

Planning for Growth

District Plan Review

Report to Technical Review Panel

Special Purpose Hospital Zone



Tō tātou taone
mō Apōpō

**E rautaki
ana mātou**

Our City
Tomorrow

**Planning
for Growth**

Absolutely Positively
Wellington City Council
Me Heke Ki Pōneke

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Executive Summary

Wellington Regional Hospital (Nga Puna Waiora) is the main public regional hospital and primary provider of public health care facilities for the Wellington region, and operates one of New Zealand's three Clinical Schools of Medicine. Located in Newtown, Wellington Regional Hospital provides a wide range of services and ancillary activities that are critical to the health and social wellbeing of communities throughout the Wellington Region.

Established on its current site in 1881, the Hospital has continually changed and developed in response to medical advances and changing user needs. Planning began in 1999 for a new Wellington Regional Hospital which required demolition of many of the older hospital buildings. Construction was completed in 2008 and the new Wellington Regional Hospital officially opened on 6 March 2009. The most recent addition has been the construction of the new Children's Hospital.

Run by Capital and Coast District Health Board (C&CDHB), which services Wellington City, Porirua and the Kapiti Coast, the Hospital houses a comprehensive range of specialist secondary services and regional tertiary services. It is the tertiary referral centre for the lower half of the North Island and the top of the South Island and for the Chatham Islands.

The Hospital is affiliated with the University of Otago and has the Wellington School of Medicine and Health Sciences situated adjacent to the main hospital building. The hospital is also a major employment and education hub for Wellington. CCDHB employs around 5,700 staff. Wellington Regional Hospital and educational institutes of Victoria University and Massey University occupy extensive areas of land in relatively close proximity to the city centre and in locations with high actual or potential amenity value. The Hospital is set in an area that is characterised by a diversity of building scale and form.

Currently under the Operative District Plan, the Hospital sites within an Institutional Precinct, within the Institutional Precinct Zone. The Institutional Precinct Zone covers the Hospital, Massey's Mount Cook Campus and Victoria University's Kelburn Campus. These institutions as state organisations, were previously protected by Public Works designations. They make an important contribution to the cultural and economic welfare of the city and its health services.

Following government restructuring and the introduction of the Resource Management Act, land occupied by the Victoria University, Massey University and the Hospital could no longer be designated. Council therefore decided that because of their special characteristics, these institutions should be the subject of specific management provisions in the District Plan.

These institutions are managed through provisions in the District Plan and also individual design guides. There are 9 objectives and 22 policies for the Institutional Precincts. These are generalised to cover all three institutions, with no specific references to individual institutions in the provisions. The Policy framework speak to general matters such as subdivision and signs, and more specific outcomes sought i.e. promotion of efficient use and development of natural and physical resources in the precincts and amenity values.

The current provisions through methods such as performance standards and design guide provisions intend to encourage good development and protect the amenities of Residential Areas, whilst not unduly restricting the operation of the Precincts in carrying out their functions. The existing provisions are a combination of objectives, policies, rules and standards that have been in place since the Plan was made operative.

There have been no applicable plan changes relevant to the Hospital Precinct. Issues and options analyses in 2020 included stakeholder meetings with each institution and Wellington City Council's resource consent team, a review of resource consents granted from the last eight years and a review of best practice. Issues with the current provisions identified the institution's strategic importance not being well expressed, aspects of the regulatory approach to activities and buildings which needed to be revisited and the need for adaptable provisions.

The operative provisions are reasonably outdated and are not specific, with some objectives and policies being carried over subject to amendments. None of the existing rule framework was carried over. A fair percentage of provisions were not carried over due to either being outdated, or not being in accordance with the direction of the National Planning Standards or the more recent National Policy Statement on Urban Development (NPS-UD).

The Hospital has been given a Special Purpose Zone and its own chapter in the District Plan to be in accordance with the National Planning Standard Zone Framework. The draft chapter recognises and supports the efficient operation, function and development of the Hospital and recognises its strategic importance.

The proposed policy framework and provisions provide for the Hospital's operational and functional needs, enables the Hospital to be adaptable to changing needs, encourages land use efficiency and high-quality design, manages adverse effects on adjoining zones and provides for resilient development.

1. Introduction

The purpose of this report is to provide an overview for the Technical Review Panel on the Special Purpose Hospital Zone chapter to be included in the draft District Plan.

The Special Purpose Hospital Zone has evolved from the Operative District Plan to the Draft District Plan as a result of the following:

- issues and options analysis,
- internal WCC workshops with the Resource Consent team
- a review of recent resource consents,
- stakeholder engagement and
- direction from the National Planning Standards and the National Policy Statement on Urban Development (NPS-UD).

This report should be read in conjunction with the draft Special Purpose Hospital Zone chapter.

2. Related District Plan Review topics

The following topics are specifically relevant to the Special Purpose Hospital Zone:

- **Centres** – The Hospital is bound by the Centres Zone along Riddiford Street, which is to become a Local Centre Zone under the Draft District Plan.
- **Medium Density Residential Zone (MDRZ)** – The Hospital is currently bound by inner residential areas in the surrounding Newtown residential areas. These will be zoned MDRZ under the Draft District Plan. MDRZ will run along the Hospital's northern and eastern boundaries.
- **Open Space Zones** – The Hospital is currently bound by Open Space B Zoned land as it backs on Mount Victoria Town Belt. This will be zoned for the most part as Town Belt Zone under the Draft District Plan.
- **Natural Hazards** – The Natural Hazards chapters provisions will apply to the Hospital Zone. The Hospital is currently subject to a Hazards (Ground Shaking) Area hazard overlay.
- **Noise** – The noise chapter contains specific provisions pertaining to the Hospital, particularly regarding the emission of noise from helicopter landing areas.

3. Background

The Institutional Precincts provisions have been included in the District Plan since it became operative in July 2000. The chapter has been subject to a rolling review since its inclusion in the operative plan. The chapter was reviewed in 2012 with recommendations provided for changes to the provisions. However, no subsequent plan changes occurred to action these recommendations.

3.1 Plan Changes and review of provisions

The only plan change enacted relevant to the institutional precincts was plan change 5 which included amendments to the Victoria University Institutional Precinct. The Hospital site has not been subject to a plan change.

2012 Institutional Precincts Review

Between 2010 and 2012 a review was done of the Institutional Precinct Chapter to determine how the provisions were working in practice and to assess and address any issues that had arisen with both the provisions and their application. The 2012 review noted that pressures of growth and change facing the City's Institutional Precincts requires a strong framework to guide the way in which the areas develop.

An important factor was ensuring that the District Plan can continue to manage future growth sympathetic to the surrounding environment and needs of the institutes. The institutions at the time of the review flagged their intention for significant growth over the following ten year period. The review concluded that the existing district plan provisions made limited allowance for this additional growth.

The review found that the relevant plan provisions had been applied consistently. However, only 4 out of 9 objectives were discussed in the decisions reviewed, meaning that some of the other provisions were potentially viewed as unnecessary. The review noted that with the majority of consents being for additions or alterations, it could be useful to review the thresholds for the relevant rule, the controlled activity status should also be reviewed as it may not be appropriate for all buildings. The review made the following recommendations to adapt the current provisions:

- Greater recognition of the economic and social vitality benefits the Institutional Precincts provide to the city, region and country.
- Robust partnerships need to be established between the Universities and Council to agree on strategic vision and master plan exercise.
- Council needs to encourage better on-site amenity and urban design responses
- Council needs to better understand revenue sources and economic drivers for institutions
- The urban design, bulk and location and sense of place provisions need to be strengthened in the District Plan
- Explore the possibility of greater public input.
- Institutional creep - explore greater protection for surrounding residential property.

3.2 Current provisions

The Institutional Precinct provisions contain general provisions relating to 'institutional precincts' rather than containing provisions bespoke or specific to institutions. There are 9 objectives for the Institutional Precincts. Five of these are of a relatively general nature relating to matters such as the avoidance, remediation or mitigation of adverse effects of subdivision, natural and technological hazards and hazardous substances. The remaining objectives are more particular to specific outcomes sought in the precincts, including:

- promotion of the efficient use and development of natural and physical resources in the precincts
- maintenance and enhancement of amenity values of the precincts and nearby residential areas.

The chapter includes 24 policies which cover a broad range of policy directions relating to such matters as:

- implementing efficient use and development outcomes i.e. providing for the effective and efficient operation and development of the institutions
- maintaining and enhancing amenity values within the precinct and adjoining areas, namely nearby residential properties i.e. adverse noise and signs effects
- maintaining and enhancing the precincts' physical character by controlling design and appearance of all new building work, and the location and design of building development.

Hospital activities and development are managed through general rules, performance standards and bespoke design guidelines. Activities that relate to the primary function of the precincts and activities ancillary to the primary function are permitted subject to standards on building height, noise, dust, lighting, electromagnetic radiation, signage, hazardous substances and waste management. Where the permitted standards are not met, these activities default to a restricted discretionary activity classification.

Subdivision is also permitted where conditions are met, provided the subdivision is not company lease, cross lease or unit title. Helicopter landing areas are permitted from the roof of the clinical services block at Wellington Hospital, provided their use relates to the Hospital's primary function. Upgrading and maintenance of existing formed roads and accessways is also a permitted activity. New buildings, and additions and alterations to existing buildings are a controlled activity, subject to meeting standards and terms.

There are 4 appendices to Chapter 9, which set out specific standards for the activity rules relating to things like noise limits, vehicle access etc. The precincts are each subject to bespoke Design Guides in Volume 2 of the Plan. These are important methods for implementing the overarching policy direction in combination with the rules. Each guide includes:

- a description of the precinct
- a statement of the guide's intent
- an analysis of the precinct's key (urban design) contextual elements
- urban design 'objectives'
- guidelines to assist with the implementation of the urban design objectives
- location and height control plans.

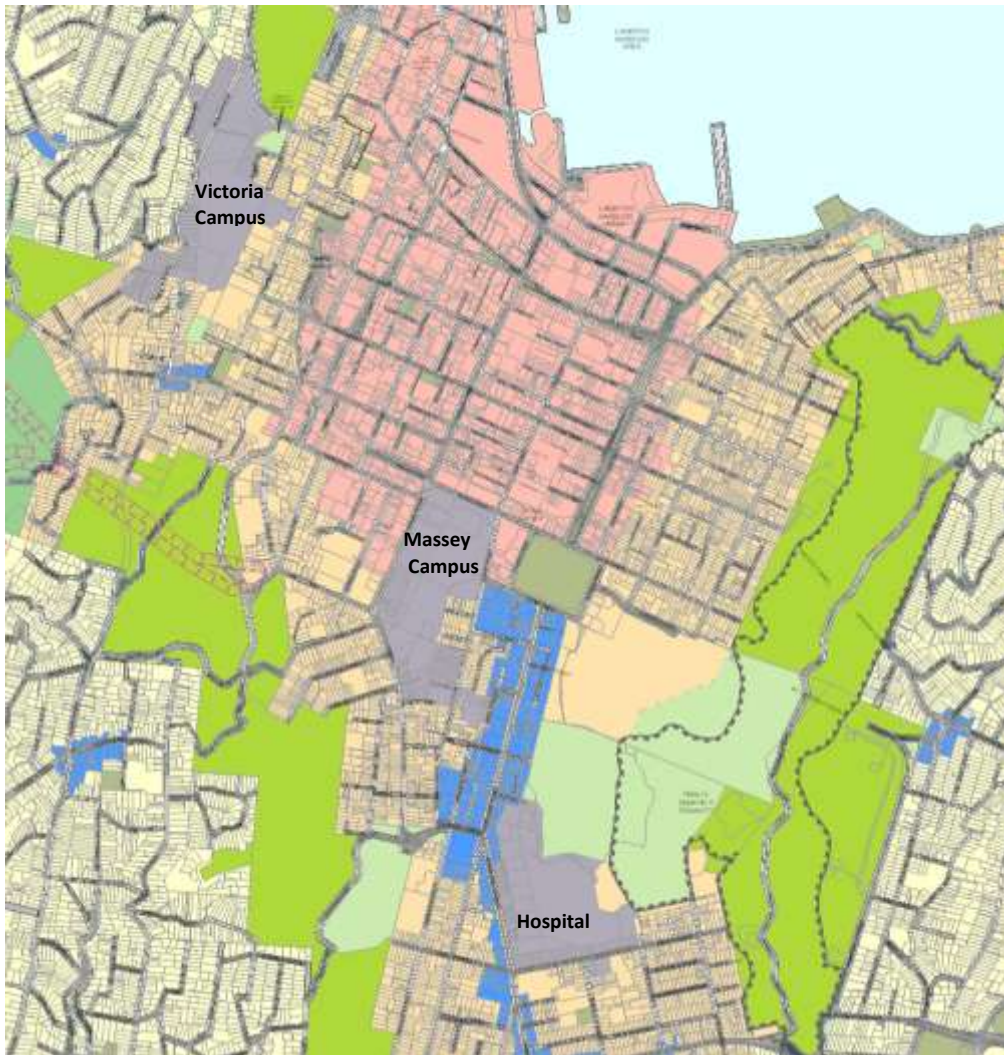


Figure 1: Institutional Precincts Zone extent shown in grey

Appendix 1 includes the Operative District Plan precinct boundaries and the location and height control plan for the Hospital. Precinct boundary maps and location and height control plans for each institution are included in their respective design guide. **Appendix 2** shows the Operative District Plan rules and standards and how these have been mapped into different chapters in accordance with the National Planning Standard direction.

Resource Consent trends from monitoring of resource consents for the last eight plus years can be seen in **Appendix 3**.

4. National Direction

4.1 National Planning Standards

The draft chapter is in accordance with the National Planning Standards. The National Planning Standards provides for a Special Purpose Hospital Zone as part of the District Plan Zones Framework under Part 3 Area Specific Matters.

The definition for Special Purpose Hospital Zone under the standards is:

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

The Hospital meets this description of the Hospital Zone and is thus appropriate to be included in this specific zone. This means that the use of this zone for the City Centre is aligned with the intent of the National Planning Standards.

4.2 National Policy Statement on Urban Development

The National Policy Statement on Urban Development (NPS-UD) seeks to ensure that New Zealand has well-functioning urban environments. Hospital activities are not specifically carved out within the NPS-UD. However, they fall generally under the definition of 'additional infrastructure'.

additional infrastructure means:

- (a) public open space
- (b) community infrastructure as defined in section 197 of the Local Government Act 2002
- (c) land transport (as defined in the Land Transport Management Act 2003) that is not controlled by local authorities
- (d) social infrastructure, such as schools and healthcare facilities
- (e) a network operated for the purpose of telecommunications (as defined in section 5 of the Telecommunications Act 2001)
- (f) a network operated for the purpose of transmitting or distributing electricity or gas

Under Policy 10 Tier 1, 2 and 3 local authorities must engage with providers of development infrastructure and additional infrastructure to achieve integrated land use and infrastructure planning. Local authorities must be satisfied that the additional infrastructure to service the development capacity is likely to be available. Every Future Development Strategy must also spatially identify the development infrastructure and additional infrastructure required to support or service that development capacity.

Appendix 4 shows the current height limits and actual height limits seen within the hospital site. The maximum height in storeys ranges from the highest being 11 storeys in the centre of the site to two and three storeys along the periphery.

The Hospital straddles the walking catchments of the City Centre Zone through the proposed inclusion of Adelaide road in the City Centre Zone, and also the Newtown walking catchment. Hence, at least six storeys have been enabled within the Hospital Site with the lowest height along the margins proposed to be six storeys (18m). This is to enable development capacity within the site, and is also ensuring the site is in accordance with the surrounding environments, with the surrounding residential areas zoned MDRZ and thus being subject to six storeys also due to the walking catchments.

5. Alignment with Strategic Direction

5.1 Draft District Plan Strategic Objectives

The following draft Strategic Objectives are relevant to the Hospital Zone chapter¹:

Our Capital City Tomorrow

1. OCCT-01 Wellington City continues to be the economic and employment hub for the region.
2. OCCT-02 Wellington City is a well-functioning Capital City that:
 1. Supports a wide range of activities that have local, regional and national significance
 2. Supports current and future residents to meet their social, cultural, economic and environmental wellbeing
 5. Provides for changes in the City's urban areas that ensure future generations can meet their needs.

City economy, knowledge and prosperity

1. CEKP-06 A range of business and working environments are provided for in appropriate locations across the City to:
 - a. Promote a diverse economy
 - b. Support innovation and changes in technology
 - c. Facilitate alternative ways of working.
2. CEKP-07 Strategically important assets including those that support tourism, trade, an efficient transport network, education, research, health, and resilience are provided for in appropriate locations.

Sustainability, Resilience and Climate Change

1. SRCC-06 The risks associated with natural hazards such as earthquakes, liquefaction and flooding are known and sufficiently planned for, mitigated, and where necessary avoided.

5.2 Draft Spatial Plan

The draft Spatial Plan identifies the Hospital as an anchor of resilience. Anchors of resilience are planned to be self-supporting places post events like earthquakes - they may be existing places, like civic square, that are already undergoing redevelopment planning, or new places.

6. Resource Management Issues + Options considered

The issues identified and considered for the Hospital Zone are summarised in the following table, along with the proposed response.

¹ It is noted that the Technical Review Panel has provided feedback on the Strategic Direction chapter and that changes to that chapter were recommended. Those changes are currently being progressed. Other chapters have been drafted to date based on the current Draft Strategic Direction chapter and therefore this report references the existing draft chapter.

Issues and options table

| Issue | Context | Issues and Options analysis recommendation |
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| <p>1. The strategic importance of the City's main tertiary education & health facilities is not well expressed.</p> | <ul style="list-style-type: none"> • While many of the resource consent examples described the significance of the institution relevant to the respective proposals, only one of ten decision reports substantively took account of an institution's significance • All three institutions engaged with expressed a desire for more recognition to be given to their significance in policy development and decision-making. • Other RMA Plans such as Auckland, Christchurch, Dunedin and Palmerston North provide strategic support to key tertiary education and health facilities. | <ul style="list-style-type: none"> • Consider inclusion of objectives and policies to provide recognition of the institutions' significance, and to provide for their operation, maintenance and development, subject to managing effects on surrounding areas. • Conduct further consultation with the Universities, the DHB and other stakeholders with interests in the IPZ. • Also for the Section 32 analysis, evaluate regulatory options that enable deliberate consideration of the institutions' strategic importance. |
| <p>2. Aspects of the regulatory approach for activities should be revisited.</p> | <ul style="list-style-type: none"> • The consent review identified some vagaries with the operative Plan provisions, particularly the permitted activity requirement for activities to relate to the institutions only. Signage controls are unnecessarily rigid and the approach for carparking requirements is no longer fit-for purpose. • Feedback from Council Consent Planners and from the institutions was that the regulatory approach to connectivity, parking and access should be more enabling. Institutes also expressed a desire for greater flexibility for activities that could be permitted in the IPZ, more generous signage allowances, and greater latitude with temporary events, performances and the like. • The approach varies widely in the other RMA Plans considered. | <ul style="list-style-type: none"> • Consider rationalising the IPZ rules to be more enabling of a range of activities, subject to appropriate standards to manage effects. • Consider a more enabling level of regulatory stringency with reference to other moderate-to-high intensity zones in the City (such as Centres) with a view of reducing the current Plan's over-reliance on the resource consent process. |
| <p>3. Aspects of the regulatory approach for buildings should be revisited.</p> | <ul style="list-style-type: none"> • The consent review indicated that building additions, alterations and maintenance are the most common activities requiring consent in the IPZ and that the Plan's regulatory approach for managing these activities could be made less stringent. The application of design | <ul style="list-style-type: none"> • Consider whether the Design Guides could be dispensed with for the IPZ in favour of other standards, spatial tools, policy direction and assessment matters. If Design Guides |

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| | <p>guides for the precincts and signage was patchy, which raises questions about their need and their efficacy.</p> <ul style="list-style-type: none"> • Feedback from Council Consent Planners and from the institutions corroborated that the operative regulatory approach should be less stringent for minor building works. Institutions signalled that building height controls were generally suitable, though there were some site specific exceptions. The universities were both supportive of a greater use of permitted activity status for building work wherever possible. • A variety of approaches are adopted in other RMA plans; however, no other plan uses design guides for assessment purposes. | <p>are to be retained, a comprehensive review of their content should be undertaken to enhance clarity and efficacy for decision-making.</p> <ul style="list-style-type: none"> • Consider replacing the current approach to managing building height in the Design Guide maps with more certain standards and spatial tools. • Consider whether internal amenity and character are matters that require a plan-led response, or whether the new provisions can be less stringent about building and structure controls where their effects are internalised within each campus setting. • Consider commissioning detailed spatial assessments of each precinct to inform how building bulk and location standards, activity status, and other variable building controls can be assigned by sub-area with a view of being more enabling generally. • When evaluating alternatives for managing building bulk, location and appearance around the periphery of the precincts, consider: <ul style="list-style-type: none"> ○ whether the existing controlled-discretionary rule structure could be replaced by a new cascade based arrangement for built form standards ○ when establishing bulk controls on additions, whether overall area thresholds (in m²) can be adopted and triggers based on increased percentage of existing floor area can be avoided |
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| <p>4. The approach to notification statements in the IPZ and City-wide provisions should be revisited.</p> | <ul style="list-style-type: none"> • The consent review found that all applications were processed without recourse to notification, either due to statements in the IPZ provisions precluding notification, or because the Council Consent Planner had exercised their discretion (variously informed by technical input on earthworks, traffic, urban design, heritage or environmental noise matters). • Feedback from Council Consent Planners supported greater legibility in the wording of notification statements and more effective reliance on them in appropriate circumstances. Planners stressed the value of aligning notification clauses across the Plan as a whole, to avoid potential duplication and perverse consenting strategies. | <ul style="list-style-type: none"> • Consider redrafting the Plan's notification statements with definitive phrasing that leaves no room for interpretation. • Continued use of non-notification statements for design-focussed assessments is encouraged, though where a given proposal affects sensitive adjoining uses, scope for limited notification should be retained. Notification criteria should logically fit with the activity status of a given proposal and the specific effects arising from the breach of standards. |
| <p>5. Structure and language can be simplified, made more certain and made more helpful to decision-makers.</p> | <ul style="list-style-type: none"> • The consent review found that, broadly speaking, IPZ policy, rule and standard expression appears to be generally fit-for-purpose. However, there is room for improvement, particularly with respect to the wording of rules relating to carparking, measurement of height, and the meaning of 'ancillary' activities. • Feedback from Council Consent Planners confirmed that there are opportunities for improving specificity in phrasing and reducing latitude for interpretation, when it comes to IPZ provisions relating to height and the like. | <ul style="list-style-type: none"> • Consider rationalising the useful aims and guidelines in the existing Design Guides into new objectives and policies for the IPZ. • When evaluating options for zoning, overlays, and other spatial tools, take account of: <ul style="list-style-type: none"> ○ the extent to which sites and institutions differ from each other or from their surroundings in terms of purpose, form, character or activity content; or ○ whether institutions exclusively own and/or occupy sites or are co-located with other landowners and occupiers. |
| <p>6. The provisions should be adaptable to changing demands the institutions need to respond to.</p> | <p>The consent review found that almost all applications were for activities located within the IPZ with one exception, relating to the development of a VUW study space in the Inner Residential Zone.</p> | <ul style="list-style-type: none"> • Consider re-evaluating the footprint of each precinct, in consultation with the institutions and related stakeholders. Options for rationalisation and expansion of boundaries should be carefully evaluated. • Consider creating a framework in the new Plan for assessing out-of-zone institutional |

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| | <p>Feedback from the institutions confirmed that they were primarily interested in making the best use of their existing landholdings. The DHB may look to further rationalise its holdings.</p> <p>Some plans expressly cater for alternative uses of sites (e.g. by way of substitute zoning) where rationalisation or relocation is a prospect. Most plans focus on site-specific provisions for major campuses, leaving off-campus premises or facilities to ' fend for themselves' via broader, generic zones. Certainly, in other cities, larger institutions tend to have a diffuse footprint.</p> | <p>activities and buildings in surrounding areas with a view of enabling flexibility and adaptability where effects can be readily managed.</p> |
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Table of changes between operative and draft provisions:

| Issue/theme/policy | Current District Plan Approach | Draft District Plan Approach | Key reasons for change |
|---|--|--|--|
| <p>Issue 1: The strategic importance of Wellington Hospital is not well expressed.</p> | <ul style="list-style-type: none"> The Hospital currently sits within an Institutional Precinct, within the Institutional Precinct Zone. Absence of operative District Plan objectives and policies acknowledging the Hospital's strategic regional importance or its role and function. | <ul style="list-style-type: none"> Special Purpose Hospital Zone in line with the National Planning Standards zones framework. This replaces the existing Institutional Precinct approach. Specific objectives and policies speaking to the purpose of the zone and hospital including recognising it as a regionally and nationally significant hospital and enabling its function and operation. Also recognised in the Draft District Plan's Strategic Direction chapter's objectives. | <ul style="list-style-type: none"> Must implement with the National Planning Standards zone approach. The issues and options report raised that the Hospital's strategic importance and benefits to Wellington City and Wellington Region needs to be recognised in the District Plan and linked in with the Draft District Plan's strategic direction chapter. Alignment with best practice. |
| <p>Issue 2: Providing for the Hospital's special operational</p> | <ul style="list-style-type: none"> Absence of Operative Plan objectives and policies acknowledging the Hospital's | <ul style="list-style-type: none"> Specific objectives and policies to: | <ul style="list-style-type: none"> The issues and options report recommended developing new objective(s) and policies to provide for |

| Issue/theme/policy | Current District Plan Approach | Draft District Plan Approach | Key reasons for change |
|---|---|---|---|
| <p>and functional needs.</p> | <p>special operational and functional needs.</p> <ul style="list-style-type: none"> • While the operation and development are 'provided for' in the operative policy framework, there are no provisions expressly providing for maintenance activities. • The only land use activities permitted are those that relate specifically to the function of the institution. The discretionary activity status is the 'default' for all activities that are not related to an institution. This means resource consent is required and the planner can consider a broad range of matters in assessing the application. | <ul style="list-style-type: none"> ○ recognise the efficient operation, function and development of the Hospital. ○ provide for a comprehensive range of primary and ancillary activities, building and infrastructure.. ○ discourage activities within the Hospital Zone where the activity is incompatible with the role and function of the zone and will cause reverse sensitivity issues. • Associated rule framework will align with the above Objectives and Policies. | <p>the operation, maintenance and development of the institutions.</p> <ul style="list-style-type: none"> • The current policy approach is reactive rather than proactive. The regulatory stringency is relatively course when compared with other parts of the Operative Plan and with the approach adopted in other District Plans. • Alignment with best practice. |
| <p>Issue 3: Ensuring provisions are adaptable for evolving demands, services and technological changes the Hospital needs to respond to.</p> | <ul style="list-style-type: none"> • Absence of Operative Plan objectives and policies acknowledging the changing demands that the Hospital needs to respond to. | <ul style="list-style-type: none"> • Provisions need to be flexible enough to provide for future service and land use needs and development. • Specific objectives and policies regarding supporting the evolving health care facility needs of Wellington and the wider region and enabling development to meet the foreseeable future needs of the hospital. Associated rule framework will align with this. | <ul style="list-style-type: none"> • The plan review provides an opportunity to consider the long-term intentions of the Hospital. • Greater flexibility needs to be built into the plan for re-evaluating each precinct's footprints, working in with future development plans and reviewing the list of activities catered for. |

| Issue/theme/policy | Current District Plan Approach | Draft District Plan Approach | Key reasons for change |
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| <p>Issue 4: Providing for land use efficiency to accommodate any future redevelopment and coordinated on-site planning.</p> | <ul style="list-style-type: none"> • Operative Plan objectives and policies speak to: <ul style="list-style-type: none"> ○ promoting the efficient use and development of natural and physical resources within institutional precincts, ○ maintaining and enhancing the physical character of these precincts, and their adjacent streets. providing for the effective and efficient operation and development of the institutions. | <ul style="list-style-type: none"> • Hospital-specific objectives and policies, including: <ul style="list-style-type: none"> ○ encouraging more efficient and intensified use of hospital site in preference to expansion of hospital related activities beyond the existing zone boundaries. ○ coordinated development - requiring land use activities and development to be planned and designed in a coordinated manner. ○ encouraging new development and additions/alterations to positively contribute to the amenity of the zone and adjoining zones. • Associated rule framework to implement the above policy approach. | <ul style="list-style-type: none"> • Institutions confirmed that they were primarily interested in making the best use of their existing landholdings. The DHB may look to further rationalise its holdings and is currently undertaking a master planning exercise with consultants. • DHB has advised that the wellington campus is under pressure in terms of vacant land for both car parking and future clinical needs given they are a tertiary hospital. • They are moving to incentivised parking to staff but they may need to build high rise car parking to potentially their street boundaries depending on vehicle/traffic planning. • Aligns with best practice |
| <p>Issue 5: Managing the external effects of Hospital activities, particularly along boundary interfaces</p> | <ul style="list-style-type: none"> • Current objectives and policies speak to maintaining and enhancing the amenity values of institutional precincts and any nearby residential areas. | <ul style="list-style-type: none"> • Specific objectives and policies speak to managing adverse effects of Hospital activities and development within the Zone, at interfaces with residential and open spaces zones, scheduled heritage buildings etc., scheduled Māori sites of significance, and along street frontages. | <ul style="list-style-type: none"> • No significant change, rather a softening of provisions to be less restrictive on hospital activities. • Issues and options report recommended considering amenity within the site (and providing less stringent rule framework for internal works). • Aligns with other plans which also manage adverse effects and reverse sensitivity. |

| Issue/theme/policy | Current District Plan Approach | Draft District Plan Approach | Key reasons for change |
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| Issue 6: Providing ongoing amenity, safety and access for Hospital users | <ul style="list-style-type: none"> • Current objectives and policies seek to: <ul style="list-style-type: none"> ○ enable efficient, convenient and safe access for people and goods within institutional precincts. ○ ensure access for all people, particularly people travelling by public transport, cycle or foot and for people with mobility restrictions. ○ enhance access to public spaces in institutional precincts and improving design of developments to reduce threats to personal safety. | <ul style="list-style-type: none"> • Specific objective that speaks to land use activities and development in the zone positively contributing to maintaining, and where possible enhancing, a high-quality, safe, comfortable and accessible hospital environment. • Specific policy speaking to maintaining a high standard of amenity, comfort and safety in the zone and along its interfaces. • Specific policy requiring the use, development and operation of the hospital maintains and enhances access and connections. | <ul style="list-style-type: none"> • Issues and options paper recommended careful consideration regarding whether internal character and amenity is a significant RMA issue that needs a plan-lead response • The paper also recommended consideration of the extent to which activities are considered 'compatible', 'potentially compatible' or 'incompatible' with internal and external amenity. • Feedback from consent planners and institutions noted the regulatory approach to connectivity, parking and access should be more enabling. Additionally, more emphasis on safety and CPTED is needed in policies. |
| Issue 7: Appropriately recognizing and integrating mana whenua values into the Hospital Zone | <ul style="list-style-type: none"> • Current objectives and policies relate to: <ul style="list-style-type: none"> ○ facilitating and enabling the exercise of tino rangatiratanga and kaitiakitanga by Wellington's tangata whenua and other Māori ○ identifying, defining and protecting sites and precincts of significance to tangata whenua and other Māori ○ taking into account the principles of the Treaty of Waitangi. | <ul style="list-style-type: none"> • Specific mana whenua objective and policy placeholders. Discussions need to be had with Jade, Mana Whenua and the hospital. | <ul style="list-style-type: none"> • The current objectives and policies regarding mana whenua are generalised and are not specific to the hospital and its activities. |

| Issue/theme/policy | Current District Plan Approach | Draft District Plan Approach | Key reasons for change |
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| Issue 8: Hospital resilience to natural hazard risks | <ul style="list-style-type: none"> Current policy which seeks to ensure that the adverse effects of hazards on critical facilities and lifelines are avoided, remedied and mitigated. | <ul style="list-style-type: none"> Specific resilience policy. | <ul style="list-style-type: none"> The hospital is a critical lifelines infrastructure and anchor of resilience for responses to natural and pandemic disasters. |

7. Key questions for the panel

1. Chapter content - Does the HOSZ chapter cover what you would expect to see in a Hospital chapter? Is there anything missing?
2. Do you agree with the proposed height regime for the Hospital? Is there a better method for controlling height?
3. Are urban design and quality design outcomes sufficiently provided for in the proposed chapter?
4. Do you think removing associated design guidance is a risk? Does WCC need a hospital design guide still?


Appendix 2 Operative DP Rules/Standards

RULES

| Rule No. | Rule | Activity Status | | | | | Chapter Mapping |
|---|---|-----------------|-----|------|-----|-----|-----------------|
| | | PER | CON | RDIS | DIS | CON | |
| Uses/Activities | | | | | | | |
| 9.1.1. | Activities related to the primary function of the Precinct subject to conditions | P | | | | | HOSP + TEZ |
| 9.3.1 | Activities related to the primary function of the Precinct not complying with conditions for Permitted Activities | | | RD | | | HOSP + TEZ |
| 9.1.3 | Helicopter landing areas (Clinical Services Block Wellington Hospital) | P | | | | | HOSP |
| 9.1.4 | Upgrade and maintenance of existing formed roads and accessways | P | | | | | HOSP + TEZ?? |
| 9.4.1 | Activities not provided for as Permitted or Controlled Activities | | | | D | | HOSP + TEZ |
| Buildings | | | | | | | |
| 9.2.1 | Construction, or alteration of, and addition to buildings and structures | | C | | | | HOSP + TEZ |
| 9.2.3 | Demolition of Gordon Wilson Flats at 320 The Terrace | | C | | | | TEZ |
| 9.3.2 | Construction, or alteration of, and addition to buildings and structures at 320 The Terrace | | | RD | | | TEZ |
| 9.4.2 | Pedestrian bridges and other structures/buildings above or over roads | | | | D | | HOSP + TEZ?? |
| Subdivision | | | | | | | |
| 9.1.2 | Subdivision except company lease, cross lease and unit title subdivision, subject to conditions | P | | | | | SUB |
| 9.2.2 | Company lease, cross lease and unit title subdivision | | C | | | | SUB |
| 9.4.4 | Subdivision not being a Permitted or Controlled Activity | | | | D | | SUB |
| Heritage | | | | | | | |
| 21.0 | Activities affecting heritage items | P | C | | D | | HH |
| Utilities | | | | | | | |
| 23.0 | Utilities | P | C | RD | D | | EIT |
| Contaminated and Potentially Contaminated Land | | | | | | | |
| 32.1.1 | Investigations on any contaminated land or potentially contaminated land to determine whether the land is contaminated, and the nature and extent of that contamination | P | | | | | CL |
| 32.1.2 | The removal of underground petroleum storage systems is a Permitted Activity | P | | | | | CL |
| 32.1.3 | The use, development or subdivision of any potentially contaminated land that has been confirmed as not being contaminated through site investigation | P | | | | | CL |
| 32.2.1 | The remediation, use, development and subdivision of any contaminated or potentially contaminated land. | | | RD | | | CL |

Standards:

| Standard No. | Standard | Chapter Mapping |
|--|--|-----------------|
| Buildings and structures | | |
| 9.2.1 | All parking must be provided and maintained in accordance with the standards set out in Appendix 2. | HOSP + TEZ?? |
| 9.2.1 | New vehicular access from roads to which the Precinct has frontage must be provided and maintained in accordance with the standards set out in Appendix 3. | HOSP + TEZ?? |
| 9.2.1 | No vehicular access, as shown on Appendix 3.1, shall be situated closer to an intersection than the following: Arterial and principal streets 20m Collector streets 15m Other streets 10m. | HOSP + TEZ?? |
| 9.2.1 | Site layout must enable all vehicles to enter [and] leave the site in a forward direction. | HOSP + TEZ?? |
| Company lease, cross lease and unit title subdivision | | |
| 9.2.2 | All buildings and structures must meet the conditions for Permitted Activities, the terms of any relevant resource consent, or must have existing use rights. | SUB |
| Demolition of Gordon Wilson Flats at 320 The Terrace | | |
| 9.2.3 | Any application made under Rule 9.2.3 shall be accompanied by a Demolition Management Plan. The Demolition Management Plan shall contain the following information as a minimum: a. purpose of the Demolition Management Plan; b. site and locality description, including existing buildings; c. proposed demolition methodology, including sequence and timing; d. duration of works and hours of operation; e. measures to manage environmental effects, including (but not limited to) dust, construction noise, effects on the local transport network, and site remediation; f. communication plan, including: i. any communication undertaken with neighbours in advance of demolition commencing; ii. procedures for receiving and resolving complaints during demolition and site remediation; and g. Demolition Management Plan review procedures. Note: additional information may be appropriate for inclusion in the Demolition Management Plan, including references to other relevant Acts and associated regulations. | TEZ |
| 9.3.2 | Any construction, alteration of, or addition to any building or structure must be in accordance with the standards set out in Appendix 4. | TEZ |
| Appendix 4. Permitted Building Standards for 320 The Terrace | 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. | TEZ |

| Standard No. | Standard | Chapter Mapping |
|--|--|-----------------|
| | <p>4. A 5m yard shall apply to the boundaries with the Inner Residential Area except for:</p> <ul style="list-style-type: none"> 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. <p>5. No facade along a single building plane shall exceed 30m in length.</p>  | |
| Noise, Hazardous Substances, Lighting and Signs | | |
| 9.3.1 | Noise emission levels under Rules 9.1.1.2.1 and 9.1.1.2.4 shall not be exceeded by more than 5 decibels. | NOISE?? |
| 9.3.1 | For hazardous substances, the cumulative Effect Ratio as assessed under the Hazardous Facilities Screening Procedure for the site where the activity is to occur is less than or equal to 2 but does not meet the conditions in rules 9.1.1.8, unless the site is located in a Hazard Area. | HAZ |
| 9.3.1 | For hazardous substances, where the hazardous facility is located in a Hazard Area, the cumulative Effect Ratio as assessed under the Hazardous Facilities Screening Procedure for the site where the activity is to occur is less than or equal to 0.5 but does not meet the conditions in rules 9.1.1.8. | HAZ |
| 9.3.1 | Rule 9.1.1.5, maximum lighting levels, must not be exceeded by more than 20 percent. | LIGHTING |
| 9.3.1 | Rule 9.1.1.7, conditions relating to any sign dimension, must not be exceeded by more than 50 percent. | SIGNS |
| Noise | | |
| Appendix 1. Noise | Activities must comply with the following noise limits. Residential (Inner) Noise emission levels when measured on any residential site in the Inner Residential Area must not exceed: Monday to Saturday 7am to 7pm 55dB (LAEQ(15min)) | NOISE?? |

| Standard No. | Standard | Chapter Mapping |
|--------------|--|-----------------|
| | <p>Monday to Saturday 7pm to 10pm 50dB (LAEQ(15min)) At all other times 40dB (LAEQ(15min)) All days 10pm to 7am 70dB (LAFmax) Where it is impractical to measure outside a dwelling, then measurements shall be made inside (with windows closed). Where indoor measurements are made the noise limits stated above shall be reduced by 15dB.</p> <p>Residential (Outer) Noise emission levels when measured on any residential site in the Outer Residential Area must not exceed: Monday to Saturday 7am to 7pm 50dB (LAEQ(15min)) Monday to Saturday 7pm to 10pm 45dB (LAEQ(15min)) At all other times 40dB (LAEQ(15min)) All days 10pm to 7am 65dB (LAFmax) Where it is impractical to measure outside a dwelling, then measurements shall be made inside (with windows closed). Where indoor measurements are made the noise limits stated above shall be reduced by 15dB.</p> <p>Rural Area Noise emission levels when measured at or within the boundary of any site (other than the site from which the noise is generated) in the Rural Area must not exceed: At all times 55dB (LAEQ(15min)) And noise emission levels when measured on any conceptual boundary of a residential building must not exceed: Monday to Saturday 7am to 8pm 45dB (LAEQ(15min)) At all other times 35dB (LAEQ(15min)) All days 8pm to 7am 60dB (LAFmax)</p> | |

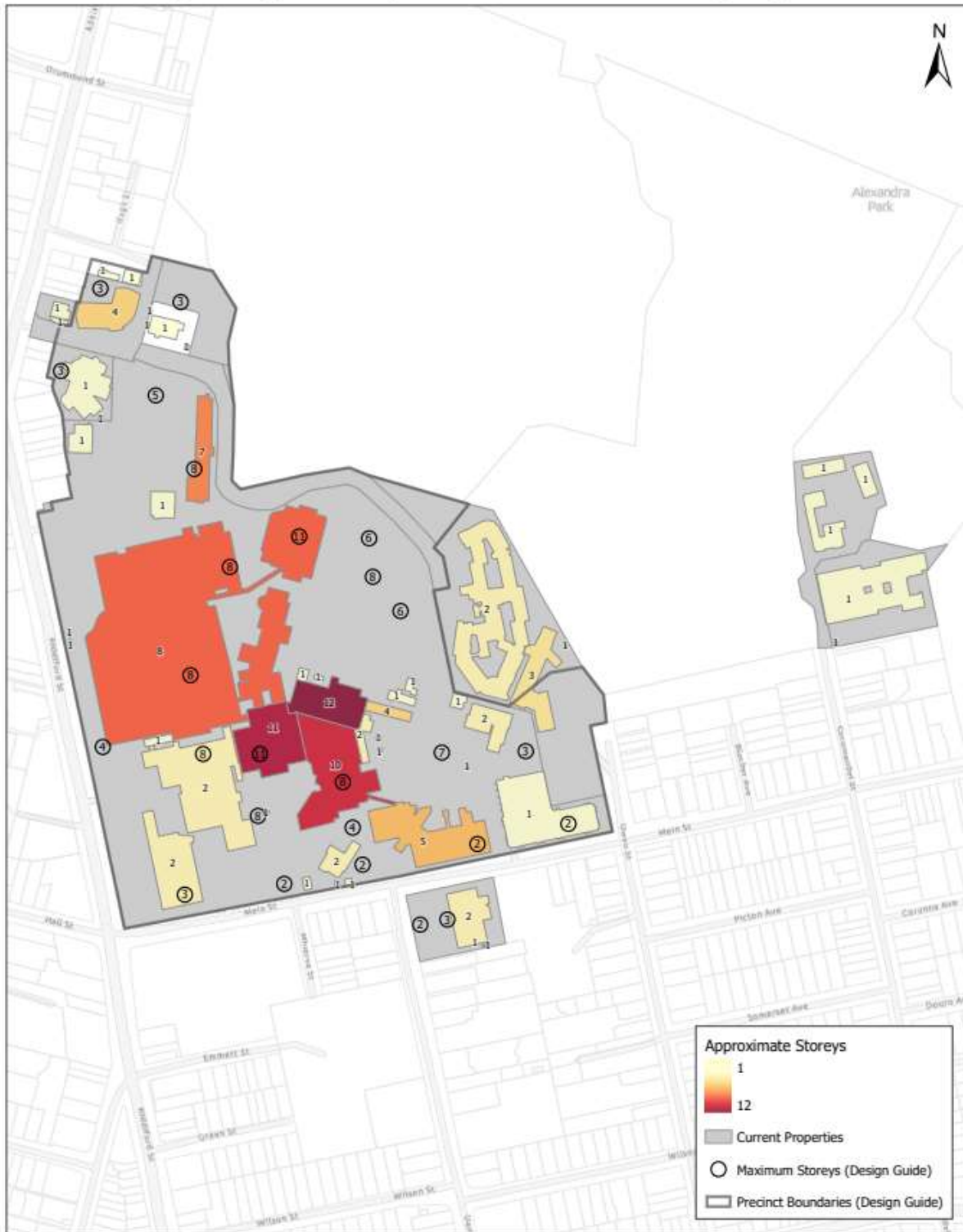
Appendix 3 Resource Consent Trends

For the 29 consent applications made since 2012:

- building additions and alterations were the most common activity applied for (14 applications);
- the majority of the applications were for activities within the IPZ – however, there were two cases of consent being granted to institutions outside the IPZ boundary and a further one granted both inside and out of the precinct
- consistent with additions and alterations being the most common activity, the most common consent activity status was controlled
- five of the applications related to heritage buildings
- no student accommodation was proposed over the period considered
- while all 5 heritage-based proposals included expert heritage assessments, only 9 of the applications contained urban design assessments.

Appendix 4 Hospital operative district plan heights versus actual built heights

Wellington Regional Hospital - Location and Building Height Plan



Absolutely Positively
Wellington City Council
 Me Heke Ki Pōneke