf of: Te Whatu Ora – Health New Zealand, Te Tai Tokerau  
Private Bag 9742  
Whangarei 0148

Address for Service: Te Whatu Ora – Health New Zealand, Te Tai Tokerau  
Tohora House, Hospital Road  
Private Bag 9742  
Whangarei 0148  
email: [Jacqueline.Bell@northlanddhb.org.nz](mailto:Jacqueline.Bell@northlanddhb.org.nz)  
phone: 021 677 369

Declaration:

1. I could not gain an advantage in trade competition through this submission
2. I am not directly affected by an effect of the subject matter of the submission that:
  - a. adversely affects the environment, and
  - b. does not relate to trade competition or the effects of trade competition

I wish to be heard in support of my submission

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

Ngā mihi/Yours sincerely,



**Jacqueline Bell**

Director Infrastructure and Commercial Services  
Te Tai Tokerau / Northern Region

Te Whatu Ora seeks that the Hospital Zone:

- i. Enables development and redevelopment of physical infrastructure on-site;
- ii. Enables the Hospital activities to continue to operate on-site and to expand and evolve to meet the growing and changing health and social demands of the community;
- iii. Enables development and redevelopment of associated activities such as car parking, residential activities, retail activities, education and research facilities, private health care facilities, staff facilities and aged care facilities etc; and
- iv. Recognises and provide for critical activities such as ambulances and helicopters.

From a planning perspective, it is desirable the planning provisions establish an overall, broad development envelope, without the requirement to obtain resource consents for new development within that envelope. The flexibility proposed seeks to provide a means by which changing Government health and funding priorities can be given effect to with ease and efficiency.

The following submissions are proposed to enable Te Whatu Ora – Health New Zealand, Te Tai Tokerau to establish an appropriate planning framework to meet the health care challenges it is facing.

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The specific provisions of the Proposed District Plan that my submission relates to are:

**Special Purpose Hospital Zone**

I support/oppose/seek amendment to the special purpose hospital zone.

My submission is:

Retain the Special Purpose Hospital zone as notified with minor amendments listed below.

My reasons are:

It is important the Hospitals are recognised as Regionally Significant Infrastructure in the District Plan and thus supported by a special purpose zone.

State the decision you wish Council to make to ensure the issues you raise can be dealt with:

S42.001

Retain the Special Purpose Hospital zone as notified with minor amendments.

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The specific provisions of the Proposed District Plan that my submission relates to are:

**Overview to the Hospital Zone**

I support/oppose/seek amendment to the specific provision listed above.

My submission is:

The Overview to the Hospital Zone Chapter needs to clearly detail to a Plan user that the development and redevelopment on the Hospital site will occur in the future including ancillary activities.

My reasons are:

The Hospital is a significant employment and community hub. In order for it to fulfil these roles there is a growing need currently and in the future for ancillary activities to be established on the Hospital site that are currently not provided and may at this point in time not be considered to be 'normal' Hospital activities. However, as demand for services generates a need there must be flexibility in the approach taken, whereby so long as an activity can demonstrate as being ancillary to the Hospital and health care activities undertaken or proposed to be undertaken then it should

be enabled. Examples are childcare activities, commercial activities and private healthcare and research activities which all support the current 'public' health activities occurring on the Hospital site. Furthermore the land holdings that Te Whatu Ora and Hokianga Trust have at the Hospital sites provide the opportunity to locate more of the administration and support services on the sites, freeing up other sites and capital and reducing operational expenditure on leases etc. Better use of existing resources enables more of the health funds to be spent on essential health services for the community.

State the decision you wish Council to make to ensure the issues you raise can be dealt with:

That the **Overview** of the Hospital Zone Chapter be amended as per below (in track changes), and/or make such other amendments so as to achieve the intent of the submission:

Objectives

HOSZ-O4

S42.002 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.

HOSZ-P1

S42.003 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.

HOSZ-R2

S42.004 Hospital, ~~and~~ hospital related, and ancillary activity

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The specific provisions of the Proposed District Plan that my submission relates to are:

### **Definitions Hospital and Hospital Related Activities**

I ~~support/oppose~~/seek amendment to the specific provision listed above.

My submission is:

Enabling Hospital activities as Permitted Activities is supported. However, the definition of Hospital and Hospital Related activities needs to be included in the plan. As does the definition of bed as it relates to carparking.

My reasons are:

Clearly defining those activities that are permitted on the Hospital site within the definition of Hospital is considered to be clearer and more efficient than having a number of other permitted activities which must then be assessed as to whether or not they are "directly ancillary to the hospital".

The definition of bed in the proposed district plan currently refers to watercourses.

State the decision you wish Council to make to ensure the issues you raise can be dealt with:

That the **definition of Hospital and Hospital Related Activities** be included as per the below:

Hospital

S42.005 means any regionally significant infrastructure that provides for the medical, surgical or psychiatric care, treatment and rehabilitation of persons.



- S42.006** 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.
- o) Staff, patient and visitor accommodation;
  - p) Emergency Services; and
  - q) Care Centres
  - h) Signage
  - i) Lighting

**S42.007** That the **definition of bed** be included as it relates to the carparking provisions in the Proposed District Plan.

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The specific provisions of the Plan Change that my submission relates to are:

**HOSZ-R5 Supported Residential Care Activity**

I ~~support~~/oppose/seek amendment to the specific provision listed above to align with the definition above.

My submission is:

Delete the supported residential care activity restricted discretionary activity status.

My reasons are:

Supported residential care activity is increasingly a common activity on hospital sites for the likes of activities such as Hospice, Ronald McDonald or Cancer Society houses.

State the decision you wish Council to make to ensure the issues you raise can be dealt with:

S42.008 That the whole of HOSZ-R5 is deleted.

The specific provisions of the Plan Change that my submission relates to are:

### **HOSZ-S1 Maximum Height**

I ~~support/oppose~~/seek amendment to the specific provision listed above.

My submission is:

The permitted activity height limit be increased to 16m.

My reasons are:

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.

State the decision you wish Council to make to ensure the issues you raise can be dealt with:

S42.009 That rule **HOSZ-S1** be amended as per below (in track changes) and/or make such other amendments so as to achieve the intent of the submission:

The maximum height of a building or structure, or extension or alteration to an existing building or structure is 1216m above ground level

The specific provisions of the Plan Change that my submission relates to are:

### **HOSZ-S2 Height in Relation to Boundary**

I ~~support/oppose~~/seek amendment to the specific provision listed above.

My submission is:

The permitted height in relation to boundary rule should be changed to 3m+45deg.

My reasons are:

It is recognised in the Objectives and Policies that the Hospital is Regionally Significant Infrastructure and as such it is important the Hospital can be developed in an efficient manner. In part this has been addressed in the submission on HOSZ-S1 seeking additional height as a permitted activity over part of the site.

Therefore, amendments to the proposed height in relation to boundary rules will enable efficient development of the hospital sites and the associated buildings whilst ensuring potential effects on neighbouring properties are adequately managed.

State the decision you wish Council to make to ensure the issues you raise can be dealt with:

S42.010 That rule **HOSZ-S2** be amended as per below (in track changes) and/or make such other amendments so as to achieve the intent of the submission:

- ~~1. 55 degrees at 2m above ground level at the northern boundary of the site;~~
- ~~2. 45 degrees at 2m above ground level at the eastern and western boundaries of the site;~~
- ~~3. 35 degrees at 2m above ground level at the southern boundary of the site.~~

1. 45 degrees at 3m above ground level at the boundaries of the site

Except where the site boundary adjoins a lawfully established accessway or access lot serving a rear site, the measurement shall be taken from the furthest boundary of the accessway or access lot.

**This standard does not apply to:**

- i. Solar and water heating components not exceeding 0.5m in height above the building envelope on any elevation.
- ii. Chimney structures not exceeding 1.2m in width and 1m in height above the building envelope on any elevation.
- iii. Satellite dishes and aerials not exceeding 1m in height above the building envelope and/or diameter on any elevation.
- iv. Architectural features (e.g. finials, spires) not exceeding 1m in height above the building envelope on any elevation.
- v. ~~A building or structure exceeding this standard for a maximum distance of 10m along any one boundary other than a road boundary, provided that the maximum height of any building or structure where it exceeds the standard is 2.7m.~~

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The specific provisions of the Plan Change that my submission relates to are:

**HOSZ-S3 Building Setbacks**

I ~~support/oppose~~/seek amendment to the specific provision listed above.

My submission is:

Delete the requirement that a building to be set back 10 m from all site boundaries.

My reasons are:

The existing provisions in the District Plan are generally between 2-3m. Increasing the setback to 10m will adversely impact the ability to redevelop the hospital sites.

State the decision you wish Council to make to ensure the issues you raise can be dealt with:

That rule **HOSZ-S2** be amended as per below (in track changes) and/or make such other amendments so as to achieve the intent of the submission.

The building or structure, or extension or alteration to an existing building or structure must be set back at least must be setback at least ~~10m~~ 3m from all site boundaries.

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The specific provisions of the Plan Change that my submission relates to are:

**Required Car Parks for a Hospital and Healthcare**

I ~~support/oppose~~/seek amendment to the specific provision listed above.

My submission is:

Amend the Hospital required car parking space rate of "1 per 3 beds, plus 5 per operating theatre, plus 1 per remaining 25m<sup>2</sup> GFA" as notified.

Amend the Healthcare required car parking space rate of "1 per 20 m<sup>2</sup> GFA" as notified.

My reasons are:

The proposed car parking standard is too generous as the size of facilities increase to meet Australasian Health Facility Guidelines which are much larger than existing facilities.

State the decision you wish Council to make to ensure the issues you raise can be dealt with:

S42.012 Simplify the **Hospital required car parking space rate** to 1 space per 2 beds plus 1 per 2 employees.

S42.013 Simplify the **Healthcare required car parking space rate** to 1 space per 2 clinics plus 1 space per 2 employees.

S42.014 Simplify **policy TRAN-P7** so that development within the Hospital Zone is not required to undertake Integrated Transport Assessments.

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The specific provisions of the Plan Change that my submission relates to are:

### **General District Wide Matters Noise**

I ~~support/oppose~~/seek amendment to the proposed noise provisions.

My submission is:

Amend the permitted activity noise limits and District Plan provisions that apply to noise emitted from the Hospital Zone (Hospital Zone).

My reasons are:

The Hospital is an existing use, located on the current sites for a number of years. Therefore, the Hospital is not new to the surrounding environment and its status as Regionally Significant Infrastructure, along with its long tenure in this environment, must be recognised. As such it must be ensured that any new development and/or redevelopment of the Hospital is not treated as though it is entirely new, rather recognising the Hospital and the adjacent landuses including residential land uses in the immediate environment have successfully coexisted for a significant period of time and the Hospital must be enabled to operate, expand and redevelop over time.

State the decision you wish Council to make to ensure the issues you raise can be dealt with:

S42.015 Amend the noise provisions in the chapter to ensure that the zone provisions don't constrain  
S42.016 hospital activities nor the design and future expansion of the facilities; protect the rights of helicopters to operate on the hospital sites.

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The specific provisions of the Plan Change that my submission relates to are:

### **Mapping**

I ~~support/oppose~~/seek amendment to the specific provision listed above.

My submission is:

Ensure the Hospital Zone is applied to the hospital landholdings.

My reasons are:

To be effective the Hospital zone must be applied to the correct landholdings.

State the decision you wish Council to make to ensure the issues you raise can be dealt with:

S42.017 Make **changes to the planning maps** as necessary and/or make such other amendments so as to achieve the intent of the submission so that the following landholdings are shown as Hospital Zone:

CT NA807/182, Section 25 SBRS S OF Kawkawa

Part Section 13 Block XVI Kawakawa SD

Lot 1 DP 79488

Lot 1 DP 65762 BLK XIV MANGAMUKA SD

PT LOT 1 DP 36075 SECS 75-78 PTS 79 82 83 RAWENE SUBS BLK XIV  
MANGAMUKA SD

~~Part Section 20 SBRS OF Kawakawa~~

~~Lot 1 DP 63855~~

~~Lot 2 DP 63855~~

~~Part Section 20 SBRS OF Kawakawa~~

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The specific provisions of the Plan Change that my submission relates to are:

**Consequential Amendments**

I support/~~oppose~~/~~seek amendment~~ to the specific provision listed above.

My submission is:

Enable consequential amendments to the plan changes and/or District Plan as necessary to ensure the outcomes proposed by these submissions can be properly integrated into the District Plan.

My reasons are:

Complete and appropriate integration of the changes proposed by these submissions is necessary to ensure the development/redevelopment of the Hospital within the hospital zone can occur in an efficient and effective manner. This recognises the Hospital is a key community resource which must be enabled to develop in the future to provide for the health and well-being of the Northland community. This also recognises the District Plan is a large and layered document and as such there needs to be certainty that all of the rules can work together to achieve the desired outcome. Therefore, this submission recognises there may be consequential changes that are required to other rules/parts of the Plan to ensure the outcomes sought by these submissions are achieved.

State the decision you wish Council to make to ensure the issues you raise can be dealt with:

S42.018 Enable consequential amendments to the plan changes and/or District Plan as necessary to ensure the outcomes proposed by these submissions can be properly integrated into the whole District Plan.

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## **Attachment 3 – Further Submission**

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To: Far North District Council

Re: Further Submission on Proposed Far North District Plan – Te Whatu Ora – Health New Zealand, Te Tai Tokerau

Full Name: Te Whatu Ora – Health New Zealand, Te Tai Tokerau Attn: Jacqueline Bell

Phone: 024 677 369

Address for Service: Email is the preferred contact method – [Jacqueline.Bell@northlanddhdhb.org.nz](mailto:Jacqueline.Bell@northlanddhdhb.org.nz) & Melissa McGrath, Barker and Associates – [melissam@barker.co.nz](mailto:melissam@barker.co.nz)

Date: 4 September 2023

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**Further Submission Information:**

These are further submissions on the Far North District Council’s (FNDC) Proposed Far North District Plan (PDP).

Te Whatu Ora – Health New Zealand, Te Tai Tokerau has an interest greater than the interest the general public has, as it made an original submission on the PDP (S42), and the submission points identified within these further submissions, specifically affect Te Whatu Ora – Health New Zealand, Te Tai Tokerau interests in the Far North District.

Te Whatu Ora – Health New Zealand, Te Tai Tokerau could not gain an advantage in trade competition through these further submissions.

The specific original submission points of the PDP that Te Whatu Ora – Health New Zealand, Te Tai Tokerau further submissions relate to are attached.

Te Whatu Ora – Health New Zealand, Te Tai Tokerau supports or opposes the specific submission points as listed in the attached document. The reasons are provided in the attached document.

The decisions that Te Whatu Ora – Health New Zealand, Te Tai Tokerau wishes FNDC to make to ensure the issues raised by Te Whatu Ora – Health New Zealand, Te Tai Tokerau are dealt with are also contained in the attached document.

Te Whatu Ora – Health New Zealand, Te Tai Tokerau wishes to be heard in support of these further submissions.

**Jacque Bell**

**Te Whatu Ora – Health New Zealand, Te Tai Tokerau**



Specific Further Submission Points on PDP

Sub point #	Submitter Name	Plan Section & Provision	Support/Oppose	Reasons	Relief Sought
General/Plan Content/Miscellaneous					
S454.134	Transpower New Zealand Limited	General/Plan Content/Miscellaneous	Support in part	Te Whatu Ora recognise the importance of critical electricity infrastructure to the efficient operation of hospitals, however seek that provisions ensure that the primary purpose of the Hospital Zone is protected and the operation of Hospitals are not compromised.	Accept in part  <b>FS402.001</b>
S483.031	Top Energy Limited	General/Plan Content/Miscellaneous	Support	Te Whatu Ora recognise the importance of critical electricity infrastructure to the efficient operation of hospitals, however seek that provisions ensure that the primary purpose of the Hospital Zone is protected and the operation of Hospitals are not compromised.	Accept in part  <b>FS402.002</b>
S159.017	Horticulture New Zealand	Definitions/Noise Sensitive Activity	Oppose in part	Te Whatu Ora support the intent of the Noise Sensitive Activity definition, however seek to ensure that the terminology with respect to 'Health Facilities' is consistent throughout the plan. Amend the definition to refer to 'health care activities' and 'hospital'.	Oppose in part  <b>F402.003</b>

Sub point #	Submitter Name	Plan Section & Provision	Support/Oppose	Reasons	Relief Sought
S217.002	New Zealand Defence Force	Definitions/Noise Sensitive Activity	Oppose in part	Te Whatu Ora support the intent of the Noise Sensitive Activity definition, however seek to ensure that the terminology with respect to 'Health Facilities' is consistent throughout the plan. Amend the definition to refer to 'heath care activities' and 'hospital'.	Oppose in part  <b>FS402.004</b>
S416.003	KiwiRail Holdings Limited	Definitions/Noise Sensitive Activity	Support in part	Te Whatu Ora support the intent of the Noise Sensitive Activity definition, however seek to ensure that the terminology with respect to 'Health Facilities' is consistent throughout the plan. Amend the definition to refer to 'heath care activities' and 'hospital'.	Oppose in part  <b>FS402.005</b>
S489.004	Radio New Zealand	Definitions/Noise Sensitive Activity	Support in part	Te Whatu Ora support the intent of the Noise Sensitive Activity definition, however seek to ensure that the terminology with respect to 'Health Facilities' is consistent throughout the plan. Amend the definition to refer to 'heath care activities' and 'hospital'.	Oppose in part  <b>FS402.006</b>
S55.011	New Zealand Pork Industry Board	Definitions/Sensitive Activity	Support in part	Te Whatu Ora support the intent of the Noise Sensitive Activity definition, however seek to ensure that the terminology with respect to 'Health Facilities' is consistent throughout the	Oppose in part  <b>FS402.007</b>

Sub point #	Submitter Name	Plan Section & Provision	Support/Oppose	Reasons	Relief Sought
				plan. Amend the definition to refer to ‘health care activities’ and ‘hospital’.	
<b>Transport</b>					
S331.025	Ministry of Education Te Tāhuhu o Te Mātauranga	Transport/TRAN-P7	Oppose in part	Te Whatu Ora seek to amend policy TRAN-P7 to provide for the efficient operation of Hospitals without the requirement for ITA, noting that the car parking standard is too onerous.	Reject in part  <b>FS402.008</b>
S356.036	Waka Kotahi NZ Transport Agency	Transport/TRAN-P7	Oppose in part	Te Whatu Ora seek to amend policy TRAN-P7 to provide for the efficient operation of Hospitals without the requirement for ITA, noting that the car parking standard is too onerous.	Reject in part  <b>FS402.009</b>
S215.003	Haigh Workman Limited	Transport/TRAN-Table 1	Oppose in part	Te Whatu Ora seek to amend TRAN- Table 1 to provide for parking spaces to enable the efficient operation of Hospitals.	Reject in part  <b>FS402.010</b>
S516.041	Ngā Tai Ora - Public Health Northland	Transport/TRAN-Table 1	Oppose in part	Te Whatu Ora seek to amend TRAN- Table 1 to provide for parking spaces to enable the efficient operation of Hospitals.	Reject in part  <b>FS402.011</b>
<b>Noise</b>					
S45.018	Puketona Business Park Limited	Noise/NOISE-S1	Oppose in part	Te Whatu Ora seek to amend NOISE-S1 to provide for hospitals to operate as Regionally Significant Infrastructure, along	Reject in part  <b>FS402.012</b>

Sub point #	Submitter Name	Plan Section & Provision	Support/Oppose	Reasons	Relief Sought
				with recognising their prominence in the existing environment.	
S45.050	Puketona Business Park Limited	Noise/NOISE-S1	Oppose in part	Te Whatu Ora seek to amend NOISE-S1 to provide for hospitals to operate as Regionally Significant Infrastructure, along with recognising their prominence in the existing environment.	Reject in part  <b>FS402.013</b>
S561.054	Kāinga Ora Homes and Communities	Noise/NOISE-S1	Oppose in part	Te Whatu Ora seek to amend NOISE-S1 to provide for hospitals to operate as Regionally Significant Infrastructure, along with recognising their prominence in the existing environment.	Reject in part  <b>FS402.014</b>
S45.053	Puketona Business Park Limited	Noise/NOISE-S4	Oppose in part	Te Whatu Ora seek to amend NOISE-S4 to provide for hospitals to operate as Regionally Significant Infrastructure, along with recognising their prominence in the existing environment.	Reject in part  <b>FS402.015</b>
<b>Signs</b>					
S447.007	Kapiro Conservation Trust	Signs/SIGN-S3	Oppose	Te Whatu Ora oppose the amendments sought to reduce the number of signs per site within the Hospital Zone. Signage is an important form of communication within patients and the community, the reduced	Reject  <b>FS402.016</b>

Sub point #	Submitter Name	Plan Section & Provision	Support/Oppose	Reasons	Relief Sought
				number of signage will not enable effective communication.	
S447.008	Kapiro Conservation Trust	Signs/SIGN-S3	Oppose	Te Whatu Ora oppose the amendments sought to reduce require signs to be consolidated within the Hospital Zone. Signage is an important form of communication within patients and the community and flexibility in location is essential.	Reject  <b>FS402.017</b>
<b>Hospital</b>					
S300.006	Creative Northland	Hospital/HOSZ-01	Oppose	The relief sought by Creative Northland is outside the scope of the RMA and should not be detailed within the District Plan.	Reject  <b>FS402.018</b>
S512.064	Fire and Emergency New Zealand	Hospital/Rules	Support	Te Whatu Ora support the amendments proposed to enable emergency service facilities to be exempt from setback distances and vehicle crossings. Emergency services particularly ambulance movements are essential for the efficient operation of health services.	Accept  <b>FS402.019</b>
S555.005	Ngā Kaingamah a o Ngāti Hine Charitable Trust	Hospital/Rules	Oppose in part	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	Reject in part  <b>FS402.020</b>

Sub point #	Submitter Name	Plan Section & Provision	Support/Oppose	Reasons	Relief Sought
				for hospital and ancillary activities are important. Furthermore, definitions recommended by Te Whatu Ora provide sufficient scope for elderly residential living and care.	
S482.014	House Movers Section of New Zealand Heavy Haulage Association Inc	Hospital/HOSZ-R1	Oppose	Te Whatu Ora do not support the relief sought it is considered that the plan does not limit or exclude the relocation of buildings.	Reject <b>F402.021</b>
S214.013	Airbnb	Hospital/HOSZ-R3	Oppose	Te Whatu Ora do not support the relief sought to provide for visitor accommodation as a permitted activity 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.	Reject <b>FS402.022</b>
S431.195	John Andrew Riddell	Hospital/HOSZ-S2	Oppose	Te Whatu Ora seek to amend the height in relation to the boundary standard to provide to effective use of land within the Hospital Zone.	Reject <b>FS402.023</b>
<b>Heritage Area</b>					
S409.042	Heritage New Zealand Pouhere Taonga	Planning Maps/Heritage Area	Oppose	Te Whatu Ora oppose the recommended extension to the Rawene Heritage Area to include the Hokianga Health Enterprise Trust facility (Rawene Hospital), because the	Reject <b>FS402.024</b>

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Sub point #	Submitter Name	Plan Section & Provision	Support/Oppose	Reasons	Relief Sought
				hospital site has been significantly modified and developed to provide for an operational hospital. Additional limitations that would result due to the heritage area will result in unnecessary constrain, cost and delay in the on-going operation and development of the hospital.	
<b>Planning Maps</b>					
S555.001	Ngā Kaingamaha o Ngāti Hine Charitable Trust	Planning Maps / Rural Residential Zone	Oppose in Part	<p>Te Whatu Ora’s original submission (S42.017) sought changes to the planning maps to seek that a number of its landholdings at Bay of Islands Hospital are shown as Hospital Zone. This submission point from Ngā Kaingamaha o Ngāti Hine Charitable Trust seeks that the rear of 11 Grenacres Drive (Section 22 SBRS of Kawakawa) and the adjoining site to the south Section 25 SBRS of Kawakawa are rezoned from rural residential to general residential zone.</p> <p>Te Whatu Ora are neutral on this submission point from Ngā Kaingamaha o Ngāti Hine Charitable Trust, but seek clarification to the extent of the rezoning sought. If this extends over the land sought to be rezoned Hospital Zone as per Te Whatu Ora’s original</p>	<p>Clarification sought, Reject in Part</p> <p style="color: red; text-align: center;"><b>FS402.025</b></p>

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# Te Whatu Ora PDP Further Submission



Sub point #	Submitter Name	Plan Section & Provision	Support/Oppose	Reasons	Relief Sought
				submission, then Te Whatu Ora would oppose the extent that affected the Bay of Islands Hospital Zone / landholdings.	

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