

## Submission Form (Form 5)

# Submission on Proposed Kaipara District Plan

Form 5: Submissions on a Publicly Notified Proposed District Plan under Clause 6 of Schedule 1 of the Resource Management Act 1991

### Return your signed submission by Monday 30 June 2025 via:

**Email:** [districtplanreview@kaipara.govt.nz](mailto:districtplanreview@kaipara.govt.nz) (subject line: Proposed District Plan Submission)

**Post:** District Planning Team, Kaipara District Council, Private Bag 1001, Dargaville, 0340

**In person:** Kaipara District Council, 32 Hokianga Road, Dargaville; or  
Kaipara District Council, 6 Molesworth Drive, Mangawhai

If you would prefer to complete your submission online, from 28 April 2025 please visit:

[www.kaipara.govt.nz/kaipara-district-plan-review/proposed-district-plan](http://www.kaipara.govt.nz/kaipara-district-plan-review/proposed-district-plan)

All sections of this form need to be completed for your submission to be accepted. Your submission will be checked for completeness, and you may be contacted to fill in any missing information.

**Full name:**

**Phone:**

**Organisation:**

(\*the organisation that this submission is made on behalf of)

**Email:**

**Postal address:**

**Postcode:**

**Address for service: name, email and postal address** (if different from above):

### Trade Competition

Pursuant to Schedule 1 of the Resource Management Act 1991, a person who could gain an advantage in trade competition through the submission may make a submission only if directly affected by an effect of the proposed policy statement or plan that:

- a) adversely affects the environment; and
- b) does not relate to trade competition or the effects of trade competition.

### Please tick the sentence that applies to you:

I could not gain an advantage in trade competition through this submission; or

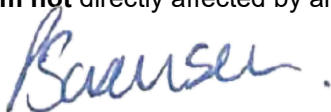
I **could** gain an advantage in trade competition through this submission.

**If you have ticked this box please select one of the following:**

I am directly affected by an effect of the subject matter of the submission

I **am not** directly affected by an effect of the subject matter of the submission

**Signature:**



**Date:**

(Signature of person making submission or person authorised to sign on behalf of person making the submission.)

**Please note:** all information contained in a submission under the Resource Management Act 1991, including names and addresses for service, becomes public information.

I **do not** wish to be heard in support of my submission; or

I do wish to be heard in support of my submission; and if so,

I would be prepared to consider presenting my submission in a joint case with others making a similar submission at any hearing



30 June 2025

Kaipara District Council  
Private Bag 1001  
Dargaville 0340  
New Zealand

Delivered by email: [districtplanreview@kaipara.govt.nz](mailto:districtplanreview@kaipara.govt.nz)

Attention: District Plan Team

Tēnā koutou,

### **Health New Zealand Submission – Kaipara DC Proposed District Plan**

Health New Zealand Te Whatu Ora (Health NZ) is grateful for the opportunity to review and lodge a submission on Kaipara District Council's Proposed District Plan (PDP).

Health NZ's submission on the PDP consists of the following documents (that must be read together):

1. Cover letter format submission (this document)
2. Tabulated Submission, Relief and Reasons (Attachment 1) and
3. Completed Form 5 (Attachment 2)

Kaipara District Council commenced its review of the District Plan in 2020. The District Plan review process has included community and stakeholder engagement – including representatives from the former Northland District Health Board.

The public health system has undergone significant reform – including the establishment of Health New Zealand in September 2021. Health NZ's submission on the PDP therefore represents an integrated view that reflects local, regional and national perspectives.

#### **Background:**

1. The Pae Ora (Healthy Futures) Act 2022 provides for the funding and provision of health services in New Zealand. The Act also establishes Health NZ and its responsibilities – including provisioning for the public health system.
2. The Health Estate in New Zealand is extensive and complex. To support the delivery of nationally and regionally significant health services (utilising a range of operating models) Health New Zealand owns and operates a nationwide network of landholdings and facilities – including hospitals, other clinical and non-clinical facilities and their component parts.
3. In the Kaipara District, the Dargaville Hospital Campus is located at Awakino Road, Dargaville.
4. The property that constitutes the Dargaville Hospital Campus is made up of two parcels – the larger of the two (Lot 2 DP 189062) is owned by Health New Zealand while the

smaller parcel that contains the main hospital buildings (Lot 1 DP 189062) is owned by Health NZ and Kaipara Community Health Trust (the Trust).

**Introduction:**

1. Health NZ confirms that it:
  - a. Is not a trade competitor.
  - b. Wishes to be heard in relation to its submission.
  - c. If other parties make similar submissions, Health NZ is willing to assist the Panel by making joint submissions.

**Summary of Submission:**

1. Health NZ's submission reserves scope over the entire PDP and associated planning maps as it relates to directly and indirectly to its interests.
2. Health NZ seeks all necessary proposed / alternative / consequential relief to address matters raised in this submission.
3. Health NZ's submission proposes to work with officers to jointly address matters raised in this submission – primarily as they relate to the Special Purpose Hospital Zone (SPHZ) and definitions.
4. Health NZ has broadly discussed the scope and intent of this submission with the Kaipara Community Health Trust Board and provided a copy to the Chief Executive of the Trust on 30 June 2025.
5. Health NZ's submission can be summarised as:
  - a. Relating to the entire PDP and planning maps.
  - b. Seeking all relief necessary to address matters raised in and related to this submission.
  - c. Supportive of the intent to recognise, protect and enable the ongoing delivery of public health services in the Kaipara District – including the imposition of the Special Purpose Hospital Zone (SPHZ) over the Dargaville Hospital Campus. However, Health NZ submits that amendments are necessary to deliver on the proposed intent, to adequately provide for public health services in Kaipara and to be consistent with the regional planning policy framework.

- d. Health NZ submits that amendments are necessary to the SPHZ and other plan provisions to:
  - i. Adequately and consistently recognise that the Dargaville Hospital is part of the nationwide Health Estate and is both Nationally and Regionally Significant Infrastructure.
  - ii. Appropriately and effectively enable the continued operation, maintenance, development and upgrade of the Dargaville Hospital and Campus (including making the plan framework appropriately permissive, resolving inconsistencies between plan provisions / definitions and addressing gaps / drafting errors).
  - iii. Ensure the practical workability of the zone, district-wide and definition provisions upon implementation as intended.
- e. Health NZ opposes all aspects of the PDP that unreasonably control and/or limit public health service operation, maintenance, delivery and development including:
  - i. Definitions that exclude or constrain the Dargaville Hospital e.g. Infrastructure, Regionally Significant Infrastructure, Hospital and Hospital Related Activity
  - ii. Definitions that include the Dargaville Hospital but that may – without careful plan drafting – unintentionally constrain Hospital and Hospital Related Activity e.g. Sensitive Activities
  - iii. Provisions that seek to manage matters that Health NZ does not or cannot control e.g. traffic generation (demand for health services) and emergency helicopter flights, respectively
  - iv. Provisions that duplicate existing and effective methods of management e.g. onsite car-parking
  - v. Provisions that undermine the intent and function of the SPHZ provisions
- f. Health NZ wishes to be heard in relation to this submission
- g. Health NZ's submission points, reasons and relief are set out in **Attachment 1**

### **Conclusion:**

The successful function of the New Zealand Health System is nationally and regionally significant to all New Zealanders and their whānau and family. Health sector infrastructure involves the flexible arrangement of services and facilities across a network of sites. Accordingly, it is critical that health infrastructure is effectively and consistently recognised for its significance, prioritised as a critical function and enabled to operate without unreasonable impediments.

The PDP correctly recognises the Dargaville Hospital (including the entire Dargaville Hospital Campus) as Regionally Significant Infrastructure and intends to enable its continued operation, maintenance and development by imposing an SPHZ. This is an improvement on the operative District Plan. However, the PDP (both the SPHZ and other plan provisions) does not go far enough and/or is inconsistent in its approach to recognising, protecting and enabling Hospital and Hospital Related Activities. In this submission Health NZ identifies

modifications to the SPHZ, general and district wide provisions of the PDP to afford the necessary protections and enabling policy framework. Collectively, the relief sought by Health NZ will directly enable the continued delivery of New Zealand Health System services to residents and visitors of Kaipara.

Health NZ looks forward to being heard in relation to this submission. Please direct all enquiries to the undersigned or Helen Hamilton at [land-planning@tewhatuora.govt.nz](mailto:land-planning@tewhatuora.govt.nz).

Ngā mihi nui,



**Paulette Sorensen**

**Group Manager - Land  
Infrastructure and Investment**

**Attachment 1:** Tabulated Health NZ Submission

**Attachment 2:** Completed Form 5

Plan Reference	KDC Proposed Provisions (verbatim text is shown in unmodified black text or is described [as text inside square brackets])	Health NZ Relief (additions shown in <a href="#">blue underline</a> , deletions are shown as <del>blue strikethrough</del> and conceptual relief described in <a href="#">blue italics</a> . Conceptual relief is shown in black text)	Health NZ – Key Reasons
Scope of Health NZ Submission	<p><b>Health NZ’s submission relates to the entire PDP and Planning Maps as described in the submission letter dated 30 June 2025 (and this table, which is Attachment 1) and completed Form 5. These documents must be read together to understand Health NZ’s submission.</b></p> <p><b>This table sets out Health NZ’s submission points, reasons and either detailed or conceptual relief sought.</b></p> <p><b>For the avoidance of doubt, Health NZ seeks all alternative, additional and/or consequential relief necessary to be able to continue to efficiently and effectively deliver critical hospital and healthcare services in Kaipara.</b></p>		
PART 1 – INTRODUCTION AND GENERAL PROVISIONS			
DEFINITIONS			
Functional Need	Means the need for a proposal or activity to traverse, locate or operate in a particular environment because the activity can only occur in that environment.	<p>Health NZ is supportive of the inclusion of a definition for Functional Need in the PDP.</p> <p>However, there is some risk in the proposed drafting of the definition as it limits its application to the extent that an activity “can <u>only</u> occur in <u>that</u> environment” (emphasis added).</p> <p>Functional need in the public health sector is not static – particularly as it relates to hospitals and hospitals in regional New Zealand – it is driven by a complex and changing series of factors that include remoteness of a locality, urgency of a medical event, and the specific community needs and distance to / capacity of hospital facilities at a particular point in time. Therefore, in the public health sector what may be theoretically possible in a location at one point in time can vary – therefore this definition needs flexibility to address the public health system.</p> <p>Health NZ proposes the following relief to address this concern:</p> <p><i>Means the need for a proposal or activity to traverse, locate or operate in a particular environment because the activity can only occur in that environment. <a href="#">Furthermore, in the case of Hospital and Hospital Related Activity functional need is constrained and often there are no viable alternatives.</a></i></p>	<p>Modifying this definition provides enhanced certainty in its applicability as it relates to the public health sector.</p>
Healthcare Activities	<p>means the use of land and/or buildings for providing physical or mental health or welfare services, including:</p> <ul style="list-style-type: none"><li>a. medical practitioners;</li><li>b. hauora services</li><li>c. dentists and dental technicians;</li><li>d. opticians;</li><li>e. physiotherapists;</li><li>f. medical social workers and counsellors;</li><li>g. midwives;</li><li>h. paramedical practitioners;</li><li>i. alternative therapists;</li><li>j. providers of health and wellbeing services;</li><li>k. diagnostic laboratories; and</li><li>l. accessory offices;</li></ul> <p>but excludes hospitals.</p>	<p>Health NZ is concerned that this definition could inadvertently create uncertainty (or conflict) with the “Hospital Related Activity” definition. That without modification it could be possible for an activity to meet both the definition of “Healthcare Activities” and “Hospital Related Activity” thereby creating uncertainty.</p> <p>Health NZ proposes that the exclusion at the end of this definition is modified to resolve this:</p> <p><i>“...but excludes hospitals <a href="#">and Hospital Related Activity.</a>”</i></p>	<p>Without modification, the proposed SPHZ (and contemporaneous general and district-wide) provisions could result in some uncertainty during plan interpretation.</p> <p>The proposed amendment would improve plan legibility and administration.</p>
Hospital	means any significant infrastructure that provides for the medical, surgical or psychiatric care, treatment and rehabilitation of people.	<p>The definition needs to be amended to encapsulate Dargaville Hospital and to match the scope of the companion “Hospital Related Activity” definition. This could be achieved with or without any reference to “infrastructure” (regional or otherwise).</p> <p>The proposed definition appears to have intended to replicate other definitions in the region that refer to RSI – albeit it refers to “significant infrastructure”. Regardless, as noted elsewhere in this</p>	<p>Without modification, the proposed SPHZ (and contemporaneous general and district-wide) provisions are undermined and will not adequately recognise, protect, and enable the Dargaville Hospital.</p>



		<p>submission the PDP’s infrastructure definition is problematic in that it does not include Dargaville Hospital. Accordingly, the SPHZ provisions are undermined by this error.</p> <p>There are multiple ways to achieve a practical “Hospital” definition. Health NZ proposes the following relief:</p> <p><i>“means <u>any significant infrastructure a facility</u> that provides for the medical, surgical or psychiatric / <u>mental health</u> care, treatment and rehabilitation of people”</i></p> <p><i>Alternatively, if there was concern that the definition is too broad - the definition could replace “facility” with “regionally significant infrastructure”</i></p>	
Hospital Related Activity	<p>means activities that utilise land and buildings for the primary purpose of providing medical, surgical, mental health, oral health, maternity, pharmacy, geriatric and convalescent or hospice services to the community. This includes:</p> <ol style="list-style-type: none"> <li>hospital;</li> <li>assessment, diagnosis, treatment, rehabilitation, and in-patient care services;</li> <li>outpatient departments and clinics;</li> <li>medical training and education;</li> <li>ancillary commercial activity including banks, dry cleaners, food and beverage activities, bookstores, gift stores and florists;</li> <li>helicopter landing and ambulance facilities;</li> <li>conference facilities;</li> <li>places of worship;</li> <li>hospices;</li> <li>maintenance, operational and service facilities, including offices and administration facilities, kitchens, storage facilities, waste processing, workshops and laundries;</li> <li>medical research and testing;</li> <li>mortuaries;</li> <li>alternative health providers including acupuncture, herbalist, spiritual providers;</li> <li>residential activity, limited to staff accommodation, and visitor accommodation for contractors, patients, or family for which a tariff may not be required; and</li> <li>emergency Services and civil defence.</li> </ol>	<p>The proposed definition is problematic as it has gaps and is unnecessarily complicated and expansive in places.</p> <p>Without significantly redrafting the definition it could be improved by the following amendments:</p> <p><i>means activities <u>associated with the provision of that utilise land and buildings for the primary purpose of providing</u> medical, surgical, <u>psychiatric / mental health, oral health, maternity, pharmacy, geriatric and convalescent or hospice services</u> care, treatment, and rehabilitation of people <u>within a hospital, to the community. This includes</u>ing:</i></p> <ol style="list-style-type: none"> <li><u>hospital</u>;</li> <li>assessment, diagnosis, treatment, rehabilitation, and in-patient care services;</li> <li>outpatient <u>services departments and clinics</u>;</li> <li>medical training and education;</li> <li>ancillary commercial activity including <u>pharmaciesbanks, childcare</u>, dry cleaners, food and beverage activities, bookstores, gift stores and florists;</li> <li>helicopter <u>landing</u> and ambulance facilities;</li> <li><del>g.—conference facilities</del>;</li> <li><u>ancillary</u> places of worship;</li> <li>hospices;</li> <li><u>hospital</u> maintenance, operational and service facilities, including offices and administration facilities, kitchens, storage <u>and security</u> facilities, <u>infrastructure</u>, waste processing, workshops, and laundries;</li> <li><u>diagnostic laboratories</u>, medical research and testing;</li> <li>mortuaries;</li> <li><u>ancillary specialist and general medical facilities, services and practices</u><del>alternative health providers including acupuncture, herbalist, spiritual providers</del>;</li> <li><u>ancillary</u> residential <u>accommodation for staff, patients or whanau support</u><del>activity, limited to staff accommodation, and visitor accommodation for contractors, patients, or family for which a tariff may not be required</del>; and</li> <li>emergency Services and civil defence.</li> </ol>	<p>Without modification, the proposed SPHZ (and contemporaneous general and district-wide) provisions are undermined and will not adequately recognise, protect and enable the Dargaville Hospital.</p>
Infrastructure	[The PDP uses the definition from s.2 of the RMA with a listed range of activity]	<p>The s.2 definition of Infrastructure in the RMA – and therefore the PDP - is problematic as it does not include social infrastructure like the public health system and hospitals.</p> <p>Relying on the s.2 definition of Infrastructure in the PDP undermines the intended purpose, scope, and function of the SPHZ and related provisions such as the Infrastructure provisions elsewhere in the plan. Therefore, this puts the PDP at odds with RPS and recently resolved PRP in relation to RSI.</p> <p>Health NZ opposes the definition as drafted.</p>	<p>The PDP must use to a more expansive definition to achieve KDC’s intended purpose of the proposed SPHZ as well as to give effect to the RPS and not be inconsistent with the recently resolved PRP.</p> <p>Following the resolution of appeals to the Proposed Regional Plan (H.9), Northland Regional Council includes an expansive definition of Regionally Significant</p>



		<p>As a minimum, the definition needs to be amended to allow for the inclusion of the Dargaville Hospital Campus (and its component parts). This relief could be most simply achieved by adding text that allows for modification by the specified list and including a new clause m:</p> <p><i>“m. <a href="#">Dargaville Hospital and Dargaville Hospital Campus and its component parts</a>”</i></p>	<p>Infrastructure that includes public hospitals.</p> <p>Without necessary modifications, the proposed SPHZ (and contemporaneous general and district-wide) provisions are undermined and will not adequately recognise, protect and enable the Dargaville Hospital. The provisions will also be inconsistent with higher order regionally planning documents.</p>
Regionally Significant Infrastructure	[The PDP uses an inclusive list definition that also extends to meaning the site related components that enable the asset to function.]	<p>The proposed RSI definition is incomplete (and does not extend to include Dargaville Hospital) and inconsistent with higher order regional planning documents (that, amongst other things, recognise public hospitals as RSI). It is also potentially at odds with the proposed definition of “infrastructure”.</p> <p>Health NZ opposes the definition as drafted. The definition requires amendment.</p> <p>Health NZ is supportive of aspects of the definition where includes the ‘<u>related components</u> that enable the asset to function’ (emphasis added) but notes that the use of the word “assets” could be unintentionally limiting / opening the definition up to interpretation at implementation (while all RSI have function, valuations and asset management – there is a risk that “assets” could be considered exclusive). However, to the extent that the use of the word ‘asset’ (following other amendments sought by Health NZ) does not preclude or limit any parts of the Dargaville Hospital being encapsulated by the definition Health NZ does not propose an alternative.</p> <p>As a minimum, the definition needs to be amended to include the Dargaville Hospital (Health NZ notes that the RSI definition includes the campus – as noted above). This relief could be most simply achieved by adding a new clause j:</p> <p><i>“i. Flood management / protection...</i></p> <p><i><a href="#">j. Dargaville Hospital.</a></i></p> <p><i><a href="#">Regionally Significant Infrastructure</a> extends also to mean the site related components that enable the asset to function”</i></p>	For the inter-related reasons listed above
Sensitive Activities	<p>means all or any of the following:</p> <ol style="list-style-type: none"> <li>an educational facility, including a childcare facility, wananga and kohanga reo,</li> <li>a residential activity, including papakainga building, rest home, retirement village, visitor accommodation, home stay;</li> <li>a healthcare activity; and</li> <li>a hospital.</li> </ol>	<p>Further work is required to ensure that this definition is not problematic in relation to the ongoing operation of the Dargaville Hospital. For example, the hospital is:</p> <ol style="list-style-type: none"> <li>defined in higher order regional planning documents as Regionally Significant Infrastructure;</li> <li>is intended to meet the PDP definitions of infrastructure and Regionally Significant Infrastructure (this is supported in the relevant parts of the s32 analysis);</li> <li>intended to benefit from the policy framework in the infrastructure chapter – particularly the reverse sensitivity provisions i.e. INF-P11;</li> <li>however, the definition sensitive activities include hospitals (and healthcare activities).</li> </ol> <p>Without considering this definition and its interrelationship with other provisions further, it is conceivable that provisions in the PDP intended to protect and enable infrastructure and regionally significant infrastructure like Dargaville Hospital could be inadvertently problematic at implementation. For example, infrastructure proximate to the long-established hospital could result in a policy tension where the hospital (which is also RSI and afforded protection) could be considered a sensitive activity.</p>	This definition requires additional implementation testing to ensure it is defined in manner that unintentionally undermines the Dargaville Hospital.

		Health NZ seeks relief that Council further tests the practical implementation of this definition as it relates to relevant PDP provisions to ensure there are no unintended consequences that could undermine the Dargaville Hospital priority.	
Operational Need	means the need for a proposal or activity to traverse, locate or operate in a particular environment because of technical, logistical or operational characteristics or constraints.	<p>Health NZ is supportive of the inclusion of a definition for Operational Need in the PDP.</p> <p>Operational need in the public health sector is not static – particularly as it relates to hospitals and hospitals in regional New Zealand – it is driven by a complex and changing series of factors that include remoteness of a locality, urgency of a medical event, and the specific community needs and distance to / capacity of hospital facilities at a particular point in time. Therefore, in the public health sector operational needs are always evolving – therefore this definition needs flexibility to address the public health system.</p> <p>Health NZ proposes the following relief to address this concern:</p> <p><i>means the need for a proposal or activity to traverse, locate or operate in a particular environment because of technical, logistical or operational characteristics or constraints.</i>  <i>Furthermore, in the case of Hospital and Hospital Related Activity operational need is evolving, constrained and often there are no viable alternatives.</i></p>	Modifying this definition provides enhanced certainty in its applicability as it relates to the public health sector.
<b>PART 2 – DISTRICT WIDE MATTERS</b>			
<b>STRATEGIC DIRECTION</b>			
All	[The Strategic Direction is set out in eight parts]	<p>Various parts of the Council’s section 32 analysis recognise the infrastructure deficit in the district, importance of protection and enablement of infrastructure in the PDP and benefits that can accrue in the economy, environment, and community because of infrastructure investment / operation.</p> <p>However, the Strategic Direction of the PDP – including the “Vision for Kaipara” is silent on the relationship between population, socio-economic and environmental challenges and opportunities facing the district and aspirations for the district. For example, there is no mention of infrastructure capacity or condition in the district – nor the vital role that Regionally Significant Infrastructure (like the Dargaville Hospital) plays in the wellbeing of the community or the district’s economy.</p> <p>Health NZ seeks that Strategic Direction is amended to appropriately reflect the important role of infrastructure – particularly Regionally Significant Infrastructure – like the Dargaville Hospital plays in the success, prosperity, health, and wellbeing of the community in Kaipara. Further the amendments should provide strategic direction and context for the policy framework and methods in the PDP – particularly why it is both necessary and appropriate to establish a generally permissive policy framework as it applies to the SPHZ and the Dargaville Hospital.</p>	Without this modification, the proposed SPHZ (and contemporaneous general and district-wide) provisions are undermined by not providing a cohesive framework within which Regionally Significant Infrastructure like the Dargaville Hospital are appropriately recognised, protected and enabled for the benefit of the community.
<b>ENRGY, INFRASTRUCTURE AND TRANSPORT</b>			
<b>INFRASTRUCTURE</b>			
All - Overview	[sets out introductory text]	<p>The overview includes reference to a range industry Codes of Practice and national directions or regulations made under the RMA.</p> <p>While only currently the matter of a public engagement proposal – Health NZ notes for completeness that during the timeframe to reach decisions on the PDP a National Policy Statement for Infrastructure (that includes Social Infrastructure like Dargaville Hospital) is a possibility.</p> <p>No relief is sought.</p>	National directions on infrastructure may be proposed before decisions are made on the PDP.
All - Objectives and Policies	[This chapter sets out four objectives and eighteen general and specific policies]	The lack of comprehensive context regarding infrastructure in the Strategic Directions chapter follows through the cascading framework to the infrastructure objectives and policies. Amendments are necessary in the objectives and policies to:	Without this modification, the proposed SPHZ (and contemporaneous general and district-wide) provisions are undermined

(Excluding INF-P9, P10, P15 – P18)		<ul style="list-style-type: none"> <li>a. Recognise the benefits of all infrastructure and regionally significant infrastructure – not just the national grid. For example, the Dargaville Hospital is a life-saving public health service that is also a lifeline that must operate during an emergency it is appropriate that the policy framework afford it a level of priority that reflects its management within a Special Purpose Hospital Zone</li> <li>b. Relate to definitions that appropriately include the Dargaville Hospital</li> <li>c. Include recognition that the public health system is both a critical service and is nationally and regionally significant</li> <li>d. Recognise that Regionally Significant Infrastructure involves adverse effects – some of which cannot be avoided, remedied, or mitigated e.g. emergency helicopter noise</li> <li>e. Provide an appropriately permissive framework for infrastructure – particularly regionally significant infrastructure that operates in a Special Purpose Zone e.g. Dargaville Hospital</li> <li>f. Removing references in the policy framework that limit the applicability of policy to network utilities (as not all infrastructure is a network utility e.g. Dargaville Hospital)</li> </ul>	by not providing a cohesive framework within which Regionally Significant Infrastructure like the Dargaville Hospital are appropriately recognised, protected and enabled for the benefit of the community.
Rules	<p>Note:</p> <ol style="list-style-type: none"> <li>1. <i>For certain activities, consent may be required by rules in more than one chapter in the District Plan. See Part 1 - General Approach.</i></li> <li>2. <i>The underlying zone rules in Part 3 of the District Plan - Area-specific Matters do not apply to infrastructure activities.</i></li> <li>3. <i>All rules in Part 2 - District-wide Matters apply to infrastructure activities where relevant</i></li> </ol>	<p>Health NZ opposes note 2 as it relates to the SPHZ which provides a targeted set of provisions specific to hospital and hospital related infrastructure.</p> <p>Health NZ seeks that this notation is modified to the effect that where there is a conflict between these and the SPHZ provisions – the more enabling will apply.</p>	Without this modification, the proposed SPHZ (and contemporaneous general and district-wide) provisions are undermined by not providing a cohesive framework within which Regionally Significant Infrastructure like the Dargaville Hospital are appropriately recognised, protected and enabled for the benefit of the community.
Rules - General Infrastructure  INF-R9	<div> <div> <p><b>Any infrastructure not specifically provided for as a permitted controlled, restricted discretionary, discretionary or non-complying activity</b></p> <p><b>1. Activity status:</b> Permitted</p> <p><b>Where:</b></p> <ul style="list-style-type: none"> <li>a. The maximum height is 3m;</li> <li>b. The building does not exceed a footprint of 20m<sup>2</sup>;</li> <li>c. The building or structure is set back 2 metres from any site boundary in the General residential zone; and</li> <li>d. Compliance is achieved with: <ul style="list-style-type: none"> <li>i. INF-S1 - Radio frequency fields; and</li> <li>ii. INF-S2 - Electric and magnetic fields.</li> </ul> </li> </ul> </div> <div> <p><b>2. Activity status when compliance with INF-R9.1.a-c not achieved:</b> Discretionary</p> <p><b>3. Activity status when compliance with INF-R9.1.d not achieved:</b> Non-Complying</p> </div> </div>	Health NZ supports this rule as drafted	This rule supports the provision of an appropriately enabling policy framework for infrastructure
<b>TRANSPORT</b>			
Whole section	[as described below]	<p>There is inconsistency and conflict within the transport provisions as they apply to activities within the SPHZ. Health NZ opposes all aspects of the transport provisions that unreasonably control, restrict and/or impose unjustified requirements on public health service activity.</p> <p>The Council's s32 provides no material justification for the purpose, reasoning and evidence base for these provisions as they relate to the SPHZ. Furthermore, as drafted the provisions are at odds with the SPHZ and the associated evidence base in the Council's s32.</p> <p>Health NZ seeks all necessary modifications to the transport provisions that provide appropriate exclusions for public health service activity in the SPHZ.</p>	<p>Without this modification, the proposed SPHZ (and contemporaneous general and district-wide) provisions are undermined by not providing a cohesive framework within which Regionally Significant Infrastructure like the Dargaville Hospital are appropriately recognised, protected and enabled for the benefit of the community.</p> <p>If implemented as drafted the transport provisions contain both onerous provisions for activity in the SPHZ and transport provisions that contain inconsistencies.</p>

Overview	<p>Kaipara’s transport network is being progressively extended and improved to cater for population growth and development. It is essential that people and goods are safely and efficiently transported to destinations through a greater range of sustainable travel modes. This is necessary to support the social, economic, cultural, and environmental wellbeing of people who live, work, and visit the District.</p> <p>The Transport chapter contains all the objectives, policies, and rules for managing:</p> <ol style="list-style-type: none"> <li>The transport network and works that occur within them;</li> <li>Vehicles on adjoining sites; and</li> <li>Vehicle access.</li> </ol> <p>The Plan encourages safe, efficient and cost-effective transport corridors and infrastructure to support the efficient movement of people, goods and services. The Plan promotes active modes of transport, and access to public transport and public transport facilities should these exist in the future.</p> <p>The provisions within the Transport chapter apply across the district in all the zones. The zone chapters in Part 3 - Area-Specific Matters do not apply to transport <a href="#">activities</a> unless specifically referred to within this chapter.</p> <p>The chapters and provisions in Part 2 - District-Wide Matters apply to transport <a href="#">activities</a> where relevant.</p> <p>The standards for design of the local transport network, as well as parking and access are contained in the Kaipara District Council Engineering Standards 2011.</p> <p>Where relevant, the requirements of the National Code of Practice for Utility Operators’ Access to Transport Corridors will apply to the placement, maintenance, improvement and removal of utility <a href="#">structures</a> in <a href="#">roads</a> (or unformed <a href="#">roads</a>).</p> <p>The approach for the management of <a href="#">roads</a> in this Plan is as follows:</p> <ol style="list-style-type: none"> <li>The <a href="#">roads</a> are not zoned in the District Plan maps.</li> <li>Any zoning (including precinct provisions) ceases to have effect from the time the land is vested or dedicated as a road.</li> <li>In the case of road stoppings, the zoning reverts to that of the adjoining land at the time when the road is stopped. Where there are two different zones, the adjacent zone extends to the centre line of the former road.</li> </ol> <p><b>Awakino Precinct (PREC1):</b> Additional rules and standards for Awakino Precinct are included in this chapter - they apply to Awakino Precinct <u>in addition to</u> these Transport provisions unless otherwise noted.</p> <p><b>Cove Road North Precinct (PREC2):</b> Additional rules and standards for Cove Road North Precinct are included in this chapter - they apply to Cove Road North Precinct <u>in addition to</u> these Transport provisions unless otherwise noted.</p>	<p>The overview does not adequately address the role that RSI Dargaville Hospital plays in the district; address the fundamental matter of public health service demand and operational requirements of the Health Estate or Dargaville Hospital.</p> <p>As described elsewhere in this submission – Dargaville Hospital is part of a nationwide Health Estate. The Hospital is a critical life-saving community asset, Nationally and Regionally Significant Infrastructure and exists to serve the health needs of the community in Kaipara.</p> <p>The community need for the provision of public health services is not static and it exists regardless of service provision / met demand. To this end, the complex series of socio-economic drivers for health services are not controlled by Health NZ – rather the provision of public health services like the Dargaville Hospital are a provision of service to meet community health needs. Furthermore, if public health services are unavailable in an appropriate location – the demand for services does not change. In this context, Health NZ does not have control over the source of health service demand – instead the Dargaville Hospital as part of a wider nationwide Health Estate flexibly responds to healthcare need.</p> <p>In managing the Health Estate – including the Dargaville Hospital – Health NZ manages its sites operations to be able to effectively and efficiently deliver health services in relation to community need. This includes convenient and safe patient and staff access and carparking facilities (including staff safety). Health NZ cannot control the complex socio-economic drivers that lead to demand for health services however part of operational management is cost effective, safe, and efficient site access, carparking and travel demand management for staff, patients, and visitors. Health NZ is supportive of PDP measures that enable support well-functioning road network and that appropriately manage transport and carparking effects at their point of generation / source. However, Health NZ opposes the imposition of transport provisions on Hospital and Hospital Related Activity within the SPHZ.</p> <p>Health NZ has recently presented evidence on these matters in relation to the Far North District Council Proposed District Plan provisions.</p> <p>Health NZ seeks that the overview is modified (along with the cascading transport provisions) to reflect:</p> <ol style="list-style-type: none"> <li>The critical importance and role of Dargaville Hospital as part of the nationwide Health Estate and as RSI and in service of the community in Kaipara;</li> <li>Recognition that demand for public health services – including Hospital and Hospital Related Services in the SPHZ is complex and not controlled by Health NZ</li> <li>That transport provisions as they relate to Hospital and Hospital Related Activity in the SPHZ are managed by additional (new) provisions that exclude unnecessarily onerous transport provisions – particularly the imposition of minimum carparking and traffic generation provisions [an option is to create an SPHZ specific set of provisions akin to those that apply to PREC 1 and PREC 2]</li> </ol> <p>Health NZ is willing to work with Council on developing workable provisions.</p>	<p>As drafted the provisions impose control over transport matters that Health NZ does not control. The provisions are not supported in evidence in the Council’s s32.</p> <p>Health NZ has recently filed and presented evidence in relation to similar matters in Hearing Topic 11 of FNDC’s PDP.</p>
All - Objectives and Policies	[This chapter sets out five objectives and twelve general and specific policies]	<p>The lack of comprehensive context regarding infrastructure in the Strategic Directions chapter follows through the cascading framework to the transport objectives and policies. Amendments are necessary in the objectives and policies to:</p> <ol style="list-style-type: none"> <li>Recognise the benefits of all infrastructure and regionally significant infrastructure – not just the road network. For example, the Dargaville Hospital is a life-saving public health service that is also a lifeline that must operate during an emergency and it is fundamentally reliant on a well-functioning road network it is appropriate that the policy framework afford it a level of priority that reflects its management within a SPHZ</li> <li>Relate to definitions that appropriately include the Dargaville Hospital</li> </ol>	<p>As drafted the provisions impose control over transport matters that Health NZ does not control. The provisions are not supported in evidence in the Council’s s32.</p> <p>Health NZ has recently filed and presented evidence in relation to similar matters in Hearing Topic 11 of FNDC’s PDP.</p>



		<div><div></div><div>c. Include recognition that the public health system is both a critical service and is nationally and regionally significant – it relies heavily on the road network (and helicopter flights) and reverse sensitivity provisions may extend to affording protections from an unacceptably compromised roading network</div><div>d. Provide an appropriately permissive framework for infrastructure – particularly regionally significant infrastructure that operates in a Special Purpose Zone e.g. Dargaville Hospital</div></div>													
Rules	<div><div>Notes:</div><div><div>1. For certain activities, consent may be required by rules in more than one chapter in the District Plan. See Part 1 - General Approach.</div><div>2. The underlying zone rules in Part 3 - Area-Specific Matters do not apply to transport activities.</div><div>3. All rules in Part 2 - District-wide Matters apply to transport activities where relevant.</div></div></div>	<div><div>Health NZ conditionally supports the notes as drafted to the extent that they do not undermine the functional purpose and operation of the SPHZ which provides a targeted set of provisions specific to hospital and hospital related activity. As identified later (below) in submission points there are transport provisions that – appropriately - do not apply in the SPHZ – Health NZ would oppose any modifications that would alter this.</div><div>Health NZ seeks that these notes remain either as drafted or do not alter the relationship to SPHZ provisions where they are currently excluded.</div></div>	Health NZ supports provisions that do not onerously control Hospital and Hospital Related Activity in the SPHZ												
Rules	[All rules]	<div><div>Health NZ opposes the current drafting of the transport rule provisions as set out in detail in submission points on the “overview” (above). In summary, the transport provisions as they relate to the SPHZ contain requirements that are onerous, unnecessary and/or impose control over matters that Health NZ does not control.</div><div>Health NZ seeks all necessary amendments to the rule set to achieve Transport provisions for Hospital and Hospital Related Activity in the SPHZ that exclude unnecessarily onerous transport provisions – particularly the imposition of minimum carparking and traffic generation controls.</div><div>Health NZ is willing to work with Council on jointly drafting provisions that achieve the relief sought. An option to achieve the relief is to draft additional (new) SPHZ specific set of provisions that are mechanically like the approach taken to those that apply to PREC 1 and PREC 2.</div></div>	<div><div>As drafted the provisions impose control over transport matters that Health NZ does not control. This is unreasonable and unjustified. The provisions are not supported in evidence in the Council’s s32.</div><div>Health NZ has recently filed and presented evidence in relation to similar matters in Hearing Topic 11 of FNDC’s PDP.</div></div>												
All - Standards	<div><div>All standards including:</div><div><div>a. TRAN-S1 Traffic Generation</div><div>b. TRAN-S4 Car parking</div></div></div>	<div><div>The transport rules appear to intend that these provisions would apply to activity in the SPHZ. However, as drafted the proposed Trip Generation provisions at TRAN-S1 (and therefore TRAN-Table 1) may not apply in the SPHZ. This may be a drafting error. For reasons set out earlier in this submission, Health NZ seeks contemporaneous relief in the related rules to ensure that traffic provisions do not apply. Health NZ seeks changes to clarity that these provisions do not apply to Hospital and Hospital Related Activity in the SPHZ. Health NZ opposes any changes that would result apply these provisions to Hospital and Hospital Related Activity in the SPHZ.</div><div>The minimum carparking provisions at TRAN-S4 (and therefore TRAN-Table 2) apply to activities in the SPHZ. For reasons set out earlier in this submission, Health NZ opposes this provision as drafted and seeks contemporaneous relief in the related rules. Health NZ opposes the minimum thresholds set at TRAN-Table 2 and reserves position on the other standards at TRAN-S4. Relief sought is detailed at TRAN-Table 2 below.</div></div>	<div><div>As drafted the provisions impose control over transport matters that Health NZ does not control. This is unreasonable and unjustified. The provisions are not supported in evidence in the Council’s s32.</div><div>Health NZ has recently filed and presented evidence in relation to similar matters in Hearing Topic 11 of FNDC’s PDP.</div></div>												
TRAN Table 1 – Traffic Intensity Factor	<table><tr><th>Land Use Activity</th><th>Car Parking Spaces Required</th></tr><tr><td>Residential:</td><td></td></tr><tr><td>Residential Units</td><td>6 per unit</td></tr><tr><td>Home Occupations</td><td>10 per non-residential employee</td></tr><tr><td>Pensioner Housing</td><td>2 per unit</td></tr><tr><td>Boarding Houses</td><td>2 per 2 persons accommodated</td></tr></table>	Land Use Activity	Car Parking Spaces Required	Residential:		Residential Units	6 per unit	Home Occupations	10 per non-residential employee	Pensioner Housing	2 per unit	Boarding Houses	2 per 2 persons accommodated	<div><div>As noted at TRAN-S1 the traffic intensity factor provisions at TRAN Table 1 may not apply to activities within the SPHZ. However, the relevant provisions appear to indirectly (via Note 1) apply to public health service activities located in another zone in the district.</div><div>Health NZ opposes the imposition of the traffic intensity factor provisions applying to Hospital and Hospital Related Activity in the SPHZ for the reasons listed earlier in this submission (above).</div><div>Health NZ seeks relief that excludes these provisions from Hospital and Hospital Related Activity in the SPHZ. Depending on the outcome of relief in relation to the related rule, relief may require the deletion of traffic intensity factor provisions for Hospitals (noting that as drafted the provision does not extend to Hospital Related Activity). However, Health NZ is of the view that the appropriate relief is managed most effectively earlier in the policy framework – at the transport</div></div>	<div><div>As drafted the provisions impose control over transport matters that Health NZ does not control. This is unreasonable and unjustified. The provisions are not supported in evidence in the Council’s s32.</div><div>Health NZ has recently filed and presented evidence in relation to similar matters in Hearing Topic 11 of FNDC’s PDP.</div></div>
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	<table><tr><th colspan="2">Health and Education:</th></tr><tr><td>Hospitals</td><td>50 per 100m<sup>2</sup> GFA</td></tr><tr><td>Retirement Facility</td><td>2 per bed</td></tr><tr><td>Healthcare Services</td><td>50 per 100m<sup>2</sup> GFA</td></tr><tr><td>Educational Facility</td><td>30 per staff member</td></tr><tr><td>Child Care Facility</td><td>100 per 100m<sup>2</sup> GFA</td></tr></table> <p><b>Note 1:</b> The <i>Traffic Intensity Factor</i> Guidelines provide a useful tool to help determine the likely traffic generation associated with particular <i>activities</i>, to determine whether an <i>activity</i> will require resource consent.</p> <p><b>Note 2:</b> The <i>Traffic Intensity Factor</i> Guideline provides a means of assessing the likely traffic <i>effects</i> from a particular new <i>activity</i> before an <i>activity</i> establishes on a <i>site</i>. The <i>Traffic Intensity Factor</i> is based on the average typical daily one-way vehicle movements for a particular <i>activity</i>. Consequently, in any particular example, it may not represent the amount of traffic that is actually generated by a <i>land</i> use. Table 1 sets out the <i>Traffic Intensity Factor</i> which has been calculated for a variety of <i>activities</i>.</p> <p><b>Note 3:</b> A <i>Traffic Intensity Factor</i> has been worked out for a limited number of <i>activities</i>. If there is no <i>Traffic Intensity Factor</i> in Table 1 for the <i>activity</i> that is being considered, the <i>Traffic Intensity Factor</i> for the <i>activity</i> in Table 1 that is closest in scale, intensity and character to the <i>activity</i> being considered can be used. In cases where there is uncertainty then <i>Council</i> may request that a Traffic Impact Assessment Report be prepared by a suitably qualified Transportation Engineer to determine the likely traffic generation associated with an <i>activity</i> to confirm the activity status.</p> <p><b>Note 4:</b> Having established the <i>Traffic Intensity Factor</i> for a particular <i>activity</i> from Table 1, the activity status for traffic generation is contained in <i>TRAN-S1</i> and <i>TRAN-R3</i>.</p> <p><b>Note 5:</b> A vehicle travelling to a <i>site</i> = one vehicle movement. A vehicle travelling to a <i>site</i> and then leaving to go elsewhere = two vehicle movements.</p> <p><b>Note 6:</b> Where there is more than one <i>activity</i> on a <i>site</i> the <i>Traffic Intensity Factor</i> is calculated separately for each <i>activity</i>, then added together. This not only applies where there are two or more new <i>activities</i> proposed but also applies to existing <i>activities</i> on a <i>site</i>.</p>	Health and Education:		Hospitals	50 per 100m <sup>2</sup> GFA	Retirement Facility	2 per bed	Healthcare Services	50 per 100m <sup>2</sup> GFA	Educational Facility	30 per staff member	Child Care Facility	100 per 100m <sup>2</sup> GFA	<p>overview, objectives and policies and rules (enabling this provision to potentially remain unaltered).</p> <p>For the avoidance of doubt, if this provision were to remain (but Health NZ relief addressed by way of exclusion at the rules) Health NZ has not assessed the appropriateness or reasonableness of the 50 per 100m2 GFA traffic intensity factor threshold. Health NZ instead just notes that this threshold may be unreasonably conservative and without sufficient evidence. However, Health NZ’s position remains that the imposition of traffic intensity factor (and traffic generation) provisions on public Hospital and Hospital Related Activity is unreasonable and unjustified as the public health system does not control the complex socio-economic drivers (source) of demand (need) for services.</p>												
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TRAN Table 2 – Car parking spaces required	<table><tr><th>Land Use Activity</th><th>Car Parking Spaces Required</th></tr><tr><td colspan="2"><b>Residential:</b></td></tr><tr><td>Residential Units</td><td>2 per unit</td></tr><tr><td>Home Occupations</td><td>1 per non-residential employee</td></tr><tr><td>Pensioner Housing</td><td>1 per unit</td></tr><tr><td>Boarding Houses</td><td>1 per 2 persons accommodated</td></tr></table> <table><tr><td colspan="2"><b>Health and Education:</b></td></tr><tr><td>Hospitals</td><td>1 per every 3 beds plus 5 per operating theatre plus 1 per remaining 25m<sup>2</sup> GFA</td></tr><tr><td>Retirement Facility</td><td>1 per every 5 people facility is designed for plus 1 per 2 employees</td></tr><tr><td>Healthcare Services</td><td>1 per 20m<sup>2</sup> GFA</td></tr><tr><td>Educational Facility</td><td>2 per classroom</td></tr><tr><td>Child Care Facility</td><td>1 per every 4 children</td></tr></table>	Land Use Activity	Car Parking Spaces Required	<b>Residential:</b>		Residential Units	2 per unit	Home Occupations	1 per non-residential employee	Pensioner Housing	1 per unit	Boarding Houses	1 per 2 persons accommodated	<b>Health and Education:</b>		Hospitals	1 per every 3 beds plus 5 per operating theatre plus 1 per remaining 25m <sup>2</sup> GFA	Retirement Facility	1 per every 5 people facility is designed for plus 1 per 2 employees	Healthcare Services	1 per 20m <sup>2</sup> GFA	Educational Facility	2 per classroom	Child Care Facility	1 per every 4 children	<p>The PDP proposes minimum onsite carparking provisions. The Council’s section 32 analysis states that this is on the basis that Kaipara District Council considers that it is not a Tier 3 territorial authority.</p> <p>Health NZ is not seeking to debate whether Kaipara District Council is a Tier 3 territorial authority or not. Rather, Health NZ seeks that only necessary plan provisions that are supported by sufficient evidence are imposed in relation to Hospital and Hospital Related Activity in the SPHZ (Dargaville Hospital). Moreover, where hospital operations already manage potential effects (positive and adverse) these do not need to be duplicated in the District Plan.</p> <p>As addressed earlier (above) in submission points on transport provisions Health NZ does not control the complex demographic, socio-economic and geographic factors that influence demand for public healthcare services. However, staff, patients and their whanau rely on safe, convenient, and accessible site access and car-parking generally by private vehicles and sometimes emergency vehicles (ambulances and helicopters) so it is part of normal operations to manage onsite facilities, and this does not require duplication by the District Plan. Health NZ opposes the imposition of minimum carparking requirements as this is an operational matter that is necessarily managed as part of effectively serving community public health needs. While the Dargaville Hospital Campus landholdings are extensive and of sufficient capacity to meet onsite carparking requirements, Health NZ notes that hospitals rely on well-functioning road networks to be able to effectively deliver public health services to the community (access).</p>
Land Use Activity	Car Parking Spaces Required																									
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Residential Units	2 per unit																									
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		<p>Therefore, excessive utilisation of kerbside carparking capacity by hospital staff, patients and whanau could in some circumstances be counter productive to efficient hospital operations. Accordingly, operational management of hospital facilities includes management of carparking provision amongst a range of other factors including servicing arrangements across the regional and national Health Estate to meet changing community needs and staff travel demand management and safety.</p> <p>Health NZ seeks relief that excludes these provisions from Hospital and Hospital Related Activity in the SPHZ. Depending on the outcome of relief in relation to the related rule, relief may require the deletion of onsite carparking provisions for Hospitals (noting that as drafted the provision does not extend to Hospital Related Activity).</p> <p>Note: Health NZ is of the view that the appropriate relief is managed most effectively earlier in the policy framework – at the transport overview, objectives and policies and rules (enabling this provision to potentially remain unaltered as it would then apply outside the SPHZ).</p>									
<p>TRAN Table 3 – Loading Spaces Required</p> <p>(as it relates to TRAN-R3 and TRAN-S5)</p>	<p>[these provisions specify loading space requirements for specified commercial, industrial or land-based primary production activities]</p>	<p>The cascade of loading provisions operates by virtue of TRAN-R3 and TRAN-S5, and therefore TRAN Table 3.</p> <p>As drafted the TRAN Table 3 provisions do not apply to SPHZ and Hospital and Hospital Related Activity.</p> <p>For reasons like the provision of onsite carparking – Health NZ operational requirements necessitate sufficient onsite loading spaces and emergency vehicle provisions regardless of District Plan controls. Loading spaces are a critical element of public Hospital and Hospital Related Activity operations. Loading spaces are not an operational feature that would or could ever be ‘value-engineered away’. Therefore, there is no need for the District Plan to manage this aspect of land use in relation to Hospital and Hospital Related Activity in the SPHZ.</p> <p>Health NZ supports the TRAN Table 3 provisions not applying to Hospital and Hospital Related Activity in the SPHZ. Health NZ would oppose amendments to the contrary.</p>	<p>As drafted these provisions would not apply to SPHZ and Hospital and Hospital Related Activity.</p> <p>Loading is a critical element of public Hospital and Hospital Related Activity service provision and is already managed by Health NZ. Adequate loading will always be necessary for Hospital and Hospital Related Activity in the SPHZ therefore the District Plan does not to duplicate loading which is already appropriately managed.</p>								
<p>TRAN-S6 and TRAN Table 4 – Accessible car parking requirements</p> <p>(as it relates to TRAN-R3)</p>	<table><tr><th>Total Number of Vehicle Parking Spaces Provided</th><th>Minimum Number of Accessible Vehicle Parking Spaces Required</th></tr><tr><td>Less than 20</td><td>1</td></tr><tr><td>Between 21 and 50</td><td>2</td></tr><tr><td>In excess of 50</td><td>1 plus 1 additional disability space per 50 vehicle spaces thereafter</td></tr></table>	Total Number of Vehicle Parking Spaces Provided	Minimum Number of Accessible Vehicle Parking Spaces Required	Less than 20	1	Between 21 and 50	2	In excess of 50	1 plus 1 additional disability space per 50 vehicle spaces thereafter	<p>The cascade of accessible parking provisions operates by virtue of TRAN-R3 and TRAN-S6, and therefore TRAN Table 4.</p> <p>As drafted the TRAN-S6 and TRAN Table 4 provisions do not apply to SPHZ and Hospital and Hospital Related Activity. These activities (including Hospital Related Activities) are neither commercial nor industrial activities. Health NZ supports the exclusion of these provisions applying to Hospital and Hospital Related Activity in the SPHZ as accessible carparks are already managed operationally by Health NZ.</p> <p>The rationale for Health NZ’s position on accessible carpark provisions is the same / similar to the related position on the minimum carpark and loading made earlier (above) in this submission. To summarise Health NZ operational requirements, necessitate sufficient onsite carparking (including accessible carparking) provisions regardless of District Plan controls; accessible carparks are a critical element of public Hospital and Hospital Related Activity operations that would not be ‘value-engineered away’. Therefore, there is no need for the District Plan to duplicate management of this aspect of land use in relation to Hospital and Hospital Related Activity in the SPHZ.</p>	<p>As drafted these provisions would not apply to SPHZ and Hospital and Hospital Related Activity.</p> <p>Refer to related reasons above.</p>
Total Number of Vehicle Parking Spaces Provided	Minimum Number of Accessible Vehicle Parking Spaces Required										
Less than 20	1										
Between 21 and 50	2										
In excess of 50	1 plus 1 additional disability space per 50 vehicle spaces thereafter										
SUBDIVISION											
<p>Overview Objectives and Policies</p>	<p>[As specified]</p>	<p>The overview and objectives and policies either do not or adequately account for subdivision that is necessary to enable infrastructure / RSI. Subdivision is sometimes necessary to protect / enable infrastructure and/or support efficient operational delivery.</p>	<p>The policy framework does not recognise that subdivision is also necessary to enable infrastructure i.e. address infrastructure supply as well as demand.</p>								



		This gap in the policy framework cascades through the subdivision rules but also fails to provide a policy framework within which the assessment of related subdivision can be guided. Health NZ seeks relief to address this omission in the policy framework. This relief could be addressed by either a modification to SUB-04 or a new objective and a new companion policy that are focussed on subdivision for the enablement of the infrastructure (as opposed to just subdivision that impacts demand for infrastructure).	
All rules	[As specified]	<p>The subdivision rule set is incomplete and conflicting.</p> <p>The Council's s32 identifies protection and enablement of RSI and in the case of Dargaville Hospital establishing a SPHZ. The s.32 also identifies discouragement of subdivision where it could undermine RSI.</p> <p>As identified above in relation to the subdivision overview and policy framework – the subdivision provisions do not recognise that subdivision is not only related to infrastructure demand but also supply.</p> <p>As drafted the provisions only provide for controlled activity subdivision in the SPHZ in relation to boundary adjustments (SUB-R1) and alteration of cross leases or conversion of tenure (SUB-R2). Confusingly controlled activity rule SUB-R3 (for new allotments) – does not apply in the SPHZ but also includes a condition “this rule does not apply to the Special purpose zones”. There is no other subdivision rule applying to the SPHZ.</p> <p>Health NZ opposes the gap in subdivision provisions in relation to SPHZ and seeks relief in the form of an amendment to the subdivision rules to address this. Health NZ would be willing to work with Council officers to jointly draft provisions particular to the SPHZ (and that amongst other things address the matters raised earlier in this submission in relation to subdivision also enabling infrastructure).</p>	The subdivision rule framework does not provide for all subdivision in the SPHZ and therefore inadvertently undermines the intent to enable RSI.
<b>OTHER PART 2 – DISTRICT WIDE MATTERS</b>			
All remaining	[as specified]	Health NZ reserves its position in relation to the remaining District Wide Matters provisions – to the extent that they do not undermine the operation of the SPHZ provisions and/or they seek to unreasonably control or constrain Hospital and Hospital Related Activity in the SPHZ.	
<b>GENERAL DISTRICT WIDE MATTERS</b>			
<b>EARTHWORKS</b>			
All provisions	[as specified]	<p>The rationale for the earthworks policy and rule frameworks as they relate to the SPHZ is unclear.</p> <p>As identified above in relation to the subdivision provisions – the earthworks provisions do not adequately recognise and provide for earthworks that are related to infrastructure supply (not just infrastructure demand). In particular, the annual earthworks area and volume limits (EW-S1) do not appear to have considered that the Dargaville Hospital is RSI and the size of the SPHZ hospital campus landholdings and development / renewal activities that should be appropriately provided for.</p> <p>Health NZ seeks relief in the earthworks provisions that:</p> <ol style="list-style-type: none"> <li>Explicitly recognise in the policy framework that earthworks are necessary for Hospital and Hospital Related Activity in the SPHZ (as RSI)</li> <li>Retain EW-R2 as drafted as it relates to the SPHZ</li> <li>Review the appropriateness of the maximum earthworks limits at EW-S1 in the SPHZ</li> </ol>	The earthworks framework does not provide activity in the SPHZ and therefore inadvertently undermines the intent to enable RSI.
<b>LIGHT</b>			
All provisions	[as specified]	Health NZ reserves its position in relation to the remaining lighting provisions – to the extent that they do not undermine the operation of the SPHZ provisions and/or they seek to unreasonably control or constrain Hospital and Hospital Related Activity in the SPHZ.	
<b>NOISE</b>			

All provisions	[as specified]	<p>There is inconsistency, potential conflict and unreasonable control within the noise provisions and relevant definitions as they apply to activities within the SPHZ. Health NZ opposes all aspects of the noise provisions and related definitions that unreasonably control, restrict and/or impose unjustified requirements on public health service activity.</p> <p>Health NZ seeks all necessary modifications to the noise provisions and related definitions that provide appropriate enablement of and protections for public Hospital and Hospital Related Activity in the SPHZ (including helicopter movements).</p> <p>Health NZ considers that further work is required by Council to ensure that these provisions and related definitions are appropriate (and without unintended consequences) in relation to the ongoing operation of the Dargaville Hospital. For example:</p> <ul style="list-style-type: none"> <li>a. The Dargaville Hospital is <ul style="list-style-type: none"> <li>i. defined in higher order regional planning documents as Regionally Significant Infrastructure;</li> <li>ii. intended to meet the PDP definitions of Infrastructure and Regionally Significant Infrastructure (this is supported in the relevant parts of the s32 analysis);</li> <li>iii. intended to benefit from the enabling policy frameworks in the Infrastructure and SPHZ chapters – particularly as they afford a permissive rule framework and reverse sensitivity protections;</li> </ul> </li> <li>b. While the noise provisions do not fully reflect the strategic reasons for the permissive framework of the SPHZ and impose unreasonable controls, including: <ul style="list-style-type: none"> <li>i. The lack of allowance for the SPHZ in relation to zone interface provisions (i.e. NOISE-P3) demonstrates a fundamental omission in considering that the SPHZ is only applied in one location in the district (i.e. there are no identified alternative locations)</li> <li>ii. Health NZ supports the permissive intent of NOISE-R6 in relation to emergency helicopter movements at the Dargaville Hospital but opposes: <ul style="list-style-type: none"> <li>a. Any provisions that apply controls or limitations (directly or indirectly) on emergency helicopter flights. By their definition, these flights are not by choice but necessitated by a medical emergency. It is impossible to plan these nor is it reasonable to seek to control them given their infrequent / intermittent character;</li> </ul> </li> </ul> </li> <li>c. In relation to the non-emergency provisions at NOISE-R6(1)(c), there is a definition of helicopter movements that is both buried within provisions (following NOISE-R6(1)(c)(iii)) and unreasonably defined. <ul style="list-style-type: none"> <li>i. As drafted, the definition appears as an ‘*’ to a provision where it could be missed.</li> <li>ii. The definition also appears to confuse helicopter trips and movements – defining what would ordinarily be considered a single helicopter trip as a movement. In effect this definition halves the proposed helicopter trip provisions.</li> </ul> </li> <li>d. As discussed earlier in this submission, the definition Noise Sensitive Activity includes hospitals (and healthcare activities) that could – without careful drafting – lead to unintended consequences in balancing RSI reverse sensitivity protections and enablement</li> <li>e. It appears that NOISE-S2 and S8 are intended as a protective reverse sensitivity provision to protect acoustic amenity within the SPHZ. Health NZ supports such provisions but: <ul style="list-style-type: none"> <li>i. considers it could be simplified for readability; and</li> <li>ii. seeks clarification that NOISE-R1 (or other provisions) provide a similar protection for the ability to continue to operate Hospital and Hospital Related Activity in the SPHZ</li> </ul> </li> </ul>	<p>Without careful further consideration of the mechanics and interrelationship between the noise, SPHZ and relevant definitions, PDP provisions intended to protect and enable Regionally Significant Infrastructure like Dargaville Hospital will be undermined (and in conflict with higher order regional planning documents).</p>
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		Health NZ seeks relief that Council further tests the practical implementation of these provisions to ensure the continued operation of Hospital and Hospital Related Activity in the SPHZ (Dargaville Hospital) remains prioritised, protected, and enabled.	
<b>SIGNS</b>			
All provisions	[as specified]	Health NZ reserves its position in relation to the remaining lighting provisions – to the extent that they do not undermine the operation of the SPHZ provisions and/or they seek to unreasonably control or constrain Hospital and Hospital Related Activity in the SPHZ.	
<b>PART 3 – AREA SPECIFIC MATTERS</b>			
<b>SPECIAL PURPOSE – HOSPITAL ZONE</b>			
Whole section	[as described below]	<p>The Council’s s32 is unequivocal in its recognition of the importance of Dargaville Hospital to both Kaipara and the wider region. The s32 is also assertive about the purpose of the SPHZ to be – amongst other things – appropriately protective, flexible, and enabling (albeit Health NZ’s submission provides a wider perspective and reasoning for this and sets out clearly where parts of the PDP undermine the intent of the SPHZ).</p> <p>As set out below – a protecting, flexible and enabling SPHZ for the Dargaville Hospital Campus is the appropriate policy approach. Health NZ supports this. However, as drafted (and relative to regional planning policy environment and Council’s s32) there are gaps, errors, inconsistency and conflict within the SPHZ provisions, and other parts of the PDP (as identified earlier in this submission) that undermine the SPHZ (and in some cases appear to have been drafted with no regard for the SPHZ, RSI and/or practical and appropriate plan mechanics and plan implementation).</p> <p>Subject to the relief sought (or further, alternative, and/or consequential relief, as is necessary), Health NZ <b>supports</b> the application of an SPHZ to the Dargaville Hospital Campus landholdings at Awakino Road.</p> <p>However, Health NZ <b>opposes</b> all aspects of the SPHZ and related definitions (and other inter-related parts of the plan) that unreasonably control, restrict and/or impose unjustified requirements on the Dargaville Hospital Campus landholdings.</p> <p>The Council’s s32 provides a clear strategic intention, direction and generally well considered reasoning for the proposed SPHZ. Earlier in this submission Health NZ has provided information regarding:</p> <ol style="list-style-type: none"> <li>1. what constitutes the Health Estate, its component parts and the requirement for flexibility to meet evolving community needs</li> <li>2. the complex demographic, socio-economic and geographic factors that influence public healthcare service needs that Health NZ does not control</li> <li>3. the role that Dargaville Hospital Campus plays as part of the network of sites that exist, change and respond to meet (supply) the evolving community public health needs (demand)</li> <li>4. how Dargaville Hospital is both Nationally and Regionally Significant Infrastructure</li> <li>5. how the proposed Infrastructure and Regionally Significant Infrastructure definitions are problematic (excluding Dargaville Hospital and at odds with the regional planning policy framework)</li> <li>6. the reliance that hospitals like Dargaville Hospital have on well-functioning roading networks to enable staff, patients and their whanau to access public healthcare services</li> <li>7. the operational management of hospitals – including Dargaville Hospital – necessarily include adequate site access, loading and carparking provision because staff, patients, their whanau, emergency services and suppliers rely on these to access public health services safely and efficiently</li> </ol>	<p>Without this modification, the proposed SPHZ (and inter-related definitions and district-wide) provisions are undermined by not providing a cohesive framework within which Regionally Significant Infrastructure like the Dargaville Hospital is appropriately recognised, protected and enabled for the benefit of the community.</p> <p>If implemented as drafted the SPHZ provisions will not provide the necessary level of protection and enablement as set out in the Council’s s32.</p>

		Health NZ seeks all necessary modifications (or further, alternative and/or consequential relief) to these (and inter-related) provisions to provide an appropriately protective and enabling framework to manage the use and development of SPHZ land for the benefit of the public health system.																					
Introductory Text	<p>This zone applies to the Dargaville Hospital and recognises the significance and importance of the facilities at the Dargaville Hospital (Hospital) site as regionally significant within the Northland area. The hospital is a vital part of the community and without it, Kaipara residents would have to make the trip to Whangarei for treatment. Dargaville Hospital is jointly owned by Nga Tai Ora, Public Health Northland (54%) and the Kaipara Community Health Trust (46%). The hospital provides a substantial community health service and has a 12-bed general ward and a four-bed maternity ward with all the supporting services. Specialty medical and surgical services are provided by visiting consultants from Whangarei Hospital. The hospital is located in Awakino Road and has potential for further development.</p> <p>The zone's purpose is to recognise, provide for and enable the efficient and effective operation and development of these important medical facilities. It also provides for ancillary activities that are associated with the hospital, such as pharmacies, offices and administrative activities and commercial activities. Flexibility for the hospital to develop, upgrade, expand and/or adapt is important. The hospital runs 24-hours a day and has special operational needs. The Hospital zone is tailored to address those needs and to provide for a degree of operational flexibility, while ensuring the community is aware of what is anticipated within the zone.</p> <p>Subdivision and non-hospital activities that are not compatible with the Hospital zone functions, or which are more appropriately located in other zones, are actively discouraged.</p>	<p>Health NZ seeks to work with Council officers to jointly modify these provisions.</p> <p>Health NZ proposes modifications to achieve the following (or further, alternative and/or consequential) relief (including inter-related provisions):</p> <ol style="list-style-type: none"><li>1. clarify the reference, intent, and scope of the SPHZ provisions are not just the hospital buildings and Hospital activity but also encapsulates the campus landholdings and the adaptive range of Hospital Related Activities</li><li>2. correct the Nga Tai Ora reference to Health New Zealand</li><li>3. reflect that flexibility for the hospital to evolve with community needs is not just ‘important’ but is ‘critical’ and needs to be ‘adaptive’</li><li>4. replace the general reference to ‘special’ operational needs with brief but more specific information on operational needs (reflecting much of the information and themes in this submission). The use of the word ‘special’ may contribute confusion given defined terms ‘operational need’ in the PDP</li><li>5. include the missing introduction about reverse sensitivity protection for the benefit of Dargaville Hospital and the community</li><li>6. Modify the subdivision provisions (considering the broader submission points on this)</li></ol>	<p>Refer as above.</p> <p>Amendments are necessary to provide an appropriately protective and enabling framework to manage the use and development of SPHZ land for the benefit of the public health system.</p>																				
Objectives and Policies	<table><tr><td><b>HOSZ-01</b></td><td><b>Current and future development</b></td></tr><tr><td colspan="2">The operation of existing activities and development of new activities support Dargaville Hospital to:<ol style="list-style-type: none"><li>1. Continue the existing efficient and effective operation;</li><li>2. Expand and develop the hospital; and</li><li>3. 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Consistency of defined terminology in the policy framework and elsewhere in the PDP e.g. RSI, Sensitive Activity, Operational Need, Functional Need</li><li>2. Matching the intent of the policy framework to the s32 and cascading provisions e.g. not just ‘recognising’ the importance of Dargaville Hospital – but protection and enablement. This extends to the reverse sensitivity protections <i>for the benefit of the Dargaville Hospital and community</i> while accepting that some adverse effects (or ‘impacts’ as drafted) are a reality of RSI (therefore it is appropriate to limit management to only significant adverse effects)</li><li>3. Reflecting the ‘critical’ importance of the Dargaville Hospital</li><li>4. HOSZ-01 and HOSZ-P1 – requires changes to resolve unusual phrasing and to include flexibility with changing needs</li><li>5. HOSZ-04 requires significant editing to address:<ol style="list-style-type: none"><li>a. Inclusion of the operational characteristics and effects (including benefits) are recognised as a necessity for the public health system, and they will change over time with community needs</li><li>b. Prioritisation of function and operational needs</li><li>c. Only significant adverse effects will be managed where practical (because this is RSI)</li></ol></li><li>6. HOSZ-P2 – requires consistent ‘Hospital’ and ‘Hospital Related Activity’ terminology and better reflection of reverse sensitivity protection</li><li>7. HOSZ-P3 – Health NZ is not opposed to the intent of the policy (protection against an inappropriately located industrial activity) but suggests a change to enable anything that doesn’t meet the specified laboratory activity but that is appropriately co-located with the Dargaville Hospital is not subject to an ‘avoid policy’ (consequential relief may be necessary in the definitions)</li></ol>	<p>Refer as above.</p> <p>Amendments are necessary to provide an appropriately protective and enabling framework to manage the use and development of SPHZ land for the benefit of the public health system.</p>
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Standards	<table><tr><td><b>HOSZ-S1</b></td><td colspan="2"><b>Building or structure height</b></td></tr><tr><td colspan="2"><b>1.</b> The height of any building or structure when measured from the ground level shall not exceed 16m.</td><td><b>2. Activity status when compliance not achieved:</b> Restricted Discretionary</td></tr></table> <table><tr><td><b>HOSZ-S2</b></td><td colspan="2"><b>Side and back boundary setback</b></td></tr><tr><td colspan="2"><b>1.</b> All buildings and structures are set back at least 15m from side and back boundaries.</td><td><b>2. Activity status when compliance not achieved:</b> Restricted Discretionary  <b>3. Matters over which discretion is restricted:</b> a. Effect on character; b. Effects on amenity of other sites including shading and dominance; c. Design of buildings; and d. Site layout.</td></tr></table> <table><tr><td><b>HOSZ-S3</b></td><td colspan="2"><b>Road boundary setback</b></td></tr><tr><td colspan="2"><b>1.</b> All buildings and structures are set back at least 10m from road boundary.</td><td><b>2. Activity status when compliance not achieved:</b> Restricted Discretionary  <b>3. Matters over which discretion is restricted:</b> a. Effect on character; b. Effects on amenity of other sites including shading and dominance; c. Design of buildings; and d. Site layout.</td></tr></table>	<b>HOSZ-S1</b>	<b>Building or structure height</b>		<b>1.</b> The height of any building or structure when measured from the ground level shall not exceed 16m.		<b>2. Activity status when compliance not achieved:</b> Restricted Discretionary	<b>HOSZ-S2</b>	<b>Side and back boundary setback</b>		<b>1.</b> All buildings and structures are set back at least 15m from side and back boundaries.		<b>2. Activity status when compliance not achieved:</b> Restricted Discretionary  <b>3. Matters over which discretion is restricted:</b> a. Effect on character; b. Effects on amenity of other sites including shading and dominance; c. Design of buildings; and d. Site layout.	<b>HOSZ-S3</b>	<b>Road boundary setback</b>		<b>1.</b> All buildings and structures are set back at least 10m from road boundary.		<b>2. Activity status when compliance not achieved:</b> Restricted Discretionary  <b>3. Matters over which discretion is restricted:</b> a. Effect on character; b. Effects on amenity of other sites including shading and dominance; c. Design of buildings; and d. Site layout.	<p>Health NZ seeks to work with Council officers to jointly modify these provisions.</p> <p>Health NZ proposes modifications to achieve the following (or further, alternative and/or consequential) relief (including inter-related provisions):</p> <p>1. the appropriate settings in the standards as it relates to Hospital and Hospital Related Activity v other activities</p>	<p>Refer as above.</p> <p>Amendments are necessary to provide an appropriately protective and enabling framework to manage the use and development of SPHZ land for the benefit of the public health system.</p>			
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	<b>HOSZ-S4 Building coverage</b>			
	<b>1.</b> Total building coverage is no more than 40% of the net site area.	<b>2. Activity status when compliance not achieved:</b> Restricted Discretionary  <b>3. Matters over which discretion is restricted:</b> a. Effect on character; b. Effects on amenity of other sites including shading and dominance; c. Design; d. Site layout; e. Management of stormwater; and f. Operational needs.		
	<b>HOSZ-S5 Permeability and impervious surface</b>			
	<b>1.</b> At least 35% of the site is to be planted in grass, vegetation or landscaped with permeable material.  <b>2.</b> The maximum percentage of the net site area covered by buildings and impervious surfaces shall be 65%.	<b>3. Activity status when compliance not achieved:</b> Restricted Discretionary  <b>4. Matters over which discretion is restricted:</b> a. Consideration of stormwater management; b. Amenity and character of the surrounding area; and c. Screening, planting and landscaping of the site.		
	<b>HOSZ-S6 Landscaping</b>			
<b>1.</b> Side and back boundaries that adjoin any Residential zone must: a. Be fenced with a solid fence or wall of a minimum height of 1.8m; or b. Be landscaped with plants or trees of a minimum height of 2m; or c. Be screened with a combination of a and b above.	<b>2. Activity status when compliance not achieved:</b> Restricted Discretionary  <b>3. Matters over which discretion is restricted:</b> a. Amenity and character of the surrounding area and streetscape; and b. Screening, planting and landscaping of the site.			
<b>HOSZ-S7 Outdoor storage</b>				
<b>1.</b> Any outdoor storage areas must be fully screened by a solid fence or wall of a minimum height of 1.8m to ensure that it is not visible from adjoining sites and roads.	<b>2. Activity status when compliance not achieved:</b> Restricted Discretionary  <b>3. Matters over which discretion is restricted:</b> a. Amenity and character of the surrounding area and streetscape; and b. Size and type of items being stored outdoors.			