

**Before the Hearings Panel at
Wellington City Council**

Under Schedule 1 of the Resource Management Act 1991

In the matter of the Proposed Wellington City District Plan

**Hearing Stream 7 (Hospital Zone and Tertiary Education Zone)
Reporting Officer Right of Reply of Anna Stevens on behalf of
Wellington City Council**

Date: 30 April 2024

INTRODUCTION

1. My name is Anna Stevens. I am employed as Principal Planning Advisor in the District Planning Team at Wellington City Council (the Council).
2. I have prepared this Reply in respect of the matters in Hearing Stream 7 relating to the Special Purpose Hospital Zone (HOSZ) and the Special Purpose Tertiary Education Zone (TEDZ).
3. I have listened to submitters in Hearing Stream 7, read their evidence and tabled statements, and referenced the written submissions and further submissions relevant to the Hearing Stream 7 topics.
4. I am acting topic lead for the HOSZ and TEDZ. Ms Hayes drafted the [Hospital Zone Section 42A Report](#) and [Tertiary Education Zone S42A Report](#). My qualifications and experience as an expert in planning are set out in my [Viewshaft S42A Report](#).
5. I confirm that I am continuing to abide by the Code of Conduct for Expert Witnesses set out in the Environment Court's Practice Note 2023, as applicable to this Independent Panel hearing. I have not omitted to consider material facts known to me that might alter or detract from the opinions I express.
6. Any data, information, facts, and assumptions I have considered in forming my opinions are set out in the relevant part of my evidence to which it relates. Where I have set out opinions in my evidence, I have given reasons for those opinions.

SCOPE OF REPLY

7. This Reply follows Hearing Stream 7 held from 19 March until 22 March 2024. Minute 46: Hearing Stream 7 Follow-up released by the Panel on 28 March 2024 requested that Section 42A authors submit a written Right of Reply as a formal response to matters raised during the course of the hearing. The minute requires this response to be submitted by 30 April 2024.
8. This Reply includes:
 - (i) Responses to specific matters and questions raised by the Panel in Minute 46.
 - (ii) Commentary on additional matters that I consider would be useful to further clarify or that were the subject of verbal requests from the Panel at the hearing.

Responses to specific matters and questions raised in Minute 46:

e) xi) *The reporting officer has recommended adding a new matter to Policies TEDZ-P6 and HOSZ-P4, which address urban form, quality and amenity, as follows:*

Fulfils the intent of the Centres and Mixed Use Design Guide;

While the Panel understands this amendment is to make the policies consistent with the approach used for the equivalent policies for the Centres and Mixed Use Zones, the “intent” of the Design Guide as stated in the Introduction makes no reference to either the TEDZ or HOSZ:

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 wellfunctioning urban environment.

Could the reporting officer please advise whether she would make any recommended wording amendments in light of this fact.

9. Whilst the Panel have identified that the “intent” of the Centres and MixedUse Design Guide (CMUDG) does not reference either the HOSZ or TEDZ, I note that the intent statement does not explicitly refer to any zone. It seeks to facilitate new development in the City’s ‘centres and mixed use areas’ which in itself is not referring to any explicit zones under the Proposed District Plan (PDP). Instead, the applicable zones to which the CMUDG relate are actually identified in the subsequent CMUDG introduction section ‘Application of this Guide’. A screenshot of this section and the zones to which the CMUDG applies is below:

Application of this Guide

The Centres and Mixed Use Design Guide generally applies to new development that requires a resource consent in the following zones and development areas:

- Centre Zones
- Commercial Zone
- Mixed Use Zone
- Hospital Zone
- Tertiary Education Zone
- Waterfront Zone
- Kilbirnie Bus Barns Development Area
- Linconshire Farm Development Area
- Upper Stebbings and Glenside West Development Area

The District Plan provisions, including policies, rules, and matters of discretion, set out the circumstances where this Design Guide will be applicable to a resource consent application.

Where provided for by the provisions of the District Plan, the Council will use this Design Guide as part of its assessment of a development proposal. The Design Guide should be read in conjunction with the relevant Zone objectives and policies.

Figure 1: Exert from the Centres and Mixed Use Design Guide introduction.

10. Given the 'application of this guide' section specifically refers to HOSZ and TEDZ, and the expert conferencing on the CMUDG resulted in all experts agreeing the CMUDG should apply to these zones (as identified in paragraph 38 of the Joint Witness Statement¹ and paragraph 116 of the Boffa Miskell Proposed Wellington City District Plan Design Guides Review²), I do not consider a change is required to the 'intent' section of the introduction. In my view, the intent section is kept broader on purpose due to the 'application' section then explicitly identifying the zones to which the CMUDG applies.
11. The Independent Hearings Panel (the Panel/IHP) also recommended the CMUDG apply to the HOSZ and TEDZ in paragraph 63 and section 3.3 of recommendation report [4A \(Overview and General Matters, Commercial and Mixed Use Zones Framework, City Outcomes Contributions and General Submissions on Commercial and Mixed Use Zones\)](#) which was considered and decided on by Council on 14 March 2024, and subsequently becoming Operative. For these reasons, I do not believe any amendment to the CMUDG introduction 'intent' section to specifically refer to HOSZ and TEDZ is necessary.
12. Hearing Stream 6 Airport Zone (AIRPZ) Council Reporting Officer, Joe Jeffries, states in his right of reply that the CMUDG contains generic design principles that are broad enough to apply to the HOSZ, TEDZ and AIRPZ without inappropriately constraining development to specific design solutions that do not fit the unique requirements of the HOSZ, TEDZ or AIRPZ. Unlike the AIRPZ, the application statement does refer to the HOSZ and TEDZ, and as Mr Jeffries notes these zones have unique design requirements distinct from the other Centres and Mixed Use Zones. However, in the case of the HOSZ, TEDZ and AIRPZ, it is appropriate to apply the generic design principles contained within the CMUDG without unduly constraining the specific design requirements of these areas.
13. I appreciate that during the hearing the Panel were interested in understanding which guidelines were applicable to HOSZ and TEDZ and the types of development enabled with the zones, and sought some examples be provided. On reflection, and given the response I have provided above, I consider that providing my opinion on which guidelines are or are not applicable potentially erodes the intent of design statement flexibility for the applicant (and Council's urban designers) to identify what guidelines are appropriate on a case-by-case basis. I therefore would not want my interpretation to be used as a baseline or rationale for why some guidelines do or do not apply for certain development scenarios. I consider this risks undermining the intent of the CMUDG's applicability and flexibility.

¹ [ISPP wrap up and integration hearing Part 2: Design Guides Appendix D - Joint Witness Statement, Urban Design Experts](#)

² Boffa Miskell, [Proposed Wellington City District Plan Design Guides Review, Residential - Centres and Mixed Use, Heritage and Subdivision Design Guides](#), 2023

14. I note that the CMUDG's introduction states that 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*'. In my view, this reinforces the need to provide flexibility and a case-by-case assessment of what guidelines apply taking into consideration the proposed development, the unique operational and functional requirements of these institutions, the bulk and form effects, and any mitigation measures proposed or necessary to reduce effects on surrounding environments. This is reinforced in section 4.3 (flexibility to provide for a range of activities and building types) of the Design Guide review principles memorandum³ that informed the Joint Witness expert conferencing of the Design Guides.

15. In my view the scale of hospitals and tertiary institutions in terms of both sites and buildings are more aligned with those of the general commercial area than anything else, and although the specific use of a site is relevant, to a certain extent the urban design principles relating to non-residential buildings are somewhat similar despite their use. For example, edge interfaces, appreciable scale, wider site landscaping etc., all of which are matters covered by the CMUDG. Some guidelines may not apply to certain scenarios, and there is scope given to disregard any non-relevant design guidance for both applicant and Council's planners and urban design advisors. In my opinion, it is therefore of fundamental importance that the CMUDG still apply to these zones to enable good design outcomes.

16.

e) xii) In light of the submissions from Victoria University of Wellington – Te Herenga Waka (Submitter #106) and Southern Cross Hospital (Submitter #308), could the reporting officer please advise whether the Zone provisions appropriately recognise the functional and operational requirements of Tertiary Education and Hospital facilities; in particular, in Policies TEDZ-P6 and HOSZ-P4.

17. I have reviewed the HOSZ and TEDZ submissions, expert evidence, legal submissions and hearing presentations and responses from Peter Coop on behalf of Te Herenga Waka Victoria University (VUW), and Richard Paul and Bianca Tree from Southern Cross. I note that the submissions do not make any reference to whether the provisions appropriately recognise the functional and operational requirements of Tertiary Education and Hospital facilities. No submitters spoke to this. I also note that Southern Cross sought for HOSZ-P4 to be retained as notified and VUW did not

³ Boffa Miskell, [Proposed Wellington City District Plan Design Guides Review, Residential - Centres and Mixed Use, Heritage and Subdivision Design Guides](#), Appendix 8: Design Guide Review Principles, 2023

submit at all on TEDZ-P6 (noting Massey University, Waka Kotahi and WCC Environmental Reference Group sought the policy be retained).

18. From my review of the hearing, it appears that both TEDZ-P6 and HOSZ-P4 are supported by Southern Cross and VUW, so I am uncertain as to what the Panel's concern is with regard to functional and operational requirements. If any such concerns were raised, my understanding of VUW's position is that their concerns sit with the Restricted Discretionary Activity status in TEDZ for additions, alterations and construction, and the linkage to additions and alterations being visible from public space in terms of triggering a requirement for resource consent. For Southern Cross, my understanding also is that their only outstanding concern is with regards to the reference to the CMUDG that Ms Hayes recommended in her rebuttal evidence for HOSZ-P4. As expressed by Ms Tree, I consider she believes that HOSZ-P4 is significantly robust on its own and covers any potential quality design or amenity considerations.

19. Ms Tree at the beginning of her hearing presentation and in her legal statement spoke to the National Policy Statement on Urban Development (NPS-UD) and how under the NPS-UD private hospitals are recognised as both businesses and additional infrastructure. Ms Tree and Mr Paul during the Stream 7 Hearing noted that rezoning the Southern Cross's Hanson Street hospital was critical and an important change included in the PDP. Ms Tree noted that typically hospitals have had residential zonings within district plans, which have been a big constraint on their operational and functional needs and development. No assertion was made by Ms Tree or Mr Paul that the HOSZ provisions did not appropriately recognise the functional and operational requirements of Hospital facilities, beyond their concerns with the CMUDG, nor that Council was not meeting its obligations under the NPS-UD.

20. I have full confidence that the zone provisions appropriately recognise the functional and operational requirements of Tertiary Education and Hospital facilities, and in a more fulsome way than the ODP provisions, for the following reasons:
 - a. Significant engagement was undertaken with VUW, Massey University and Wellington Regional Hospital from 2020 onwards including at the beginning of the review of the ODP's Institutional Precinct chapter. The issues and options report⁴ captured all key matters, which informed the Draft Plan chapter, along with Draft Plan engagement ahead of the PDP notification. As such, each institution had an opportunity to input at each key stage in the progression of the HOSZ and TEDZ with their feedback incorporated as far as possible.

⁴ Resource Management Group, [Institutional Precincts Zone Issues & Options to inform the Wellington District Plan Review of Institutional Precincts](#), March 2020

- b. Engagement was also undertaken with Mana Whenua directly and separately with each institution to understand their respective partnerships with Mana Whenua, and to understand how Mana Whenua's connection to the land and their aspirations were reflected in the operation, function and built environment of each institutions' campus.
- c. As I noted during the hearing, HOSZ and TEDZ provide a significant improvement in recognising both the strategic importance of these institutions to the city and providing much more tailored and responsive provisions to enable the institutions' operational and functional needs, as well as their need to evolve over time. This includes:
- i. Strategic direction CEKP-O5 (City Economy, Knowledge and Prosperity) provides for strategically important assets, including those that support education, research, health and cultural wellbeing;
 - ii. Standalone special purpose zones as per the National Planning Standards template that are solely focused on tertiary education and hospital activities and development respectively, rather than one chapter with generalised provisions to apply to all three institutions;
 - iii. Bespoke objectives, policies, rules and standards for each type of institution as well as bespoke provisions where necessary for individual campuses. This includes, but is not limited to:
 - TEDZ-P1 and HOSZ-P1 (Enabled Activities) and associated permitted activity rules enabling a range of primary and ancillary activities necessary for the operation and function of all three institutions;
 - TEDZ-P2 and HOSZ-P2 (Incompatible Activities) and associated rules which provide clear direction that activities that are not compatible with the purpose of the zone, or will have adverse effects on the amenity of the zone, are not enabled so as not to compromise the operational and functional requirements of the zone; and
 - TEDZ-P4 (Providing for future needs) which seeks to recognise and provide for the changing needs of the tertiary education sector for future operational and functional requirements.
- d. A more enabling land use activity rule framework and rule framework for maintenance and repair of buildings and structures, and demolition or removal of buildings with all being permitted activities. Minor development along with a significant swathe of primary and ancillary activities are also enabled as permitted activities through a very comprehensive 'hospital activities' and 'tertiary education facilities' definition. This responds to feedback from

the institutions during engagement that the ODP did not sufficiently enable ancillary activities necessary to the operational and functional requirements of the zone, instead requiring Controlled Activity consent for these activities along with minor building repair and maintenance works.

- e. Continued controlled activity status for development within Wellington Regional Hospital and Restricted Discretionary Activity status for private hospitals and the Universities. I note that there is no stricter activity status if Restricted Discretionary activity requirements are not met. In my view, this is still an enabling rule framework, whilst ensuring sufficient scope is still provided for planning and urban design assessment of development.
- f. Te Whatu Ora - Health New Zealand (Wellington Regional Hospital) provided a brief submission in full support of the HOSZ chapter seeking the chapter be retained in full noting that *'the Hospital Zone is supported. The urban context around the Hospital is changing, and the Hospital Zone settings have been updated to reflect this. The proposed settings will better enable the Hospital to deliver health services for the community and region.'* They also noted that *'The Proposed District Plan is supported in its entirety. The PDP does a good job of establishing the enabling approach needed to allow for the Hospital to respond to changing health needs. The proposed objectives, policies, and rules, are supported, including where thresholds are set for planning involvement.'*
- g. Whilst Massey University, Vital Healthcare Ltd (Wakefield and Bowen Hospitals) and Southern Cross Hospital did seek minor amendments to HOSZ and TEDZ, they also provided support for the notified provisions as expressed in their submissions and Ms Tree's legal submission and hearing presentations. Mr Coop on behalf of VUW contended that the restricted discretionary activity status for additions, alterations and construction of buildings and structures should be replaced by controlled activity status for all three campuses. However, as noted by Commissioner Daysh during the hearing, all other universities and hospitals are comfortable with the restricted discretionary activity status for these activities.

Mr Coop also stated that Massey University had taken a 'less proactive view' as they 'haven't had the experience that VUW had had in terms of property development and applying for resource consent'. In my view, this is just speculation and does not accurately reflect Massey's position. Massey may not undertake as much property development as VUW, however they have a lot of experience applying for resource consents as identified through consents detailed

in the issues and options report⁵ e.g. works around the National War Memorial, the Dominion Museum etc., and in my view are well aware of the planning regime (this was reflected in my ongoing engagement with Massey University also).

- h. Lastly, I also note that the PDP provides more enabling bulk and form controls and enables greater development within the zone to meet operational and functional needs than the ODP. Substantial height increases have also been enabled for all campuses along with more enabling height in relation to boundary controls. The height increases can be seen in figures 2-4 below.

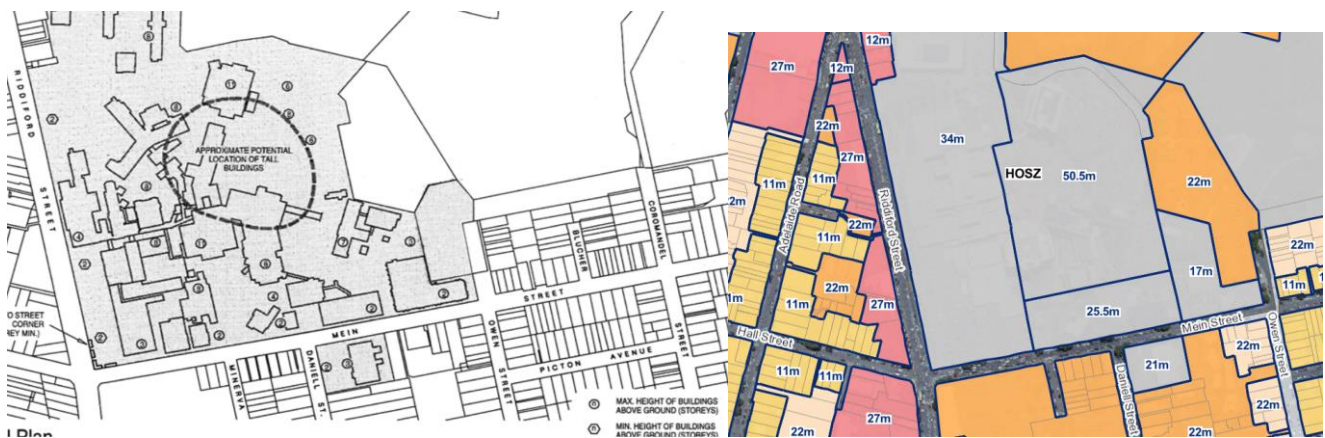


Figure 2: Showing changes in height at Wellington Regional Hospital (Riddiford Street and Mein Street) from ODP to PDP.

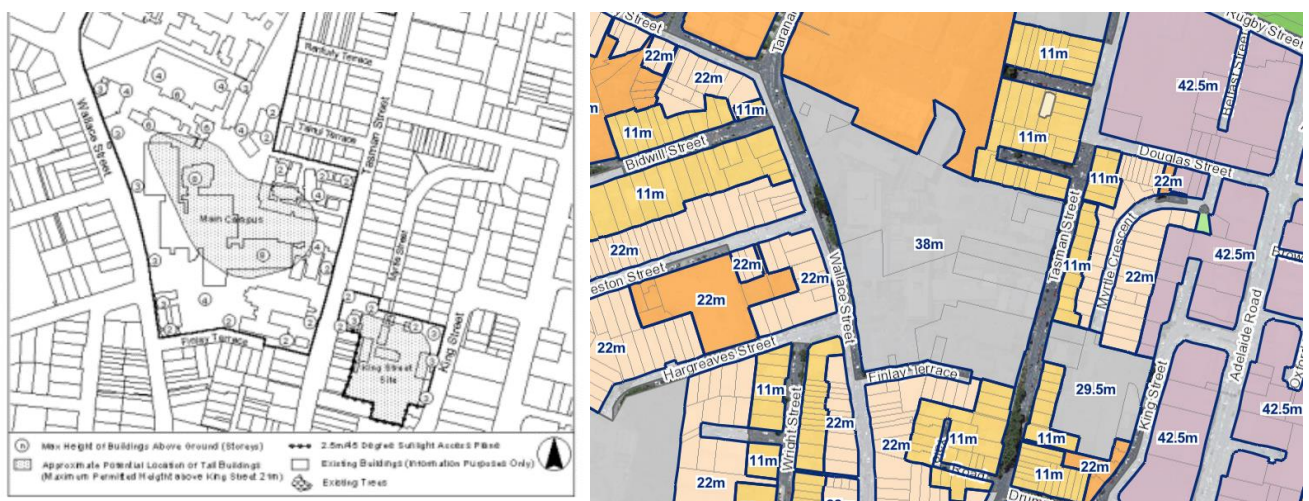


Figure 3: Showing changes in height at Massey University (Wallace Street, Tasman Street and King Street) from ODP to PDP.

⁵ Resource Management Group, [Institutional Precincts Zone Issues & Options to inform the Wellington District Plan Review of Institutional Precincts](#), March 2020

Victoria University Peripheral Sites: Areas 4 & 5

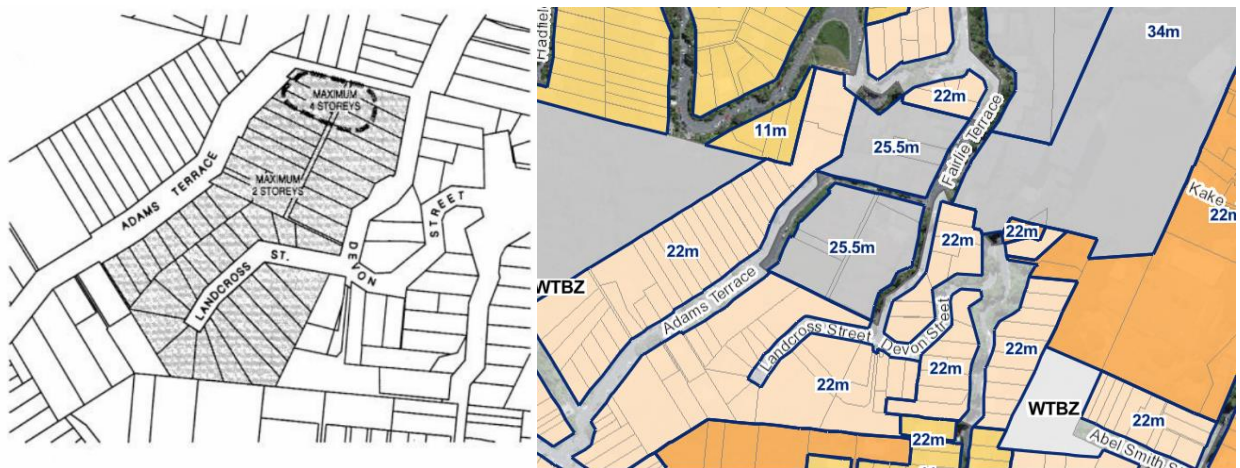


Figure 4: Showing changes in height at Victoria University (Adams Terrace and Devon Street) from ODP to PDP.

21. During the hearing Mr Paul and Ms Tree discussed the need for flexibility in design to recognise the unique development requirements of hospitals, particularly with regards to their concerns about the application of the CMUDG to their site. This was considered and factored into the PDP provisions and is enabled through the limited number of building bulk and form controls and highly enabling height limits. For example, allowing for necessary floor to ceiling heights, for the reasons described by Mr Paul.

e) xiii) In relation to the TEDZ, given the very broad definition of 'public space' in the PDP, could the reporting officer please advise whether there should be any refinement of the rules permitting additions and alterations to buildings and structures (TEDZ-R6.1) and the construction of new buildings and structures (TEDZ-R7.1) if they are "not visible from a public space".

22. I do not consider there needs to be any amendments to TEDZ-R6.1 (Additions or alterations) or TEDZ-R7.1 (Construction) where development is "not visible from a public space". With regards to the rule framework for additions and alterations, my view is the same as that expressed by Ms Hayes. I consider that the permitted activity threshold for additions or alterations not visible from public spaces is sufficiently generous and enabling. I consider the proposed framework provides the appropriate balance between enabling university development to meet their evolving functions whilst also requiring the universities to respond to context and mitigate any adverse effects.

23. Again, there are some substantial increases in development heights in parts of the zone from the ODP to PDP, for example around Adam's Terrace which is going from approximately 7-8m to 25.5m or at Massey University where there are some 29.5m heights adjoining character precincts. Whilst there are height in relation to boundary and setback controls, it is important that those buildings respond to their context in a more considered way given these relationships.

24. TEDZ-R6.1 and TEDZ-R7.1 were drafted in a manner to enable consistency across zones within the PDP with regards to permitted activity requirements for additions and alterations, in particular the Centres and Mixed Use Zones (CMUZ). The IHP's recommended permitted activity requirements for additions and alterations in the CCZ, for example, included the same exclusion that any additions or alterations visible from public spaces require resource consent. This was then agreed to by Council decisions on March 14 and has subsequently become operative.
25. I do not consider that TEDZ should be treated any differently to these zones and have more enabling additions or alterations. I think this is even more important now given that increased height is enabled in these zones, along with the visibility of these campuses around the city and their close proximity to residential environments. Amending TEDZ would therefore create inconsistency across zones in terms of approach to built form. As expressed in Ms Hayes's rebuttal evidence (which I agree with), I do not consider Mr Coop's alternative distance visibility measure to be appropriate. It has not been tested by Mr Coop nor has any supporting evidence or justification been provided.
26. One change that the IHP could direct for future consideration to align with the newly operative CCZ's additions and alterations rule would be to consider amending the permitted activity standards to include; where the activity involves the placement of solar panels on the roof; where it involves maintenance, repair or painting (noting though that maintenance or repair are separate permitted activities in the HOSZ and TEDZ), and; where it involves re-cladding with like for like materials or colours.

e) xiv) In relation to the sites on The Terrace (No.s 302, 320, and 320A), the reporting officer is to provide a further height analysis which also includes the interrelationship with the controls in relation to the escarpment.

Context to the recommended height change for VUW:

27. In recommendation HS7-TEDZ-Rec48 of Ms Hayes's TEDZ Section 42A report, Ms Hayes recommended that TEDZ-S1's (Maximum height of buildings and structures) height control 2 and height control 4 as they relate to VUW's Kelburn Campus be amended specifically with regards to the 320 and 320A The Terrace portion of the campus.
28. It is important to note that this recommended change resulted from amendments sought in VUW's submission [106.23, 106.24 and 106.6]. In summary, VUW sought that:
- a. TEDZ-S1.1 Height Control Area 4 that as notified applied to 320 The Terrace (Gordon Wilson Flats) be extended to also apply to McLean Flats (at 320A The Terrace);

- b. For the part of 320 and 320A The Terrace that are 20 meters or more away from a residential zone (note this is not a PDP TEDZ control) that the applicable height control be changed from the notified PDP height control 4 (21m) to height control area 2 (34m). The rationale for this change put forward by VUW was that they sought that their proposed Te Huanui building be accommodated by the TEDZ's height limits; and
- c. That the mapping be amended to reflect the change sought in (b) above.

29. At HS7-TEDZ-Rec4 Ms Hayes agreed that 320A The Terrace should be rezoned from HRZ to TEDZ. At paragraph 206 of her S42A report she noted that if the IHP adopt this recommendation then the TEDZ height control area 4 (21m) should be applied to this site. In Ms Hayes's view this provided consistency with the PDP's approach to 320 The Terrace and was an appropriate height with regards to the adjoining HRZ zoned properties and their 22m maximum height limit. In paragraph 206 Ms Hayes noted that it was not clear from VUW in their submission as to whether their requested height change from height control area 4 to height control area 2 was to apply to both 320 and 320A The Terrace.
30. Ms Hayes also identified that the Gordon Wilson Flats at 320 The Terrace is 37.12m (at the top of the lift overrun) and the McLean Flats at 320A The Terrace is 18.76m, as a way of reflecting existing use rights. If both sites were zoned TEDZ and had a height limit of 34m (height control area 4) this would enable significantly more development potential than McLean Flats currently affords and which the ODP allows for. Any potential bulk or dominance effect would be mitigated by the height in relation to boundary and setbacks, particularly TEDZ-S4 at the rear of the site.
31. Ms Hayes debated the merits and risks of enabling this change in height control (and zoning) in paragraph 206 of her section 42A report. Ms Hayes ultimately concluded that she accepted these submissions in part in that a change in height control was appropriate when 20 meters or more from a residential area. However, Ms Hayes also sought that this 20m limit should also apply to the eastern boundary (being the boundary with The Terrace). This was to ensure an appropriate height transition to the street to mitigate bulk and dominance effects of any building on the townscape environment.
32. Figure 5 below identifies these changes sought by VUW which Ms Hayes agreed in part to between the notified PDP and the amended height control areas:



Figure 5: Showing the notified TEDZ Victoria University height control area map on the left and the Section 42A amended map on the right. The amended height control area application extent is circled for effect.

33. In figure 6 I have provided an updated diagram of the previous figure to compare the TEDZ-S1 (Maximum heights) as proposed in the notified PDP and that proposed by Ms Hayes in her S42A report, as well as to show both TEDZ-S1 and TEDZ-S4 (Building coverage in relation to 320 The Terrace) together.

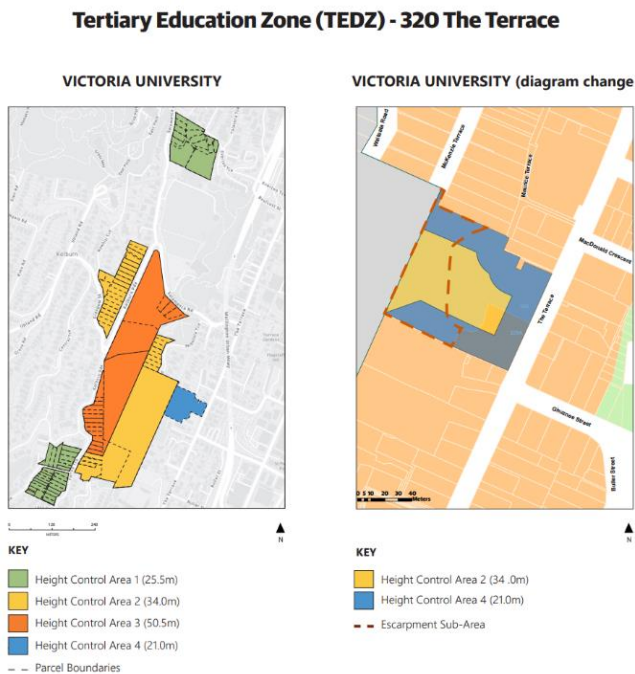


Figure 6: Comparing the notified PDP and S42A amended TEDZ-S1 and TEDZ-S4 controls.

34. To assist in responding to his question from the IHP, I have commissioned Council’s urban design team to undertake modelling of the interrelationship with the controls (TEDZ-S1-TEDZ-S4) in

relation to 320 and 320A The Terrace. I note that I have not sought for this modelling work to include 302 The Terrace.

302 The Terrace:

35. My view on the zoning of this site is the same as Ms Hayes has reflected - I consider it should remain HRZ until a signed Memorandum of Understanding (MOU) is provided or written approval is provided. Given Mr Coop's remark that it was 'difficult to get WEL to MOU stage', it does not appear that this is likely to be received in the near future. I also disagree with Mr Coop's sentiment about the strategic benefit of rezoning 302 The Terrace to the city, nor with the sentiment that 'this clears up the issue of height from the university to HRZ'.
36. Mr Coop argued that the rezoning would send a strategic message to neighbours that this site would be used for university purposes, and issues such as building setbacks and HIRB would be addressed making it less likely these standards would be breached. I disagree with this statement. In my view, the rezoning would move the residential boundary, providing VUW with greater development potential in closer proximity to the residential sites to the north and making it more likely development would occur within the setback (that the access strip to the substation inherently creates). In my view, the rezoning improves the development potential for VUW likely to the detriment of residential neighbours, particularly if the substation is relocated. As such, I disagree with Mr Coop's response to Commissioner Schofield that there is no negative effect from the rezoning.
37. While there is an un-signed MOU, there is nothing stopping WEL de-commissioning the substation, selling the site to a neighbouring property owner who could amalgamate sites (through subdivision consent), thereby providing further residential development capacity (assuming the substation is removed). I consider that Ms Hayes's proposed heights within the TEDZ chapter are the reason for an appropriate height transition to HRZ.
38. As the MOU has not been provided, and because I am not convinced by Mr Coop's justification (in his evidence and during his Hearing Stream 7 presentation and question responses), I have not changed by position. As such I do not think it is necessary to include this area in the standards modelling work.

Context to TEDZ-S3 and TEDZ-S4:

39. The ODP's Chapter 9's Institutional Precinct Appendix 4's Permitted Building Standards for 320 The Terrace are shown below:

Appendix 4. Permitted Building Standards for 320 The Terrace

1. Permitted height of buildings and structures is 10m above ground level (AGL) except where a permitted height above mean sea level (AMSL) is specified on the plan below.
2. Permitted site coverage is 50%. However, coverage within the escarpment sub-area shown hatched on the plan below shall not exceed 35% of this sub-area.
3. The recession plane standards for the Inner Residential Area under 5.6.2.8 shall apply to the boundaries with the Inner Residential Area except for the boundaries indicated in blue on the plan below.
4. A 5m yard shall apply to the boundaries with the Inner Residential Area except for:
 - i. the boundaries indicated in blue on the plan below where a 1m yard shall apply; and
 - ii. the boundary adjoining 324 The Terrace where a 10m yard shall apply.
5. No facade along a single building plane shall exceed 30m in length.

40. These standards were considered as part of reviewing the ODP's institutional precincts and drafting a new set of TEDZ provisions in consultation with Council's urban design team. It was determined that given the uncertainty surrounding 320 The Terrace's heritage status and VUW's unconfirmed development plans, that retaining the permitted site coverage standard, the yard setbacks and some form of recession plane controls were necessary as part of the PDP. New height in relation to boundary controls within TEDZ were included, with the setback controls carried over and permitted site coverage and escarpment control also carried over. The façade control was not, and the height control was replaced with a more enabling maximum height limit to reflect the actual height of the Gordon Wilson Flats.

41. Modelling was done with TEDZ-S4 implemented to show maximum permitted building coverage, in relation to 320 The Terrace as requested by the Panel. The figures provided in Appendix B show the results of this modelling, and show two different perspectives when all four TEDZ standards are applied to 320 and 320A The Terrace.

42. Based on the modelling, I still consider TEDZ-S1 (Maximum height of buildings and structures), TEDZ-S2 (Height in relation to boundary) and TEDZ-S3 (Building setbacks) and their respective metrics to still be appropriate as per Ms Hayes Section 42A TEDZ chapter Appendix A.

e) xv) In response to questions from Commissioner Pomare, the reporting officer was to reply on whether any changes to the introduction or policies to these zones are recommended in relation to tangata whenua engagement to facilitate Māori design outcomes.

43. In paragraph 86 of Ms Hayes's TEDZ S42A Report⁶ and paragraphs 50-52 of Ms Hayes's Hospital Zone Section 42A report⁷, she stated that she does not support the request from Taranaki Whānui [389.113] to provide triggers for active partnership or engagement with Taranaki Whānui in respect of design opportunities within the HOSZ and TEDZ. However, Ms Hayes noted that she strongly

⁶ Wellington City Council, Proposed District Plan Hearing Stream 7, [Tertiary Education Zone Section 42A Report](#)

⁷ Wellington City Council, Proposed District Plan Hearing Stream 7, [Hospital Zone Section 42A Report](#)

supports design that incorporates Māori design elements and that any such elements are designed by (or in partnership with) mana whenua.

44. During Hearing Stream 7, as discussed with Commissioner Pomare, I agreed to review the provisions to consider if there could be any changes to the introduction or policies in relation to tangata whenua engagement to facilitate Māori design outcomes. I note in the early drafting period for both the TEDZ and HOSZ that feedback from Mana Whenua reflected this desire for triggers for active partnership or engagement, not just within the policy framework, but also the rule framework. This is something that I explored in earlier drafting iterations in terms of incorporating engagement with Mana Whenua into matters of discretion. However, it was ultimately something that was removed from the rule framework ahead of Draft District Plan release for reasons including:

- a. Having a standalone Tangata Whenua chapter in the PDP. This is extremely useful for directing Council planners with regard to specific involvement and participation and RMA consultation processes with Mana Whenua, as well as the Anga Whakamua – Moving into the future strategic directions chapter. Strategic objectives provide important guidance regarding engagement, mātauranga Māori principles, reflecting Mana Whenua and their contributions in the development and design of the city etc. These connect well with HOSZ and TEDZ’s objectives and policies, and the institutions ongoing engagement with Mana Whenua.

Anga Whakamua’s strategic objectives provide clear direction to Council planners when processing resource consents, as well as plan users and the institutions themselves, and are summarised below:

- i. AW-O1 Resource management processes include [mana whenua](#) as active participants in a way that recognises Te Tiriti o Waitangi and its principles.
- ii. AW-O2 The relationship of Tangata Whenua with their lands and traditions is recognised and provided for, including... The use and development of all other land in a manner that contributes to achieving the social, economic, commercial, and cultural aspirations of Tangata Whenua.
- iii. AW-O3 Mana whenua can exercise their customary responsibilities as mana whenua and kaitiaki with their own mātauranga Māori.
- iv. AW-O4 The development and design of the City reflects mana whenua and the contribution of their culture, traditions, ancestral lands, waterbodies, sites, areas and landscapes, and other taonga of significance to the district’s identity and sense of belonging.

- v. AW-O5 Resource management decisions are informed by best available information including mātauranga Māori.
- b. Ensuring a consistent plan wide drafting approach with regards to active partnership and engagement with Mana Whenua partners, noting other chapters did not provide specific provisions or triggers.
- c. Feedback from the institutions, particularly the universities, that they have their own partnership agreements with Mana Whenua and this includes actively working with Mana Whenua to facilitate Māori design outcomes across their campuses. They considered that this did not need to be formalised within the District Plan.
- d. A review of other second generation New Zealand District Plans' corresponding chapters reflected two findings:
 - i. Following a review of numerous district plans, only New Plymouth District Council's (NPDC) Special Purpose Hospital Zone provided for the incorporation of *'mātauranga Māori into the design, development and operation of activities in the Hospital Zone and opportunities for tangata whenua to exercise their customary responsibilities as mana whenua and kaitiaki in respect of activities and development that may affect cultural, spiritual or heritage values of importance to tangata whenua'* in HOSZ-P9. Other recent district plans reviewed were Porirua, Hamilton, Dunedin and the Auckland Unitary Plan.
 - ii. No plans provided for triggers for tangata whenua engagement to facilitate Māori design outcomes within the rule framework, instead NPDC reflected these aspirations within their policy framework.

45. As I reflected during Hearing Stream 7 when speaking to the review of the Institutional Precincts ODP chapters, and the drafting of the notified PDP HOSZ and TEDZ, I engaged with Mana Whenua on the Draft HOSZ and TEDZ provisions and sought their feedback as part of any changes to the provisions prior to notifying the PDP. The [Overview S42A Report](#) discussed in Hearing Stream 1 sets out Mana Whenua involvement with the District Plan Review in paragraphs 34-36.

46. As noted, the PDP has been developed in partnership with the Council's two mana whenua iwi partners, Taranaki Whānui ki te Upoko o te Ika (Taranaki Whānui) and Ngāti Toa Rangatira (Ngāti Toa). As a result of this engagement, I received feedback from Mana Whenua on both chapters which helped to inform the chapters' introduction context and specific provisions including:

- a. Identifying in the introduction that the campus sites, university and Wellington Regional Hospital have long established historical and cultural associations for the mana whenua of Whanganui ā Tara (Wellington), Taranaki Whānui and Ngāti Toa Rangatira.
- b. Detailing in the introductions that activities and development within the TEDZ and HOSZ must recognise mana whenua as kaitiaki, alongside their relationship with the land. Active partnership with mana whenua will assist in ensuring the mauri of this area of importance to mana whenua is not diminished through any potential adverse effects created by activities within the Zone.
- c. TEDZ-O2 (Mana Whenua)
- d. TEDZ-P1.6 (Enabled Activities) – Marae activities
- e. TEDZ-P3 (Mana Whenua)
- f. TEDZ-P5.4 (Sense of Place) - Te Herenga Waka Marae, Te Rau Karamu Marae and the Living Pā
- g. TEDZ-P5.5 (Sense of Place) – Multi-cultural significance
- h. ‘Tertiary Education Facility’ definition – clause d) Marae activities and facilities
- i. The dual name reference - Wellington Regional Hospital | Te Puna Wai Ora
- j. HOSZ-O2 (Mana Whenua)
- k. HOSZ-P3 (Mana Whenua)
- l. ‘Hospital Activities’ definition – clause m) Marae activities and facilities.

47. This engagement with Mana Whenua led to the connection to the Awa Network below Wellington Regional Hospital being reflected within the HOSZ chapter, including the *‘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’*. It also identified important sites across the TEDZ campuses including the Living Pā, Te Herenga Waka Marae and Te Kuratini Marae.

48. I also engaged with all three ODP institutions (and Southern Cross) on their existing relationships with Mana Whenua partners, how this was reflected in formal and informal agreements, and how Mana Whenua’s aspirations were reflected in the activities and built environment of each institution’s campus. By way of an example, I met with Professor Rawinia Higgins Deputy Vice-Chancellor Māori | Tumu Ahurei of VUW, where Professor Higgins discussed VUW’s strong partnership with Mana Whenua in the daily operation and function of the University and its built environment, including the collaboration on the Living Pā and other outcomes including signage and wayfinding. This existing relationship was also discussed by Mr Coop during Hearing Stream 7.

49. In my view, the chapter already sufficiently provides for the facilitation of Māori design outcomes through the HOSZ and TEDZ’s introduction, which identify the historical and cultural associations for Mana Whenua and the encouragement of active partnerships with Mana Whenua, as well as TEDZ-P3 (Mana Whenua) and HOSZ-P3 (Mana Whenua) which seek that Mana Whenua’s cultural associations within the zone are recognised and enabled by *‘Collaborating on the design and incorporation of traditional cultural elements into public space within the zone’*. It is integral this is provided for in the introduction and policies to direct plan users and as part of the resource consent process.

50. For all the reasons detailed above, I support Ms Hayes’s position in her Section 42A reports that this should not be a District Plan requirement within the rule framework, and no changes to the introduction or policy frameworks of TEDZ or HOSZ are therefore required. I also note that if a change was made within any other HOSZ policy then this would have an impact on private hospitals, rather than just the Wellington Regional Hospital where existing cultural and historical connections for Mana Whenua have been identified. Because of this, and because of existing TEDZ-P3 and HOSZ-P3 wording, I do not see a need to replicate this text in TEDZ-P6 (Quality development outcomes and amenity) and HOSZ-P4 (Urban form, quality and amenity).

e) xvi) In relation to Objective HOSZ-O3, the reporting officer was to consider whether it should refer to both ‘health care facilities’ and ‘hospital’ or whether the latter term would address all of the facilities encapsulated within the former term.

51. In their submission Southern Cross Healthcare [380.45, 380.46] (supported by Vital Healthcare [FS51.1]) supported HOSZ-O3 in part, although sought that 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. The definitions of healthcare facility and hospital activities are provided in table 1 for clarity purposes.

<p><i>Healthcare facility</i></p> <p><i>means land and buildings used for providing physical or mental health or welfare services, including medical practitioners, dentists and dental technicians, opticians, physiotherapists, medical social workers and counsellors, midwives, paramedical practitioners, alternative therapists, providers of health and wellbeing services; diagnostic laboratories, and accessory</i></p>	<p><i>Hospital activities</i></p> <p><i>means the use of land and/or buildings for the primary purpose of providing medical, surgical, mental health, oral health, maternity, geriatric and convalescent or hospice services to the community. This includes:</i></p> <ol style="list-style-type: none"> <i>1. medical and psychiatric assessment, diagnosis, treatment, rehabilitation and in-patient care services, including operating theatres;</i> <i>2. dispensaries;</i> <i>3. outpatient departments and clinics;</i> <i>4. medical research and testing facilities, including diagnostic laboratories;</i> <i>5. medical training and education;</i> <i>6. healthcare consulting services;</i> <i>7. emergency service facilities;</i>
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<p><i>offices, but excluding hospitals and retirement villages.</i></p>	<ol style="list-style-type: none"> 8. <i>helicopter facilities, including helicopter take-off, landing and associated service facilities;</i> 9. <i>first aid and other health-related training facilities;</i> 10. <i>rehabilitation facilities, including gymnasiums and pools;</i> 11. <i>palliative facilities;</i> 12. <i>hospice facilities;</i> 13. <i>marae activities and facilities;</i> 14. <i>residential care services and facilities;</i> 15. <i>temporary living accommodation e.g. for families and carers of patients;</i> 16. <i>residential accommodation for staff;</i> 17. <i>secure facilities;</i> 18. <i>mortuaries;</i> 19. <i>spiritual facilities and</i> 20. <i>any ancillary activity necessary for the functional needs and operational needs of the Hospital sites which includes:</i> <ol style="list-style-type: none"> i. <i>office;</i> ii. <i>commercial activity;</i> iii. <i>catering;</i> iv. <i>staff facilities;</i> v. <i>operation and maintenance support services including laundries, kitchens, cafeterias, refreshment facilities, generators, substation, storage facilities and workshops;</i> vi. <i>retail;</i> vii. <i>childcare;</i> viii. <i>business services;</i> ix. <i>educational activities and facilities;</i> x. <i>small-scale community activity;</i> xi. <i>conference facility;</i> xii. <i>small-scale ancillary sport and recreation activities and facilities; and</i> xiii. <i>car parking for staff, patients and visitors.</i>
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52. Ms Hayes in paragraph 79 of her HOSZ S42A agreed in part with Southern Cross noting that the purpose of the zone is to provide for ‘hospital activities’ (and not ‘healthcare facilities’). Ms Hayes considered that the use of the term healthcare facilities in HOSZ-O3 is a drafting error in the PDP. Noting this, Ms Hayes recommended that the words ‘health care facilities’ are deleted from the objective, and replaced with ‘hospital’, rather than the relief sought by the submitter. This is recommended through HS7-HOSZ-Rec12, however, this change was not reflected in the associated marked up Appendix A Hospital Zone chapter.

53. Firstly, I agree that it was an error in that ‘hospital activities’ was not referenced in HOSZ-O3. I have reviewed the PDP for references to ‘healthcare facility’ and I note it is referenced in the following sections:

- a. Definitions:
 - i. Hazard Sensitive Activities
 - ii. Noise Sensitive Activities
 - iii. Sensitive Activities
- b. Coastal Environment chapter
- c. Medium Density Residential Zone

- d. High Density Residential Zone
- e. Hospital Zone

54. The definition of ‘healthcare facility’ clearly excludes ‘hospital activities’, in my view due to the difference in breadth of services provided and the size and location of these two types of facilities and the need to differentiate the two, particularly given the standalone Hospital Zone chapter in the PDP. There are a lot more healthcare facilities within the District, and as noted above these are located across the district to service the needs of numerous communities. There is a lot of cross-over between the two definitions in terms of services provided and some differences, for example opticians, dentists and dental technicians are not explicitly provided for within the hospital definition.

55. Due to the synergy between the types of activities incorporated within the definition, and the fact they both fall under the health and wellbeing services umbrella, I do not consider there to be any risks to hospital activities from enabling healthcare facilities within the HOSZ. Instead, I consider this could be beneficial in terms of providing for any necessary services not covered by the Hospital definition but which are important to the ongoing operational and functional requirements of the hospitals within HOSZ. I also note the definition of ‘hospital activities’ includes ‘healthcare consulting services’. As such I recommend that HOSZ-O3 be amended in Appendix A and as follows:

HOSZ-O3	<p>Evolving demands, service and technological changes</p> <p>The evolving hospital and health care facility needs of Wellington City and the wider region are supported through land use activities and development that:</p> <ol style="list-style-type: none"> 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.
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56. In light of this change, I have identified a gap now within the provisions for ‘healthcare facility’ activities, noting that there is no corresponding specific policy or rule hook for this activity. This means that without a carve out rule, healthcare facilities would fall under the catch-all Discretionary activity rule HOSZ-R2 (All other activities). Whilst I appreciate that there may not be scope for a change, I suggest the following amendments are required to HOSZ-P1 (Enabled Activities) and HOSZ-R1 (Hospital Activities):

HOSZ-P1	<p>Enabled activities</p> <p>Enable hospital activities and healthcare facilities in the Hospital Zone.</p>
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HOSZ-R1	<p>Hospital activities and healthcare facilities</p> <ol style="list-style-type: none"> 1. Activity status: Permitted
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e) xvii) *In response to questions from Commissioner Pomare in relation to the replacement of the word 'mauri' with 'mouri' throughout the District Plan, including HS7-HOSZ-REC45, the reporting officer was to seek the views of Ngāti Toa given that 'mauri' is recognised as Tainui 'mita' or dialect.*

57. Based on my recollection, hearing Commissioner Pomare sought an understanding as to why Ms Hayes agreed to the removal of 'mauri' in favour of only 'mouri' being utilised. As I reflected in Hearing Stream 7, in paragraph 181 of Ms Hayes's HOSZ S42A report under the 'Minor and Inconsequential Amendments' section, Ms Hayes identified that the IHP has recommended that a request from Taranaki Whānui to replace references to 'mauri' with 'mouri' is accepted throughout the District Plan. Ms Hayes contended that for consistency across the PDP 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.

58. Commissioner Pomare identified that 'mouri' and 'mauri' reflect different dialects used by different mana whenua, with 'mouri' being associated with Taranaki Whānui and 'mauri' with Ngāti Toa. This was a very helpful differentiation for me to understand.

59. I have reviewed the Hearing Stream 1 Council Officer report which addresses Taranaki Whānui's submission point [389.9] which sought that all references to 'mauri' be removed and replaced with 'mouri'. Mr McCutcheon the Council Officer's response was that *'Should Ngāti Toa be comfortable with the term 'mouri' I have no concerns using this'*. I refer Commissioner Pomare to paragraph 373 of the IHP's Report 1A which details *'As regards Taranaki Whānui's specific submission seeking that all references to 'mauri' be replaced with 'mouri', Mr McCutcheon recommended the suggested change sought provided TRoTR were comfortable with that. TRoTR made no comment on that suggestion. The Hearing Panel did not itself consider this an unreasonable request based on Commissioner Faulkner's knowledge of the matter, and we recommend that change to Council.'*

60. As I understand, Ngāti Toa did not provide a further submission against Taranaki Whānui's specific submission, nor did Ngāti Toa raise this during Hearing Stream 1. This recommendation from the IHP was then supported during Council decisions on March 14. I had originally included both 'Mouri/Mauri' within the HOSZ introduction when drafting the chapter based on initial feedback from both Mana Whenua. Based on my revised understanding of these terms representing different dialects for both Mana Whenua, I personally consider it would have been useful to retain both terms, however I support Ms Hayes's amendment for consistency across the Plan and to reflect the IHP recommendation and Council decision to only use 'Mouri'.

61. To clarify, I do not believe I was asked to seek the views of Ngāti Toa. Instead, my understanding was that Commissioner Pomare had asked me to consider if both terms could be used in the HOSZ.

I agree with Ms Hayes's amendment and do not recommend any changes. However, I consider this could be revisited in a future plan variation or plan change if this was desirable outcome sought by Ngāti Toa.

Response to other matters raised at the hearing:

HOSZ and TEDZ design policies – HOSZ-P4 (Urban form, quality and amenity) and TEDZ-P6 (Quality design outcomes and amenity):

62. During the hearing Commissioner Daysh queried whether the design policies included in the HOSZ (HOSZ-P4) and TEDZ (TEDZ-P6) were specific to the kinds of development that could occur there, and whether they were sufficient to address design considerations. I can confirm that these policies were drafted to be specific to the kinds of development anticipated within these zones, including hospital and universities' functional and operational requirements, unique building design requirements, as well as the everyday user requirements of these institutions. Examples of this include:
- a. Maintaining and enhancing existing informal pedestrian and cycling routes and creating new links - to reflect that the universities and hospitals need to be readily accessible by staff, patients, students and visitors and via a variety of transport modes.
 - b. Achieves good accessibility for people of all ages and mobility – which reflects that people of all ages and mobility require treatment at a hospital, and access to universities must reflect this need also.
 - c. Has regard to the benefits and use of open space, landscaping and mature trees within the site on the streetscape, and on the visual amenity of the hospital sites and adjoining areas – this reflects not only the health and wellbeing benefits of providing such open space and landscaping for patients, staff, students and visitors but also mitigates bulk and form effects of larger hospital or university buildings which are often highly visible and adjoin residential environments etc.
63. These policies were drafted with input from Council's urban design team and resource consent planners with experience of processing and reviewing hospital and university developments to date. The draft policies were also shared with the institutions for feedback, with the respective institutions' development managers and urban design advisors reviewing these design policies. There seemed to be general agreement that these design policies were sufficiently tailored for the respective institutions, and this is reflected in the support received in submissions on HOSZ-P4 and TEDZ-P6 by the hospitals and universities for these policies to be retained.
64. These policies work in unison with the application of the CMUDG to development within these zones, as well as tailored standards including building heights that enable these institutions to have

flexibility to ensure their developments provide for their operational and functional requirements, as well as other policies i.e. TEDZ-P4 (Providing for future needs) and TEDZ-P5 (Sense of Place).

65. During the hearing Commissioner Daysh queried with Ms Tree and Mr Paul on behalf of Southern Cross the relevance of HOSZ-P4 to the hospital activities and why they considered the CMUDG should not apply to Southern Cross. Ms Tree contended that when you look at what HOSZ-P4 was trying to achieve, it covered a lot of the design considerations applicable to a hospital, and gave examples of clause three (local context), clause five (pedestrian and cycling routes) and clause nine (high quality visual design with regard to bulk and form).
66. Ms Tree contended that all the issues that were raised in the resource consent hearing for Southern Cross hospital extension are all matters now addressed in HOSZ-P4, which I contend supports the comfort with HOSZ-P4's appropriateness for hospital developments. However, I do not agree with Ms Tree and Mr Paul's position that the CMUDG should not be applied to Southern Cross hospital. When justifying this position, Mr Paul noted it was because the hospital has fixed spatial needs. He also noted that the CMUDG was not prepared to meet the functional and operational needs of a hospital, with Ms Tree contending the guide had been prepared for commercial mixed-use developments and not hospitals.
67. I consider Mr Paul's point moot as this is covered by the chapter provisions. The design guides expand on HOSZ-P4 to consider things such as bulk, form, articulation, façade design etc. to ensure any adverse effects are mitigated and design outcomes are enhanced. As Mr Daysh noted in response, the way the design guides have been designed is to deal with a variety of centres and mixed use environments. The decision not to create design guidelines for specific zones, areas or types of developments i.e. hospitals, was an intention with the CMUDG and Residential Design Guide (RDG) so they are flexible enough to apply to a variety of contexts and developments.
68. In my view, this is even more appropriate now that the CMUDG has gone through a thorough review and refinement by Council's urban design experts and external design experts. These experts involved in the Design Guide Review Joint Witness Statement⁸ agreed that it was appropriate to apply the CMUDG to both the HOSZ and TEDZ, as well as the Special Purpose Waterfront Zone.
69. Ms Tree also raised concerns that requiring the CMUDG to apply to Southern Cross is going to cause cost and delay to consent processes that was not necessary, and creates uncertainty based

⁸ [ISPP wrap up and integration hearing Part 2: Design Guides Appendix D - Joint Witness Statement, Urban Design Experts](#)

on the need for an assessment by Council's planner and urban designer. In response I note the following:

- a. As I have reflected in paragraph 14, the refined CMUDG provides flexibility within the design statement for applicants to identify what guidelines are not applicable and why. I consider this provides more flexibility for developers and reflects the reality that not all guidelines will be applicable depending on the type of design, location, functional requirements etc. As such I consider this reduces cost and time requirements for applicants. In my view, if the design statement clarifies the functional needs of the hospital, it can then set out what guidelines are not relevant.
- b. I also note that unlike the ODP design guidelines or the earlier iteration of the CMUDG (137 guidelines), there are now only 47 guidelines to assess and this can be done in a tabular form.
- c. With the amended design guides and the use of a design statement flexibility, I consider that this will streamline internal Council assessments and reduce overall assessment time and cost.
- d. If Southern Cross was still to remain within a residential zoning in the PDP (if it had not been proposed for inclusion in the HOSZ), it would have been assessed against the RDG anyway, and as pointed out by Ms Tree at the beginning of her presentation, residential zoning is a big constraint for hospitals. I consider the notified alternative is therefore a better outcome for private hospitals.
- e. In my view, hospitals do not justify exclusions from design assessments any more than any other development. Under the ODP, Wellington Regional Hospital had to be assessed against bespoke guidelines, and Southern Cross against the Residential Design Guide.
- f. I agree with Commissioner Daysh that guidelines add a necessary level of specificity around quality design considerations and outcomes over and above Plan provisions.
- g. It is also important to note the difference between having an assessment against the policy, as Southern Cross seek, (i.e. design matters), compared to having an assessment against the CMUDG. A consent planner assesses the matters in the policy, but when a design guide is involved, the application is sent to an urban designer for assessment. This is important because for buildings like hospitals (large buildings with unique operational and functional design requirements) an urban designer has the professional skills, training and expertise to assess the application.
- h. A more enabling framework has been provided in HOSZ generally including permitting maintenance and repair, demolition and a significant number of primary and ancillary activities.

Amendment to TEDZ'S 'Tertiary Education Facilities' definition:

70. Commissioner Schofield at the hearing identified a drafting point for the definition of 'Tertiary Education Facilities' noting that Ms Hayes had recommended in HS7-TEDZ-Rec2 that 'Education and research partners' be added to the definition as per the request by VUW. However, Mr Schofield noted that this was not an activity and thus does not work in the definition as 'partner' is not an activity. Commissioner Schofield queried whether alternative wording could be prepared.
71. This definition wording was also put to Mr Coop during Hearing Stream 7 by Commissioner Schofield, and Mr Coop replied that he agreed that 'education and research partners' was not drafted correctly, as per VUW's proposal, and should be replaced with 'activities'. Commissioner Daysh pointed out that the beginning of the definition refers to 'means land or buildings used for tertiary education and research activities'. Mr Coop had not appreciated this and reflected that had he read the beginning of the definition he likely would not have proposed the amendment for 'education and research partners'.
72. I note that the definition also lists as a primary activity 'research and innovation facilities'. Given Mr Coop's comfort with the existing wording and the fact that 'research and innovation facilities' are already provided for, I propose that Ms Hayes amendment is no longer required. However, I still agree that the additional references to 'food and beverages' and 'retail' as ancillary activities be retained.

Responses to comments raised by Peter Coop on behalf of VUW:

73. Mr Coop contended that an 'unchallenged point by the Council officers is that the controlled activity has worked well for both parties over the years' and that 'there are no adverse outcomes that he is aware of and Council officers have not pointed out any in their rebuttal regarding sub-optimal outcomes', noting that Ms Hayes had time to do so. Mr Coop also contended that controlled activity is appropriate for the university and not any other property developer in the city because of the special importance of the university to the cultural, economic and social life of Wellington.
74. I note that the controlled activity status provides consistency with the CCZ approach (which adjoins the TEDZ campuses) as well as applies to VUW's other campuses. Whilst I appreciate Mr Coop's concerns around certainty of consent approval and investment for VUW, as he noted himself, he cannot recall any instances of declined consents associated with restricted discretionary activity applications. I therefore do not consider applying restricted discretionary activity status to university development sends a strategic message to the universities that they are no more or less important

than other development. The carved out special purpose zoning, other enabling provisions, targeted objectives and policies and strategic direction objective support refutes this, in my view.

75. I also disagree with Mr Coop’s sentiment that if Council considered there were examples of adverse effects associated with development that this should have been addressed in Ms Hayes rebuttal. I note that Ms Hayes was only given five working days to produce the rebuttal which is not sufficient time for a fulsome review of VUW’s consenting history - this is what the issues and options report is for.

76. The private hospitals and Massey University did not have concerns with the restricted discretionary activity status. Whilst both the universities and hospitals are of strategic importance to the city, in my view Wellington Regional Hospital can be differentiated to warrant a controlled activity status given the vital healthcare services it provides, which in my view warrants a slightly more enabled development framework to ensure it can meet its functional and operational requirements.

Additional matters:

77. I have identified a minor drafting terminology error in TEDZ-S3 (Building setbacks) within clause 2(b). I note that ‘yard’ should be replaced with ‘setback’ to match the language of the rest of TEDZ-S3. This wording is directly taken from the ODP provision, so is an incorrect hang on which should be fixed for consistency and comprehension purposes as follows:

TEDZ-S3	Building setbacks
1. No building or structure may be located within 3m of any boundary with: <ul style="list-style-type: none"> a. Any Residential Zone; or b. Any Open Space and Recreation Zone; and 2. In relation to 320 The Terrace a 5m setback shall apply to the boundaries with the High Density Residentially Zoned areas except for: <ul style="list-style-type: none"> a. The boundary adjoining 302 The Terrace where a 1m setback shall apply; and b. The boundary of 324 The Terrace where a 10m yard <u>setback</u> shall apply. 	

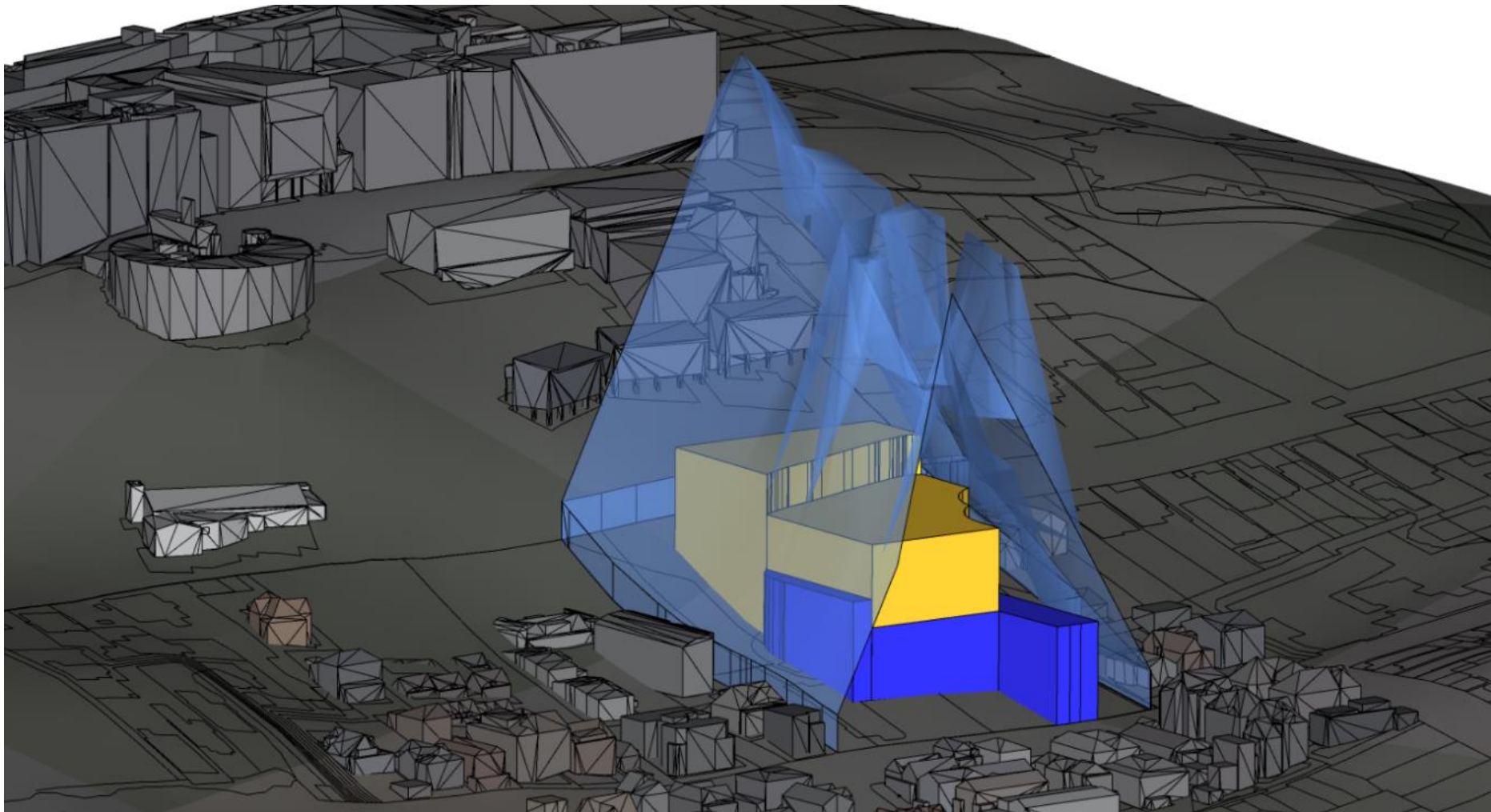
78. One final matter to note is that there is now a slight discrepancy between the zone maximum height limits for TEDZ’s Height Control Area 4 applying to VUW (21m), HOSZ’s Height Control Area 5 applying to Wellington Regional Hospital and the respective Height Control Area 1 applying to Bowen, Wakefield and Southern Cross (21m), and the adjoining HRZ land’s 22m height limit. These pre-mentioned height limits of 21m were drafted to align with the adjoining HRZ’s 21m height limits to ensure appropriate transitions between zones. Given that the HRZ limit was recommended by the IHP to be 22m and was subsequently made operative, I consider that the HOSZ and TEDZ height limits should be amended by way of a future plan variation or change to ensure alignment.




Anna Stevens

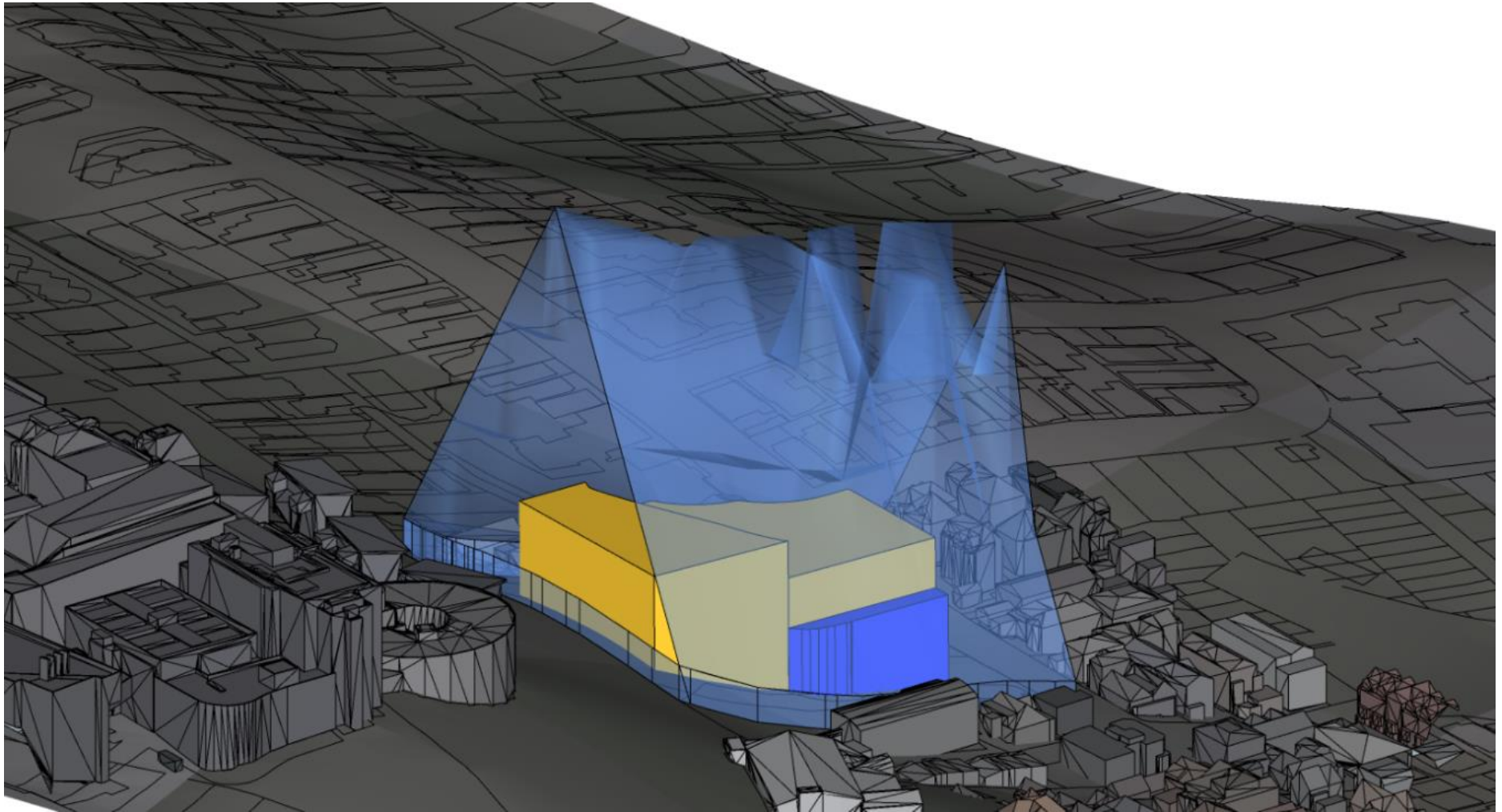
Principal Planning Advisor

Wellington City Council

Appendix B: Modelling of TEDZ standards in relation to 320 and 320A The Terrace



-  21m maximum height (PDP notified)
-  34m maximum height (Officer recommended change)
-  Height in relation to boundary recession plane



- 21m maximum height (PDP notified)
- 34m maximum height (Officer recommended change)
- Height in relation to boundary recession plane