

Plan Change 145 Whangarei Hospital (SPH)

Section 32 Evaluation Report

March 2019

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List of Abbreviations

Height in relation to boundary	HIRB
Living 1 Environment	L1
Long Term Plan	LTP
National Environmental Standards	NES
National Planning Standards	NP Standards
National Policy Statements	NPS
New Zealand Coastal Policy Statement	NZCPS
Northland District Health Board	DHB
Northland Regional Council	NRC
Northland Regional Policy Statement	RPS
Plan Change 145	PC145
Resource Management Act 1991	RMA
Section 32 of the RMA	s32
Section 42A of the RMA	s42A
Structure Plan	SP
Special Purpose Hospital Zone	SPH
Urban Growth Strategy	UGS
Whangarei District Growth Model	WDGM
Whangarei District Council, Operative District Plan	WDP
Whangarei District Growth Strategy, Sustainable Futures 30/50	30/50

1. Introduction

1.1 Overview

1. This report is in relation to proposed changes to the Operative Whangarei District Plan (**WDP**) seeking to review the provisions relating to Whangarei Hospital, as part of the WDP rolling review. The report has been prepared in accordance with the requirements of Schedule 1 of the Resource Management Act 1991 (**RMA**) and incorporates an evaluation under section 32 of the RMA (**s32**). S32 evaluations are iterative, and therefore the evaluation in this report constitutes the initial evaluation, with this being further revised throughout the plan change process.
2. The report provides background material to the planning provisions applicable to Whangarei Hospital. It outlines the statutory considerations relating to the preparation and consideration of plan changes generally, and sets out the strategy and policy frameworks within which the Plan Change fits. It also addresses key issues pertaining to Whangarei Hospital and its management over the next ten years within the lifespan of the WDP under the Rolling Review.
3. The report then goes on to address the RMA's s32 evaluation requirements.

1.2 The Proposed Plan Change

4. Plan Change 145 (**PC145**) seeks to introduce a new Zone into the Operative WDP, the Special Purpose Hospital Zone (**SPH**). The SPH is being introduced as a special purpose zone under the draft National Planning Standards (**NP Standards**) and proposes to provide a new chapter relevant to the Whangarei Hospital, which is currently subject to Living 1 Environment (**L1**) zoning and provisions within the Operative WDP. PC145 will include:
 - A new "Hospital Zone (SPH)" Chapter – with objectives, policies and rules for Whangarei Hospital, including land use and subdivision provisions.
 - Changes to the WDP Zone Maps – to denote the extent of SPH Zone.
 - Consequential changes to the WDP, including the addition of new definitions.
5. PC145 includes a description of the proposed SPH to identify the environmental expectations and outcomes sought in the Zone through the proposed objectives, policies and rules.
6. PC145 is part of a comprehensive package of plan changes encompassing area specific zoning matters and district wide matters for Whangarei District. As a collective package the plan changes will introduce new zone chapters, with objectives, policies and rules; new district wide chapters, with objectives, policies and rules; changes to the Planning Maps; new definitions and consequential changes to the WDP. PC145 has been drafted to be consistent with the overall approach and format of the plan change package. The proposed plan changes are listed below and a s32 report has been prepared for each plan change to evaluate the matters relevant to that topic.

Proposed zoning plan changes

- Plan Change 88 – Urban Plan Changes Technical Introduction

- Plan Change 88A – City Centre Zone (PC88A)
- Plan Change 88B – Mixed-use Zone (PC88B)
- Plan Change 88C – Waterfront Zone (PC88C)
- Plan Change 88D – Commercial Zone (PC88D)
- Plan Change 88E – Local Commercial Zone and Neighbourhood Commercial Zone (PC88E)
- Plan Change 88F – Shopping Centre Zone (PC88F)
- Plan Change 88G – Light Industrial Zone (PC88G)
- Plan Change 88H – Heavy Industrial Zone (PC88H)
- Plan Change 88I – Living Zones (PC88I)
- Plan Change 88J – Precincts (PC88J)
- Plan Change 115 – Green Space Zones (PC115)
- Plan Change 143 – Airport Zone (PC143)
- Plan Change 144 – Port Zone (PC144)
- Plan Change 145 – Hospital Zone (PC145)

Proposed district wide plan changes

- Plan Change 148 – Strategic Direction and Subdivision (PC148)
- Plan Change 109 – Transport (PC109)
- Plan Change 136 – Three Waters Management (PC136)
- Plan Change 147 – Earthworks (PC147)
- Plan Change 82A – Signs (PC82A)
- Plan Change 82B – Lighting (PC82B)

2. Background

2.1 Existing Environment

7. Whangarei Hospital (“**the Hospital**”) is located on Maunu Road and occupies an area of land approximately 19.4ha in size. The hospital site is located approximately 600m from the major intersection between State Highway 1 and State Highway 14, the main transportation route from Whangarei to Dargaville, and is approximately 2.5km west of Whangarei’s central business district. See **Figures 1** and **2** below.

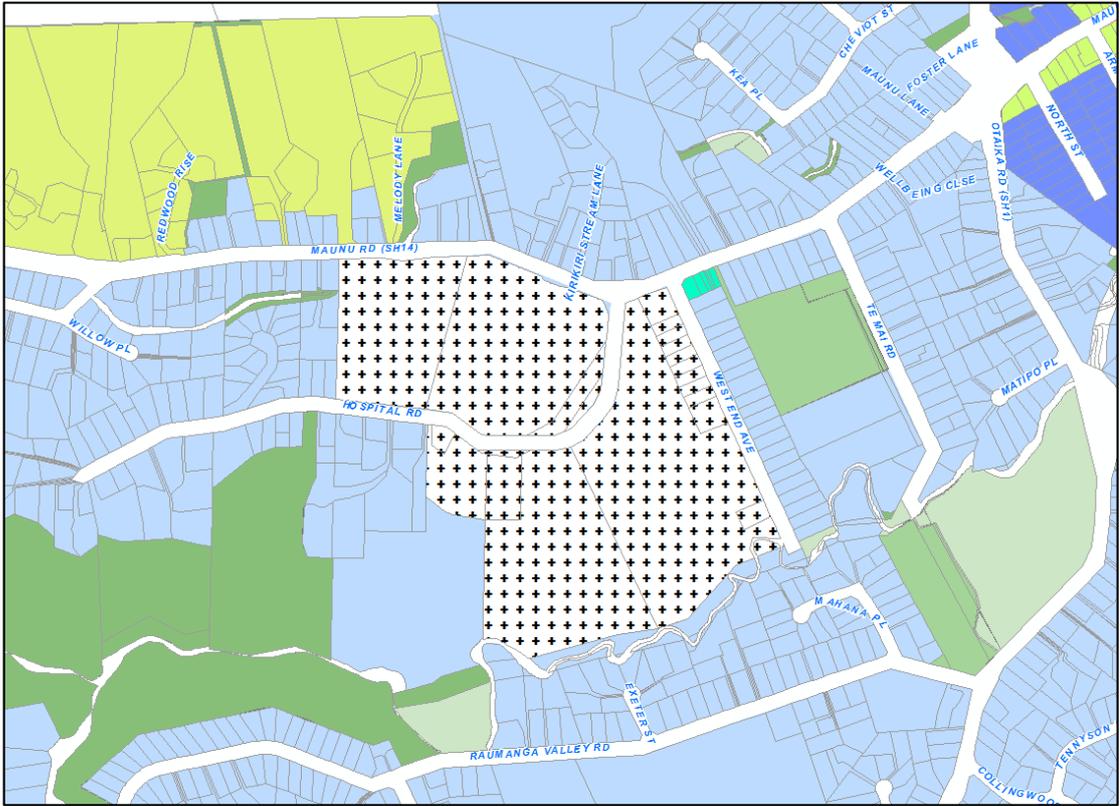


Figure 1 - Extent of proposed SPH Zone



Figure 2 - Aerial Photograph of Hospital Land. Source: Google Maps

8. The Hospital is owned by the Northland District Health Board (**DHB**) and is the largest of the DHB hospitals in the Northland Region¹. The facility provides specialist care to all of Northland, currently accommodating 246 inpatient beds, 7 surgical theatres, Intensive Care and High Dependency Units, a 24hour Emergency Department, Mental Health and Clinical Support, and a Māori and Community Health Service².
9. The Hospital is recognised as regionally significant infrastructure in the Northland Regional Policy Statement 2018 (**RPS**)³, acknowledging the importance of the Hospital with regard to the social and economic wellbeing of the region.
10. Given the financial relationship between the Hospital and the DHB, the DHB does not meet the requirements of a requiring authority under the RMA and as such is not eligible to secure the Hospital as a designated site under the operative WDP.
11. The Hospital is not currently subject to specialist zoning and is instead covered under the L1 provisions in the WDP and existing use rights. The L1 zoning arose from the development of the first generation WDP and has resulted in the Hospital retaining “dishonest zoning”, as the L1 primarily provides for residential uses. As such, since the inception of the WDP, the DHB has had to apply for resource consents for any development undertaken assessed against the L1 provisions, which inherently do not include specific allowance for the types of activities undertaken with hospital facilities.
12. The Hospital is bordered by Open Space to the southwest and Living Environments on most sides. A large part of the southern portion of the Hospital site is vacant and, as such, has considerable potential for further greenfield development.
13. Given the predicted population growth and demographic changes for the District, the DHB envisages that the Hospital will need to expand to cater for increased demand in health services⁴. It is predicted that 90 additional beds will be required over the next 20 years to cater for increased demand in medical, surgical, assessment, treatment and rehabilitation services at the Hospital. While site redevelopment plans have not yet been finalised and are largely subject to funding approvals, the intent to grow and redevelop the Hospital remains imminent. New and expanded buildings and facilities are expected within the Hospital site to provide the necessary services for both inpatients and out patients and also for community health care and administration services.

2.2 Resource Management Issues

14. Sections 2.2.1 – 2.2.3 discuss the following key resource management issues in relation to the hospital.
 - Providing for current and future hospital operations.
 - Restricting non-hospital related activities in SPH.

¹ <https://www.northlanddhb.org.nz/our-services/our-hospitals/w-hangarei-hospital-services/>

² <https://www.northlanddhb.org.nz/our-services/our-hospitals/w-hangarei-hospital-services/>

³ Regional Policy Statement for Northland -

<https://www.nrc.govt.nz/media/10930/regionalpolicystatementfornorthlandmay2016updatedmay2018.pdf>

⁴ Sustainable Futures 30/50 (pg 80) <http://www.wdc.govt.nz/PlansPoliciesandBylaws/Plans/SustainableFutures/Final-Strategy/Documents/Final-Growth-Strategy/Part%20B%20Sections%203-5.pdf>

- Managing effects of hospital operations.

2.2.1 Providing for current and future hospital activities

15. The Hospital is classified as regionally significant infrastructure in the RPS as it provides healthcare services for residents of the Whangarei District, and entire Northland Region. The Hospital is a key asset to the District and Region in terms of supporting the economy and the social and physical needs of residents and visitors. It is therefore essential that current and future operations of the Hospital are provided for in the District Plan Review.
16. The Hospital does not currently have appropriate zoning within the WDP. The L1 zoning that currently applies to the site represents “dishonest zoning” as the L1 provisions are designed to provide for residential development and are not fit for purpose when considering the operational requirements for the Hospital.
17. The Hospital requires flexibility to respond to changes in population and demographics. The Hospital not only provides medical services, but also other activities relating to community health, administration and supported residential care. Given that the Hospital site is surrounded by a range of land uses, meeting the changing and evolving needs of the Hospital’s operations now and into the future will need to be carefully balanced with achieving appropriate environmental outcomes for the immediately surrounding zones.
18. It is considered that the unique operational needs and environmental effects associated with the Hospital necessitate a tailored special purpose zone. PC145 aims to provide for current and future operations by acknowledging and enabling the continued operation of the Hospital and ancillary activities while managing potential adverse effects on surrounding land uses.

2.2.2 Restricting non-hospital related activities in SPH

19. The extent of land within the proposed SPH is limited. It is important that this land is primarily used for the provision of current and future hospital activities. As a result, it is imperative that other activities that do not have a direct requirement to establish within the SPH or that may compromise or limit the safe and efficient operation of current and future hospital activities are not permitted to establish in the SPH. Such activities could include industrial activities (excluding medical research facilities), visitor accommodation, residential units and rural production activities.

2.2.3 Managing effects of hospital operations

20. The operation of a hospital and ancillary activities typically produce higher numbers of vehicle movements and other effects such as noise, light spill, and vibration that may impact on the amenity typical of nearby sensitive environments. It is also generally recognised that the efficient operational requirements of the Hospital may require buildings and structures that are of a larger height and bulk when compared to the surrounding environment. While the continued efficient and effective operation of the Hospital needs to be provided for, adverse effects on the surrounding environment need to be appropriately managed.

21. The Hospital is almost entirely surrounded by Living zones which are primarily occupied by residential development. Therefore, while acknowledging that the Hospital is an established activity of regional significance and that a reduced level of amenity is anticipated in such an area, adverse effects generated by the Hospital should not unduly impact on the reasonable enjoyment or use of the surrounding environment.
22. It is intended that PC145 will provide for activities that are compatible with the Hospital in a manner that protects the Hospital from unnecessary controls whilst protecting, as far as practicable, surrounding sensitive environments from adverse effects.

2.3 Consultation

23. Consultation regarding the development of PC145 and the draft provisions for the proposed SPH was undertaken as part of the wider Urban & Services Plan Changes pre-notification consultation process. No formal feedback was received from the DHB on the proposed provisions at that stage, although discussions were had with DHB representatives.
24. Following the draft pre-notification consultation process, draft provisions were provided to the DHB for review and comment with discussions in November 2018, and a revised draft of the SPH provisions and further discussions in December 2018.
25. The DHB's own plans to initiate a private plan change for the future redevelopment of the Hospital were discussed.
26. It is understood that the DHB may advance a private plan change in 2019. Council however cannot delay the review of the Hospital zoning as it has an obligation under s79 of the RMA to review its District Plan within a 10-year time period. The current L1 Zoning that applies to the Hospital is therefore being reviewed as part of the Urban & Services plan change package.
27. If a private plan change application is lodged by the DHB before or during the notification of PC145, schedule 1 of the RMA provides procedures for dealing with the request.

2.4 Background Research and District Plan Comparisons

28. To assist with the drafting and development of the SPH chapter, background comparison research was undertaken on Hospital zones and provisions in other District Plans throughout the country. This research was used to inform the SPH provisions. Alongside the feedback provided on the pre-notification version of the draft SPH chapter, the research aided in developing the approach taken.
29. The following District Plans were reviewed as part of the comparison research:
 - Whangarei District Plan;
 - Palmerston North District Plan;
 - New Plymouth District Plan;
 - Invercargill District Plan;

- Auckland Unitary Plan;
- Dunedin City District Plan;
- Nelson Resource Management Plan;
- Wellington District Plan.

30. Consistency between the research findings and the proposed SPH chapter is referenced throughout the analysis in Section 4, where it has informed and influenced the provisions.

3. Statutory Considerations

31. The WDP sits within a layered policy framework, which incorporates the National Policy Statements, National Environmental Standards, Iwi Management Plans, RPS, Regional Plans, Structure Plans and Long Term Plans. Each of these policy documents and plans has been considered in accordance with the RMA. The relevant policy documents that were taken into consideration when preparing PC145 are discussed below.

3.1 National Policy

National Policy Statements

32. Section 55 of the RMA requires local authorities to recognise National Policy Statements (**NPS**) in their plans. There are currently five National Policy Statements:

- National Policy Statement on Urban Development Capacity;
- New Zealand Coastal Policy Statement;
- National Policy Statement for Freshwater Management;
- National Policy Statement for Renewable Energy; and
- National Policy Statement on Electricity Transmission.

33. The NPS on Urban Development Capacity (**NPSUDC**) identifies the provision of key infrastructure as an important pre-requisite for any urban environment that is expected to experience growth. Local authorities are required to give effect to the NPSUDC through their plans and policy statements. As such, given that the NPSUDC defines the term 'other infrastructure' as including social infrastructure such as schools and healthcare, it is necessary to consider the NPSUDC in the context of PC145.

34. In the context of the Hospital, the NPSUDC outlines the requirement for local authorities to satisfy themselves that 'other infrastructure' required to support urban development is likely to be available⁵. In addition, when making planning decisions that affect the way and the rate at which development capacity

⁵ PA2 – Outcomes for planning decisions, NPSUDC

is provided, decision-makers are required to provide for the social, economic, cultural and environmental wellbeing of people and communities and future generations, whilst having particular regard to promoting the efficient use of other infrastructure⁶.

35. Lastly, as Whangarei is listed as a high growth area, WDC is directed to work with providers of 'other infrastructure' to implement the requirements of the NPSUDC⁷ to achieve integrated land use and infrastructure planning⁸. As described in section 2.3 of this report, discussions with representatives from the DHB have been undertaken regarding the content and direction of the SPH provisions. This has resulted in a number of changes to ensure that appropriate provision is made for current and future hospital activities while balancing this with the need to manage adverse effects within the surrounding environment. Accordingly, PC145 is considered to have appropriately given effect to the NPSUDC.
36. The New Zealand Coastal Policy Statement and the NPS's for Freshwater Management, Renewable Electricity Generation and Electricity Transmission are not considered relevant to PC145.

National Environmental Standards

37. National Environmental Standards (**NES**) are regulations issued under the RMA. They prescribe technical standards, methods and other requirements for environmental matters. Section 44A of the RMA requires local authorities to recognise NES and Section 44A requires local authorities give effect to the NES in their plans. There are currently six National Environmental Standards:
- National Environmental Standards for Air Quality;
 - National Environmental Standards for Sources of Drinking Water;
 - National Environmental Standards for Telecommunication Facilities;
 - National Environmental Standards for Electricity Transmission Activities;
 - National Environmental Standards for Assessing and Managing Contaminants in Soil to Protect Human Health; and
 - National Environmental Standards for Plantation Forestry.
38. The NES for Air Quality prohibits the operation of an incinerator at all healthcare institutions unless a resource consent has been granted for the discharge⁹. In addition, the NES for Air Quality also defines the term 'hazardous wastes' and specifies where consent is expressly required for discharges to air associated with the burning of several specified 'wastes' or materials. Included within this definition is clinical wastes from medical care in hospitals, medical centres and clinics.

⁶ PA3(b) – Outcomes for planning decisions, NPSUDC

⁷ PA1 – PA3, PC1 and PC2 of the NPSUDC

⁸ PD2 – Coordinated planning evidence and decision-making, NPSUDC.

⁹ Regulation 11, NES Air Quality

39. However, as the NES for Air Quality focuses on discharges to air it is considered that this is more appropriately addressed as a function of the Northland Regional Council (**NRC**), and as such is not considered within the scope of PC145.
40. The NES for Assessing and Managing Contaminants in Soil to Protect Human Health (**NESCS**) is a nationally consistent set of planning controls and soil contaminant values. It ensures that land affected by contaminants in soil is appropriately identified and assessed before it is developed – and if necessary, that the land is remediated or the contaminants contained to make the land safe for human use.
41. Given the existing uses of the Hospital Zone, the NESCS assumes that the underlying ground is subject to potential contamination and as such is considered a HAIL (**Hazardous activities and industries list**) activity under the NESCS. However, while the NESCS will be a relevant consideration for future development proposals, in this instance the NESCS is not applicable to the PC145 as the use of the land is not changing.
42. Upon review, there are no NES relevant to this plan change.

National Planning Standards

43. The Government is introducing a set of National Planning Standards (**NP Standards**), which are intended to make council plans and policy statements easier to prepare, understand, compare and comply with. The purpose of the NP Standards is to improve consistency in plan and policy statement structure, format and content. The NP Standards were introduced as part of the 2017 amendments to the RMA and will be implemented between April 2019 – April 2024.
44. The draft NP Standards include site specific zoning for special purpose areas. Hospital Zones are listed as a 'special purpose zone' to be incorporated into district plans. As per the draft NP Standards, the purpose of the Hospital Zone is to provide primarily for the ongoing operation of a locally or regionally important primary medical facility, and associated health care services and healthcare facilities.
45. PC145 is proposing to implement site specific zoning to the Hospital (SPH) to achieve consistency with the draft NP Standards.

3.2 Regional Policy

Northland Regional Policy Statement (RPS)

46. The RPS provides broad direction for managing Northland's natural and physical resources. The policies and methods contained in the RPS provide guidance for territorial authorities for plan making.
47. Regionally significant infrastructure in the RPS is the infrastructure essential for the social and economic functioning of Northland. The RPS highlights that Northland needs this type of infrastructure to attract investment and development opportunities. The Hospital is identified as Regionally Significant Infrastructure in Appendix 3 of the RPS.
48. The RPS has a strong focus on economic wellbeing and regionally significant infrastructure. Specifically, objectives 3.5, 3.6 and 3.7 are relevant to PC145 and are as follows:

3.5 Enabling Economic Wellbeing – Northland's natural and physical resource are sustainably managed in a way that is attractive for business and investment that will improve the economic wellbeing of Northland and its communities.

3.6 Economic Activities – Reverse Sensitivity and Sterilisation - The viability of land and activities important for Northland's economy is protected from the negative impacts of new subdivision, use and development, with particular emphasis on either:

(a) Reverse sensitivity for existing:

(i) Primary production activities;

(ii) Industrial and commercial activities;

(iii) Mining*; or

(iv) Existing and planned regionally significant infrastructure; or

(b) Sterilisation of:

(i) Land with regionally significant mineral resources; or

(ii) Land which is likely to be used for regionally significant infrastructure.

3.7 Regionally Significant Infrastructure – Recognise and promote the benefits of regionally significant infrastructure, (a physical resource) which through its use of natural and physical resources can significantly enhance Northland's economic, cultural, environmental and social wellbeing.

49. The objectives of the RPS are clear that regionally significant infrastructure needs to be recognised, provided for and appropriately managed in the long term. Regionally significant infrastructure is recognised and promoted in PC145 through the proposed objectives and policies.
50. The policies of the RPS also places strong emphasis on encouraging the development of infrastructure, promoting and realising the benefits of regionally significant infrastructure, and avoiding and managing effects on and arising from regionally significant infrastructure. Specifically, policies 5.1.3, 5.2.2, 5.2.3, 5.3.1, 5.3.2 and 5.3.3 are relevant:

5.1.3(c) Avoiding the adverse effects of new use(s) and development – Avoid the adverse effects, including reverse sensitivity effects of new subdivision, use and development, particularly residential development on the operation, maintenance or upgrading of existing or planned regionally significant infrastructure.

5.2.2 Future-proofing infrastructure – Encourage the development of infrastructure that is flexible, resilient, and adaptable to the reasonably foreseeable needs of the community.

5.2.3 Infrastructure, growth and economic development – Promote the provision of infrastructure as a means to shape

5.3.1 Identifying Regionally Significant Infrastructure – The regional and district Councils shall recognise the activities identified in Appendix 3 of this document as being regionally significant infrastructure.

5.3.2 Benefits of Regionally Significant Infrastructure – Particular regard shall be had to the significant social, economic, and cultural benefits of regionally significant infrastructure when considering and determining resource consent applications or notices of requirement for regionally significant infrastructure.

5.3.3 Managing adverse effects arising from regionally significant infrastructure – (1) Allow adverse effects arising from the establishment and operation of new regionally significant infrastructure and the re-consenting of existing operations; and (2) Allow adverse effects arising from the maintenance and upgrading of established regionally significant infrastructure wherever it is located; and (3) When managing the adverse effects of regionally significant infrastructure decisions makers will give weight to those matters outlined within subsection a – g.

51. The policies of the RPS are clear that regionally significant infrastructure needs to be protected and provided for with a level of flexibility so as to allow for the ongoing operation, maintenance and upgrade of activities without being unduly constrained. The importance of providing for regionally significant infrastructure is recognised in the RPS policies as being due to the clear social, economic and cultural benefits that such infrastructure delivers to the region.
52. PC145 has been developed with a view to striking an appropriate balance between enabling hospital infrastructure and associated hospital activities that continue to support the economic and social wellbeing of Northland whilst ensuring that adverse effects are managed to an acceptable level. Proposed PC145 is therefore consistent with the provisions of the RPS.

Regional Plans

53. There are a number of operative Regional Plans for Northland that have been developed under the RMA. These include the Regional Water and Soil Plan, Air Quality Plan and the Coastal Plan.
54. The Regional Air Quality Plan (**RAQP**) acknowledges that certain hospital activities, including the operation of incinerators, have the potential to result in the discharge of contaminants to air.
55. As outlined above, matters concerning air quality are a regional council function. Having reviewed each of the above documents and taking into account all of the provisions, it is considered that there are no other regional provisions relevant to PC145, and that the proposed provisions for PC145 are consistent with the Operative Regional Plans.
56. The Proposed Regional Plan (**PRP**) combines the operative Regional Plans applying to the coastal marine area, land and water and air, into one combined plan. The PRP identifies the Hospital as being located within the Whangarei airshed and being a dust-sensitive, odour-sensitive, smoke-sensitive and spray-sensitive area. All four of these areas carry additional discharge restrictions and applicable standards under the PRP.

57. While hospital activities will be required to comply with these regional council discharge standards, this is not relevant to PC145 given its a regional council function. As such, it is considered that the proposed provisions for PC145 are consistent with the PRP.

3.3 District Policy

Whangarei District Growth Strategy, Sustainable Futures 30/50 2010(30/50)

58. The Whangarei District experienced significant growth over the period 2001 – 2008. Further growth is projected to continue, and in some parts of the district has the potential to be substantial. This growth presents both challenges and opportunities to the district and its communities, individuals and families, businesses and governing bodies.
59. To manage the projected growth sustainably, Council formulated 30/50 as a long term Sub-Regional Growth Strategy. 30/50 identified economic drivers of development, assessed further growth potential, determined existing and potential land use patterns, and assessed and planned for infrastructural requirements for the district over a 30 – 50 year time frame.
60. 30/50 identifies the Hospital as key infrastructure in the Northland Region. The Hospital is forecasted in 30/50 as having a future status of the primary regional healthcare facility and therefore needs to be continuously assessed and appropriately managed to ensure access is readily available to all residents when required.
61. 30/50 clearly anticipates that the Hospital will continue to be critical infrastructure in the region, particularly given the ageing population which is anticipated to place additional demands on hospital services. 30/50 outlines the significant modelling work that has been undertaken by the DHB to plan for the future use and development of the Hospital land to meet the increasing needs and demands of the Northland community. Given the projected population growth and demographic changes, it is important that future planning is undertaken to ensure appropriate services will be in place to cope with changing demands.
62. Given the focus in 30/50 on the growing need and demand for hospital services and facilities in the future, it is essential for the WDP to be enabling of the Hospital and land surrounding the Hospital. PC145 is consistent with 30/50 through seeking to enable and support ongoing and future operations of medical facilities including the Hospital, and providing flexibility for future growth and expansion when and as required.

Whangarei District Operative Plan 2007 (WDP)

63. The WDP became operative in May 2007. Within the WDP, the Hospital is managed through zoning rules which are addressed in Chapter 36 – Living 1, 2 and 3 Environment Rules.
64. There are no hospital-specific objectives and policies contained within the WDP. Instead, district-wide provisions address issues such as Amenity (Chapter 5), Built Form and Development (Chapter 6), Subdivision and Development (Chapter 8), Road Transport (Chapter 22) and Noise and Vibration (NAV Chapter). The objectives or policies of the WDP specifically identify or recognise the regional significance of the Hospital.

65. With the exception of the NAV chapter, all of these chapters are proposed to be consequentially deleted and replaced by new higher order direction in the overall Urban & Services Plan Changes.
66. Hospital activities, as 'health care facilities', are permitted within the L1. There is a suite of other specific rules for the L1 relating to hazardous substances; network utility services; parking; traffic movements; signs; fences; artificial lighting; electromagnetic radiation; outdoor storage; and aerals. In addition, there are specific building standards which must be met, including for example a maximum building height of 8m and maximum building coverage of 35%. A minimum setback of 4.5m from road boundaries and 3m from other boundaries is also required.
67. The provisions in the WDP are relatively old and therefore require review to ensure they are still relevant and effective at achieving the intended outcomes. In addition, the provisions for the Hospital area are covered by a residentially focussed zone and multiple different chapters in the WDP which are being reviewed as part of the Urban & Services Plan Changes. It is considered that the L1 represents "dishonest zoning" for the Hospital site, and PC145 seeks to address this by applying a special purpose Hospital Zone which specifically recognises and provides for current and future hospital activities.

3.4 Iwi and Hapu Management Plans

68. According to s74(2A) of the RMA, Council must take into account any relevant planning document recognised by an iwi authority and lodged with the territorial authority, to the extent that its content has a bearing on the resource management issues of the district. At present, there are five such documents: Te Iwi O Ngatiwai Environmental Policy Document (2007), Patuharakeke Te Iwi Trust Board Environmental Plan (2014), Ngati Hine Iwi Environmental Management Plan (2008), Ngati Hau Hapu Environmental Management Plan (2016) and Te Uriroro Hapu Environmental Management Plan and Whatatiri Environmental Plan.
69. Each management plan is comprehensive and covers a range of issues of importance to the respective iwi. The management plans contain statements of identity and whakapapa and identify the rohe over which mana whenua (and mana moana) are held. The cultural and spiritual values associated with the role of kaitiaki over resources within their rohe are articulated.
70. Many of the identified issues relate to concerns over indigenous flora and fauna, minerals, soil, air quality and water quality, particularly in regards industry and development activities. A few specific references to hospital activities were identified which are outlined below.
71. Both the Te Iwi O Ngatiwai Environmental Policy Document and the Ngati Hine Iwi Environmental Management Plan make specific reference to discharges from hospitals and funeral parlours, or discharges of human body fluids, not to be combined with other wastes such as stormwater, and treated together.
72. In addition, the Ngati Hine Iwi Environmental Management Plan contains a section identifying issues relating to utilities, amenities and infrastructure whereby the issue of increased development and population pressures is identified in relation to increased demand for all types of infrastructure. While it is noted that the inclusion of hospital facilities, or regionally significant infrastructure, is not specifically listed in this section, it is considered that Policy 26.1 of this management plan is relevant, which requires

the full participation of Te Runanga o Ngati Hine in all decision-making processes of agencies over planning for, development and management of infrastructure within their rohe. The pre-notification consultation process for the Urban & Services Plan Changes provided an opportunity prior to formal notification for the public, including iwi and hapu to comment on the proposed plan changes. No submissions specific to the draft Hospital Chapter were received by Te Runanga o Ngati Hine. Further opportunities for consultation with iwi will continue to be provided through the PC145 plan change process.

73. The Patuharakeke Te Iwi Trust Board Environmental Plan speaks to the Memoranda of Understandings the Patuharakeke Trust Board have entered into with various agencies, industries and developers, including the DHB and WDC.
74. There were no matters identified within the Ngati Hau Hapu Environmental Management Plan as having direct relevance to the Hospital or PC145.
75. The Te Uriroro Hapu Environmental Management Plan and Whatatiri Environmental Plan refers to relationships with various agencies, including the DHB, and the desire that these be strengthened with Mana Whenua ki Whatitiri being appropriately acknowledged as kaitiaki within their rohe.
76. PC145 has considered those matters of relevance within the iwi and hapu management plans and has taken them into account in the development of the proposed provisions.

4. Proposed Hospital Zone

77. The proposed SPH aims to recognise the significance of the Hospital as regionally significant infrastructure and provide for the ongoing operation of the Hospital by enabling a range hospital activities while ensuring that any adverse effects on the surrounding environment are appropriately managed. As the Hospital is regionally significant infrastructure and contributes to the social and economic wellbeing of the Whangarei District and Northland Region, the SPH aims to safeguard the Hospital land to allow for continued operation of hospital activities and any potential growth and future expansion. Activities which are not consistent with the Hospital and/or have no reason to locate near the Hospital may not be appropriate and are restricted inside the SPH. It is proposed to achieve these outcomes through zone mapping, a new suite of objectives, policies and provisions specific to the Hospital.
78. With regard to zone mapping, it is noted that the proposed SPH includes approximately 19.4ha of land as outlined in **figure 1** earlier. This covers the land owned by the DHB and considered to be "Hospital land" and includes a small parcel of land (LOT 1 DP 456678) on the southern side of Hospital Road. The DHB has confirmed that they own and administer this block of land for hospital purposes, and it has therefore been included within the proposed SPH Zone boundaries.

5. Section 32 Analysis

5.1 Appropriateness in Terms of Purpose of RMA

79. Council must evaluate in accordance with Section 32 of the RMA the extent to which each objective proposed in PC145 is the most appropriate way to achieve the purpose of the RMA. To confirm the appropriateness of the proposed objectives, section 5.1 of this report assesses whether the proposed objectives are the most appropriate way to achieve the purpose of the RMA. Sections 5.2 and 5.3 of this report go on to assess whether the proposed objectives are the most appropriate with regard to higher order documents and the WDP. The level of analysis undertaken in this report is commensurate/appropriate to the scale of the proposal.
80. PC145 proposes the following objectives, the reasons for which are detailed in Table 1:

TABLE 1: S32 ASSESSMENT OF PROPOSED SPH OBJECTIVES	
Proposed SPH Objectives	Reason
<p>SPH-O1 Enable and provide for:</p> <ol style="list-style-type: none"> 1. The effective operation, expansion and future development of the Hospital within the SPH and; 2. A range of hospital activities to meet the needs of the Whangarei District and the Northland Region as population and health demands grow. 	<p>This objective seeks to enable current and future operations within the SPH. This includes enabling provision for a range of hospital activities to meet the demands of the district and region as the population grows. It is acknowledged that a hospital represents critical infrastructure that provides for the community's economic and social wellbeing.</p>
<p>SPH-O2 Manage adverse effects from the provision of hospital activities on the surrounding environment.</p>	<p>Land around the SPH is primarily zoned for residential purposes. While the other objectives acknowledge the district and regional significance of the Hospital, this objective acknowledges that any adverse effects of the provision of hospital activities on the surrounding environment need to be appropriately managed.</p>
<p>SPH-O3 Recognise and provide for the importance of Whangarei Hospital as regionally significant infrastructure and the contribution it makes to the economic and social wellbeing of the District and Region.</p>	<p>This objective recognises the importance of the Hospital to the economic and social wellbeing of the District and Region and seeks to ensure that it is considered and provided for as regionally significant infrastructure in accordance with the directives in the RPS.</p>
<p>SPH-O4 Avoid fragmentation of the SPH associated with inappropriate subdivision.</p>	<p>This objective recognizes that land within the SPH is limited and that potential fragmentation associated with further subdivision should be avoided.</p>

81. Part 2 of the RMA provides the statutory framework for the sustainable management of natural and physical resources. Section 5 outlines the purpose and principles of the RMA, Section 6 lists matters of national importance that shall be recognised and provided for, Section 7 lists other matters that all persons exercising functions and powers under the RMA shall have particular regard to and Section 8 addresses matters relating to the principles of the Treaty of Waitangi.
82. The following table assesses the appropriateness of the proposed objectives in achieving the purpose of the RMA. It is noted that several sections within Part 2 of the RMA are not relevant to PC145, and only those sections which are relevant are addressed in Table 2 below.

TABLE 2: LINKAGE OF PROPOSED SPH OBJECTIVES WITH PART 2 OF THE RMA

		Proposed Hospital Zone Objectives			
		SPH-01	SPH-02	SPH-03	SPH-04
RMA Part 2 Sections	5(2)(a)	✓	✓	✓	✓
	5(2)(c)		✓		✓
	7(b)	✓		✓	✓
	7(c)		✓		
	7(f)		✓		

83. Taking into account the comments above and having assessed the proposed SPH objectives against the relevant sections of Part 2 of the RMA, it is considered that the four proposed objectives are consistent with the purpose of the RMA and promote the sustainable management of natural and physical resources.

5.2 Appropriateness in Relation to Higher Order Documents

84. The provision of higher order documents were considered in the formulation of the objectives and policies in PC145. Of particular relevance to PC145 are the NPSUDC, RPS and 30/50. Section 3 provides an overview and evaluation of the consistency of the SPH in relation to these higher order documents.

85. Table 3 provides an overview of the links and consistency of the proposed SPH objectives with the relevant higher order documents.

TABLE 3: EVALUATION OF PROPOSED SPH OBJECTIVES AGAINST HIGHER ORDER DOCUMENTS

		Proposed Hospital Zone Objectives			
		SPH-01	SPH-02	SPH-03	SPH-04
Higher Order Documents	NPSUDC	✓		✓	✓
	RPS	✓	✓	✓	✓
	30/50	✓		✓	✓

5.3 Appropriateness in Relation to the Strategic Direction Chapter

86. The proposed SPH objectives are subservient to the higher order district wide objectives set out in the Strategic Direction Chapter proposed under Plan Change 148. The relevant overarching Strategic Direction Chapter objectives and policies and their links to the proposed SPH objectives are shown in Table 4 below. This table illustrates that the objectives of the SPH are effectively linked to the relevant overall objectives and policies of the Strategic Direction Chapter which have been assessed as being appropriate in terms of s32 (refer to Plan Change 148 s32 Report).

TABLE 4: LINKING BETWEEN STRATEGIC DIRECTION CHAPTER AND SPH OBJECTIVES		
Proposed SD Objective	Proposed SD Policies	Proposed SPH Objectives
SD-03 – Growth Accommodate future growth through urban consolidation of Whangarei city, existing suburban nodes and rural villages, to avoid urban development sprawling into productive rural areas.	SD-P6	SPH-O1
SD-05 – Incompatible Activities Avoid conflict between incompatible land use activities from new subdivision and development.	SD-P2	SPH-O1 SPH-O4
Urban Area Objectives		
SD-013 – Unanticipated Activities Manage, and where appropriate avoid the establishment of activities that are incompatible with existing uses or unanticipated in the zone.	SD-P2, P4	SPH-O1
Regional Significant Infrastructure Objectives		
SD-022 – Recognised Benefits Identify and protect Regionally Significant Infrastructure and recognise the benefits it provides.	SD-P15	SPH-O1 SPH-O3
SD-023 – Adverse Effects Avoid remedy or mitigate adverse effects of the development, operation and maintenance of Regionally Significant Infrastructure.	SD-P16, P17	SPH-O2 SPH-O4

5.4 Appropriateness of Proposed Policies and Methods

87. A section 32 evaluation must determine whether the proposed provisions are the most appropriate way to achieve the proposed objectives by undertaking a cost benefit analysis of the economic, social, environmental and cultural effects of the provisions, including whether opportunities for economic growth and employment are reduced or increased. The risk of acting or not acting where uncertain information exists must also be considered. It is important to determine whether the preferred approach will be more effective and efficient than other alternatives and whether this effectiveness and efficiency comes at a higher cost than other alternatives. Below is an assessment of the proposed provisions.

5.4.1 Proposed SPH Policies

88. The proposed SPH policies seek to ensure that hospital related activities are recognised and provided for while adverse effects on the surrounding environment are appropriately managed. These policies are achieved through the application of rules, in this case the use of land use and subdivision rules.

89. The policies proposed for inclusion are considered to achieve the objectives by:

- Recognising the regional significance of the Hospital by providing for a range of current and future hospital activities within the SPH.
- Protecting the SPH for appropriate uses by avoiding the establishment of non-hospital activities (in particular industrial activities) which do not have a direct requirement to establish in the SPH and which constrain the safe and efficient operation of the Hospital.

- Managing adverse effects on the surrounding environment by controlling development at the interface between the SPH and adjoining zones.
- Recognising that the Hospital may require larger buildings and structures when compared to the surrounding environment.
- Avoiding fragmentation associated with inappropriate subdivision by retaining large sites and only enabling subdivision within the SPH where it is required for operational requirements of the Hospital.

90. The proposed policies are considered the most appropriate for achieving the objectives and provide a coherent link to the rules in the proceeding sections of the SPH chapter. The use of clear and direct policies also aligns with the policy driven approach applied to the rolling review. Table 5 below demonstrates that the policies for the SPH implement the proposed SPH objectives.

TABLE 5: LINKING OF PROPOSED SPH PROVISIONS	
Proposed SPH Objective	Proposed SPH Policies
<p>SPH-O1 Enable and provide for:</p> <ol style="list-style-type: none"> 1. The effective operation, expansion and future development of the Hospital within the SPH and; 2. A range of hospital activities to meet the needs of the Whangarei District and the Northland Region as population and health demands grow. 	<p>SPH-P1 To recognise the regional significance of Whangarei Hospital by providing for a wide range of existing and future hospital activities within the SPH.</p> <p>SPH-P2 To avoid the establishment of activities not related to hospital activities within the SPH unless such activities:</p> <ol style="list-style-type: none"> 1. Demonstrate a direct requirement to establish within the SPH; and 2. Do not compromise or limit the safe and efficient operation of current and future hospital activities. <p>SPH-P3 To avoid the establishment of industrial activities within the SPH, unless they are medical research facilities.</p> <p>SPH-P5 To recognise that the efficient operational requirements of Whangarei Hospital may require buildings and structures that are of a larger height and bulk when compared to the surrounding environment.</p>
<p>SPH-O2 Manage adverse effects from the provision of hospital activities on the surrounding environment.</p>	<p>SPH-P4 To manage adverse effects on the surrounding environment by controlling development at the interface between the SPH and adjoining zones.</p> <p>SPH-P5 To recognise that the efficient operational requirements of Whangarei Hospital may require buildings and structures that are of a larger height and bulk when compared to the surrounding environment.</p>
<p>SPH-O3 Recognise and provide for the importance of Whangarei Hospital as regionally significant infrastructure and the contribution it makes to the economic and social wellbeing of the District and Region.</p>	<p>SPH-P1 To recognise the regional significance of Whangarei Hospital by providing for a wide range of existing and future hospital activities within the SPH.</p>
<p>SPH-O4 Avoid fragmentation of the SPH associated with inappropriate subdivision.</p>	<p>SPH-P6 To avoid fragmentation associated with inappropriate subdivision by:</p> <ol style="list-style-type: none"> 1. Retaining large sites and landholdings within the SPH; and

	2. Only enabling subdivision within the SPH where it is required to meet the operational requirements of the Hospital.
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91. An alternative option to the proposed policies was to rely on the policies within the existing Operative WDP in Chapters 5, 6 and 8. However, the existing policies are not appropriate in that they do not specifically recognise the importance of the Hospital as regionally significant infrastructure, as is required under the RPS. Further, the existing policies do not appropriately provide for the future growth and expansion of the Hospital to provide for the needs of the District and Region as population and health demands grow. Accordingly, the existing policies within the Operative WDP present additional costs and risk compared to the proposed policies and therefore are not considered to be an appropriate option.

5.4.2 Proposed SPH Boundaries

92. Spatial mapping is considered to be an appropriate method of achieving the objectives and policies of the SPH as it identifies where the proposed provisions do and do not apply. In order to assess the appropriateness of the proposed spatial extent of the SPH, the following options were evaluated:

- **Option 1:** Status Quo: Do not specifically zone the Hospital and retain general L1 Zoning across the Hospital land.
- **Option 2:** Map the Hospital land as SPH (Proposed plan change)

93. Evaluation of these alternative options is summarised in Table 6.

TABLE 6: SECTION 32 ASSESSMENT OF HOSPITAL MAPPING OPTIONS		
	<u>Costs</u>	<u>Benefits</u>
Option 1: Status Quo	<u>Environmental and Cultural</u> None identified. <u>Economic and Social</u> Reduced opportunities for hospital related activities to establish on Hospital land in the future. The Hospital has the burden of applying and paying for resource consents under the L1 Zone provisions which do not specifically provide for the effective operation, expansion and future development of the Hospital.	<u>Environmental and Cultural</u> None identified. <u>Economic and Social</u> Consistent with L1 zoning in the surrounding environment.
Option 2: Map Whangarei Hospital land	<u>Environmental</u> Greater potential for expansion and future development of the Hospital which may result in adverse effects on the surrounding environment. <u>Economic and Social</u> Reduced ability for residential activities to be undertaken on unused Hospital land. <u>Cultural</u> None identified.	<u>Environmental</u> Consolidates future growth of the Hospital within an already established Hospital site. <u>Economic and Social</u> Reduces the burden for applying for unnecessary resource consents under the L1 provisions. More land clearly provided within the District Plan to enable a range of hospital activities to meet the needs of the Whangarei District and

		the Northland Region as population and health demands grow . <u>Cultural</u> None identified.
	<u>Efficiency</u>	<u>Effectiveness</u>
Option 1	This option is inefficient and ineffective as the L1 Zone represents dishonest zoning that does not adequately recognise and provide for the Hospital as regionally significant infrastructure. As such, Option 1 represents an inefficient and ineffective use of land that will continue to present unnecessary consenting and cost barriers to the future development of the Hospital to meet the needs of the District and Region as population and health demand grows.	
Option 2	This option would enable the efficient and effective expansion and future development of the Hospital to provide for a range of hospital activities to meet the needs of the Whangarei District and the Northland Region as the population and health demands grow .	
Economic Growth and Employment Opportunities		
Option 2 provides for a higher level of economic growth and employment opportunities by enabling the efficient and effective expansion and future development of the Hospital.		
Risk of acting and not acting if there is uncertain or insufficient information		
Option 1	The risk associated with not acting is moderate-high with regard to Option 1 as retaining the L1 Zone creates unnecessary consenting barriers for the future development and expansion of the Hospital.	
Option 2	The risk associated with action on Option 2 is low as it will appropriately recognise the Hospital land for what it is primarily intended for – the provision of hospital related activities.	

94. As shown in Table 4, Option 2 (the proposed plan change) is considered to be the most appropriate (in terms of achieving the objectives of the SPH) as it best reflects the current land uses and plans for future growth and expansion of the Hospital. Option 2 will provide adequate land supply for the on-going operation, growth and development of the Hospital in accordance with the land that the DHB currently owns and administers for hospital purposes.

5.4.3 Proposed SPH Rules

95. The proposed rules in the SPH are assessed below and grouped according to topic. The evaluation of the rules includes the identification of alternative options and an assessment of the costs, benefits, efficiency and effectiveness of the proposed rules, and the risks of acting and not acting.

Permitted Activities (Land Use)

96. The proposed provisions include rules for permitted land use activities in SPH-R1–R15 relating to hospital and building activities. These rules are assessed below in terms of their efficiency and effectiveness under the following sub-headings.

Any Activity not otherwise listed in this chapter and Hospital Activities

97. The proposed SPH objectives seek to provide for a range of hospital activities to meet the needs of the Whangarei District and Northland Region as population and health demands grow. As such a wide range of existing and future hospital activities need to be provided for within the SPH, while the establishment of non-hospital related activities within the SPH is to be avoided.

98. Consistent with the approach in other chapters within the Urban & Services Plan Changes, SPH-R1 states that any activity not otherwise listed in the SPH chapter is a permitted activity (provided that resource consent is not required or the activity is not prohibited under any other rule in the District Plan). The approach within the SPH chapter has been to list those activities that are not directly related to hospital activities (e.g. care centres, residential activities, rural production activities or industrial activities) and state the activity status for them. The default to a permitted activity means that those activities which are not captured by the specific provisions are permitted and enabled within the SPH chapter.
99. In conjunction with SPH-R1 it has also been deemed appropriate to specifically state that hospital activities are permitted in the SPH in SPH-R2. A definition of “hospital”, is proposed as part of the overall plan change package. While technically hospital activities would be deemed permitted pursuant to the default to permitted rule in SPH-R1, it was considered appropriate to specifically state that hospital activities are permitted within the SPH.
100. Alternatives considered were:
- **Option 1:** Status Quo: Retain the current L1 rules.
 - **Option 2:** Include default to permitted activity in SPH-R1 and permitted activity for hospital activities in SPH-R2 (Proposed plan change).
 - **Option 3:** Default to non-complying activity.
101. It is considered that Option 2 is the most appropriate for the following reasons:
- Option 1 is not an efficient or effective option. The L1 provisions are not fit for purpose and do not appropriately enable and provide for the future expansion and development of the Hospital to meet the needs of the District and Region as population and health demands grow.
 - Option 2 is the most efficient and effective option. The SPH objectives and policies seek to enable hospital activities, while specifically seeking to avoid the establishment of non-hospital related activities, unless they have demonstrated a direct need to be located within the SPH and will not compromise existing or future hospital activities. As such the approach that has been taken is to specifically list those activities which are not directly related to hospital activities (e.g. care centres, visitor accommodation, residential units, rural production activities or industrial activities) and state the activity status for them. Therefore, any hospital related activities are a permitted activity pursuant to SPH-R2, which gives the Hospital the ability to undertake these activities without unnecessary restriction or the need to obtain resource consent.
 - Option 3 is not an efficient or effective option. Under the current structure of the SPH Chapter, a default non-complying activity status may present an unintended and unnecessary consenting barrier to hospital related activities in the SPH. It is considered appropriate to allow such activities within the SPH in order to enable the Hospital to expand in the future in order to provide for population growth and increases in the health demands of the community.

- Option 2 provides for a higher level of economic growth and employment opportunities by enabling the efficient and effective expansion and future development of the Hospital.
- Option 2 has the greatest benefits. The benefits associated with Option 2 outweigh the potential cost. Options 1 and 3 have greater costs than benefits.
- There is no known risk due to insufficient information.

Visitor Accommodation

102. Review of other District Plans around the country and feedback from DHB representatives highlighted the need to provide for visitor accommodation ancillary to the hospital. SPH-R3 seeks to provide for visitor accommodation as a permitted activity where it is an ancillary activity to the hospital for the purposes of non-permanent accommodation for hospital staff, patients or family. Any visitor accommodation that does not meet this requirement is considered a non-complying activity.

103. It is acknowledged that it is common for a hospital to have such accommodation on site for hospital staff, patients and family. For instance, the Hospital may require non-permanent accommodation for locum doctors or new staff as they seek permanent accommodation elsewhere. Or the Hospital may elect to establish short term accommodation on site for the family of patients while they are treated. A good example of this is a “Ronald McDonald House” type set up. It is accepted that these types of visitor accommodation would be consistent with the objectives of the SPH chapter to provide for a wide range of hospital activities to meet the needs of the Whangarei District and Northland Region as population and health demands grow.

104. Alternatives considered were:

- **Option 1:** Status Quo: Retain the current L1 rules – no specific provision for visitor accommodation.
- **Option 2:** Permitted activity rule for visitor accommodation ancillary to the Hospital (Proposed plan change).
- **Option 3:** Non-complying activity status for all visitor accommodation.

105. Evaluation of these alternative options is summarised in Table 7 below.

TABLE 7: SECTION 32 ASSESSMENT OF VISITOR ACCOMMODATION ACCESSORY TO HEALTH CARE FACILITIES OPTIONS		
	<u>Costs</u>	<u>Benefits</u>
Option 1: Status Quo	<u>Environmental</u> None identified. <u>Economic and Social</u> Reduced opportunities for visitor accommodation ancillary to the Hospital to establish on Hospital land in the future. Such accommodation may be necessary to support hospital activities and in particular to	<u>Environmental and Cultural</u> None identified. <u>Economic and Social</u> Consistent with L1 zoning in the surrounding environment.

	<p>provide support for staff, patients and their families.</p> <p>The Hospital has the burden of applying and paying for resource consents under the L1 Zone provisions which do not specifically provide for the establishment of visitor accommodation ancillary to the Hospital.</p> <p>No clear differentiation between visitor accommodation ancillary to the Hospital and the general definition of visitor accommodation.</p> <p><u>Cultural</u> None identified.</p>	
Option 2: Plan Change option	<p><u>Environmental, Economic, Social and Cultural</u></p> <p>Greater potential for the expansion and future development of visitor accommodation ancillary to the Hospital within the SPH which may result in adverse effects on the surrounding environment.</p>	<p><u>Environmental</u></p> <p>Consolidates the future potential growth of visitor accommodation ancillary to the Hospital within an already established site.</p> <p><u>Economic and Social</u></p> <p>Reduces the burden of applying for unnecessary resource consents for visitor accommodation ancillary to the Hospital under the L1 provisions.</p> <p>More land clearly provided within the District Plan to enable visitor accommodation ancillary to the Hospital that support hospital related activities which are needed as population and health demands grow.</p> <p><u>Cultural</u> None identified.</p>
Option 3: Non-complying activity status	<p><u>Environmental</u> None identified.</p> <p><u>Economic and Social</u></p> <p>Reduced opportunities for visitor accommodation ancillary to the Hospital to establish on Hospital land in the future. Such accommodation is necessary to support hospital activities and in particular to provide support for patients and their families.</p> <p>Non-complying activity resource consents can be difficult to obtain as the 'gateway tests' in Section 104D of the RMA have to be passed. This can be costly, with no guarantee the resource consent would be granted.</p> <p><u>Cultural</u> None identified.</p>	<p><u>Environmental, Social Economic and Cultural</u></p> <p>Provides the opportunity for a case by case assessment of the effects and merits of any proposal to establish visitor accommodation ancillary to the Hospital within the SPH.</p>
	<u>Efficiency</u>	<u>Effectiveness</u>
Option 1	Option 1 represents an inefficient and ineffective option, as it will continue unnecessary consenting barriers to the provision of visitor accommodation ancillary to the Hospital which may be necessary to support the ongoing operation and future expansion of hospital activities within the SPH.	
Option 2	Option 2 is considered to be an efficient and effective option as it will remove unnecessary consenting barriers to the provision of visitor accommodation ancillary to the Hospital which may be necessary to support the current operation and future expansion of hospital activities within the SPH.	

	In addition, Option 2 provides for future growth and expansion of hospital related activities, recognising the contribution these make to the economic and social wellbeing of the District..
Option 3	Option 3 is not an efficient or effective option. A non-complying activity status implies that visitor accommodation ancillary to the Hospital is not anticipated within the SPH. It is considered that such an activity may be required to support hospital related activities within the SPH. Such accommodation has a direct requirement to establish within close proximity to the Hospital. A non-complying activity status will present unnecessary consenting barriers and costs in this context.
Economic Growth and Employment Opportunities	
Option 2 provides for a higher level of economic growth and employment opportunities by enabling the efficient and effective expansion and future development of the Hospital.	
Risk of acting and not acting if there is uncertain or insufficient information	
There is no known risk due to insufficient information.	

106. Option 2 (Plan change option) is considered to be the most appropriate. Option 2 has the greatest benefits. The benefits associated with Option 2 outweigh the potential costs. Options 1 and 3 have greater costs than benefits. Option 2 will achieve the expectations for the SPH as per the draft NP Standards and best achieve the proposed SPH objectives.

Commercial Services, Food and Beverage Activity, Place of Assembly, Emergency Services and Educational Facilities

107. The SPH objectives seek to enable and provide for a wide range of hospital activities to meet the needs of the Whangarei District and the Northland Region as population and health demand grows. An important part of achieving this is acknowledging that the Hospital land is limited. On this basis it is considered that the establishment of non-hospital related activities within SPH should be avoided unless it is demonstrated that there is a direct requirement to establish within the SPH and that the activities will not constrain the safe and efficient operation of current and future hospital activities.

108. SPH-R4 – R8 state that Commercial Services, Food and Beverage Activity, Place of Assembly, Emergency Services and Educational Facilities are permitted where the activity is directly ancillary to the hospital. Where it cannot be determined that the activity is ancillary to the hospital, the activity status is non-complying.

109. Alternatives considered were:

- **Option 1:** Status quo L1 provisions.
- **Option 2:** Permitted activity status where the activities are ancillary to the hospital (Proposed plan change).
- **Option 3:** Permitted activity status.
- **Option 4:** Discretionary activity status.
- **Option 5:** Prohibited activity status.

110. It is considered that Option 2 is the most appropriate for the following reasons:

- Option 1 is not an efficient or effective option. The L1 rules are designed to provide for residential development and are not fit for purpose when considering the requirements of existing and future operations at the Hospital.
- Option 2 is the most efficient and effective option. Background research has highlighted that it is important to provide for these types of activities provided that they are ancillary to hospital activities. This will reduce consenting and compliance costs and allow the Hospital to establish these activities, while also providing an important control on these activities occurring should it be determined that they are not ancillary to hospital activities. This is considered necessary to protect the limited land within the SPH which has the primary purpose under the SPH and draft NP Standards of providing for current and future hospital activities.
- Option 3 is the least efficient and effective option. While it will result in greater flexibility and less compliance costs, it will not adequately avoid the establishment of the specified activities within the SPH where they are not determined to be ancillary to hospital activities. This is inconsistent with the proposed SPH objectives and policies and the draft NP Standards.
- While a discretionary activity status would allow a case by case assessment of whether a particular activity within SPH-R4 – R8 may be appropriate, a discretionary activity status implies that provision is made within the objectives and policies for such activities. This is not the case (as the policies only provide for these activities in limited circumstances) and could lead to the establishment of such activities within the SPH that are not ancillary to hospital activities and ultimately not compatible with the provision of hospital related activities. Accordingly, Option 4 is not considered to be an efficient nor effective option.
- Option 5 is more efficient and effective than Options 1, 3 and 4 but is not favoured when compared to Option 2. While a prohibited activity status for such activities would provide the most certainty that such activities will not be able to establish in the SPH, it does not provide the option for these activities to occur where they are determined to be ancillary to hospital activities. A prohibited activity status would not allow the consideration of such instances as no resource consent can be made for a prohibited activity.
- Option 3 provides the greatest scope for employment and economic growth opportunities. However, for the reasons outlined above, it is considered appropriate to control the specified activities within SPH-R4 – R8 to ensure that they are ancillary to hospital activities in order to protect the Hospital land for its primary purpose in the provision of hospital related activities.
- The benefits associated with Option 2 outweigh the potential costs. Options 1, 3, 4 and 5 have greater costs than benefits
- There is no known risk due to insufficient information.

Building height and HIRB Controls

111. The proposed SPH objectives seek to recognise and provide for the effective operation, expansion and future development of the Hospital within the SPH. To achieve this, it is recognised that the efficient

operation of the Hospital may require buildings and structures that are of a larger height and bulk when compared to the surrounding environment. However, it is still important that adverse effects on the surrounding environment are appropriately managed, particularly in interface areas between the edge of the SPH and adjoining zones.

112. Proposed Rule SPH-R9 manages building height in the SPH. The maximum building height proposed is 32m. This is based on discussions with the DHB, the existing height of the majority of Hospital buildings on the site, and research undertaken on the height limits used by other Councils throughout the country for hospitals.

113. Proposed Rule SPH-R10 manages building height in relation to boundary (**HIRB**) within the SPH. This rule is designed to provide a graduating height limit from any site boundary of the SPH adjoining a Residential or Open Space Zone. The drafting of this rule is consistent with how it is drafted throughout the rolling review of the WDP. It is designed to control the height of Hospital buildings where they are close to the boundary of adjoining Residential and Open Space Zones. This has been included in acknowledgement of the shading, privacy and general amenity effects that a tall building can have when located in proximity to a boundary of an adjoining property that does not form part of the SPH.

114. Alternatives considered were:

- **Option 1:** Status Quo: Retain the current L1 building height and daylight angle rules.
- **Option 2:** Increase the building height to 32m and include building HIRB rule (Proposed plan change).
- **Option 3:** Pre-notification consultation version: Building height of 21m, similar HIRB rule.
- **Option 4:** 45m height limit as suggested in feedback from the DHB.
- **Option 5:** Have no building height controls in the SPH.

115. Evaluation of these alternative options have been summarised in Table 8:

TABLE 8: SECTION 32 ASSESSMENT OF BUILDING HEIGHT & HIRB OPTIONS		
	<u>Costs</u>	<u>Benefits</u>
Option 1: Status Quo	<p><u>Environmental</u></p> <p>The height limit in the L1 is 8.0m. If future development of the Hospital was required to comply with this limit, this may result in hospital development having to unnecessarily sprawl out to greenfield land to the south of the Hospital land which would potentially result in a higher level of adverse effects.</p> <p><u>Social & Economic</u></p> <p>An 8m building height limit and the L1 daylight angle control are designed for residential development and will not facilitate efficient future development of the Hospital.</p>	<p><u>Environmental</u></p> <p>Building heights and HIRB on the SPH site are managed to minimise shading and amenity effects within the surrounding primarily residentially zoned site.</p> <p><u>Economic and Social</u></p> <p>Consistent with L1 zoning in the surrounding environment</p> <p><u>Cultural</u></p> <p>When compared to options 2, 3, 4 and 5, the L1 8.0m building height provides greater protection of view shafts to important Maunga (e.g. Parihaka).</p>

	<p>A restrictive height limit and HIRB control will result in unnecessary consenting costs for the Hospital.</p> <p>The DHB has indicated that the efficient operational requirements of the Hospital may require buildings and structures that are of a larger height and bulk when compared to what is anticipated in the L1 Zone.</p> <p><u>Cultural</u></p> <p>None identified.</p>	
<p>Option 2: Plan Change option</p>	<p><u>Environmental & Social</u></p> <p>Buildings up to 32m could increase shading and building dominance in the surrounding environment.</p> <p><u>Economic</u></p> <p>The DHB has indicated that redevelopment options they are considering could see a height of 45m proposed. With this option, a height above 32m would require resource consent to be applied for resulting in consenting costs for the Hospital.</p> <p><u>Cultural</u></p> <p>There could be effects on view shafts to important maunga (such as Parihaka).</p>	<p><u>Environmental</u></p> <p>When compared to Option 4 and 5, building heights are better managed to minimise shading and dominance on the surrounding environment.</p> <p>The HIRB rule will help ensure that building height is not excessive near adjoining zones.</p> <p><u>Social & Economic</u></p> <p>Reduces the burden for applying for resource consents for any buildings 32m or less in height.</p> <p>Increased ability to provide for efficient operational requirements of the Hospital which may require buildings and structures that are of a larger height and bulk when compared to the surrounding environment.</p> <p>Consistency with majority of existing building heights on the site and what was observed in research into other Hospital Zones throughout the country.</p> <p><u>Cultural</u></p> <p>None identified.</p>
<p>Option 3: 21m height limit</p>	<p><u>Environmental & Social</u></p> <p>Buildings up to 21m could increase shading and building dominance in the surrounding environment.</p> <p><u>Economic</u></p> <p>The DHB has indicated that redevelopment options they are considering could see a height of 45m. With this option, a building height greater than 21m would require resource consent to be applied for and is considerably less than the 32m used in Option 2. The DHB has indicated that the efficient operational requirements of the Hospital may require buildings and structures that are of a larger height and bulk. Therefore, a restrictive height limit may result in unnecessary consenting costs for the Hospital.</p> <p>A 21m height limit is smaller than the majority of larger buildings currently existing on the Hospital site.</p> <p><u>Cultural</u></p> <p>There could be adverse effects on view shafts to important maunga (such as Parihaka).</p>	<p><u>Environmental</u></p> <p>When compared to options 2, 4 and 5, building heights are better managed to minimise shading and dominance on the surrounding environment.</p> <p>The HIRB rule will help ensure that building height is not excessive near adjoining zones.</p> <p><u>Social & Economic</u></p> <p>Reduces the burden for applying for resource consents for any buildings 21m or less in height, although this benefit is greater for Option 2.</p> <p><u>Cultural</u></p> <p>None identified.</p>

<p>Option 4: 45m height limit</p>	<p><u>Environmental & Social</u></p> <p>When compared to Options 1-3, buildings up to 45m could significantly increase shading and building dominance in the surrounding environment.</p> <p>The DHB has to date provided no technical justification for such a significant increase in the height limit other than referring to potential redevelopment plans. Therefore, little is known or understood about the potential effects that applying this height limit could have on the surrounding environment.</p> <p><u>Economic</u></p> <p>None identified.</p> <p><u>Cultural</u></p> <p>There could be significant adverse effects on view shafts to important maunga (such as Parihaka).</p>	<p><u>Environmental</u></p> <p>None identified.</p> <p><u>Social & Economic</u></p> <p>Reduces the burden for applying for resource consents for any buildings 45m or less in height.</p> <p>Increased ability to provide for efficient operational requirements of the Hospital which may require buildings and structures that are of a larger height and bulk when compared to the surrounding environment.</p> <p><u>Cultural</u></p> <p>None identified.</p>
<p>Option 5: No maximum building height or HIRB controls in SPH</p>	<p><u>Environmental, Social and Cultural</u></p> <p>Without a maximum building height, there is the potential for significant adverse effects in relation to shading, human scale of development and view shafts (such as to Parihaka).</p> <p>No indication of appropriate height limits could lead to uncertainty and concern for surrounding property owners.</p> <p><u>Economic</u></p> <p>None identified.</p>	<p><u>Environmental and Cultural</u></p> <p>None identified.</p> <p><u>Economic and Social</u></p> <p>Reduces the burden of applying for resource consents for tall buildings.</p> <p>Increased development opportunities for the Hospital with no height restrictions.</p> <p>Increased ability to provide for the efficient operational requirements of the Hospital which may require buildings and structures that are of a larger height and bulk when compared to the surrounding environment.</p>
	<p><u>Efficiency</u></p>	<p><u>Effectiveness</u></p>
<p>Option 1</p>	<p>This option is inefficient and ineffective as the L1 Zone height limit and HIRB are designed to meet the needs of residential development, not the efficient operational needs of a Hospital which may require buildings and structures which are of a larger height and bulk than when compared to the surrounding environment. A restrictive L1 height limit will restrict development and continue unnecessary consenting costs for the Hospital.</p>	
<p>Option 2</p>	<p>Option 2 is considered to be a significant improvement on the status quo as it provides for increased development potential for buildings that will enable the efficient and effective operation, expansion and future development of the Hospital. It is also more efficient and effective than Options 3, 4 and 5 as it provides a more appropriate height limit which is consistent with the existing height limit of the majority of buildings on the Hospital site while appropriately managing adverse effects on the surrounding environment.</p>	
<p>Option 3</p>	<p>Option 3 is more efficient and effective than Option 1 but is still not the most efficient and effective option, as the majority of larger buildings existing on the Hospital site already exceed 21m in height. This will result in unnecessary consenting costs and will not sufficiently provide for the efficient operational needs of the Hospital.</p>	
<p>Option 4</p>	<p>Option 4 is more efficient and effective than Options 1, 3 and 5, but is not as efficient and effective as Option 2. While a 45m height limit will provide greater flexibility for the future development and expansion of the Hospital than Option 2, the DHB has not provided any technical information to justify this height limit. Therefore, little is known or understood about the potential effects that applying this height limit could have on the surrounding environment. This would not constitute the appropriate management of adverse effects on the surrounding environment as per the proposed SPH objectives and policies.</p>	

Option 5	Option 5 would result in no building height controls. While this would provide the greatest flexibility for the Hospital, it will not result in any kind of management of effects, thus being an inefficient and ineffective option.
Economic Growth and Employment Opportunities	
Options 4 and 5 provide the most economic growth and employment opportunities by providing the greatest flexibility for the Hospital in future development. Options 2 and 3 have similar impacts in terms of economic growth and employment opportunities. Option 1 has the least economic growth and employment opportunities as it will unnecessarily restrict the development of larger buildings on Hospital land.	
Risk of acting and not acting if there is uncertain or insufficient information	
There is risk in electing either Option 4 or 5 as no technical evidence has been provided to support retaining a 45m or unrestricted height allowance within the SPH. This could result in a risk of potentially significant adverse effects on the surrounding environment. There is a degree of risk associated with Option 2 as no technical evidence has been provided. However, that risk is less than Options 4 and 5 as the proposed height limits have been informed through research into maximum height limits applied in other Hospital zones around the Country and the height of existing buildings on the site. It is therefore considered that Option 2 has a lesser degree of risk than Options 4 and 5.	

116. Option 2 (Plan change option) is considered to be the most appropriate method. The benefits associated with Option 2 outweigh the potential costs. Options 1, 3, 4 and 5 have greater costs than benefits. Option 2 will best achieve the expectations for the SPH as per the draft NP Standards and achieve the proposed SPH objectives.

Other Building Rules

117. The SPH objectives seek to manage the adverse effects from the provision of hospital activities on the surrounding environment. In particular, it is acknowledged that development at the interface between the SPH and adjoining zones needs to be addressed in order to manage adverse effects on the surrounding environment.
118. SPH-R11 provides setbacks from road boundaries, other zones and rivers. These are designed to provide appropriate setbacks from hospital buildings to the road and adjoining zones in order to manage adverse amenity effects at the interface of these areas. Setbacks from rivers are included as there is a river that runs along the southern boundary of the SPH and it is important that consideration is given to the appropriate setback in terms of hazards (flooding) and the future protection of potential public access along the river (e.g. through the future potential provision of esplanade reserves or strips).
119. SPH-R12 and SPH-R13 manage building coverage and impervious areas. These limits are permissive and acknowledge the requirement for the Hospital to be developed further in the future, while acknowledging that some limits are required to manage the bulk and location of buildings and the retention of some pervious surfaces on the site.
120. SPH-R14 is included to manage the height of fences within 10m of a road boundary or a boundary of a Residential or Open Space Zone. This recognises that fence height is an important consideration near the boundary of the SPH, but not internally within the Hospital if efficient operational requirements require higher fences.
121. Alternatives considered were:

- **Option 1:** Status Quo: Retain the current L1 rules.
- **Option 2:** Include building setbacks, building coverage, impervious surfaces and fences rules in the SPH (Proposed plan change)
- **Option 3:** No building setbacks, building coverage, impervious surfaces and fences rules in the SPH.

122. It is considered that Option 2 is the most appropriate for the following reasons:

- Option 1 is not an efficient nor effective option. The L1 rules for building setbacks, building coverage, impervious areas and fences are designed to provide for residential development and are not considered fit for purpose for a hospital environment. The L1 provisions do not appropriately enable and provide for the future expansion and development of the Hospital to meet the needs of the District and Region as population and health demands grow.
- Option 2 is the most efficient and effective option. The controls for building setbacks, building coverage, impervious areas and fences within the SPH provide more appropriate controls than Option 1 when considering the operational needs of the Hospital and potential plans for redevelopment and expansion in the future. Such controls are important to managing the adverse effects on the surrounding environment, in particular within interface areas between the SPH and adjoining zones.
- While Option 3 would provide the greatest flexibility for the Hospital, it will not result in any kind of management of effects of fences, building setbacks, building coverage, impervious areas and fences thus leading to the potential for greater adverse effects in interface areas between the SPH and adjoining zones, and is therefore considered to be an inefficient and ineffective option.
- Option 3 provides the greatest economic growth and employment opportunities by giving the greatest flexibility for the Hospital in future development. Option 1 and 2 have similar impacts in terms of economic growth and employment opportunities.
- Option 2 has the greatest benefits. The benefits associated with Option 2 outweigh the potential costs. Options 1 and 3 have greater costs than benefits.
- There is no known risk due to insufficient information.

Parking

123. The provision and specific requirements of parking and transportation matters are primarily addressed within the proposed Transport Chapter (PC109). However, it is acknowledged that parking within and around the Hospital can cause issues for adjoining properties within other zones. As such it is considered appropriate to include a specific rule within the SPH regarding the provision of parking in areas of the SPH that are close to adjoining zones. SPH-R15 therefore proposes to include a permitted activity rule for parking where parking is permitted provided that car parking spaces are not within 50m

of an adjoining zone or within 2m of a road boundary. Matters of discretion proposed include traffic safety and amenity effects on adjoining residential properties.

124. Alternative options considered were:

- **Option 1:** Status Quo: Retain the current L1 rules for parking which refer to Chapter 47 of the WDP.
- **Option 2:** Include a specific rule for parking in the SPH (Proposed plan change option).
- **Option 3:** No rules for parking within the SPH. Rely only on the rules in the Transport Chapter (PC109).

125. It is considered that Option 2 is the most appropriate for the following reasons:

- Option 1 is not an efficient and effective option. Chapter 47 of the District Plan is being reviewed as part of the Transport plan change. While the L1 provisions include the same management of formed parking space constructed or provided within 2.0m of a road boundary, they do not include management of parking spaces within 50m of an adjoining zone to address amenity effects on adjoining residential properties.
- Option 2 is considered to be the most efficient and effective option. SPH-R9 allows the consideration of traffic safety effects and amenity effects on adjoining residential properties where any parking space in the SPH is within 50m of an adjoining zone. This is consistent with policy SPH-P4 to manage adverse effects on the surrounding environment by controlling development at the interface between the SPH and adjoining zones.
- Option 3 allows for the traffic safety effects of parking to be appropriately addressed but does not adequately manage the adverse effects that parking in the SPH within 50m of an adjoining zone may have on the amenity effects of adjoining residential properties. This option is therefore not considered to be an efficient or effective option.
- Option 2 has the greatest benefits. The benefits associated with Option 2 outweigh the potential costs. Options 1 and 3 have greater costs than benefits.
- There are no economic growth and employment opportunities.
- There is no risk due to insufficient information.

Restricted discretionary activities (Land Use)

Care Centres

126. Care centres¹⁰ are not considered to be hospital related activities. However, feedback from the DHB has highlighted that there may be reasons for a care centre to establish within the SPH. For instance, a

¹⁰ "Care centre" are proposed to be defined in chapter 4 as a consequential change to the urban & services plan change package.

care centre could perceivably be established on the site to provide easily accessible childcare services for hospital staff. However careful consideration is required to ensure that a proposed care centre will not constrain the safe and efficient operation of current and future hospital activities. As such it has been considered appropriate to provide for a care centre as a restricted discretionary activity in SPH-R10, so that any care centre can be considered on a case by case basis in terms of the proposed matters of discretion which are: traffic, parking, hours of operation, and noise.

127. Alternative options considered were:

- **Option 1:** Status Quo: Retain the current L1 – care centres as discretionary activities.
- **Option 2:** Restricted discretionary activity status (Proposed plan change).
- **Option 3:** Non-complying activity status (Pre-notification consultation option).
- **Option 4:** Permitted activity status.

128. Evaluation of these alternative options have been summarised in Table 9:

TABLE 9: SECTION 32 ASSESSMENT OF CARE CENTRE OPTIONS		
	<u>Costs</u>	<u>Benefits</u>
Option 1: Status Quo	<p><u>Environmental & Cultural</u> None identified.</p> <p><u>Social & Economic</u> There is no stated restriction to the matters that Council can consider in determining whether a care centre is appropriate or not. When compared to a permitted activity status, there will be additional consenting costs. The L1 provisions are not fit for purpose for the Hospital and do not provide any direction on when a non-hospital related activity (e.g. care centre) would be appropriate or not.</p>	<p><u>Environmental & Cultural</u> None identified.</p> <p><u>Economic and Social</u> Consistent with approach taken for L1 zoning in the surrounding environment. Allows for a case by case basis assessment of whether a care centre is appropriate or not.</p>
Option 2: Plan Change option	<p><u>Environmental & Cultural</u> None identified.</p> <p><u>Social & Economic</u> The matters of discretion may not cover all matters that may be relevant. When compared to a permitted activity status, there will be additional consenting costs.</p>	<p><u>Environmental & Cultural</u> None identified.</p> <p><u>Economic and Social</u> Greater direction is provided as to what the relevant matters are that need to be assessed within a resource consent application for a care centre. When compared to Options 1 and 3, Option 2 provides a clearer indication that a care centre may be appropriate within the SPH subject to assessment against the matters of discretion.</p>
Option 3: Non- complying activity status	<p><u>Environmental & Cultural</u> None identified.</p> <p><u>Social & Economic</u> A non-complying activity status implies that a care centre is not anticipated in the SPH. This would lead to reduced opportunities for care centres to establish on Hospital land in</p>	<p><u>Environmental & Cultural</u> None identified.</p> <p><u>Economic and Social</u> Provides the opportunity for a case by case assessment of the effects and merits of any proposal to establish a care centre within the SPH.</p>

	<p>the future. The DHB has provided feedback that a care centre may support staff and their families.</p> <p>Non-complying activity resource consents can be difficult to obtain as it would have to pass the 'gateway tests' in Section 104D of the RMA. This can be costly, with no guarantee the resource consent would be granted.</p>	
Option 4: Permitted activity status	<p><u>Environmental & Cultural</u></p> <p>None identified.</p> <p><u>Social & Economic</u></p> <p>There is no control over the establishment of care centres within the SPH. There is no ability to consider whether one or more care centre has a direct requirement to establish within the SPH and if they will constrain the safe and efficient operation of current and future Hospital activities.</p>	<p><u>Environmental & Cultural</u></p> <p>None identified.</p> <p><u>Economic and Social</u></p> <p>No consenting costs and greater flexibility to establish care centres within the SPH.</p>
	<u>Efficiency</u>	<u>Effectiveness</u>
Option 1	The status quo is inefficient and ineffective as the L1 provisions are not fit for purpose for the Hospital and do not provide any direction on when a non-hospital related activity (e.g. care centre) would be appropriate or not.	
Option 2	Option 2 is considered to be the most efficient and effective option. While there will be consenting costs associated with a restricted discretionary rule when compared to a permitted activity status, it is considered that this is necessary to allow for consideration on a case by case basis against the matters of discretion to determine whether a care centre is appropriate within the SPH. Further, a restricted discretionary activity status is considered to be more appropriate than a discretionary or non-complying activity status as it provides a clearer indication that a care centre may be appropriate within the SPH subject to assessment against the matters of discretion.	
Option 3	Option 3 is considered to be more efficient and effective than Options 1 and 4, but is not as efficient and effective as Option 2. A non-complying activity status implies that a care centre is not anticipated in the SPH. The DHB has provided feedback that a care centre may support staff and their families.	
Option 4	Option 4 is inefficient and ineffective. A permitted activity status will not provide the necessary control on whether a care centre is appropriate to establish within the SPH and could constrain current and future hospital related activities in the SPH.	
Economic Growth and Employment Opportunities		
Option 4 provides the most economic growth and employment opportunities by giving the greatest flexibility for the future development of care centres in the SPH. However, for the reasons outlined above, it is considered more appropriate to control the establishment of care centres on a case by case assessment of the matters of discretion under a restricted discretionary resource consent application.		
Risk of acting and not acting if there is uncertain or insufficient information		
There is no known risk due to insufficient information.		

129. Option 2 (Plan change option) is considered to be the most appropriate method. Option 2 has the greatest benefits. The benefits associated with Option 2 outweigh the potential costs. Options 1 and 3 have greater costs than benefits. Option 2 will best achieve the expectations for the SPH under the draft NP Standards and achieve the proposed SPH objectives.

Non-complying activities

130. The SPH objectives seek to enable and provide for a wide range of hospital activities to meet the needs of the Whangarei District and the Northland Region as population and health demands grow. An important part of achieving this is acknowledging that the Hospital land is limited. On this basis it is considered that the establishment of non-hospital related activities within SPH should be avoided unless it is demonstrated that there is a direct requirement to establish within the SPH and that the activities will not constrain the safe and efficient operation of current and future hospital activities.

131. Within the proposed SPH chapter, the following activities are classified as non-complying activities:

- SPH-R17 Residential Activities
- SPH-R18 Retail Activities
- SPH-R19 Entertainment Facilities
- SPH-R20 Service Stations
- SPH-R21 Funeral Home
- SPH-R22 Recreational Facilities
- SPH-R23 Rural Production Activities

132. Alternatives considered were:

- **Option 1:** Status quo L1 provisions.
- **Option 2:** Non-complying activity status (Proposed plan change).
- **Option 3:** Permitted activity status.
- **Option 4:** Discretionary activity status.
- **Option 5:** Prohibited activity status.

133. It is considered that option 2 is the most appropriate for the following reasons:

- Option 1 is not an efficient or effective option. The L1 rules are designed to provide for residential development and are not fit for purpose when considering the requirements of existing and future operations at the Hospital.
- Option 2 is the most efficient and effective option. While a non-complying activity status will result in consenting costs and reduce flexibility for the development of the above activities within the SPH, it is considered necessary to protect the limited land within the SPH for hospital activities which is the primary purpose of the SPH under the draft NP Standards. These activities are considered inappropriate to be specifically provided for within the SPH as there are other zones within the WDP that provide specific provision for them. A non-complying activity status provides clear direction that this is the case.

- Option 3 is the least efficient and effective option. While it will result in greater flexibility and less compliance costs, it will not adequately avoid the establishment of the specified activities within the SPH. This is inconsistent with the proposed SPH objectives and policies (where such activities are to be avoided) and the draft NP Standards.
- While a discretionary activity status would allow a case by case assessment of whether a particular activity within SPH-R17 – R23 may be appropriate, a discretionary activity status implies that provision is made within the objectives and policies for such activities. This is not the case (as the policies only provide for these activities in limited circumstances) and could lead to the establishment of such activities within the SPH that are not compatible with the provision of hospital related activities. Accordingly, Option 4 is not considered to be an efficient nor effective option.
- Option 5 is more efficient and effective than Options 1, 3 and 4 but is not favoured when compared to Option 2. While a prohibited activity status for such activities would provide the most certainty that such activities will not be able to establish in the SPH, it does not provide the option of assessing an individual proposal for each activity on its merits. It is considered that there may be instances where the applicant could demonstrate that such activities do have a direct requirement to establish within the SPH and will not constrain the safe and efficient operation of current and future hospital activities. For instance, the majority of Hospital land to the south of Hospital Road is currently vacant and retained in pasture. It is considered that rural production activities should not be specifically provided for within the SPH, as this would be incongruous with the purpose of the SPH and the Rural Production Environment provides for such activities. However, an argument could be made that until that vacant land is needed for future Hospital development or expansion, the most efficient use of the land in the interim would be for it to be used for grazing purposes. A prohibited activity status would not allow the consideration of such instances as no resource consent can be made for a prohibited activity.
- Option 3 provides the greatest scope for employment and economic growth opportunities. However, for the reasons outlined above, it is considered appropriate to control the specified activities within SPH-R17 – R23 as non-complying activities in order to protect the Hospital land for its primary purpose in the provision of hospital related activities.
- There is no known risk due to insufficient information.

Prohibited activities (land use)

Industrial activities (excluding medical research facilities)

134. SPH-R24 proposes to specify industrial activities (excluding medical research facilities) as a prohibited activity in the SPH. This is supported by SPH-P3 which seeks to avoid the establishment of industrial activities within the SPH, unless they are medical research facilities. This is in acknowledgement that industrial activities are not compatible within the SPH and do not have a direct requirement to establish in the SPH. There is limited Hospital land and the SPH objectives, and the draft NP Standards, seek that it is used primarily for hospital related activities.

135. Alternatives considered were:

- **Option 1:** Status quo L1 provisions.
- **Option 2:** Prohibited activity status (Proposed plan change).
- **Option 3:** Permitted activity status.
- **Option 4:** Discretionary activity status.
- **Option 5:** Non-complying activity status.

136. It is considered that Option 2 is the most appropriate for the following reasons:

- Option 1 is not an efficient or effective option. The L1 rules are designed to provide for residential development and are not fit for purpose when considering the requirements of existing and future Hospital operations.
- Option 2 is the most efficient and effective option. Under the draft NP Standards the purpose of the Hospital Zone is to provide primarily for the ongoing operation of a locally or regionally important primary medical facility, and associated health care services and healthcare facilities. Industrial activities (excluding medical research facilities) are not compatible with hospital related activities and do not have a direct requirement to establish in the SPH. Further there is limited land available within the SPH and this should be protected for its primary purpose. The Heavy Industry and Light Industry Zones provide for the development of industrial activities. A prohibited activity status is necessary as it clearly states that industrial activities (excluding medical research facilities) are never appropriate within the SPH.
- Option 3 is not an efficient nor effective option. While a permitted activity status would provide the greatest flexibility and reduce consenting costs, industrial activities (excluding medical research facilities) are not compatible with hospital related activities and do not have a direct requirement to establish within the SPH. A permitted activity status for industrial activities could lead to the establishment of inappropriate land uses within the SPH of which the primary purpose is for the provision of healthcare, and does not implement the policy framework [SPH-P2 and SPH-P4].
- While a discretionary activity status would allow a case by case assessment of whether a particular industrial activity may be appropriate, a discretionary activity status implies that provision is made within the objectives and policies for an industrial activity. This is not the case and this could lead to the establishment of industrial activities within the SPH that are not compatible with the provision of hospital related activities. Accordingly, Option 4 is not considered to be an efficient nor effective option.
- A non-complying activity status would present a higher threshold for an industrial activity as it would be required to pass through one of the gateway tests in section 104D of the RMA. While this means that Option 5 is considered more efficient and effective than Options 1, 3 and 4, it

is not considered more efficient and effective than Option 2 which clearly states that industrial activities (excluding medical research facilities) are not appropriate within the SPH.

- Option 2 of applying a prohibited activity status will limit employment and economic growth opportunities that could be associated with the establishment of industrial activities on Hospital land. However, for the reasons outlined above, this is considered appropriate in order to protect the Hospital land for its primary purpose in the provision of hospital related activities. Industrial activities are provided for in other zones.
- The benefits associated with Option 2 outweigh the potential costs. Options 1, 3, 4 and 5 have greater costs than benefits.
- There is no known risk due to insufficient information.

Mineral extraction activities

137. It is proposed to apply a prohibited activity status to mineral extraction activities in the SPH. The prohibited rule for mineral extraction will be provided in the Minerals (**MIN**) chapter of the WDP rather than in the SPH chapter; this is a more appropriate location for this rule and is consistent with the approach taken in the WDP to dealing with mineral extraction.

138. Alternatives considered were:

- **Option 1:** Permitted activity status for mineral extraction activities.
- **Option 2:** Discretionary activity status for mineral extraction activities.
- **Option 3:** Non-complying activity status for mineral extraction activities.
- **Option 3:** Prohibited activity status for mineral extraction activities.

139. Option 4 is considered to be the most appropriate option for the following reasons:

- Option 1 is not an efficient or effective option. A permitted activity status would result in mineral extraction activities being able to occur without requiring a resource consent which would be inconsistent with the policy framework and intent of the SPH. A permissive approach to managing mineral extraction activities could lead to adverse environmental effects and compromise Hospital activities within the SPH.
- While Option 2 is more efficient and effective than Option 1, as a resource consent would be required for any mineral extraction activity, it is still not an efficient or effective option. A discretionary activity status would allow for resource consents for mineral activities to be applied for and possibly obtained on a case by case basis which would be inconsistent with the policy framework and intent of the SPH. A discretionary activity approach, if consent were to be obtained, would potentially compromise hospital activities within the SPH.
- Option 3 is not an efficient or effective option. A non-complying activity status would present a high threshold for mineral extraction activities as it would be required to pass through one of the

gateways in Section 104D of the RMA. While Option 3 is considered more efficient and effective than Options 1 and 2, it is not considered to be more efficient and effective than Option 4 which clearly states that mineral extraction activities are not appropriate within the SPH.

- Option 4 is the most efficient and effective option. The prohibited activity status is in acknowledgement that mining activities are not compatible within the SPH and do not have a direct requirement to establish in the SPH. There is limited Hospital land and the SPH objectives, and the draft NP Standards, seek that it is used for Hospital activities. A prohibited activity status is necessary as it clearly states that mineral extraction activities are never appropriate within the SPH.
- Option 4 has the greatest benefits. The benefits of Option 4 outweigh the costs in comparison to the other options which present greater costs.
- There is no known risk due to insufficient information.

Subdivision

140. The subdivision rules are proposed to be located in the proposed Subdivision Chapter (see PC148 Section 32), but have been assessed within this part of the s32 report. Under the Subdivision Chapter it is proposed to make subdivision a discretionary activity within the SPH. It is acknowledged that the subdivision of land within the SPH could create inefficient fragmentation of the larger allotments that form part of the overall Hospital site. However, there may be some need for the Hospital to undertake subdivisions for operational requirements (e.g. boundary adjustments). A discretionary activity status allows subdivision to be assessed on a case by case basis to ensure that any subdivision does not have adverse effects on the effective operation, expansion and development of the Hospital within the SPH.

141. Alternatives considered were:

- **Option 1:** Status Quo: L1 provisions for subdivision in Chapter 71.
- **Option 2:** Discretionary activity status (Proposed plan change).
- **Option 3:** Permitted or controlled activity status.
- **Option 4:** Non-Complying activity status for all subdivisions within the SPPO.

142. It is considered that Option 2 is the most efficient and effective for the following reasons:

- Option 1 is not an efficient nor effective option. The L1 rules for subdivision are designed to provide for residential development and are not fit for purpose when considering the requirements of the Hospital.
- Option 2 is the most efficient and effective option. It enables a case by case consideration of subdivision applications within the SPH so that consideration can be given to the operational needs of the Hospital and whether a proposed subdivision would result in fragmentation of the Hospital land.

- While Option 3 would result in reduced compliance costs and provide greater flexibility to undertake subdivision within the SPH, it is an inefficient and ineffective option as it will not allow the appropriate management of adverse effects that subdivision could have on the surrounding environment and in terms of the fragmentation of the Hospital land.
- Option 4 is not an efficient or effective option. A non-complying activity status would present a higher threshold for subdivision as it would be required to pass through one of the gateways in section 104D of the RMA. A non-complying activity status indicates that subdivision is not anticipated or provided for. This is not the case, as it is acknowledged that subdivision within the SPH may be necessary to provide for current or future Hospital activities. While this means that Option 4 is considered more efficient than Options 1 and 3, it is not considered more efficient and effective Option 2 which would still require a consent to be obtained and allow for any application for subdivision to be considered on a case by case basis.
- Option 3 provides the greatest economic growth and employment opportunities by giving the greatest flexibility in potential future subdivisions. Options 1, 2 and 4 have similar impacts in terms of economic growth and employment opportunities.
- Option 2 has the greatest benefits. The benefits of Option 2 outweigh the costs in comparison to the other options which present greater costs.
- There is no known risk due to insufficient information.

6. Conclusion

143. The Hospital does not currently have appropriate zoning within the WDP. The L1 zoning that currently applies to the Hospital land represents “dishonest zoning” designed to provide for residential development and the provisions are not fit for purpose when considering the operational requirements of the Hospital.
144. PC145 has been developed as part of the Urban and Services plan changes to the WDP. The review has identified that the L1 zoning and provisions is inappropriate for the current and future needs of the Hospital. Further the draft NP Standards require that a special purpose zone is provided for the ongoing operation of the Hospital as a locally and regionally important primary medical facility. The RPS also identifies the Hospital as regionally significant infrastructure.
145. Pursuant to s32 of the RMA, the four proposed SPH objectives have been analysed against Part 2 of the RMA and the relevant provisions of higher order plans and policy documents. It is considered that the proposed objectives are the most appropriate way to achieve the purpose of the RMA.
146. The proposed provisions have been detailed and compared against viable alternatives in terms of their costs, benefits, efficiency and effectiveness and risk in accordance with s32 of the RMA. The proposed provisions are considered to represent the most appropriate means of achieving the proposed objectives and of addressing the underlying resource management issues relating to providing for current and future hospital operations, restricting non-hospital related activities in the SPH, and managing the effects of hospital operations on the surrounding environment.