



PROPOSED INVERCARGILL CITY DISTRICT PLAN

Report No. 30

Hospital Zone

**28 April 2015, 9.00am
COUNCIL CHAMBERS
CIVIC ADMINISTRATION BUILDING**

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**Peer Reviewed by: Dan Wells
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1. EXECUTIVE SUMMARY

This report is on the Zone Specific Hospital Provisions of the Proposed District Plan. This includes Sections 2.27 Issues, Objectives, and Policies; 3.28 Zone Specific Rules; and four Definitions of the Proposed District Plan.

The Hospital Zone comprises of approximately 40 hectares located between Kew Road and State Highway 1. It provides for the operation and ongoing development of the Southland Hospital, which is locally and regionally important. As well as providing for public health care services, the zone is also utilised for many health education and training programmes and non-clinical support service activities that are ancillary to the hospital's functions. Its ongoing operation is vital for the health and well-being of the community.

The Proposed District Plan makes specific provision for the Hospital Zone, but in general the provisions have been carried across from the Operative District Plan without any major change. The provisions seek to protect the operational requirements of the hospital, while at the same time recognising that adverse effects can extend beyond the zone boundaries which need to be controlled.

The Southern District Health Board was the only submitter on this Section of the Plan. They submitted in support of the zone and its provisions.

It is recommended that this submission is accepted and that the provisions remain as notified, with the exception of some minor grammatical changes.

In this report:

- Part 2 considers several key procedural issues.
- Part 3 provides background information on the Hospital Zone provisions.
- Part 4 summarises the various statutory provisions that apply to the consideration of the Proposed District Plan.
- Part 5 assesses the relevant issues raised by the submitters.
- Part 6 provides a discussion on the Section 32 matters.
- Part 7 sets out the overall conclusions.
- Appendix 1 sets out the recommended changes to the text of the Proposed District Plan.
- Appendix 2 sets out the recommendations on each of the submission points.

2. INTRODUCTION

2.1 Report Author

My name is Joanna Louise Shirley. I am a Policy Planner at the Invercargill City Council, a position I have held since February 2014. I hold a Bachelor of Environmental Management and am an associate member of the New Zealand Planning Institute. I have five years experience in the planning field as a Resource Management Officer, which has involved implementing the District Plan and producing various planning documents.

2.2 Peer Review

This report has been peer reviewed by Dan Wells from John Edmonds and Associates Ltd. Dan Wells is a resource management planner with a variety of experience throughout the plan change preparation process. Dan has a Bachelor of Resource and Environmental Planning (Hons) and a Post Graduate Diploma in Development Studies, both from Massey University.

2.3 How to Read this Report

This report is structured as follows:

- Interpretation (an explanation of some of the terms used).
- A summary of the hearing process.
- Background to the Hospital Zone topic, and the provisions of the Proposed Invercargill City District Plan 2013.
- Description of the statutory framework within which the proposed provisions have been developed.
- Analysis of the submissions, including a discussion of the key issues raised through the submissions and further submissions received.
- Assessment of the proposed changes under Section 32 of the RMA.
- Concluding comments.
- Recommendations on individual submissions.
- Tracked changes of the Proposed District Plan provisions of the Hospital Zone.

To see my recommendation on an individual submission please refer to the table at the end of Appendix 1. The table sets out the name and relevant submission number of those who submitted on the Hospital Zone provisions and a brief summary of their submission and decisions requested, followed by my recommendation and the reasons for it.

2.4 Interpretation

In this report, the following meanings apply:

“Council” means the Invercargill City Council

“Hearings Committee” means the District Plan Hearings Committee

“Operative District Plan” means the Invercargill City District Plan 2005

“Proposed District Plan” means the Proposed Invercargill City District Plan 2013
“Provisions” is a term used to collectively describe Objectives, Policies and Rules.
“Plan Group”
“RMA” means the Resource Management Act 1991
“Submitter” means a submitter to the Proposed District Plan.

2.5 The Hearing Process

A number of hearings are to be held to consider the submissions lodged to the Proposed Invercargill City District Plan 2013. The hearings have been divided up to ensure that submissions on similar issues have been grouped together and to enable the District Plan Hearings Committee to make decisions on the provisions relating to those issues. This report applies to the zone specific hospital provisions of the Proposed District Plan.

The Hearings Committee comprises of accredited Invercargill City Councillors, with the assistance of an Independent Hearings Commissioner. This Committee is to consider the Proposed Plan and the submissions and further submissions lodged. The Hearings Committee has full delegation to issue a decision on these matters.

This report is prepared pursuant to Section 42A of the Resource Management Act 1991 (the “RMA”). Section 42A provides for a report to be prepared prior to a hearing, setting out matters to which regard should be had when considering a Proposed District Plan and the submissions lodged to it. This report highlights those matters that are considered appropriate by the author for the Hearings Committee to consider in making decisions on the submissions lodged. The report has been prepared on the basis of information available prior to the hearing.

While the Hearings Committee is required to have regard to this report, regard must also be given to the matters raised in submissions, and presentations made at the hearing. The comments and recommendations contained in this report are not binding on the Hearings Committee and it should not be assumed that the Hearings Committee will reach the same conclusions set out in the report having heard from the submitters and Council advisers.

The hearing is open to the public, and any person may attend any part of the hearing.

Those persons who lodged a submission have a right to speak at the hearing. They may appear in person, or have someone speak on their behalf. They may also call evidence from other persons in support of the points they are addressing.

At any time during or after the hearing, the Hearings Committee may request the preparation of additional reports. If that is done, adequate time must be provided to the submitters to assess and comment on the report. The Hearings Committee may determine that:

- the hearing should be reconvened to allow responses to any report prepared, or
- any responses be submitted in writing within a specified timeframe.

At the conclusion of the hearing process, the Hearings Committee will prepare a written decision. The decision is sent to all persons who lodged a submission. If not satisfied with the decision the submitters have a right of appeal to the Environment Court. If an appeal is lodged, the RMA requires a copy to be served on all submitters with an interest in that matter. Any submitter served may, if they wish, become a party to the appeal either in support or opposition to it.

If there is an appeal, the Environment Court will provide an opportunity for mediation between the parties. If mediation is not accepted, or does not resolve the issues, a further hearing will take place before a Judge and Court appointed Commissioners. Except on points of law, the decision of the Environment Court is final.

3. BACKGROUND

The Hospital Zone comprises of approximately 40 hectares located between Kew Road and State Highway 1. It provides for the operation and ongoing development of the Southland Hospital, which is locally and regionally important. As well as providing for public health care services, the zone is also utilised for many health education and training programmes and non-clinical support service activities that are ancillary to the hospital's functions. The hospital's ongoing operation is vital for the health and well-being of the community.

The Proposed District Plan makes specific provision for the Hospital Zone, but in general the provisions have been carried across from the Operative District Plan without any major change.

3.1 Proposed Issues, Objectives and Policies

Section 2.27 of the Proposed District Plan details the District Wide Issues, Objectives, Policies and Methods of Implementation relating to the Hospital Zone. Three significant resource management issues, two objectives and fourteen policies are provided within this section of the Plan.

The significant resource management issues are as follows:

1. Without appropriate protection the operational requirements of the hospital can be compromised.
2. Many of the adverse effects created by activities within the Hospital Zone can extend beyond the zone boundaries.
3. There can be a need for associated activities to locate in close proximity to a hospital.

The objectives aim to provide for the continued use, maintenance and future development of the hospital, and the identification, maintenance and enhancement of amenity values.

The policies support these objectives, seeking to ensure that amenity values are maintained and nuisance is avoided, whilst recognising the operational importance of the hospital and its continued operation.

3.2 Proposed Rule

Rule 3.28 of the Proposed District Plan sets out the zone specific rules for the Hospital Zone.

The only activity permitted within the zone, subject to the District Wide Rules, are hospital activities which are defined in Section Four of the Plan as follows:

“an activity providing medical assessment, treatment and care services for patients, health administration, community health services; and includes associated infrastructure, support activities including non-clinical support services and activities that are required for the functioning of the hospital, emergency land and air transportation services, mortuary and ancillary commercial and residential activities.”

All other activities are non-complying.

Rules on height of structures within the Hospital Zone are also set out in this Section of the Plan. All new buildings and structures and additions to existing buildings and structures are to be designed and constructed so as to comply with a maximum height of 30 metres. Infogram 4: Recession Planes also apply within 20 metres of a boundary of any residential zone.

Where an activity does not comply with the height rules then it is a discretionary activity. Rule 3.28.5 sets out the matters which will be among those taken into account by the Council when considering an application for resource consent.

4. STATUTORY CONTEXT / LEGISLATIVE REQUIREMENTS

4.1 Resource Management Act 1991

When reviewing the District Plan, the Council must follow the process outlined in Schedule 1 of the RMA.

The First Schedule procedure includes notification for submissions (clause 5) and further submissions (clause 8), holding a hearing into submissions (clause 8(b)), and determining whether those submissions are accepted or rejected and giving reasons for the decisions (clause 10).

Clause 29(4) of the First Schedule to the RMA states that, after considering a plan, the local authority may decline, approve, or approve with modifications, the plan change, and shall give reasons for its decisions.

Under Section 74 of the RMA, in relation to changes to the District Plan, Council must consider Part 2 of the RMA (purposes and principles), Section 32 (alternatives, benefits and costs), and relevant regional and district planning documents.

4.1.1 Part 2 of the RMA

Part 2 of the RMA (ss5-8) sets out its purpose and principles.

The purpose of the RMA is set out in Section 5. I confirm that the provisions for activities within the Hospital Zone fall within the purpose of the RMA. In particular, the policies and rules provides for the operation and ongoing development of the Southland Hospital, a locally and regionally important health facility, whilst also seeking to avoid, remedy or mitigate adverse effects on the environment in accordance with Section 5(2)(c) of the RMA.

Section 6 of the RMA sets out matters of national importance which must be recognised and provided for. There are no matters of national importance relevant to the zone specific hospital provisions. However, the Zone contains an area of significant biodiversity and also heritage buildings which are both matters of national importance. These matters are addressed in the Proposed District Plan through the District Wide provisions (s2.3 and s3.1 Biodiversity and s2.8 and s3.8 Heritage). These topics have already been heard by the Hearings Committee¹.

Section 7 of the RMA sets out “other matters” for which particular regard shall be had. It is considered that the most relevant matters are:

- (c) *The maintenance and enhancement of amenity values:*
- (f) *Maintenance and enhancement of the quality of the environment:*

It is considered that the provisions specific to the Hospital Zone in the Proposed District Plan demonstrate particular regard to these matters.

Section 8 of the RMA obliges persons exercising functions and powers under the RMA to take account of the principles of the Treaty of Waitangi. Representatives from Te Ao Marama Inc have been part of the Plan Review process as members of the Council’s Plan Group that worked on developing the Proposed District Plan.

¹ Report 13: Heritage August 2014 and Report 16 Biodiversity: September 2014.
Section 42A Report
Hospital Zone

Consultation with Iwi has also occurred. The Hospital Zone provisions set out in the Proposed District Plan were not identified as an issue of particular significance to Iwi.

4.1.2 Functions of Territorial Authorities under the RMA

Section 31 of the RMA states the functions of a territorial authority under that Act. One of the functions set out in Section 31(1)(a) is:

“The establishment, implementation, and review of objectives, policies, and methods to achieve integrated management of the effects of the use, development, or protection of land and associated natural and physical resources of the district.”

Under Section 31(1)(b) of the RMA a territorial authority is required to “ ... control ... any actual or potential effects of the use, development, or protection of land ...”

Objectives, Policies and Rules have been established which are specific to the Hospital Zone. The provisions ensure that the operational requirements of the hospital are protected whilst ensuring that adverse effects created by activities within the zone are avoided, remedied or mitigated beyond the zone boundaries.

4.1.3 Consideration of alternatives, benefits, and costs

Section 32 of the RMA states the Council’s obligations in assessing the alternatives, benefits and costs.

Whilst a Section 32 report was released at the time of notification of the Proposed District Plan, the Council is required to carry out a further evaluation through the hearing, consideration and deliberation process before making changes on the Proposed District Plan.

4.2. Relevant Planning Policy Documents

The RMA specifies a number of documents that need to be considered in a decision on a Proposed District Plan and the weight that should be given to these. These are addressed in the following section.

4.2.1 New Zealand Coastal Policy Statement

Section 75 of the RMA requires that a District Plan must give effect to any New Zealand coastal policy statement (NZCPS). The Hospital Zone is not located within the coastal environment and therefore the NZCPS is not relevant in this instance.

4.2.2 National Policy Statements and National Environmental Standards

In accordance with Section 75 of the RMA, a District Plan must give effect to National Policy Statements.

Section 44A of the RMA prescribes how District Plans must be amended if a rule conflicts with a National Environmental Standard.

All Zone specific provisions are subject to the district wide provisions. Where relevant the district wide provisions have given effect to National Policy Statements and National Environmental Standards.

4.2.3 Regional Policy Statement

Under Section 75 of the RMA, a District Plan must give effect to an operative Regional Policy Statement.

The following policies and objectives from the Southland Regional Policy Statement (1997) are given effect to by the zone specific provisions of the Hospital Zone:

Objective 10.1

To achieve the sustainable management of the built environment in such a way that the needs of future generations are met.

Objective 10.2

To maintain and enhance the environmental quality of the Region's built environment.

Objective 10.5

To minimise the adverse effects of the built environment on natural and physical resources.

Policy 10.7

Recognise that changes to one component of the built environment can have adverse effects on other components of the built environment.

The Hospital Zone provides for the operation and ongoing development of the Southland Hospital which is a locally and regionally important health facility. The Plan seeks to protect the operational requirements of the hospital, whilst recognising that adverse effects can extend beyond the zone which need to be controlled.

4.2.4 Proposed Regional Policy Statement

In accordance with Section 74, regard needs to be given to any proposed Regional Policy Statement. The Proposed Southland Regional Policy Statement was notified in May 2012. In developing the zone specific hospital provisions regard was given to the PRPS. The following provisions are considered to be of particular relevance:

Objective URB.1 – Urban development

Urban (including industrial) development occurs in an integrated, sustainable and well-planned manner which provides for positive environmental, social, economic and cultural outcomes.

Policy URB.1 – Adverse environmental effects

The adverse effects of urban development on the environment should be appropriately avoided, remedied or mitigated.

Policy URB.5 - Land use Activities

Provide for a range of land use activities within the urban areas

4.2.5 Regional Plans

In accordance with Section 74 of the RMA, a District Plan must not be inconsistent with a Regional Plan. I do not consider there to be any inconsistencies between the Hospital Zone provisions and a Regional Plan.

4.2.6 Iwi Management Plans

Section 74 of the RMA requires that a local authority must take into account any relevant planning document recognised by an iwi authority and lodged with the territorial authority

Ngai Tahu has lodged an Iwi Management Plan with the Council. The relevant document is the *Ngai Tahu ki Murihiku Natural Resource and Environmental Iwi Management Plan 2008 – The Cry of the People - Te Tangi a Tauira*.

Te Tangi a Tauira seeks to protect amenity values, commenting that natural and physical characteristics contribute to and make a place of value. Protecting these values is pivotal to understanding the links between people, language and the environment.

The Hospital Zone provides an important function of providing for the operation of the Southland Hospital. The Proposed District Plan recognises this function but also recognises that adverse effects created by this activity can extend beyond the zone boundaries. Provisions of the Plan seek to protect the amenity values of the neighbouring residential zone which is consistent with the provisions of *Te Tangi a Tauira*.

4.2.7 Management Plans and Strategies Prepared under other Acts

A District Plan is required to have regard to management plans and strategies prepared under different Acts. The Invercargill City Council's Spatial Plan - the Big Picture (prepared under the Local Government Act) helped guide the zoning of the district. The boundaries of the Hospital Zone are consistent with this document.

4.3 Summary

It is considered that the purpose and principles of the RMA are met by the zone specific hospital provisions set out in the Proposed District Plan. The proposed provisions fall within the functions of local authorities (minor changes are proposed to make this clearer). The requirements of Section 32 of the RMA have been met through the evaluations carried out prior to notification and in this report. The various documents required to be considered have been appropriately addressed in the preparation of provisions relating to the Hospital Zone.

5. ANALYSIS OF SUBMISSIONS

The Southern District Health Board was the only submitter on the Hospital Zone provisions of the Proposed District Plan, submitting in support of this section of the Plan. Their submission specifically supported the permitted activity status and the definition of 'hospital activity', commenting that it provides for the function of the hospital, while at the same time protecting the amenity of surrounding residential zones. They seek to retain the zone, Section 3.28 of the Plan, and the definition of Hospital Activity. I recommend accepting the relief sought.

5.1 . Minor Amendments

I am recommending some minor grammatical changes to the provisions in order to improve the readability of the Plan. It is considered that these are minor amendments that will result in no consequence to the intention and outcome of the provisions. The amendments can therefore be made under clause 16 (2) of the First Schedule to the RMA.

6. DISCUSSION OF SECTION 32 MATTERS

Section 32 of the RMA establishes the framework for assessing objectives, policies and rules proposed in a Plan. This requires the preparation of an Evaluation Report. This Section of the RMA was recently amended (since the notification of the proposed District Plan) and the following summarises the current requirements of this section.

The first step of Section 32 requires that objectives are assessed to determine whether they are the most appropriate way to achieve the purpose of the RMA (as defined in Section 5).

The second step is to examine policies and rules to determine whether they are the most appropriate way to achieve the objectives. In this instance, the objectives are those proposed by the District Plan. This assessment includes requirements to:

- Identify the costs of the environmental, economic, social, and cultural effects that are anticipated from the implementation of the provisions (including effects on employment and economic growth)
- Identify other reasonably practicable options for achieving the objectives; and
- Assess the efficiency and effectiveness of the provisions in achieving the objectives.

An Evaluation Report was released at the time of notification of the Proposed Plan.

Section 32AA of the RMA requires a further evaluation to be released with decisions, outlining the costs and benefits of any amendments made after the Proposed Plan was notified.

Section 32 states that Evaluation Reports need to contain a level of detail that corresponds to the scale and significance of the environmental, economic, social, and cultural effects that are anticipated from the implementation of the proposal. This means that if in its decision the Hearings Panel recommends minor changes from what was in the Proposed Plan, a further evaluation can be relatively brief.

6.1 Section 32AA Further Evaluation

Minor grammatical changes are recommended to improve the readability of the Plan. No other amendments to the objectives, policies, or rules are recommended and therefore further evaluation under Section 32AA is not required.

7. CONCLUDING COMMENTS

The Hospital Zone provides for the operation and ongoing development of the Southland Hospital, which is a locally and regionally important health facility. The provisions of the Proposed District Plan seek to protect the operational requirements of the hospital, while at the same time recognising that adverse effects can extend beyond the zone boundaries, which need to be controlled.

The Southern District Health Board was the only submitter on this Section of the Plan. They submitted in support of the zone and its provisions.

It is recommended that this submission is accepted and that the provisions remain as notified, with the exception of some minor grammatical changes.

APPENDIX 1: Recommendations in response to submissions

Submitter	Submission	Recommendation
GENERAL		
7.1 Southern District Health Board	<p>The submitter supports the Hospital Zone in the Plan and the provision of hospital activity as a permitted activity. The Hospital Zone provides for the Southern District Health Board to undertake its functions without the need to seek unnecessary resource consents whilst protecting the amenity of surrounding residential zones through performance standards.</p> <p>DECISION</p> <p>Retain the Hospital Zone and Section 3.28 of the Plan</p>	Accept
SECTION FOUR DEFINITIONS		
7.2 Southern District Health Board	<p>The submitter supports the proposed definition of “Hospital Activity”</p> <p>DECISION</p> <p>Retain the definition of Hospital Activity</p>	Accept

APPENDIX 2 - RECOMMENDED CHANGES TO THE PROPOSED DISTRICT PLAN

(underline indicates recommended additions, strikethrough indicate recommended deletions).

SECTION TWO – ISSUES, OBJECTIVES AND POLICIES

Note: Some changes to the Hospital Zone policies have been recommended in earlier Section 42A reports, addressing the District Wide plan provisions. The following are my recommended changes in response to this report.

2.27 HOSPITAL ZONE

No change

2.27.1 Issues

The significant resource management issues for the Hospital Zone are:

1. No change
2. No change
3. No change

2.27.2 Objectives

Objective 1: No change

Objective 2: The identification, maintenance and enhancement of the amenity values of the Hospital Zone and its neighbourhood.

2.27.3 Policies

Policy 1 Hospital Zone: No change

Explanation: No change

Policy 2 Noise: No change

Explanation: No change

Policy 3 Odour: To ensure the absence of nuisance from objectionable odour.

Explanation: A variety of odours is an inevitable by-product of hospital activities and needs to be controlled.

Policy 4 Glare: No change

Explanation: No change

Policy 5 Electrical Interference: No change

Explanation: No change

Policy 6 Height of structures: No change

Explanation: The Hospital Zone is a large area of land which can accommodate large buildings. However, ~~but~~ effects on residential; amenity (e.g. overlooking, shading, wind) need to be addressed.

Policy 7 Lighting: No change.

Explanation: No change

Policy 8 Signage: No change

Explanation: No change

Policy 9 Dilapidated structures and ill-maintained lands: To require that the buildings and surrounding land within the Hospital Zone are sound, well-maintained and tidy in appearance, recognising the adverse effects of dilapidated structures.

Explanation: No change

Policy 10 Demolition Activities: No change

Explanation: No change

Policy 11 Car parking: No change.

Explanation: The types of activities anticipated within the Hospital Zone are vehicle oriented, as opposed to pedestrian oriented. On-site car parking and efficient and convenient provision for service vehicles will be required as part of any activity carried out within this site-zone.

Policy 12 Open space, landscaping, planting and screening: No change

Explanation: No change

Policy 13 Weather protection: To ensure that natural wind effects on adjoining residential areas are not increased by buildings and structures ~~in~~ within the Hospital Zone.

Explanation: Large buildings and structures can cause adverse wind effects on nearby areas which can be avoided or mitigated by building design and landscaping.

Policy 14 Hazardous Substances: No change

Explanation: No change

2.27.4 Methods of Implementation

Method 1 No change

Method 2 No change

Method 3 Identify the amenity values for the Hospital Zone, include environmental standards to protect and enhance them, and implement through enforcement under the RMA, education, advocacy and collaborating region with other territorial authorities.

Method 4 No change

Method 5 No change

Method 6 No change

Method 7 No change

Method 8 No change

Method 9 No change

SECTION THREE RULES - ZONE SPECIFIC

3.28 HOSPITAL ZONE

3.28.1 Permitted Activities: No change

3.28.2 Non complying activities: No change .

Height of Structures

3.28.3 No change

3.28.4 No change

3.28.5 No change

SECTION FOUR DEFINITIONS

Hospital Activity: No change

PLANNING MAPS

Map 17

No changes to the boundaries of the Hospital Zone.