

Wellington City Proposed District Plan

Hearing Stream 7 - Special Purpose Hospital Zone

Section 42A of the Resource Management Act

Document Information

REPORT FOR: **Independent Hearings Commissioners:**

Robert Schofield (Chair)
Miria Pomare
Jane Black
Lindsay Daysh

SUBJECT: **Wellington City Proposed District Plan**
Part 3 – Special Purpose Hospital Zone

PREPARED BY: Lisa Hayes

REPORT DATED: 20 February 2024

DATE OF HEARING: 19 – 28 March 2024

Executive Summary

- i. This report considers submissions received by Wellington City Council in relation to the relevant objectives, policies, rules, definitions and maps of the Wellington City Proposed District Plan as they apply to the Special Purpose Hospital Zone.
- ii. The Special Purpose Hospital Zone applies to the following hospitals:
 - i. Wellington Regional Hospital | Ngā Puna Wai Ora, Newtown
 - ii. Southern Cross Hospital, Newtown
 - iii. Wakefield Hospital, Newtown
 - iv. Bowen Hospital, Crofton Downs
- iii. A total of seven submissions and three further submissions were received in relation to the Special Purpose Hospital Zone chapter. This report outlines recommendations in response to the issues that have emerged from these submissions.
- iv. The following are considered to be the key issues in contention with respect to the Special Purpose Hospital Zone:
 - The suitability of the objectives, policies, rules and standards;
 - The suitability of the zoning of the four specific hospital sites; and
 - Potential additional and/or fit-for-purpose provisions.
- v. This report addresses each of these key issues, as well as any other relevant issues raised in the submissions.
- vi. Appendix A of this report sets out the recommended changes in full. These recommendations take into account all of the relevant matters raised in submissions and relevant statutory and non-statutory documents.
- vii. Appendix B of this report details the recommendations on the specific submission points, and whether those submissions should be accepted or rejected. The reasoning for these recommendations is set out in the body of this report.
- viii. The recommendations on this chapter may also be subject to consequential amendments arising from submissions to the whole of the Proposed District Plan and other chapters.
- ix. For the reasons set out in the Section 32AA evaluation included throughout this report, the proposed objectives and associated provisions, with the recommended amendments, are considered to be the most appropriate means to:
 - a. Achieve the purpose of the Resource Management Act 1991 (RMA) where it is necessary to revert to Part 2 and otherwise give effect to higher order planning documents, in respect to the proposed objectives; and
 - b. Achieve the relevant objectives of the Proposed District Plan, in respect to the proposed provisions.

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Table 1: Abbreviations

Abbreviation	Means
the Act / the RMA	Resource Management Act 1991
the Enabling Act	Resource Management (Enabling Housing Supply and Other Matters) Amendment Act 2021
the Council	Wellington City Council
ODP	Operative Wellington City District Plan
PDP	Proposed Wellington City District Plan
CMUDG	Centres and Mixed Use Design Guide
HOSZ	Special Purpose Hospital Zone
IHP	Independent Hearings Panel
Planning Standards	National Planning Standards
NES	National Environmental Standard
NPS	National Policy Statement
NPS-UD	National Policy Statement on Urban Development 2020
RPS	Wellington Regional Policy Statement 2013
SASM	Sites and Areas of Significance to Māori
Spatial Plan	Spatial Plan for Wellington City 2021
S32	Section 32 of the Resource Management Act 1991
S32AA	Section 32AA of the Resource Management Act 1991

Table 2: List of Submitters and Abbreviations of Submitters' Names

Abbreviation	Submission references	Submitter
GWRC	351	Greater Wellington Regional Council
Southern Cross Healthcare	380 FS127	Southern Cross Healthcare Limited
Taranaki Whānui	389	Taranaki Whānui ki te Upoko o te Ika
Te Rūnanga o Toa Rangatira	488 FS138	Te Rūnanga o Toa Rangatira
Te Whatu Ora	496	Te Whatu Ora – Health New Zealand
Vital Healthcare	258 FS51	Vital Healthcare Property Trust
Waka Kotahi	370	Waka Kotahi NZ Transport Agency

In addition, references to submissions includes further submissions, unless otherwise stated.

1.0 Introduction

1.1 Purpose of the Section 42A Report

1. This report is prepared under section 42A of the Resource Management Act 1991 (the **RMA**) to:
 - a. Assist the Independent Hearings Panel (**IHP**) in their role as Independent Commissioners in making recommendations on the submissions and further submissions on the Wellington City Proposed District Plan (the **PDP**); and
 - b. Provide submitters with information on how their submissions have been evaluated and the recommendations made by officers, prior to the hearing.
2. This section 42A report relates to Hearing Stream 7 – Special Purpose Hospital Zone.
3. Note that the following provisions under the ambit of Hearing Stream 7 are addressed in separate section 42A reports:
 - Special Purpose Tertiary Zone (**TEDZ**)
 - Rural Zone (**GRUZ**)
 - Open Space Zones (**NOSZ, OSZ, SARZ**)
 - Temporary Activities (**TEMP**)
 - Signs (**SIGN**)
 - Light (**LIGHT**)
4. This report is intended to be read in conjunction with the Section 42A Overview Report¹, which sets out the statutory context, background information and administrative matters pertaining to the District Plan review and PDP.
5. The IHP may choose to accept or reject the conclusions and recommendations of this report, or may come to different conclusions and make different recommendations based on the information and evidence provided to them by submitters.

1.2 Author and Qualifications

6. My name is Lisa Hayes. I am a Principal Advisor in the District Planning Team at Wellington City Council (the Council). I am the topic lead for the HOSZ and TEDZ.
7. I hold the qualification of Post-Graduate Diploma in Arts (Planning) from Massey University. I also hold a Master of Arts (Distinction) in Pacific Studies and a Bachelor of Arts (First Class Honours) in Pacific Studies from the University of Canterbury, and a Bachelor of Arts in Māori Studies from the University of Otago.
8. I have been a member of the District Planning Team for 2 years. Prior to notification of the PDP in July 2022 I assisted with a review of the chapters, including the HOSZ, TEDZ, Commercial and Mixed Use Zones (CMUZ) and Special Purpose Stadium Zone (STADZ). I am the topic lead for the CMUZ (excluding the City Centre Zone (CCZ)).

¹ [S42A Overview Report \(wellington.govt.nz\)](https://www.wellington.govt.nz)

9. I have 22 years experience in planning and resource management, with 20 of these in the Council's Resource Consents Team. Initially I worked for three years as a Hearings Advisor, before my 17 year tenure as a Resource Consents Planner. In that role I assessed a range of resource consent applications. In the later years my focus was on large scale developments in the central city and other centres.
10. I am a full member of the New Zealand Planning Institute and an accredited resource management commissioner.
11. My role in preparing this report is that of an expert in planning.

1.3 Code of Conduct

12. The Code of Conduct for Expert Witnesses contained in the Practice Note issued by the Environment Court came into effect on 1 January 2023. The Code of Conduct has been complied with in the preparation of this section 42A report, and will be complied with in the preparation of any supplementary evidence and presentation of oral evidence.
13. Other than where it is stated that the evidence or advice of another person is relied on, this evidence is within my area of expertise. No material facts that might alter or detract from the opinions expressed have been omitted from consideration.
14. Any supporting evidence considered in forming the opinions in this suite of reports are set out below at section 1.4 of this report.

1.4 Supporting Evidence

15. The expert evidence, literature, legal cases or other material that has been taken into account in preparation of this section 42A report is as follows:

Background Information:

- a. The Wellington City District Plan (the **ODP**)², including section 32 reports that inform the ODP provisions;
- b. The plan titled 'Our City Tomorrow – Spatial Plan for Wellington City (the **Spatial Plan**)³;
- c. The report titled 'Report to Technical Review Panel – Special Purpose Hospital Zone', prepared by Anna Stevens (dated 20 April 2021)⁴.
- d. The report titled 'Institutional Precincts Zone – Issues & Options to inform the Wellington District Plan Review of the Institutional Precincts', prepared by RMG (dated March 2020)⁵.
- e. The decisions of the IHP in relation to the ISPP provisions considered under Hearing Streams 1 to 5 and the ISPP Wrap-up Hearing: [Plans, policies and bylaws - Decision-making process on the Proposed District Plan - Wellington City Council](#)

² [Plans, policies and bylaws - Current District Plan - Wellington City Council](#)

³ [Plans, policies and bylaws - A Spatial Plan for Wellington City - Wellington City Council](#)

⁴ Refer to Appendix C

⁵ Refer to Appendix D

2.0 Key resource management issues in contention

16. Key topics arising in the submissions and further submissions are:
 - a. The suitability of the zoning of the four specific hospital sites as 'Special Purpose Hospital Zone';
 - b. The suitability of the objectives, policies, rules and standards in the HOSZ chapter; and
 - c. Potential additional and/or fit-for-purpose provisions.
17. There are a number of HOSZ provisions either not in contention or not needing further consideration, for example where only submissions in support were received in relation to an objective, policy, rule or standard. The provisions not in contention for the HOSZ are listed at paragraph 39 below. It is recommended that these provisions are adopted as notified. No further consideration of them is required.

3.0 Procedural Matters

18. At the time of writing this report there have been no pre-hearing conferences, clause 8AA meetings or expert witness conferencing in relation to submissions on the HOSZ.

4.0 Background and Statutory Considerations

4.1 Resource Management Act 1991

19. The PDP has been prepared in accordance with the RMA and in particular the requirements of:
 - Section 74 Matters to be considered by territorial authority; and
 - Section 75 Contents of district plans.
20. While the Council has followed two plan making processes in developing the PDP, all of the HOSZ provisions follow the Part 1 Schedule 1 process.
21. Since public notification of the PDP and publishing of the related section 32 evaluation reports on 18 July 2022, the following relevant statutory considerations have changed or been introduced:
 - a. **The Spatial Planning Bill and Natural and Built Environment Bill**
 - These Bills have not been repealed and have no further relevance.
 - b. **Plan Change 1 to the Wellington Regional Policy Statement was notified (19.08.2022)**
 - Hearings on Plan Change 1 are currently underway.

4.2 Section 32A Evaluation Reports

22. The following Section 32 Evaluation Reports are relevant to the HOSZ provisions that will be addressed in this section 42A report:

4.3 Section 32AA Evaluations

23. Evaluations of the recommended amendments to provisions since the initial section 32 evaluation report for the HOSZ was prepared have been undertaken in accordance with section 32AA of the Act.

24. Section 32AA states:

32AA Requirements for undertaking and publishing further evaluations

(1) A further evaluation required under this Act—

(a) is required only for any changes that have been made to, or are proposed for, the proposal since the evaluation report for the proposal was completed (the changes); and

(b) must be undertaken in accordance with section 32(1) to (4); and

(c) must, despite paragraph (b) and section 32(1)(c), be undertaken at a level of detail that corresponds to the scale and significance of the changes; and

(d) must—

(i) be published in an evaluation report that is made available for public inspection at the same time as the approved proposal (in the case of a national policy statement or a New Zealand coastal policy statement or a national planning standard), or the decision on the proposal, is notified; or

(ii) be referred to in the decision-making record in sufficient detail to demonstrate that the further evaluation was undertaken in accordance with this section.

(2) To avoid doubt, an evaluation report does not have to be prepared if a further evaluation is undertaken in accordance with subsection (1)(d)(ii).

25. The section 32AA further evaluation contains a level of detail that corresponds to the scale and significance of the anticipated effects of the changes that have been made. Recommendations on editorial, minor, and consequential changes that improve the effectiveness of provisions without changing the policy approach are not re-evaluated. No re-evaluation has been undertaken if the amendments have not altered the policy approach.

26. In accordance with section 32AA(1)(d)(ii), I have undertaken the required section 32AA evaluation for changes proposed within the report in the same location as a recommendation.

4.4 Trade Competition

27. Trade competition is not considered relevant to the provisions of the PDP relating to this topic and no known trade competition issues were raised in the submissions.

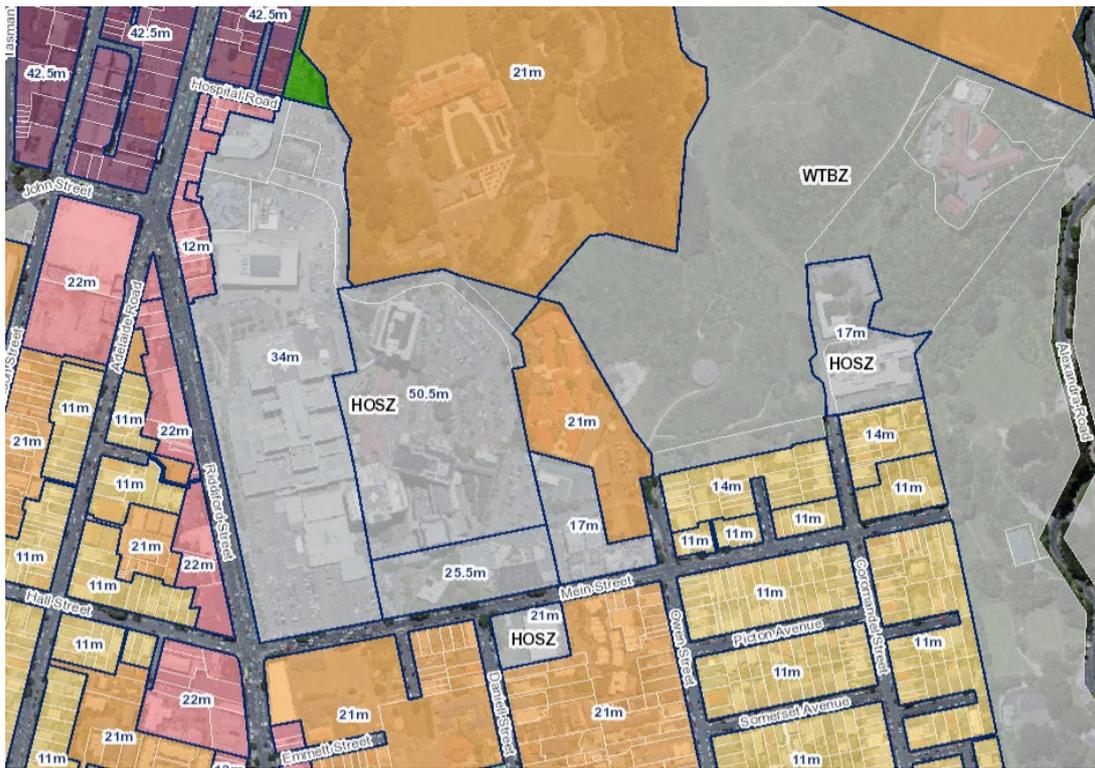
5.0 Consideration of submissions and further submissions

5.1 Overview

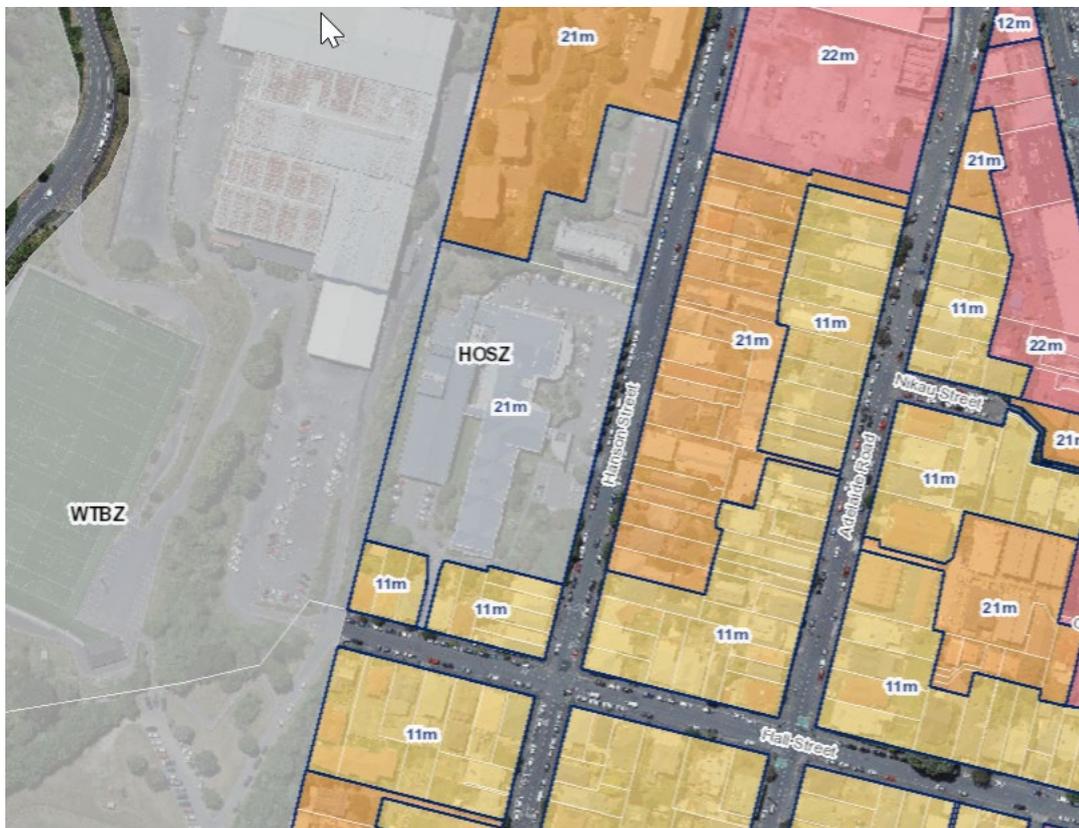
28. This section of my section 42A report addresses the submissions on the HOSZ provisions⁶.
29. The introduction to the HOSZ chapter states that purpose of the HOSZ is to *“enable the efficient and effective operation and development of these four hospital sites. The zone provisions provide for a range of hospital activities and ancillary activities and the Hospital’s special operational needs and functional needs”*.
30. The HOSZ applies to the following hospitals:
- i. Wellington Regional Hospital | Ngā Puna Wai Ora, Newtown
 - ii. Southern Cross Hospital, Newtown
 - iii. Wakefield Hospital, Newtown
 - iv. Bowen Hospital, Crofton Downs
31. It is noted that at the Draft District Plan stage, the HOSZ only included Wellington Regional Hospital | Ngā Puna Wai Ora. Southern Cross Hospital, Wakefield Hospital and Bowen Hospital were subsequently added to the HOSZ in response to feedback received from these institutions, which sought that these hospitals be rezoned and that their strategic importance to healthcare in Wellington be recognised.
32. Images showing the locations and PDP zoning of these four hospitals are provided on the following pages. These images also show the zoning of land in proximity to the respective hospitals.

⁶ [Proposed District Plan - Wellington City Proposed District Plan](#)
Proposed Wellington City District Plan

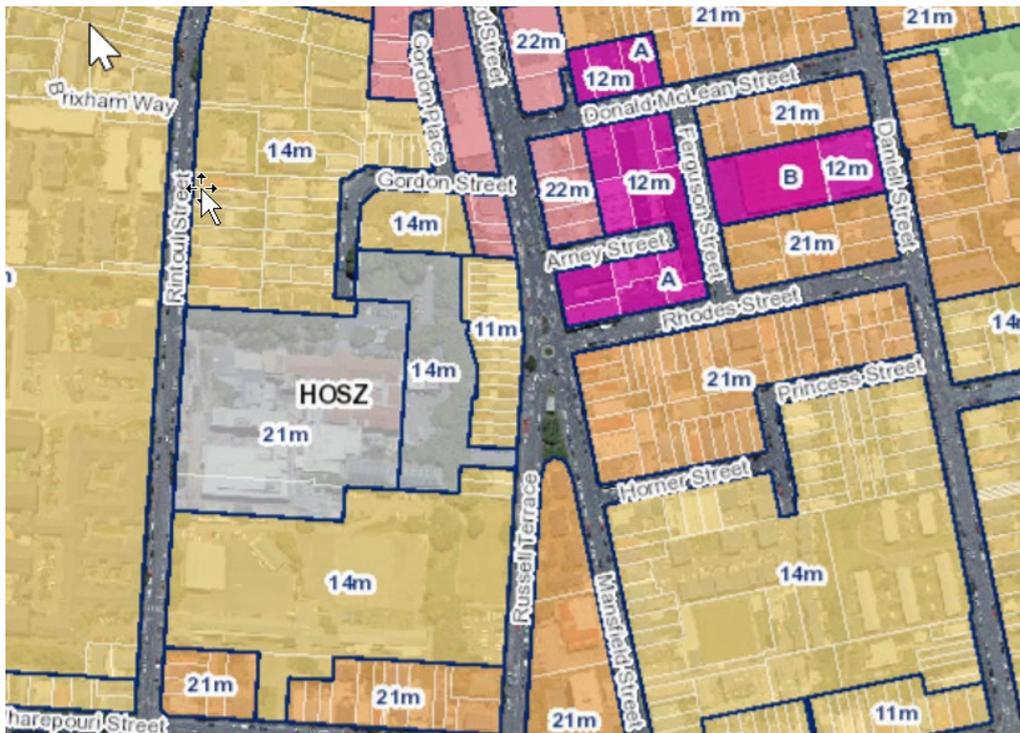
i. Wellington Regional Hospital | Ngā Puna Wai Ora (Te Whatu Ora)



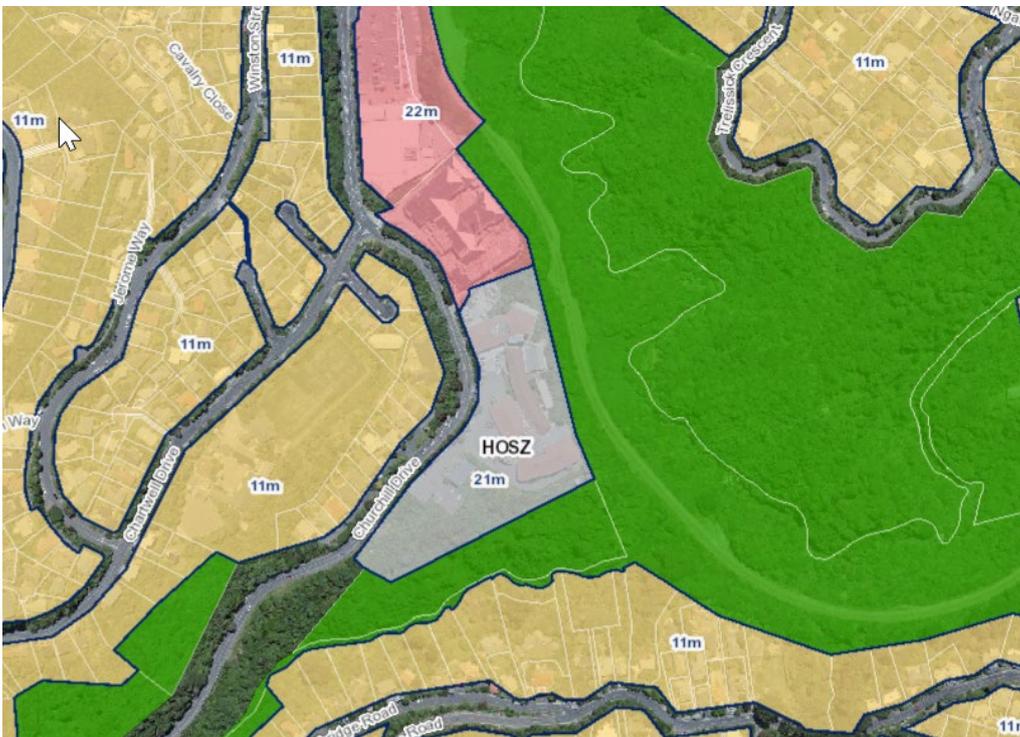
ii. Southern Cross Hospital (Southern Cross Healthcare Limited)



iii. Wakefield Hospital (Vital Healthcare)



iv. Bowen Hospital (Vital Healthcare)



5.2 Submissions

33. In total there were 81 submission points in relation to the HOSZ, as follows:
- Seven submitters who collectively made 58 original submission points; and
 - Three further submitters who made 23 further submission points in support or opposition to the original submissions.
34. These submissions are categorised and assessed as follows:
- General submission points relating to the HOSZ;
 - Submission points relating to specific provisions in the HOSZ chapter; and
 - Submission points proposing additional HOSZ provisions.
35. This report should be read in conjunction with the information in the following appendices:
- Appendix A – Recommended Amendments to the HOSZ chapter.
 - Appendix B – Recommended Responses to Submissions and Further Submissions on the HOSZ chapter.

5.3 Format for Consideration of Submissions

36. For each identified topic, the consideration of submissions has been undertaken in the following format:
- Matters raised by submitters;
 - Assessment; and
 - Summary of recommendations.
37. As noted above, the recommended amendments to the relevant parts of the PDP are set out in Appendix A of this report where all text changes are shown in a consolidated manner.
38. Where my recommended amendments represent a material change from the notified PDP, I have undertaken a section 32AA evaluation in my assessment.
39. Submissions received in relation to the following provisions were all in support, and seek that the respective provisions are retained as notified:
- Objectives: HOSZ-O1 (Purpose);
 - Policies: HOSZ-P1 (Enabled activities), HOSZ-P2 (Potentially incompatible activities), HOSZ-P5 (Resilience);
 - Rules: HOSZ-R1 (Hospital activities), HOSZ-R3 (Maintenance and repair of buildings and structures), HOSZ-R7 (Outdoor storage areas); and
 - Standards: HOSZ-S2 (Height in relation to boundary).
40. I recommend that these provisions are retained as notified and have not assessed them further in this report.

5.4 General Points Relating to the Hospital Zone

5.4.1 Submissions Relating to the Proposed District Plan in its Entirety

41. Te Whatu Ora [496.1] supports the PDP in its entirety on the basis that it does a good job of establishing the enabling approach needed to allow for the hospital to respond to changing health needs.
42. Southern Cross Healthcare [380.1, 380.2] considers that the HOSZ, like residential zones, must intensify and expand to align with the NPS-UD. These submission points do not seek any specific relief, with this being set out in the submission points relating to specific provisions.

Assessment

43. I acknowledge the submissions in general support of the PDP in its entirety [496.1].
44. Likewise, I acknowledge the submission points from Southern Cross Healthcare [380.1, 380.2]. In this respect I note that under the PDP the HOSZ has been applied to existing hospitals and their associated buildings, with PDP providing bespoke provisions intended to enable hospital-related development within these zones. While residential intensification is considered to be appropriate around the HOSZ and is enabled in the surrounding zones, particularly in Newtown, it is discouraged within the zone as this will detract from the underlying purpose of the zone. Consequently, the only residential activities enabled under the definition of 'Hospital Activities' and the HOSZ rule framework are 'residential care services and facilities' and 'residential accommodation for staff'. The zone provisions do provide for hospital-related intensification and expansion, as sought by the submitter.

Summary of recommendations

45. **HS7-HOSZ-Rec1:** That the general submission points relating to the PDP in its entirety are accepted/rejected as detailed in Appendix B.

5.4.2 General Submission Points in Relation to the Special Purpose Hospital Zone

46. Te Whatu Ora [496.2], Vital Healthcare [258.2], Waka Kotahi [370.441] and Southern Cross Healthcare [380.43] support the HOSZ provisions in a general sense and seek that these are retained as notified.
47. Taranaki Whānui [389.113] (opposed by Southern Cross Healthcare [FS 127.1]) seeks that the HOSZ chapter is amended to provide triggers for active partnership or engagement with Taranaki Whānui in respect of design opportunities with Taranaki Whānui.
48. Te Rūnanga o Toa Rangatira [488.87] (opposed by Southern Cross Healthcare [FS 127.5]) seeks that the introduction to the HOSZ chapter is amended to require 'partnership' rather than 'engagement' with mana whenua.

Assessment

49. I acknowledge the submissions in general support of the HOSZ chapter [496.2, 258.2, 370.441, 380.43].
50. I do not support the request from Taranaki Whānui [389.113] (opposed by Southern Cross Healthcare [FS 127.1]) to provide triggers for active partnership or engagement with Taranaki Whānui in respect of design opportunities within the HOSZ. While I strongly support design that incorporates Māori design elements and that any such elements are designed by (or in partnership with) mana whenua, I do not agree that this should be a District Plan requirement. I note that the PDP as notified and subsequently amended through the decisions on the ISPP provisions (including the Strategic Direction – Anga Whakamua chapter) seek to facilitate these design outcomes, but do not ‘require’ them.
51. Notably, HOSZ-O2 acknowledges Taranaki Whānui and Ngāti Toa Rangatira’s cultural associations to Wellington Regional Hospital | Ngā Puna Wai Ora, the manaaki that Wellington Regional Hospital | Ngā Puna Wai Ora provides, and that the land and the values of the network of awa are recognised in planning and developing Wellington Regional Hospital | Ngā Puna Wai Ora. The connections of mana whenua specifically to Wellington Regional Hospital | Ngā Puna Wai Ora was reflected through engagement with mana whenua as part of the District Plan review which helped to inform the HOSZ. While their connection to Wellington Regional Hospital | Ngā Puna Wai Ora is established in the HOSZ, in my view the District Plan is not the correct place to require the requested outcomes in relation to the private hospitals. As such, no changes are necessary.
52. With respect to the request from Te Rūnanga o Toa Rangatira [488.87] (opposed by Southern Cross Healthcare [FS 127.5]) to require ‘partnership’ rather than ‘engagement’ with mana whenua, I note that Mr McCutcheon addressed a similar submission point in relation to Hearing Stream 1 and recommended that the terminology be changed to ‘active partnership’ throughout the District Plan⁷. I therefore recommend that the submission point is accepted.

Summary of recommendations

53. **HS7-HOSZ-Rec2:** That the Introduction to the Special Purpose Hospital Zone chapter is amended as set out below and at Appendix A:

⁷ [Hearing stream 1 – Section 42a Report – Part 1 plan wide matters and strategic direction \(wellington.govt.nz\)](https://www.wellington.govt.nz), para 460.

Introduction

...

Wellington Regional Hospital (Ngā Puna Wai Ora) and the land on which it sits has long established historical and cultural associations for the mana whenua of Whanganui ā Tara (Wellington), Taranaki Whānui and Ngāti Toa Rangatira. Activities and development within the Hospital Zone must recognise mana whenua as kaitiaki, alongside their relationship with the land and the health benefits associated with the land and springs that the Wellington Regional Hospital | Ngā Puna Wai Ora sits on, as well as the manaaki that Wellington Regional Hospital | Ngā Puna Wai Ora provides. Active ~~partnership engagement~~ with mana whenua will assist in ensuring the mouri/mauri of this area of importance to mana whenua is not diminished through any potential adverse effects created by activities within the zone.

54. **HS7-HOSZ-Rec3:** That the general submission points relating to the Special Purpose Hospital Zone are accepted/rejected as detailed in Appendix B.

5.4.3 Submission Relating to Definitions

Matters raised by submitters

55. Southern Cross Healthcare [380.23] supports the definition of ‘Hospital Activities’ and seeks that this is retained as notified.

Assessment

56. I acknowledge the submission in support of the definition [380.23].

Summary of recommendations

57. **HS7-HOSZ-Rec4:** That the definition of ‘Hospital Activities’ is confirmed as notified.
58. **HS7-HOSZ-Rec5:** That the submission point in support of the definition of ‘Hospital Activities’ is accepted as detailed in Appendix B.

5.4.4 Submissions Relating to Mapping

Matters raised by submitters

59. Vital Healthcare [258.1] supports the application of the HOSZ to Bowen Hospital and Wakefield Hospital.
60. Southern Cross Healthcare [380.5, 380.6, 380.7, 380.8, 380.9] supports the application of the HOSZ to Southern Cross Hospital, which is located across the sites at 82, 84, 86, 88 and 90 Hanson Street, Newtown.

Assessment

61. I acknowledge the submissions in support of the zoning of Bowen Hospital, Wakefield Hospital and Southern Cross Hospital as HOSZ.

Summary of recommendations

62. **HS7-HOSZ-Rec6:** That the Special Purpose Hospital Zone applied to Bowen Hospital, Wakefield Hospital and Southern Cross Hospital is confirmed as notified.
63. **HS7-HOSZ-Rec7:** That the submission points in relating to Mapping are accepted as detailed in Appendix B.

5.5 Submissions Relating to Specific Special Purpose Hospital Zone Provisions

HOSZ-O1 – Purpose

Matters raised by submitters

64. Southern Cross Healthcare [380.44] supports HOSZ-O1 as notified.

Assessment

65. I acknowledge the submissions in support of HOSZ-O1 [380.44].

Summary of recommendations

66. **HS7-HOSZ-Rec8:** That HOSZ-O1 (Purpose) is confirmed as notified.
67. **HS7-HOSZ-Rec9:** That submission points relating to HOSZ-O1 (Purpose) are accepted as detailed in Appendix B.

HOSZ-O2 – Mana whenua

Matters raised by submitters

68. Taranaki Whānui [389.114] (opposed by Southern Cross Healthcare [FS127.2] and Te Rūnanga o Toa Rangatira [FS138.59]) seeks that HOSZ-O2 is amended to state that Taranaki Whānui hold ahi kā and primary mana whenua status in Wellington City.
69. Te Rūnanga o Toa Rangatira [488.88, 488.89] (opposed by Southern Cross Healthcare [FS127.6]) supports HOSZ-O2 in part and seeks that this is amended to require 'partnership' rather than 'engagement' with mana whenua.

Assessment

70. The request from Taranaki Whānui [389.114] (opposed by Southern Cross Healthcare [FS127.2] and Te Rūnanga o Toa Rangatira [FS138.59]) seeking that Taranaki Whānui are recognised as holding ahi kā and primary mana whenua status in Wellington City was addressed in the section 42A report for Hearing Stream 1 by the reporting officer Adam McCutcheon⁸. Mr McCutcheon advised:

“I do not agree with the amendments requested by Taranaki Whānui [389.24] as it would be inappropriate for the plan to specify a level of mana whenua status different to that identified through Treaty of Waitangi settlement legislation. In this case Taranaki Whānui ki te Upoko o te Ika and Ngāti Toa Rangatira both have mana whenua status”.

71. This matter was further traversed by Mr McCutcheon in relation to Hearing Stream 3 (Historic Heritage) and by Anna Stevens, the reporting officer for Hearing Stream 4 (City Centre Zone)⁹ in their respective section 42A reports. Ms Stevens endorsed Mr McCutcheon’s advice, adding the following:

“Further to this, the Tākai Here agreement between mana whenua and Wellington City Council was signed by Te Rūnanganui o Te Āti Awa ki te Upoko Te Ika a Māui for Te Āti Awa, Port Nicholson Block Settlement Trust for Taranaki Whānui ki te Upoko o te Ika, and Te Rūnanga o Ngāti Toa Rangatira for Ngāti Toa Rangatira. Tākai Here refers to the way we will bind the waka to which Te Rangapū Ahikāroa (the mana whenua signatories) and Te Kaunihera o Pōneke/Wellington City Council will work together to ensure each binding, lashing, knotting and tying of our waka is safe and fit for our collective purposes. This strategic partnership will be underpinned by the agreement’s shared values and tikanga. In summary, the Tākai Here agreement does not afford an elevated mana whenua status to any iwi partner”.

72. I agree with Mr McCutcheon and Ms Stevens in this respect, and recommend that the submission point from Taranaki Whānui [389.114] is rejected. Further, I note that the IHP has recommended that Mr McCutcheon’s recommendation is adopted¹⁰.
73. The request from Te Rūnanga o Toa Rangatira [488.88, 488.89] (opposed by Southern Cross Healthcare [FS127.6]) to require ‘partnership’ rather than ‘engagement’ with mana whenua is addressed at paragraph 52 above. I recommend this change is adopted through a change to the HOSZ Introduction (refer to **HS7-HOSZ-REC2**); however, no changes to HOSZ-O2 are required as a result of this submission point.

Summary of recommendations

74. **HS7-HOSZ-Rec10:** That HOSZ-O2 (Mana whenua) is confirmed as notified.
75. **HS7-HOSZ-Rec11:** That submission point relating to HOSZ-O2 (Mana whenua) are accepted/rejected as detailed in Appendix B.

⁸ [Hearing stream 1 – Section 42a Report – Part 1 plan wide matters and strategic direction \(wellington.govt.nz\)](https://www.wellington.govt.nz/media/your-council/plans-policies-and-bylaws/district-plan/proposed-district-plan/files/hearing-streams/04/section-42a-reports/section-42a-report---part-1---city-centre-zone.pdf), para 487.

⁹ [wellington.govt.nz/-/media/your-council/plans-policies-and-bylaws/district-plan/proposed-district-plan/files/hearing-streams/04/section-42a-reports/section-42a-report---part-1---city-centre-zone.pdf](https://www.wellington.govt.nz/media/your-council/plans-policies-and-bylaws/district-plan/proposed-district-plan/files/hearing-streams/04/section-42a-reports/section-42a-report---part-1---city-centre-zone.pdf), para 155-156.

¹⁰ [Hearing stream 1 – Section 42a Report – Part 1 plan wide matters and strategic direction \(wellington.govt.nz\)](https://www.wellington.govt.nz/media/your-council/plans-policies-and-bylaws/district-plan/proposed-district-plan/files/hearing-streams/04/section-42a-reports/section-42a-report---part-1---city-centre-zone.pdf)

HOSZ-O3 – Evolving demands, service and technological changes

Matters raised by submitters

76. Southern Cross Healthcare [380.45, 380.46] (supported by Vital Healthcare [FS51.1]) supports HOSZ-O3 in part, but seeks the objective is amended to include reference to ‘hospital’ needs on the basis that ‘health care facility activities’ and ‘hospital activities’ are defined differently in the PDP.
77. Southern Cross Healthcare [380.47] (supported by Vital Healthcare [FS51.2]) also seeks that HOSZ-O3 is amended to clearly specify that the objective only applies to the Wellington Regional Hospital | Ngā Puna Wai Ora site. The submitter notes that private hospitals “*are smaller and need to make more efficient use of their land. The private hospitals also focus on elective surgery where patients are discharged as soon as possible, therefore there is not the same need for outdoor spaces*”.
78. The changes sought by the submitter are shown below:

HOSZ-O3 (Evolving demands, service and technological changes)

The evolving health care facility and hospital needs of Wellington City and the wider region are supported through land use activities and development that:

1. Is undertaken in an efficient, well-integrated and strategic manner;
2. Wellington Regional Hospital | Ngā Puna Wai Ora provides a greater choice of open space for patients, staff and visitors to enjoy, recreate and shelter; and
3. Positively contributes to maintaining, and where possible enhancing a safe, comfortable and accessible hospital environment including opportunities to enhance connectivity through the site.

Assessment

79. I agree with the changes requested by Southern Cross Healthcare [380.45, 380.46, 380.47] (supported by Vital Healthcare [FS51.1, FS51.2]) in part, for the following reasons:
- i. As stated in the Introduction to the HOSZ chapter, and at HOSZ-O1, the purpose of the zone is to provide for ‘hospital activities’ (and not ‘healthcare facilities’). In my view the use of the term healthcare facilities in HOSZ-O3 is a drafting error in the PDP. Noting this, I recommend that the words ‘health care facilities’ are deleted from the objective, and replaced with ‘hospital’, rather than the relief sought by the submitter.
 - ii. The intent of HOSZ-O3.2 is to ensure that public open space is available for patients, staff and visitors to enjoy, recreate and shelter. While, in my view, it would be ideal if open space as provided at both public and private hospitals, I acknowledge that private hospitals need to make efficient use of their land and have less need for open space. I therefore consider that it is appropriate that the provision is applied only to the public Wellington Regional Hospital | Ngā Puna Wai Ora site.

Summary of recommendations

80. **HS7-HOSZ-Rec12:** That HOSZ-O3 (Evolving demands, service and technological changes) is amended as set out below and at Appendix A:

HOSZ-O3 (Evolving demands, service and technological changes)

The evolving ~~health care facility~~ hospital needs of Wellington City and the wider region are supported through land use activities and development that:

1. Is undertaken in an efficient, well-integrated and strategic manner;
2. Wellington Regional Hospital | Ngā Puna Wai Ora provides a greater choice of open space for patients, staff and visitors to enjoy, recreate and shelter; and
3. Positively contributes to maintaining, and where possible enhancing a safe, comfortable and accessible hospital environment including opportunities to enhance connectivity through the site.

81. **HS7-HOSZ-Rec13:** That submission points relating to HOSZ-O3 (Evolving demands, service and technological changes) are accepted as detailed in Appendix B.

HOSZ-O4 – Managing adverse effects

Matters raised by submitters

82. Southern Cross Healthcare [380.48, 380.49] (supported by Vital Healthcare [FS51.3]) supports HOSZ-O4 in part, but seeks the objective is amended to require the assessment at interfaces with the HOSZ, but not within the zone. They seek the objective is amended as follows:

HOSZ-O4 (Managing adverse effects)

Adverse effects of activities and development in the Special Purpose Hospital Zone are managed effectively ~~both:~~

- ~~1.—Within the Zone; and~~
- ~~2.—At~~ interfaces with;
 - a. Heritage buildings, heritage structures and heritage areas;
 - b. Sites and areas of significance to Māori;
 - c. Residential Zoned areas;
 - d. Open Space and Recreation Zoned areas; and
 - e. Key pedestrian streets.

Assessment

83. Southern Cross Healthcare [380.48, 380.49] (supported by Vital Healthcare [FS51.3]) seeks to amend HOSZ-O4 to limit management of adverse effects to interfaces of HOSZ by removing HOSZ-O4.1. HOSZ-O4.1 requires consideration of the effects of activities and buildings on existing hospital activities occurring elsewhere within the zone. In my view this objective is of particular relevance within the Wellington Regional Hospital | Ngā Puna Wai Ora site as opposed to the private hospital sites, for the following reasons:

- a. The number of land parcels between the Wellington Regional Hospital | Ngā Puna Wai Ora and private hospitals varies significantly. Wellington Regional Hospital | Ngā Puna Wai Ora comprises six parcels of land, four of which are conjoined and operate as the hospital, with one across Mein Street to the south and one further to the east along Coromandel Street. In comparison, Bowen and Southern Cross Hospitals are each located within a single parcel of land, whereas Wakefield Hospital is located across two adjoining sites. This is significant in terms of the extent of area to manage on-site adverse effects. Given the scale and range of buildings within the Wellington Regional Hospital | Ngā Puna Wai Ora there is the potential for a building within one part of the site to have significant impacts on other buildings and activities elsewhere in the zone. HOSZ-O4 seeks to ensure that such effects are considered when future development is undertaken. In my view it is appropriate to manage such effects through HOSZ-O4 in recognition of the fact that different buildings within this site cater to very different hospital activities. Conversely, the size of the private hospital sites and more uniform nature of activities occurring within each of these, along with their singular private ownership, means that effects within these sites will effectively 'self-regulate'.
- b. There are scheduled heritage items (heritage buildings and sites and areas of significance to Māori (SASM)) within the Wellington Regional Hospital | Ngā Puna Wai Ora site. I note that works within the hospital site not specifically involving the scheduled buildings would potentially be permitted activities under the Historic Heritage provisions and are unlikely to be captured by any SASM rule (due to the location of the SASM around the periphery of the zone). Therefore, in my view it is appropriate that the effects of development within the Wellington Regional Hospital | Ngā Puna Wai Ora site contains are managed through HOSZ-O4 as this provides an additional level of protection for scheduled heritage. I note that there is also a SASM under the Wakefield Hospital site (Waitangi Stream). As that SASM traverses the Wakefield Hospital site, new buildings would likely require resource consent under SASM-R3, SASM-R4, SASM-R5 and/or SASM-R6¹¹. Hence these effects do not need to also be managed 'within the zone' under HOSZ-O4.1.
- c. Designing to mitigate adverse effects within their sites will be a priority for all of the hospitals given this is fundamental to their function and operation, and wellbeing of visitors, staff and patients. It can be expected that all four hospitals will naturally consider Crime Prevention through Environmental Design (CPTED) in the design of any proposed development within their site. The importance of this is re-iterated within the HOSZ chapter through HOSZ-P4, which applies to all four hospitals. However, I consider that given Wellington Regional Hospital | Ngā Puna Wai is a significant public hospital, has a large site area, and a high volume of workers, visitors and patients that extra onus should be on the hospital to consider adverse effects within its site for example CPTED.

¹¹ [Proposed District Plan - Wellington City Proposed District Plan](#)
Proposed Wellington City District Plan

84. For the reasons stated above, I therefore consider it is acceptable to remove the requirement to consider adverse effects within the site with respect to the private hospitals and recommend that the submission from Southern Cross Healthcare [380.48, 380.49] (supported by Vital Healthcare [FS51.3]) is accepted in part.
85. In addition to the change recommended at paragraph 84 above, I note that the term ‘key pedestrian streets’ was included in the PDP to reflect similar terminology in the CCZ. The IHP has recommended that the equivalent term ‘identified public streets’ be deleted from the CCZ¹² and other Commercial and Mixed Use Zone chapters. Further, this is not defined in the PDP as it is not a matter, or specific control, that the PDP provides for or manages. For consistency, and noting that there are no defined ‘key pedestrian streets’ in any hospital site, I recommend that HOSZ-O4.2.e is deleted.

Summary of recommendations

86. **HS7-HOSZ-Rec14:** That HOSZ-O4 (Managing adverse effects) is amended as shown below and at Appendix A:

<p>HOSZ-O4 (Managing adverse effects)</p> <p>Adverse effects of activities and development in the Special Purpose Hospital Zone are managed effectively both:</p> <ol style="list-style-type: none"> 1. Within the <u>Wellington Regional Hospital Ngā Puna Wai Ora site zone</u>; and 2. At interfaces with; <ol style="list-style-type: none"> a. Heritage buildings, heritage structures and heritage areas; b. Sites and areas of significance to Māori; c. Residential Zoned areas; <u>and</u> d. Open Space and Recreation Zoned areas. ; and e. <u>Key pedestrian streets</u>.
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87. **HS7-HOSZ-Rec15:** That submission points relating to HOSZ-O4 (Managing adverse effects) are accepted/rejected as detailed in Appendix B.

HOSZ-P1 – Enabled activities

Matters raised by submitters

88. Southern Cross Healthcare [380.50] (supported by Vital Healthcare [FS51.4]) supports HOSZ-P1 and seeks that this is retained as notified.

Assessment

89. I acknowledge the submissions in support of HOSZ-P1 [380.50, FS51.4].

¹² [ihp-recommendation-report-4b.pdf \(wellington.govt.nz\)](#), para 142.
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Summary of recommendations

90. **HS7-HOSZ-Rec16:** That HOSZ-P1 (Enabled activities) is confirmed as notified.
91. **HS7-HOSZ-Rec17:** That submission points relating to HOSZ-P1 (Enabled activities) are accepted as detailed in Appendix B.

HOSZ-P2 – Potentially incompatible activities

Matters raised by submitters

92. Southern Cross Healthcare [380.51] (supported by Vital Healthcare [FS51.5]) supports HOSZ-P1 and seeks that this is retained as notified.

Assessment

93. I acknowledge the submissions in support of HOSZ-P1 [380.51, FS51.5].

Summary of recommendations

94. **HS7-HOSZ-Rec18:** That HOSZ-P2 (Potentially incompatible activities) is confirmed as notified.
95. **HS7-HOSZ-Rec19:** That submission points relating to HOSZ-P2 (Potentially incompatible activities) are accepted as detailed in Appendix B.

HOSZ-P3 – Mana whenua

Matters raised by submitters

96. Taranaki Whānui [389.115] (opposed by Southern Cross Healthcare [FS127.3] and Te Rūnanga o Toa Rangatira [FS138.60]) seeks that HOSZ-P3 is amended to state that Taranaki Whānui hold ahi kā and primary mana whenua status in Wellington City.
97. Te Rūnanga o Toa Rangatira [488.90, 488.91] (opposed by Southern Cross Healthcare [FS127.7]) supports HOSZ-P3 in part and seeks that this is amended to require ‘partnership’ rather than ‘engagement’ with mana whenua.

Assessment

98. The submission point from Taranaki Whānui [389.115] (opposed by Southern Cross Healthcare [FS127.3] and Te Rūnanga o Toa Rangatira [FS138.60]) has been made in relation to a number of HOSZ provisions and is addressed at paragraphs 70 to 73 above.
99. The submission points from Te Rūnanga o Toa Rangatira [488.90, 488.91] (opposed by Southern Cross Healthcare [FS127.7]) have been addressed at paragraph 52 above, where I recommend that this change is accepted and ‘active engagement’ be amended to ‘active

partnership’ in the HOSZ Introduction. I note that this does not result in any changes to HOSZ-P3 as this policy references neither ‘engagement’ nor ‘partnership’.

Summary of recommendations

100. **HS7-HOSZ-Rec20:** That HOSZ-P3 (Mana whenua) is confirmed as notified.
101. **HS7-HOSZ-Rec21:** That the submission points relating to HOSZ-P3 (Mana whenua) are accepted/rejected as detailed in Appendix B.

HOSZ-P4 – Urban form, quality and amenity

Matters raised by submitters

102. Southern Cross Healthcare [380.52] supports HOSZ-P4 and seeks that this is retained as notified.
103. Taranaki Whānui [389.116] (opposed by Southern Cross Healthcare [FS127.4] and Te Rūnanga o Toa Rangatira [FS138.61]) seeks that HOSZ-P4 is amended to state that Taranaki Whānui hold ahi kā and primary mana whenua status in Wellington City.

Assessment

104. I acknowledge the submissions in support of HOSZ-P4 [380.52].
105. For the reasons set out at paragraphs 70 to 73 of this section 42A report, I disagree with the relief sought by Taranaki Whānui [389.116].
106. Further to the submission points in relation to HOSZ-P4, I note that during the ISPP hearings, in particular with respect to Hearing Stream 4 (Commercial and Mixed Use Zones), Council officers, including me, have recommended a change from the notified PDP approach and that the Design Guides be referenced within the policies rather than as a matter of control/discretion within the rules. These amendments seek to reduce duplication of matters of control/discretion referenced in the rules and ensure consistency in the approach to referencing the Design Guides across all PDP chapters. Consequently, I recommend at paragraph 185 of this section 42A report that HOSZ-P4.1 is amended for consistency with the remainder of the PDP to refer to the Centres and Mixed Use Design Guide (CMUDG) as follows: *‘Fulfills the intent of the Centres and Mixed Use Design Guide’*, and the associated deletion of the matters of control/discretion referencing the CMUDG from HOSZ-R5 and HOSZ-R6.

Summary of recommendations

107. **HS7-HOSZ-Rec22:** That HOSZ-P4 (Urban form, quality and amenity) is confirmed as notified.
108. **HS7-HOSZ-Rec23:** That submission points relating to HOSZ-P4 (Urban form, quality and amenity) are accepted/rejected as detailed in Appendix B.

HOSZ-P5 – Resilience

Matters raised by submitters

109. Southern Cross Healthcare [380.53] supports HOSZ-P5 as notified.

Assessment

110. I acknowledge the submission point in support of HOSZ-P5 [349.115].

Summary of recommendations

111. **HS7-HOSZ-Rec24:** That HOSZ-P5 (Resilience) is confirmed as notified.

112. **HS7-HOSZ-Rec25:** That the submission point relating to HOSZ-P5 (Resilience) is accepted as detailed in Appendix B.

HOSZ-R1 – Hospital activities

Matters raised by submitters

113. Vital Healthcare [258.4] and Southern Cross Healthcare [380.54] (supported by Vital Healthcare [FS51.6]) support HOSZ-R1 as notified.

Assessment

114. I acknowledge the submission point in support of HOSZ-P5 [349.115].

Recommendation

115. **HS7-HOSZ-Rec26:** That HOSZ-R1 (Hospital activities) is confirmed as notified.

116. **HS7-HOSZ-Rec27:** That the submission points relating to HOSZ-R1 (Hospital activities) are accepted as detailed in Appendix B.

HOSZ-R2 – All other activities

Matters raised by submitters

117. Vital Healthcare [258.5] opposes HOSZ-R2 in part, on the basis that there are a range of non-hospital activities that are ancillary to, and typically found within, hospitals such as healthcare facilities, pharmacies and cafes.

118. Southern Cross Healthcare [380.55, 380.56] supports HOSZ-R2 in part and consider that ‘all other activities’ should be Restricted Discretionary, rather than Discretionary, activities on the basis that while the definition of ‘hospital activities’ is broad, there may be changes in how healthcare services are delivered that requires other activities to be located at the hospital to

support its function. The submitter notes that the PDP recognises health care facilities as distinct from hospital activities, however, healthcare facilities are not specifically provided for in the HOSZ.

Assessment

119. In response to Vital Healthcare’s submission point [258.5] seeking amendments to HOSZ-R2 to recognise more ancillary activities, I note that the definition of Hospital Activities¹³ allows for, and lists, a variety of activities where these are ancillary to the primary function of the hospital. For example, a cafe within the hospital would be covered by the definition and therefore permitted under HOSZ-R1. Where the activity is separate to the hospital’s activities, and its function and operation, and there is no direct ancillary function, it would be captured by HOSZ-R2 and require resource consent. I consider that the definition of Hospital Activities is sufficiently broad to capture the kinds of activities that the submitter is concerned about and that the separation of activities under HOSZ-R1 and HOSZ-R2 is appropriate.
120. Turning to the submission points from Southern Cross Healthcare [380.55, 380.56], I disagree that the activity status for ‘all other activities’ requiring resource consent under HOSZ-R2 should change from Discretionary to Restricted Discretionary. The broad definition of ‘Hospital Activities’ enables a wide range of activities that directly relate to operation and function of the four hospitals and, in my view, it is appropriate that activities not falling under the definition are given additional consideration. Such activities not provided for under the ‘Hospital Activities’ definition and thus requiring additional consideration would include residential activities (not associated with the hospital) and industrial activities. Where undertaking activities not provided for in the definition of Hospital Activities the onus will be on the respective hospital to demonstrate how their development aligns with the strategic direction of the District Plan as well as the full suite of HOSZ objectives and policies. This approach also recognises that the HOSZ is a scarce physical resource, and as such non-hospital activities need to be thoroughly tested and justified in order to be established.
121. HOSZ-P2 sets a clear guidance framework for decision-makers to be able to assess whether activities not permitted under HOSZ-R1 should be allowed to occur within the zone. This includes assessing the compatibility of the proposed activity with the purpose of the zone, and whether it will have any adverse effects on the vitality, amenity and function of the zone. I note that the use of the Discretionary activity status for ‘all other activities’ is used consistently across the PDP and aligns with the directive nature of similar policies (for example in the Commercial and Mixed Use Zones) that use the wording ‘*Only allow...*’. Changing HOSZ-R2 as requested by the Southern Cross Healthcare would create inconsistency with other similar provisions in the PDP.
122. For the reasons set out above, I recommend that the submission points from Vital Healthcare [258.5] and Southern Cross Healthcare [380.55, 380.56] are rejected.

¹³ [Proposed District Plan - Wellington City Proposed District Plan](#)
Proposed Wellington City District Plan

Summary of recommendations

123. **HS7-HOSZ-Rec28:** That HOSZ-R2 (All other activities) is confirmed as notified.
124. **HS7-HOSZ-Rec29:** That the submission points relating to HOSZ-R2 (All other activities) are accepted/rejectedd as detailed in Appendix B.

HOSZ-R3 – Maintenance and repair of buildings and structures

Matters raised by submitters

125. Southern Cross Healthcare [380.57] supports HOSZ-R3 as notified.

Assessment

126. I acknowledge the submission point in support of HOSZ-P3 [380.57].

Summary of Recommendations

127. **HS7-HOSZ-Rec30:** That HOSZ-R3 (Maintenance and repair of buildings and structures) is confirmed as notified.
128. **HS7-HOSZ-Rec31:** That the submission point relating to HOSZ-R3 (Maintenance and repair of buildings and structures) is accepted as detailed in Appendix B.

HOSZ-R4 – Demolition or removal of buildings and structures

Matters raised by submitters

129. Southern Cross Healthcare [350.58] supports HOSZ-R4 and seeks that this is retained as notified.
130. GWRC [351.297] supports HOSZ-R4 in part, but seeks that this is amended to require that all building and demolition material is disposed of at an approved facility to achieve the Permitted activity status.

Assessment

131. I acknowledge the submission in support of HOSZ-R4 [350.58].
132. I disagree with the amendment sought by GWRC [351.297, 351.298] relating to the disposal of building waste at approved facilities on the basis that it would be an impractical requirement to enforce given the difficulties of tracking waste from the many demolition projects that occur across the city. In addition, the Solid Waste Management and Minimisation Bylaw 2020 deals with construction waste and all persons undertaking demolition are

required to comply with this. I note that the submitter has requested this change across all of the PDP zones and that officers have recommended against the change. The change has not been adopted into any chapters addressed under the ISPP hearings (Hearing Stream 1 to 5) and to introduce it now would result in an inconsistency within the District Plan.

Summary of recommendations

133. **HS7-HOSZ-Rec32:** That HOSZ-R4 (Demolition or removal of buildings and structures) is confirmed as notified.
134. **HS7-HOSZ-Rec33:** That submission points relating to HOSZ-R4 (Demolition or removal of buildings and structures) are accepted/rejected as detailed in Appendix B.

HOSZ-R5 – Additions and alterations to buildings and structures

Matters raised by submitters

135. Southern Cross Healthcare [380.59, 380.60, 380.61] supports HOSZ-R5 in part, including that additions and alterations that meet the requirements of HOSZ-R5.1 are a Permitted activity. The submitter also supports that additions and alterations that do not meet the requirements of HOSZ-R5.1 are a Restricted Discretionary activity, with a preclusion from public notification.
136. Southern Cross Healthcare [380.62, 380.63] (supported by Vital Healthcare [FS51.7, FS51.8]) opposes HOSZ-R5, with respect to the CMUDG being a matter of control under HOSZ-R5.2 and a matter of discretion under HOSZ-R5.3. The submitter considers that this elevates the CMUDG to the status of standards rather than being guidance, and that some of the matters addressed in the CMUDG are inappropriate for a hospital development. Both submitters seek that all references to the CMUDG are deleted from HOSZ-R5.

Assessment

137. I acknowledge the partial support for HOSZ-R5 [380.59, 380.60, 380.61].
138. With respect to the inclusion of references to the CMUDG in the rule, I refer to the section 42A prepared for the ISPP Wrap-up Hearing (Part 2 – Design Guides)¹⁴. As detailed in that report, following expert witness conferencing (as directed by Minute 15) the Council has undertaken a wholesale review of the CMUDG (in conjunction with the Residential, Heritage and Subdivision Design Guides). The review resulted in significant structural and content changes to the CMUDG, for example duplication and overlap of content was removed, the ‘points system’ in the notified Design Guides was removed, guidelines were relocated under their ‘Outcomes’, and guidelines were separated into either ‘directive’ or ‘consideration’ guidelines¹⁵.

¹⁴ [section-42a-report---ispp-wrap-up-hearing---part-2---design-guides.pdf \(wellington.govt.nz\)](#), para 17-18.

¹⁵ [section-42a-report---ispp-wrap-up-hearing---part-2---design-guides.pdf \(wellington.govt.nz\)](#), para 15.

139. One key outcome of this review process has been a reduction in CMUDG guidelines from 97 to 47. In addition, a new statement of intent is provided within the introduction to the CMUDG. This is as follows¹⁶:

“The intent of the Centres and Mixed Use Design Guide is to facilitate new development in the City’s centres and mixed use areas that is well-designed and contributes to a well-functioning urban environment that is compact, attractive, thriving and inclusive. The design outcomes and guidance points contained within this Design Guide set out how development can fulfil this intent”.

140. Under ‘Application of this Guide’ (page 2), also within the introduction to the revised CMUDG, it is clearly stated that this Design Guide applies to the Hospital Zone. Under ‘How to use this Guide (page 3) the CMUDG states:

“Applicants should demonstrate how the proposal fulfils the intent of this Design Guide. The preparation of a Design Statement provides applicants with the opportunity to do this.

The Design Guides are intended to be applied in a manner that recognises the unique nature of individual proposals. Applicants need only apply those design outcomes and guidance points that are relevant to the proposal. Guidance points that are only relevant where the proposal includes a residential activity are highlighted in green throughout this Design Guide.

The Design Guides are also intended to promote design innovation. The Design Statement provides applicants with the opportunity to explain how a design outcome may have been addressed using an alternative approach to those set out in the relevant guidance points”.

141. On the basis that there has been a comprehensive review of the Design Guides, whereby urban design experts involved in the expert witness conferencing agreed that the CMUDG should apply to the HOSZ and the revised CMUDG clearly states how this is to be applied, I do not agree with Southern Cross Healthcare [380.62, 380.63] (supported by Vital Healthcare [FS51.7, FS51.8]) that the reference to the CMUDG should be removed from HOSZ-R5.2 or HOSZ-R5.3. I note that the Southern Cross Healthcare has not provided within their submission any advice from an urban design expert or a section 32 analysis providing their rationale as to why the Design Guide should not apply, as sought in their submission.

142. Retaining the CMUDG as a matter for consideration enables a new development to be appropriately assessed by a Council urban design expert at the time of application and will assist with achieving high quality urban design outcomes. Given buildings within the HOSZ can be highly visible from the surrounding context, I consider that this is appropriate. The respective hospital will only be required to undertake a CMUDG assessment appropriate to the scale of development proposed. I note that the revised Design Guides provide flexibility to acknowledge within the Design Statement associated with the development why certain guidelines may not be applicable and/or where an alternative approach may be more appropriate for the zone. Taking into account the proposed changes to the CMUDG, in

¹⁶ [Proposed Wellington City District Plan Design Guides Review](#) – Appendix 2: Revised Centres and Mixed Use Design Guide

particular the clarification as to how this is applied, I do not share the submitters' concern that the Design Guide is attributed the same status as the rules.

143. For the reasons set out above I recommend that the CMUDG remains a matter for consideration under HOSZ-R5. Further, I note that the decisions on the ISPP Hearings have adopted recommendations from myself, Ms Stevens and other reporting officers with respect to the way that the Design Guides are referenced in the rules¹⁷. As a result direct references to the Design Guides have been removed as a matter of discretion from rules across the suite of CMUZ chapters, on the basis that the matters of discretion also reference the applicable policies, and the reference to the Design Guide is best placed within the policy. For consistency with the chapters addressed under the ISPP Hearings, I recommend the following changes:
- i. That HOSZ-P4 is amended to reference the CMUDG; and
 - ii. That 'The Centres and Mixed Use Design Guide' is deleted as a matter of control from under HOSZ-R5.2; and
 - iii. That 'The Centres and Mixed Use Design Guide' is deleted as a matter of discretion from under HOSZ-R5.3.

Summary of Recommendations

144. **HS7-HOSZ-Rec34:** That HOSZ-R5 (Additions and alterations to buildings and structures) is amended as detailed at Appendix A and shown below:

HOSZ-R5 (Additions and alterations to buildings and structures)

2. Activity status: **Controlled**

Where:

- a. For the Wellington Regional Hospital | Te Puna Wai Ora site compliance with the requirements of HOSZ-R5.1 cannot be achieved.

Matters of control are:

1. Relevant matters in HOSZ-P3, HOSZ-P4 and HOSZ-P5;
- ~~2. The Centres and Mixed Use Design Guide;~~
- ~~3. 2.~~ Design, external appearance, siting and verandahs; and
- ~~4. 3.~~ The screening or integration of any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the road or public open space, as part of the façade or roof of the building.

Notification status: An application for resource consent made in respect of rule HOSZ-R5.2 is precluded from being either publicly or limited notified.

¹⁷ [ihp-rec-report-4a.pdf \(wellington.govt.nz\)](#)
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HOSZ-R5 (Additions and alterations to buildings and structures)

3. Activity status: **Restricted Discretionary**

Where

- a. For the Southern Cross Wellington Hospital, Bowen Hospital and Wakefield Hospital sites compliance with any of the requirements of HOSZ-R5.1 cannot be achieved.

Matters of discretion are:

1. Any relevant matters in HOSZ-P3, HOSZ-P4 and HOSZ-P5;
2. The extent and effect of non-compliance with HOSZ-S1 and HOSZ-S2;
- ~~3. The Centres and Mixed Use Design Guide;~~
4. 3. Design, external appearance, siting and verandahs; and
4. 5. The screening or integration of any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the road or public space, as part of the façade or roof of the building.

Notification status: An application for resource consent made in respect of rule HOSZ-R5.3 is precluded from being publicly notified.

145. **HS7-HOSZ-Rec35:** That submission points relating to HOSZ-R5 (Additions and alterations to buildings and structures) are accepted/rejected as detailed in Appendix B.

S32AA Evaluation

146. In my opinion, the amendments to HOSZ-R5 are more appropriate in achieving the objectives of the District Plan than the notified provisions. I consider that:
- a. The amendments give better effect to the NPS-UD directions, in particular Objective 1 with respect to well-functioning urban environments, by updating HOSZ-P4 (Urban form, quality and amenity) to require that developments fulfil the intent of the CMUDG. This will achieve high quality design outcomes, and therefore well-functioning environments, for staff, visitors and patients of the respective hospitals.
 - b. The removal of the reference to the CMUDG as a matter of control (HOSZ-R5.2) and discretion (HOSZ-R5.3) does not materially change the outcomes sought within the rules (ie an assessment against the CMUDG), as the hook to the CMUDG is retained within HOSZ-P4, which is references at HOSZ-R5.2.1 and HOSZ-R5.3.1. However, the amendments remove duplication within the rules and provides for a less complicated consenting framework that avoids repetition in the assessment process.
 - c. The amendments provide for greater District Plan consistency with other zones that link to the Design Guides, including all CMUZ and the Residential Zones. The amendments align with other recommended changes to the PDP that the IHP have subsequently recommended be adopted into the District Plan (with respect to ISPP provisions).

- d. As the amendments will result in an outcome that is not materially different from the notified provisions (ie an assessment against the CMUDG), they are considered equally efficient and effective in achieving the objectives of the District Plan.

147. The recommended amendments will not have any greater environmental, economic, social, and cultural effects than the notified District Plan provisions.

HOSZ-R6 – Construction of new buildings and structures

Matters raised by submitters

148. Southern Cross Healthcare [380.64] (supported by Vital Healthcare [FS51.9]) supports HOSZ-R6 with respect to new buildings and structures that meet the requirements of HOSZ-R6.1 being a Permitted activity.
149. Southern Cross Healthcare [380.65] (supported by Vital Healthcare [FS51.10]) supports HOSZ-R6 with respect to new buildings and structures that do meet the requirements of HOSZ-R6.1 requiring resource consent for a Restricted Discretionary activity under HOSZ-R6.3. Likewise Southern Cross Healthcare [380.66] (supported by Vital Healthcare [FS51.11]) supports the notification preclusion under HOSZ-R6.3.
150. Southern Cross Healthcare [380.67, 380.68] (supported by Vital Healthcare [FS51.12]) considers that HOSZ-R6.2 should be amended to:
 - i. Remove reference to HOSZ-P3 from the matters of discretion under HOSZ-R6.3, on the basis that this policy only applies to Wellington Regional Hospital | Ngā Puna Wai Ora.
 - ii. Remove references to the CMUDG from HOSZ-R6.2 and HOSZ-R6.3, for the reasons detailed at paragraph 136 above (in relation to HOSZ-R5).

Assessment

151. I acknowledge the partial support for HOSZ-R6 [380.64, 380.65, 380.66, FS51.9, FS51.10, FS51.11].
152. I agree with Southern Cross Healthcare [380.67] that HOSZ-P3 should be removed from the matters of discretion under HOSZ-R6.3, on the basis that this policy only applies to Wellington Regional Hospital | Ngā Puna Wai Ora and HOSZ-R6.3 specifically relates to the three private hospitals (Southern Cross Wellington Hospital, Bowen Hospital and Wakefield Hospital). Hence HOSZ-P3 should not be referenced within this rule. For consistency and based on the same rationale, reference to HOSZ-P3 should also be removed from HOSZ-R5.3. I recommend this as a consequential amendment at paragraph 187 of this section 42A report.
153. As noted at paragraph 141 above, the urban design experts involved in the expert witness conferencing on the Design Guides agreed that the CMUDG should continue to apply to the

HOSZ¹⁸ (insofar as they recommend only one Design Guide applies in any instance and the HOSZ is retained in the CMUDG). I agree with this approach, noting that Southern Cross Healthcare has not provided within their submission advice from an urban design expert or a section 32 analysis providing their rationale as to why the Design Guide should not apply as sought in their submission. Therefore, I do not support the relief sought by Southern Cross Healthcare [380.68] (supported by Vital Healthcare [FS51.12]) with respect to removing the requirement to assess development within the HOSZ against the CMUDG under HOSZ-R6.2 and HOSZ-R6.3.

154. That said, for consistency across the District Plan and with my recommendations in relation to HOSZ-R5 above (**HS7-HOSZ-Rec34**), I also recommend that direct references to the CMUDG are removed from HOSZ-R6.2 and HOSZ-R6.3 on the basis that this is instead referenced within HOSZ-P4, which is a matter of control/discretion within HOSZ-R6. The recommended change to HOSZ-P4 is shown at paragraph 185.

Summary of recommendations

155. **HS7-HOSZ-Rec36:** That HOSZ-R6 (Construction of new buildings and structures) is amended as detailed at Appendix A and shown below:

HOSZ-R6 (Construction of new buildings and structures)

2. Activity status: **Controlled**

Where:

a. For the Wellington Regional Hospital site, compliance with any of the requirements of HOSZ-R6.1 cannot be achieved:

Matters of control are:

- ~~1.~~ 1. Relevant matters in HOSZ-P3, HOSZ-P4 and HOSZ-P5;
- ~~2.~~ 2. ~~The Centres and Mixed Use Design Guide;~~
- ~~3.~~ 2. The extent and effect of non-compliance with HOSZ-S1 and HOSZ-S2;
- ~~4.~~ 3. Design, external appearance, siting and verandahs;
- ~~5.~~ 4. Integration of Crime Prevention Through Environment Design practices;
- ~~6.~~ 5. Landscaping;
- ~~7.~~ 6. The integration of any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the road or public open space, as part of the façade or roof of the building;
- ~~8.~~ 7. Site access; and
- ~~9.~~ 8. Loading and servicing; and Internal traffic circulation.

Notification status: An application for resource consent made in respect of rule HOSZ-R6.2 is precluded from being limited notified.

¹⁸ [part-2--appendix-d--joint-witness-statement-urban-design-experts-22-august-2023.pdf \(wellington.govt.nz\)](#), para 38.

HOSZ-R6 (Construction of new buildings and structures)

3. Activity status: **Restricted Discretionary**

Where:

- a. For the Southern Cross Wellington Hospital, Bowen Hospital and Wakefield Hospital sites compliance with any of the requirements of HOSZ-R6.1 cannot be achieved.

Matters of discretion are:

- ~~1.~~ 1. Any relevant matters in ~~HOSZ-P3~~, HOSZ-P4 and HOSZ-P5;
- ~~2.~~ 2. The extent and effect of non-compliance with HOSZ-S1 and HOSZ-S2;
- ~~3.~~ The Centres and Mixed Use Design Guide;
- ~~4.~~ 3. Design, external appearance, siting and verandahs;
- ~~5.~~ 4. Integration of Crime Prevention Through Environment Design practices;
- ~~6.~~ 5. Landscaping;
- ~~7.~~ 6. The extent to which any service elements (e.g. roof plant, exhaust and intake units, and roof equipment) that could be viewed from the road or open space zone can be integrated as part of the façade or roof of the building;
- ~~8.~~ 7. Site access;
- ~~9.~~ 8. Loading and servicing; and
- ~~10.~~ 9. Internal traffic circulation.

Notification status: An application for resource consent made in respect of rule HOSZ-R6.3 is precluded from being publicly notified.

156. **HS7-HOSZ-Rec37:** That submission points relating to HOSZ-R6 (Construction of new buildings and structures) are accepted/rejected as detailed in Appendix B.

S32AA Evaluation

157. In my opinion, the amendments to HOSZ-R6 are more appropriate in achieving the objectives of the District Plan than the notified provisions. I consider that:
- a. The amendments give better effect to the NPS-UD directions, in particular Objective 1 with respect to well-functioning urban environments, by updating HOSZ-P4 (Urban form, quality and amenity) to require that developments fulfil the intent of the CMUDG. This will achieve high quality design outcomes, and therefore well-functioning environments, for staff, visitors and patients of the respective hospitals.
 - b. The removal of the reference to the CMUDG as a matter of control (HOSZ-R6.2) and discretion (HOSZ-R6.3) does not materially change the outcomes sought within the rules (ie an assessment against the CMUDG), as the hook to the CMUDG is retained within HOSZ-P4, which is references at HOSZ-R6.2.1 and HOSZ-R6.3.1. However, the amendments remove duplication within the rules and provides for a less complicated consenting framework that avoids repetition in the assessment process.
 - c. The amendments provide for greater District Plan consistency with other zones that link to the Design Guides, including all CMUZ and the Residential Zones. The amendments align with other recommended changes to the PDP that the IHP have

subsequently recommend be adopted into the District Plan (with respect to ISPP provisions).

- d. As the amendments will result in an outcome that is not materially different from the notified provisions (ie an assessment against the CMUDG), they are considered equally efficient and effective in achieving the objectives of the District Plan.

158. The recommended amendments will not have any greater environmental, economic, social, and cultural effects than the notified District Plan provisions.

HOSZ-R7 – Outdoor storage areas

Matters raised by submitters

159. Southern Cross Healthcare [380.69] supports HOSZ-R7 and seeks that this is retained as notified.

Assessment

160. I acknowledge the submission in support of HOSZ-R7.

Summary of recommendations

161. **HS7-HOSZ-Rec38:** That HOSZ-R7 (Outdoor storage areas) is confirmed as notified.
162. **HS7-HOSZ-Rec39:** That the submission point relating to HOSZ-R7 (Outdoor storage areas) is accepted as detailed in Appendix B.

HOSZ-S1 – Maximum height of buildings and structures

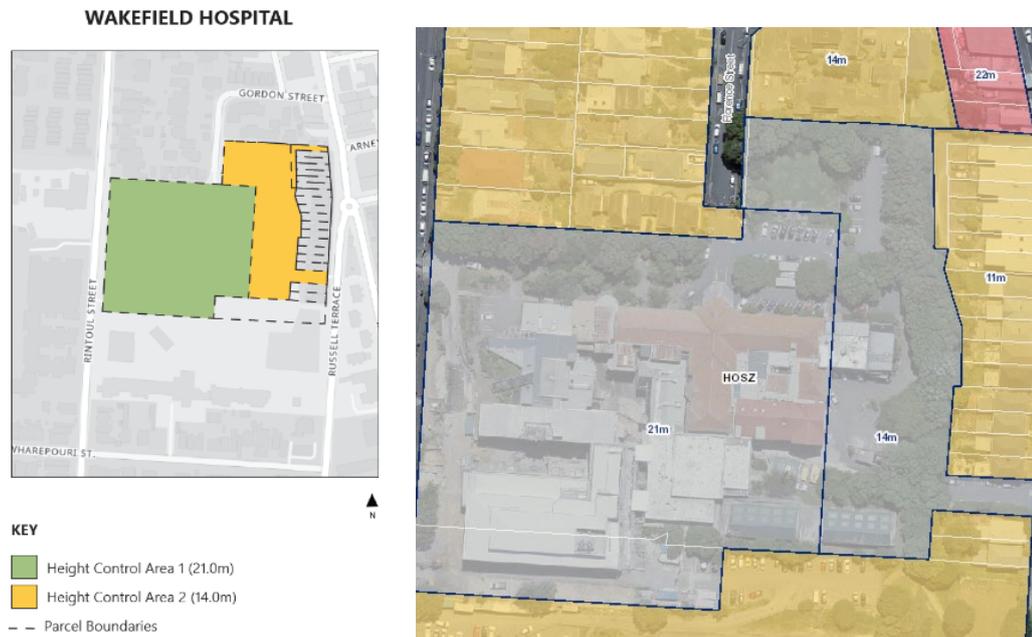
Matters raised by submitters

163. Southern Cross Healthcare [380.70] supports HOSZ-S1 and seeks that this is retained as notified, particularly in relation to the 21 metre height limit applied to the Southern Cross Hospital site.
164. Vital Healthcare [258.6] does not support the more restrictive 14 metre height control applied to the eastern portion of the Wakefield Hospital site on the basis that a more restrictive height in relation to boundary control already applies along the boundaries shared with the adjacent residential properties. As such, they seek that HOSZ-S1.4 for Wakefield Hospital is amended so that a 21 metre height control applies across the whole site.

Assessment

165. I acknowledge the support from Southern Cross Healthcare for HOSZ-S1 in relation to the Southern Cross Hospital site [380.70].

166. The Height Control Area 2 referred to in the Vital Healthcare submission point [258.6] is shown in the images below as taken from PDP HOSZ-S1.4 and the associated PDP ePlan mapping:



167. As shown in the image on the right above, the 14 metre height applied to Height Control Area 2 is adjoined by land zoned Medium Density Residential Area (MRZ) to the north, south and east. The land to the east has an 11 metre height limit due to these properties being within a Character Precinct (MRZ-PREC01), whereas the height limit available to land to the north and south is 14 metres. I note that the land to the south contains South West Intermediate School and is designated for education purposes (ODP designation E50, PDP designation MEDU46).
168. I note that the submitter has not provided a planning assessment or section 32 analysis as to why a 21 metre height limit would be appropriate for this area of the Wakefield Hospital site. Nor has any assessment or consideration of the effects of the increase in height upon the adjoining sites been provided, noting this would result in a 10m height transition at the zone interface. The Council's section 32A report identifies that the 14 metre height limit has been applied to the eastern portion of the Wakefield Hospital site as this provides for development to step down from the 21 metre Height Control Area 1 to the MRZ so as *"to recognise character houses adjacent to this edge"*¹⁹.
169. In my view the 14 metre height area provides an appropriate transition between Height Control Area 1 (21 metre) and the residentially zoned land – particularly that to the east of the Wakefield Hospital site which has, and will continue to have under the height limits for MRZ-PREC01, buildings that are lower in height than the Hospital. I acknowledge that the height in relation to boundary will also provide for this transition, however, consider that the height standard sets a clear expectation for both the submitter and adjacent property owners

¹⁹ [Section 32 - Part 2 - Special Purpose Hospital Zone and Special Purpose Tertiary Education Zone \(wellington.govt.nz\)](#), p68.

as to the level of development that is acceptable on the site. I therefore recommend that the HOSZ-S1.4 14 metre Height Control Area 2 for Wakefield Hospital is retained as notified.

Summary of recommendations

170. **HS7-HOSZ-Rec40:** That HOSZ-S1 (Maximum height of buildings and structures) is confirmed as notified.
171. **HS7-HOSZ-Rec41:** That submission points relating to HOSZ-S1 (Maximum height of buildings and structures) are accepted/rejected as detailed in Appendix B.

HOSZ-S2 – Height in relation to boundary

Matters raised by submitters

172. Vital Healthcare [258.7] and Southern Cross Healthcare [380.71] (supported by Vital Healthcare [FS51.13]) support HOSZ-S2 and seek that this is retained as notified.

Assessment

173. I acknowledge the submission points in support of HOSZ-S2 [258.7, 380.71].

Summary of recommendations

174. **HS7-HOSZ-Rec42:** That HOSZ-S2 (Height in relation to boundary) is confirmed as notified.
175. **HS7-HOSZ-Rec43:** That submission points relating to HOSZ-S2 (Height in relation to boundary) are accepted as detailed in Appendix B.

5.6 Proposed Additional Special Purpose Hospital Zone Provisions

Matters raised by submitters

176. Vital Healthcare [258.3] seeks a new rule that enables healthcare facilities, pharmacies and cafes to occur as a Permitted activity in the HOSZ, as follows:

HOSZ-Rx (Healthcare Facilities)

1. Activity Status: Permitted

HOSZ-Rx (Pharmacies)

1. Activity Status: Permitted

HOSZ-Rx (Cafes)

1. Activity Status: Permitted

Assessment

177. The concerns raised by Vital Healthcare are addressed at paragraphs 79.1 and 119 to 120 above, where I note that:
- i. Activities listed under the definition of ‘healthcare facilities’ are all permitted activities within the HOSZ (80.1); and
 - ii. Cafes and pharmacies ancillary to the hospital use of the site these are already provided for as permitted activities under HOSZ-R1 as they are included in the definition of Hospital Activities.
178. Hence the relief sought by the submitter are provided for in the rule framework as notified and no changes are required as a result of the submission point from Vital Healthcare [258.3].

Summary of recommendations

179. **HS7-HOSZ-Rec44:** That the submission point requesting new HOSZ permitted activity provisions is rejected as detailed in Appendix B.

6.0 Minor and Inconsequential Amendments

180. Pursuant to Schedule 1, clause 16 (2) of the RMA, a local authority may make an amendment, without using the process in this schedule, to its proposed plan to alter any information, where such an alteration is of minor effect, or may correct any minor errors.

6.1 Special Purpose Hospital Zone Introduction

181. As detailed at paragraph 31 of this section 42A report, under the Draft District Plan the HOSZ applied only to Ngā Puna Wai Ora | Wellington Regional Hospital, however, the three private hospitals have been rezoned as HOSZ in the PDP. As such, a minor amendment to the explanatory text in the Introduction to the HOSZ chapter is required. This amendment is shown at **HS7-HOSZ-REC45** below.
182. The IHP has recommended that a request from Taranaki Whānui to replace references to ‘mauri’ with ‘mouri’ is accepted²⁰ throughout the District Plan. For consistency across the District Plan this requires an additional change to the Introduction to the HOSZ chapter, in this case involving the deletion of the word ‘mauri’, as is also shown at **HS7-HOSZ-REC45** below.

6.2 References to Design Guides in the Special Purpose Hospital Zone

183. Part 2 of the Section 42A prepared by Ms Anna Stevens for the ISPP Wrap-up Hearing²¹ relates to the Design Guides and details the design guide review process that was undertaken concurrently with the ISPP hearings. This involved a series of expert witness conferencing

²⁰ [ihp-recommendation-report-1a.pdf \(wellington.govt.nz\)](#), para 373.

²¹ [wellington.govt.nz/-/media/your-council/plans-policies-and-bylaws/district-plan/proposed-district-plan/files/hearing-streams/wrap-up-ispp/council-reports-and-docs/section-42a-report---ispp-wrap-up-hearing---part-2---design-guides.pdf](#)

sessions resulting in a Joint Witness Statement (JWS) and wholesale review of the Centres and Mixed Use, Residential, Subdivision and Heritage Design Guides. As identified throughout this report, of relevance to the HOSZ provisions is the CMUDG. The JWS is amended to Ms Stevens’s section 42A report²², with the latest CMUDG appended to Ms Stevens’s Right of Reply response²³.

184. At paragraph 210 of her section 42A report Ms Stevens identifies that changes recommended in relation to the ISPP Wrap-up Hearing will also require amendments to the HOSZ provisions (and other non-ISPP chapters) insofar as the manner in which the CMUDG is referenced in this chapter. This is because of her recommendation to amend the wording of the respective policies that refer to the CMUDG from ‘Meeting the requirements of the Centres and Mixed Use Design Guide’ to ‘Fulfilling the intent of the Centres and Mixed Use Design Guide’. As shown below, Ms Stevens’ section 42A recommendation **WU-P2-Rec17** identifies that HOSZ-R5 and HOSZ-R6 may need to be updated to incorporate the same wording as used in the CMUZ chapters. I note that the IHP has also recommended this change.

WU-P2-Rec17: *That the following District Plan provisions shown are updated, as shown in Appendix E of this section 42A report:*

Zone	Provision	Provision Title
...		
Hospital Zone (yet to be heard)	HOSZ-R5	Additions and alterations to buildings and structures
	HOSZ-R6	Construction of new buildings and structures

185. At paragraphs 106, 142 to 143, and 153 to 154 of this section 42A report I have identified changes that need to be applied to HOSZ-P4, HOSZ-R5 and HOS-R6 to achieve consistency with other rules that reference the Design Guides throughout the District Plan. At **HS7-HOSZ-REC34** and **HS7-HOSZ-REC36** I have recommended deleting direct references to the CMUDG from the matters of control/discretion under these rules. This change requires that HOSZ-P4 is amended to include reference to the Design Guide so that an assessment of this is still required. I therefore recommend amending HOSZ-P4 as follows:

²² [part-2--appendix-d--joint-witness-statement-urban-design-experts-22-august-2023.pdf \(wellington.govt.nz\)](#)

²³ [Appendix A - Amended Recommendations - Centres and Mixed Use Design Guide \(wellington.govt.nz\)](#)

HOSZ-P4 (Urban form, quality and amenity)

Deliver high-quality new development, alterations and additions, and public spaces within the hospital sites to positively contribute to the distinctive form, quality and amenity of the Hospital Zone and adjoining zones by ensuring that, where relevant, it:

1. Fulfil the intent of the Centres and Mixed Use Design Guide;
- ~~4.~~ 2. Has regard to the location of existing and potential future primary and ancillary hospital activities;
- ~~2.~~ 3. Responds to the local context, particularly where the site is located adjoining:
 - a. A heritage building, heritage structure or heritage area;
 - b. Sites and areas of significance to Māori
 - c. A Residential zone;
 - d. Open space zones; and
 - e. Key pedestrian streets;
- ~~3.~~ 4. Responds to any identified significant natural hazard risks and climate change effects, including the strengthening and adaptive reuse of existing buildings;
- ~~4.~~ 5. Maintains and, where possible, enhances existing informal pedestrian and cycling routes and creates new links that increase access and connectivity;
- ~~5.~~ 6. Achieves good accessibility for people of all ages and mobility and encourages social interaction;
- ~~6.~~ 7. Provides a safe environment for people that promotes a sense of security and allows both formal and informal surveillance;
- ~~7.~~ 8. Integrates with existing and planned active and public transport activity movement networks, including planned rapid transit stops;
- ~~8.~~ 9. Incorporates high-quality visual and architectural quality design based on such factors as the form, scale, design and detailing of the building/structure or building additions/alterations;
- ~~9.~~ 10. Enhances the quality of the streetscape and the private/public interface; and
- ~~10.~~ 11. Has regard to the benefits and use of open space, landscaping and mature trees within the site on the streetscape, and on the character and visual amenity of the hospital sites and adjoining areas.

186. The section 32AA evaluations provided at paragraphs 146 to 147 and 157 to 158 address this change. I note that if the policy is not amended as recommended at paragraph 185 above, but the references to the CMUDG in HOSZ-R5 and HOSZ-R6 are removed as recommended at **HS7-HOSZ-REC34** and **HS7-HOSZ-REC36** then the opportunity to apply this Design Guide to development in the HOSZ zone will be lost.

6.3 HOSZ-R5 and HOSZ-R6

187. Consistent with my recommendation in relation to HOSZ-R6.3, I recommend that the requirement to address HOSZ-P3 (Mana whenua) is removed from HOSZ-R5.3 as this rule only applies to the private hospitals and the policy specifically relates only to the public hospital. This change is shown at **HS7-HOSZ-REC47** below.

188. In response to a submission relating to the TEDZ [253.44] I have recommended at **HS7-TEDZ-Rec44** and **HS7-TEDZ-Rec58** that matters of discretion under TEDZ-R6 and TEDZ-R7 relating to the visibility of roof-top plant are amended as follows:

“The extent to which any service elements (e.g. roof plant, exhaust and intake units, and roof equipment) that could be viewed from the adjoining road or open space zone can be screened or integrated as part of the façade or roof of the building”.

189. For consistency within the District Plan, I recommend that the same change is made to the matters of control and discretion under HOSZ-R5 and HOSZ-R6, being the equivalent rules within the HOSZ chapter. These changes are shown at **HS7-HOSZ-REC48** below and Appendix A.

6.4 Additional amendments

190. No additional minor and consequential amendments to the HOSZ provisions have been identified. However, where changes are made within specific provisions (for example renumbering of the matters of discretion, assessment criteria and the like) these changes are shown in the tracked changes version of the HOSZ chapter provided at Appendix A.

Summary of recommendations

191. **HS7-HOSZ-Rec45:** That, for District Plan consistency, HOSZ-P4 (Urban form, quality and amenity) is amended as shown below and at Appendix A:

Introduction

...

The purpose of the Hospital Zone is to enable the efficient and effective operation and development of these four hospital sites. The zone provisions provide for a range of hospital activities and ancillary activities and the Hospital's special operational needs and functional needs.

...

Active partnership engagement with mana whenua will assist in ensuring the mouri/mauri of this area of importance to mana whenua is not diminished through any potential adverse effects created by activities within the zone.

192. **HS7-HOSZ-Rec46:** That, for District Plan consistency, HOSZ-P4 (Urban form, quality and amenity) is amended as shown below and at Appendix A:

HOSZ-P4 (Urban form, quality and amenity)

Deliver high-quality new development, alterations and additions, and public spaces within the hospital sites to positively contribute to the distinctive form, quality and amenity of the Hospital Zone and adjoining zones by ensuring that, where relevant, it:

1. Fulfil the intent of the Centres and Mixed Use Design Guide;
- ~~1.~~ 2. Has regard to the location of existing and potential future primary and ancillary hospital activities;
- ~~2.~~ 3. Responds to the local context, particularly where the site is located adjoining:
 - a. A heritage building, heritage structure or heritage area;
 - b. Sites and areas of significance to Māori
 - c. A Residential zone;
 - d. Open space zones; and
 - e. Key pedestrian streets;
- ~~3.~~ 4. Responds to any identified significant natural hazard risks and climate change effects, including the strengthening and adaptive reuse of existing buildings;
- ~~4.~~ 5. Maintains and, where possible, enhances existing informal pedestrian and cycling routes and creates new links that increase access and connectivity;
- ~~5.~~ 6. Achieves good accessibility for people of all ages and mobility and encourages social interaction;
- ~~6.~~ 7. Provides a safe environment for people that promotes a sense of security and allows both formal and informal surveillance;
- ~~7.~~ 8. Integrates with existing and planned active and public transport activity movement networks, including planned rapid transit stops;
- ~~8.~~ 9. Incorporates high-quality visual and architectural quality design based on such factors as the form, scale, design and detailing of the building/structure or building additions/alterations;
- ~~9.~~ 10. Enhances the quality of the streetscape and the private/public interface; and
- ~~10.~~ 11. Has regard to the benefits and use of open space, landscaping and mature trees within the site on the streetscape, and on the character and visual amenity of the hospital sites and adjoining areas.

193. **HS7-HOSZ-Rec47:** That, for consistency with HOSZ-R6 (Construction of new buildings and structures) as amended under **HS7-HOSZ-Rec36**, HOSZ-R5 (Additions and alterations to buildings and structures) is amended as shown below and at Appendix A:

HOSZ-R5 (Construction of new buildings and structures)

3. Activity status: **Restricted Discretionary**

Where:

- a. For the Southern Cross Wellington Hospital, Bowen Hospital and Wakefield Hospital sites compliance with any of the requirements of HOSZ-R6.1 cannot be achieved.

Matters of discretion are:

- ~~1.~~ 1. Any relevant matters in HOSZ-P3, HOSZ-P4 HOSZ-P5;
- ~~2.~~ 2. The extent and effect of non-compliance with HOSZ-S1 and HOSZ-S2;
- ~~3.~~ 3. ~~The Centres and Mixed Use Design Guide;~~
- ~~4.~~ 3. Design, external appearance, siting and verandahs;
- ~~5.~~ 4. Integration of Crime Prevention Through Environment Design practices;
- ~~6.~~ 5. Landscaping;
- ~~7.~~ 6. The extent to which any service elements (e.g. roof plant, exhaust and intake units, and roof equipment) that could be viewed from the road or open space zone can be integrated as part of the façade or roof of the building;
- ~~8.~~ 7. Site access;
- ~~9.~~ 8. Loading and servicing; and
- ~~10.~~ 9. Internal traffic circulation.

Notification status: An application for resource consent made in respect of rule HOSZ-R6.3 is precluded from being publicly notified.

194. **HS7-HOSZ-Rec48:** That, for consistency with TEDZ-R6 (Additions and alterations to buildings) and TEDZ-R7), HOSZ-R5 (Additions and alterations to buildings and structures) and HOSZ-R6 (Construction of new buildings and structures) are amended to including the word ‘adjoining’, as shown below and at Appendix A.

HOSZ-R5 (Additions and alterations to buildings and structures)

3. Activity status: **Controlled**

Matters of control are:

...

- x. The integration of any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the adjoining road or public open space, as part of the façade or roof of the building; ...

HOSZ-R5 (Additions and alterations to buildings and structures)

4. Activity status: **Restricted Discretionary**

...

Matters of discretion are:

...

x. The integration of any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the **adjoining** road or public open space, as part of the

HOSZ-R6 (Construction of new buildings and structures)

3. Activity status: **Controlled**

...

Matters of control are:

...

x. The integration of any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the **adjoining** road or public open space, as part of the façade or roof of the building; ...

HOSZ-R6 (Construction of new buildings and structures)

4. Activity status: **Restricted Discretionary**

...

Matters of discretion are:

...

x. The integration of any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the **adjoining** road or public open space, as part of the façade or roof of the building; ...

7.0 Conclusion

195. Submissions have been received in support and opposition to the HOSZ provisions of the PDP.
196. Having considered all the submissions and reviewed all relevant statutory and non-statutory documents, I recommend that PDP should be amended as set out in Appendix A of this report.
197. For the reasons set out in the Section 32AA evaluations included throughout this report, I consider that the proposed objectives and provisions, with the recommended amendments, will be the most appropriate means to:

- a. Achieve the purpose of the Resource Management Act 1991 (RMA) where it is necessary to revert to Part 2 and otherwise give effect to higher order planning documents, in respect to the proposed objectives, and
- b. Achieve the relevant objectives of the District Plan, in respect to the proposed provisions.

8.0 Recommendations

198. I recommend that:

- a. The District Plan is amended in accordance with the changes recommended in Appendix A of this report; and
- b. The Independent Hearing Panel accept, accept in part, or reject submissions (and associated further submissions) as outlined in Appendix B of this report.

9.0 List of Appendices

- i. Appendix A – Tracked Changes Version of the Special Purpose Hospital Zone Chapter.
- ii. Appendix B – Recommendations Decisions on Submissions – Special Purpose Hospital Zone.
- iii. Appendix C - Report titled 'Report to Technical Review Panel – Special Purpose Hospital Zone', prepared by Anna Stevens (dated 20 April 2021).
- iv. Appendix D - Report titled 'Institutional Precincts Zone – Issues & Options to inform the Wellington District Plan Review of the Institutional Precincts', prepared by RMG (dated March 2020).

Full Set of Recommendations

* Note words in this section with [blue underline](#) relate to hyperlinks in the PDP. For ease of legibility these have been removed within the body of this report.

1. **HS7-HOSZ-Rec1:** That the general submission points relating to the PDP in its entirety are accepted/rejected as detailed in Appendix B.
2. **HS7-HOSZ-Rec2:** That the Introduction to the Special Purpose Hospital Zone chapter is amended as set out below and at Appendix A:

Introduction

...

Wellington Regional Hospital (Ngā Puna Wai Ora) and the land on which it sits has long established historical and cultural associations for the [mana whenua](#) of Whanganui ā Tara (Wellington), [Taranaki Whānui](#) and [Ngāti Toa Rangatira](#). Activities and development within the Hospital Zone must recognise [mana whenua](#) as kaitiaki, alongside their relationship with the land and the health benefits associated with the land and springs that the Wellington Regional Hospital | Ngā Puna Wai Ora sits on, as well as the manaaki that Wellington Regional Hospital | Ngā Puna Wai Ora provides. Active [partnership engagement](#) with [mana whenua](#) will assist in ensuring the mouri/mauri of this area of importance to [mana whenua](#) is not diminished through any potential adverse effects created by activities within the zone.

3. **HS7-HOSZ-Rec3:** That the general submission points relating to the Special Purpose Hospital Zone are accepted/rejected as detailed in Appendix B.
4. **HS7-HOSZ-Rec4:** That the definition of ‘Hospital Activities’ is confirmed as notified.
5. **HS7-HOSZ-Rec5:** That the submission point in support of the definition of ‘Hospital Activities’ is accepted as detailed in Appendix B.
6. **HS7-HOSZ-Rec6:** That the Special Purpose Hospital Zone applied to Bowen Hospital, Wakefield Hospital and Southern Cross Hospital is confirmed as notified.
7. **HS7-HOSZ-Rec7:** That the submission points in relating to Mapping are accepted as detailed in Appendix B.
8. **HS7-HOSZ-Rec8:** That HOSZ-O1 (Purpose) is confirmed as notified.
9. **HS7-HOSZ-Rec9:** That submission points relating to HOSZ-O1 (Purpose) are accepted as detailed in Appendix B.
10. **HS7-HOSZ-Rec10:** That HOSZ-O2 (Mana whenua) is confirmed as notified.
11. **HS7-HOSZ-Rec11:** That submission point relating to HOSZ-O2 (Mana whenua) are accepted/rejected as detailed in Appendix B.

12. **HS7-HOSZ-Rec12:** That HOSZ-O3 (Evolving demands, service and technological changes) is amended as set out below and at Appendix A:

HOSZ-O3 (Evolving demands, service and technological changes)

The evolving [health care facility and hospital](#) needs of Wellington City and the wider region are supported through land use activities and development that:

1. Is undertaken in an efficient, well-integrated and strategic manner;
2. [Wellington Regional Hospital | Ngā Puna Wai Ora](#) provides a greater choice of open space for patients, staff and visitors to enjoy, recreate and shelter; and
3. Positively contributes to maintaining, and where possible enhancing a safe, comfortable and accessible hospital environment including opportunities to enhance connectivity through the [site](#).

13. **HS7-HOSZ-Rec13:** That submission points relating to HOSZ-O3 (Evolving demands, service and technological changes) are accepted as detailed in Appendix B.

14. **HS7-HOSZ-Rec14:** That HOSZ-O4 (Managing adverse effects) is amended as shown below and at Appendix A:

HOSZ-O4 (Managing adverse effects)

Adverse effects of activities and development in the Special Purpose Hospital Zone are managed effectively both:

1. Within the [Wellington Regional Hospital | Ngā Puna Wai Ora site zone](#); and
2. At interfaces with;
 - a. [Heritage buildings, heritage structures and heritage areas](#);
 - b. [Sites and areas of significance to Māori](#);
 - c. Residential Zoned areas; [and](#)
 - d. ~~Open Space and Recreation Zoned areas; [and](#)~~
 - e. ~~Key pedestrian streets.~~

15. **HS7-HOSZ-Rec15:** That submission points relating to HOSZ-O4 (Managing adverse effects) are accepted/rejected as detailed in Appendix B.

16. **HS7-HOSZ-Rec16:** That HOSZ-P1 (Enabled activities) is confirmed as notified.

17. **HS7-HOSZ-Rec17:** That submission points relating to HOSZ-P1 (Enabled activities) are accepted as detailed in Appendix B.

18. **HS7-HOSZ-Rec18:** That HOSZ-P2 (Potentially incompatible activities) is confirmed as notified.

19. **HS7-HOSZ-Rec19:** That submission points relating to HOSZ-P2 (Potentially incompatible activities) are accepted as detailed in Appendix B.

20. **HS7-HOSZ-Rec20:** That HOSZ-P3 (Mana whenua) is confirmed as notified.

21. **HS7-HOSZ-Rec21:** That the submission points relating to HOSZ-P3 (Mana whenua) are accepted/rejected as detailed in Appendix B.
22. **HS7-HOSZ-Rec22:** That HOSZ-P4 (Urban form, quality and amenity) is confirmed as notified.
23. **HS7-HOSZ-Rec23:** That submission points relating to HOSZ-P4 (Urban form, quality and amenity) are accepted/rejected as detailed in Appendix B.
24. **HS7-HOSZ-Rec24:** That HOSZ-P5 (Resilience) is confirmed as notified.
25. **HS7-HOSZ-Rec25:** That the submission point relating to HOSZ-P5 (Resilience) is accepted as detailed in Appendix B.
26. **HS7-HOSZ-Rec26:** That HOSZ-R1 (Hospital activities) is confirmed as notified.
27. **HS7-HOSZ-Rec27:** That the submission point relating to HOSZ-R1 (Hospital activities) is accepted as detailed in Appendix B.
28. **HS7-HOSZ-Rec28:** That HOSZ-R2 (All other activities) is confirmed as notified.
29. **HS7-HOSZ-Rec29:** That the submission points relating to HOSZ-R2 (All other activities) are accepted/rejected as detailed in Appendix B.
30. **HS7-HOSZ-Rec30:** That HOSZ-R3 (Maintenance and repair of buildings and structures) is confirmed as notified.
31. **HS7-HOSZ-Rec31:** That the submission point relating to HOSZ-R3 (Maintenance and repair of buildings and structures) is accepted as detailed in Appendix B.
32. **HS7-HOSZ-Rec32:** That HOSZ-R4 (Demolition or removal of buildings and structures) is confirmed as notified.
33. **HS7-HOSZ-Rec33:** That submission points relating to HOSZ-R4 (Demolition or removal of buildings and structures) are accepted/rejected as detailed in Appendix B.
34. **HS7-HOSZ-Rec34:** That HOSZ-R5 (Additions and alterations to buildings and structures) is amended as detailed at Appendix A and shown below:

HOSZ-R5 (Additions and alterations to buildings and structures)

2. Activity status: **Controlled**

Where:

- a. For the Wellington Regional Hospital | Te Puna Wai Ora [site](#) compliance with the requirements of [HOSZ-R5.1](#) cannot be achieved.

Matters of control are:

1. Relevant matters in [HOSZ-P3](#), [HOSZ-P4](#) and [HOSZ-P5](#);
- ~~2. The Centres and Mixed-Use Design Guide;~~
- ~~3. 2.~~ Design, external appearance, siting and verandahs; and
- ~~4. 3.~~ The screening or integration of any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the [road](#) or public open space, as part of the façade or roof of the [building](#).

Notification status: An application for resource consent made in respect of rule HOSZ-R5.2 is precluded from being either publicly or limited notified.

HOSZ-R5 (Additions and alterations to buildings and structures)

3. Activity status: **Restricted Discretionary**

Where

- a. For the Southern Cross Wellington Hospital, Bowen Hospital and Wakefield Hospital sites compliance with any of the requirements of [HOSZ-R5.1](#) cannot be achieved.

Matters of discretion are:

1. Any relevant matters in [HOSZ-P3](#), [HOSZ-P4](#) and [HOSZ-P5](#);
2. The extent and [effect](#) of non-compliance with [HOSZ-S1](#) and [HOSZ-S2](#);
- ~~3. The Centres and Mixed-Use Design Guide;~~
- ~~4. 3.~~ Design, external appearance, siting and verandahs; and
- ~~4. 5.~~ The screening or integration of any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the [road](#) or [public space](#), as part of the façade or roof of the [building](#).

Notification status: An application for resource consent made in respect of rule HOSZ-R5.3 is precluded from being publicly notified.

35. **HS7-HOSZ-Rec35:** That submission points relating to HOSZ-R5 (Additions and alterations to buildings and structures) are accepted/rejected as detailed in Appendix B.
36. **HS7-HOSZ-Rec36:** That HOSZ-R6 (Construction of new buildings and structures) is amended as detailed at Appendix A and shown below:

HOSZ-R6 (Construction of new buildings and structures)

4. Activity status: **Controlled**

Where:

- a. For the Wellington Regional Hospital [site](#), compliance with any of the requirements of [HOSZ-R6.1](#) cannot be achieved:

Matters of control are:

- ~~1.~~ [1.](#) Relevant matters in [HOSZ-P3](#), [HOSZ-P4](#) and [HOSZ-P5](#);
- ~~2.~~ ~~The Centres and Mixed-Use Design Guide;~~
- ~~3.~~ [2.](#) The extent and [effect](#) of non-compliance with [HOSZ-S1](#) and [HOSZ-S2](#);
- ~~4.~~ [3.](#) Design, external appearance, siting and verandahs;
- ~~5.~~ [4.](#) Integration of Crime Prevention Through Environment Design practices;
- ~~6.~~ [5.](#) Landscaping;
- ~~7.~~ [6.](#) The integration of any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the [road](#) or public open space, as part of the façade or roof of the [building](#);
- ~~8.~~ [7.](#) [Site access](#); and
- ~~9.~~ [8.](#) Loading and servicing; and Internal traffic circulation.

Notification status: An application for resource consent made in respect of rule HOSZ-R6.2 is precluded from being limited notified.

HOSZ-R6 (Construction of new buildings and structures)

3. Activity status: **Restricted Discretionary**

Where:

- a. For the Southern Cross Wellington Hospital, Bowen Hospital and Wakefield Hospital sites compliance with any of the requirements of [HOSZ-R6.1](#) cannot be achieved.

Matters of discretion are:

- ~~1.~~ [1.](#) Any relevant matters in [HOSZ-P3](#), [HOSZ-P4](#) [HOSZ-P5](#);
- ~~2.~~ [2.](#) The extent and [effect](#) of non-compliance with [HOSZ-S1](#) and [HOSZ-S2](#);
- ~~3.~~ ~~The Centres and Mixed-Use Design Guide;~~
- ~~4.~~ [3.](#) Design, external appearance, siting and verandahs;
- ~~5.~~ [4.](#) Integration of Crime Prevention Through Environment Design practices;
- ~~6.~~ [5.](#) Landscaping;
- ~~7.~~ [6.](#) The extent to which any service elements (e.g. roof plant, exhaust and intake units, and roof equipment) that could be viewed from the [road](#) or open space zone can be integrated as part of the façade or roof of the [building](#);
- ~~8.~~ [7.](#) [Site access](#);
- ~~9.~~ [8.](#) Loading and servicing; and
- ~~10.~~ [9.](#) Internal traffic circulation.

Notification status: An application for resource consent made in respect of rule HOSZ-R6.3 is precluded from being publicly notified.

37. **HS7-HOSZ-Rec37:** That submission points relating to HOSZ-R6 (Construction of new buildings and structures) are accepted/rejected as detailed in Appendix B.
38. **HS7-HOSZ-Rec38:** That HOSZ-R7 (Outdoor storage areas) is confirmed as notified.
39. **HS7-HOSZ-Rec39:** That the submission point relating to HOSZ-R7 (Outdoor storage areas) is accepted as detailed in Appendix B.
40. **HS7-HOSZ-Rec40:** That HOSZ-S1 (Maximum height of buildings and structures) is confirmed as notified.
41. **HS7-HOSZ-Rec41:** That submission points relating to HOSZ-S1 (Maximum height of buildings and structures) are accepted/rejected as detailed in Appendix B.
42. **HS7-HOSZ-Rec42:** That HOSZ-S2 (Height in relation to boundary) is confirmed as notified.
43. **HS7-HOSZ-Rec43:** That submission points relating to HOSZ-S2 (Height in relation to boundary) are accepted as detailed in Appendix B.
44. **HS7-HOSZ-Rec44:** That the submission point requesting new HOSZ permitted activity provisions is rejected as detailed in Appendix B.
45. **HS7-HOSZ-Rec45:** That, for District Plan consistency, HOSZ-P4 (Urban form, quality and amenity) is amended as shown below and at Appendix A:

Introduction

...

The purpose of the Hospital Zone is to enable the efficient and effective operation and development of these four hospital sites. The zone provisions provide for a range of hospital activities and ancillary activities and the Hospital's special operational needs and functional needs.

...

Active **partnership engagement** with mana whenua will assist in ensuring the mauri/~~mauri~~ of this area of importance to mana whenua is not diminished through any potential adverse effects created by activities within the zone.

46. **HS7-HOSZ-Rec46:** That, for District Plan consistency, HOSZ-P4 (Urban form, quality and amenity) is amended as shown below and at Appendix A:

HOSZ-P4 (Urban form, quality and amenity)

Deliver high-quality new development, [alterations](#) and [additions](#), and [public spaces](#) within the hospital sites to positively contribute to the distinctive form, quality and amenity of the Hospital Zone and adjoining zones by ensuring that, where relevant, it:

1. [Fulfils the intent of the Centres and Mixed Use Design Guide](#);
- ~~4.~~ [2.](#) Has regard to the location of existing and potential future primary and ancillary [hospital activities](#);
- ~~2.~~ [3.](#) Responds to the local context, particularly where the [site](#) is located adjoining:
 - a. A [heritage building](#), [heritage structure](#) or [heritage area](#);
 - b. [Sites and areas of significance to Māori](#)
 - c. A Residential zone;
 - d. [Open space zones](#); and
 - e. Key [pedestrian](#) streets;
- ~~3.~~ [4.](#) Responds to any identified significant [natural hazard](#) risks and climate change effects, including the strengthening and adaptive [reuse](#) of existing [buildings](#);
- ~~4.~~ [5.](#) Maintains and, where possible, enhances existing informal [pedestrian](#) and cycling routes and creates new links that increase [access](#) and connectivity;
- ~~5.~~ [6.](#) Achieves good accessibility for people of all ages and mobility and encourages social interaction;
- ~~6.~~ [7.](#) Provides a safe environment for people that promotes a sense of security and allows both formal and informal surveillance;
- ~~7.~~ [8.](#) Integrates with existing and planned active and [public transport activity](#) movement networks, including planned [rapid transit stops](#);
- ~~8.~~ [9.](#) Incorporates high-quality visual and architectural quality design based on such factors as the form, scale, design and detailing of the [building/structure](#) or [building additions/alterations](#);
- ~~9.~~ [10.](#) Enhances the quality of the [streetscape](#) and the private/public interface; and
- ~~10.~~ [11.](#) Has regard to the benefits and use of open space, landscaping and mature trees within the [site](#) on the [streetscape](#), and on the [character](#) and visual amenity of the hospital sites and adjoining areas.

47. **HS7-HOSZ-Rec47:** That, for consistency with HOSZ-R6 (Construction of new buildings and structures) as amended under **HS7-HOSZ-Rec36**, HOSZ-R5 (Additions and alterations to buildings and structures) is amended as shown below and at Appendix A:

HOSZ-R5 (Construction of new buildings and structures)

3. Activity status: **Restricted Discretionary**

Where:

- b. For the Southern Cross Wellington Hospital, Bowen Hospital and Wakefield Hospital sites compliance with any of the requirements of [HOSZ-R6.1](#) cannot be achieved.

Matters of discretion are:

- ~~1.~~ 1. Any relevant matters in [HOSZ-P3](#), [HOSZ-P4](#) [HOSZ-P5](#);
- ~~2.~~ 2. The extent and [effect](#) of non-compliance with [HOSZ-S1](#) and [HOSZ-S2](#);
- ~~3.~~ 3. ~~The Centres and Mixed Use Design Guide;~~
- ~~4.~~ 3. Design, external appearance, siting and verandahs;
- ~~5.~~ 4. Integration of Crime Prevention Through Environment Design practices;
- ~~6.~~ 5. Landscaping;
- ~~7.~~ 6. The extent to which any service elements (e.g. roof plant, exhaust and intake units, and roof equipment) that could be viewed from the [road](#) or open space zone can be integrated as part of the façade or roof of the [building](#);
- ~~8.~~ 7. [Site access](#);
- ~~9.~~ 8. Loading and servicing; and
- ~~10.~~ 9. Internal traffic circulation.

Notification status: An application for resource consent made in respect of rule HOSZ-R6.3 is precluded from being publicly notified.

48. **HS7-HOSZ-Rec48:** That, for consistency with TEDZ-R6 (Additions and alterations to buildings) and TEDZ-R7), HOSZ-R5 (Additions and alterations to buildings and structures) and HOSZ-R6 (Construction of new buildings and structures) are amended to including the word ‘adjoining’, as shown below and at Appendix A.

HOSZ-R5 (Additions and alterations to buildings and structures)

4. Activity status: **Controlled**

Matters of control are:

...

- x. The integration of any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the [adjoining](#) road or public open space, as part of the façade or roof of the building; ...

HOSZ-R5 (Additions and alterations to buildings and structures)

5. Activity status: **Restricted Discretionary**

...

Matters of discretion are:

...

x. The integration of any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the **adjoining** road or public open space, as part of the

HOSZ-R6 (Construction of new buildings and structures)

5. Activity status: **Controlled**

...

Matters of control are:

...

x. The integration of any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the **adjoining** road or public open space, as part of the façade or roof of the building; ...

HOSZ-R6 (Construction of new buildings and structures)

5. Activity status: **Restricted Discretionary**

...

Matters of discretion are:

...

x. The integration of any service elements (roof plant, exhaust and intake units and roof equipment) that could be viewed from the **adjoining** road or public open space, as part of the façade or roof of the building; ...