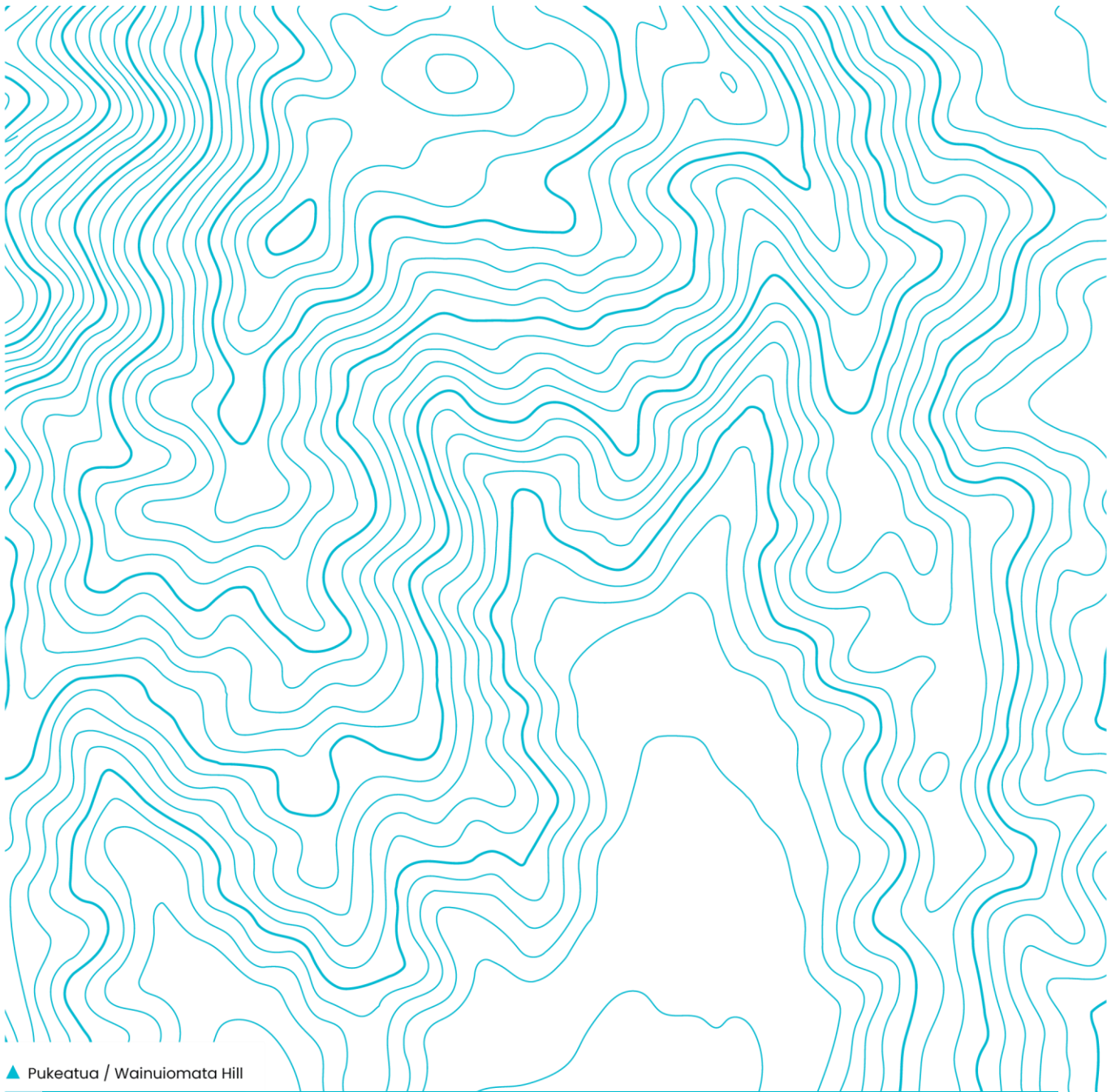


Section 32 Evaluation HOSPITAL ZONE



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2 Overview and Purpose

- (1) Hutt City Council is reviewing the City of Lower Hutt District Plan. This is a full review of the District Plan, including the approach to hospitals and large-scale healthcare facilities.
- (2) This report is a record of the review with regard to the Hospital Zone, and includes an evaluation of the objectives, policies and rules of the Hospital Zone of the proposed District Plan, in accordance with the requirements of s32 of the Resource Management Act 1991.
- (3) This report is part of a package of reports for the proposed District Plan. It should be read alongside the other reports prepared for the proposed District Plan, particular the General report for matters common to all Plan topics.

Hospital Zone of the proposed District Plan

- (4) The Hospital Zone is a special purpose zone which is proposed to apply to a contiguous 10.2ha area comprising a number of sites and the following facilities:
 - Hutt Hospital
 - Hutt Valley Health Hub
 - Boulcott Hospital (private)
 - YMCA (visitor accommodation).
- (5) In the operative District Plan, the above facilities with the exception of Boulcott Hospital (which is in the High Density Residential Activity Area) are located within the Community Health Activity Area. This is the only zone in the operative District Plan which explicitly provides for larger scale healthcare facilities.
- (6) Hutt Hospital is a public hospital which comprises a large campus with multiple buildings providing health services. The hospital site has frontage to both Pilmuir Street and High Street. The site includes the following features:
 - Six notable trees identified in the operative District Plan which are located near the High Street entrance.

- The former main hospital building (known as the 'Clocktower Building'), which was completed in 1945, is being assessed for potential inclusion as a heritage building as part of the District Plan review.
 - The current main hospital (known as the 'Heretaunga Block'), houses 80% of the beds.
- (7) The YMCA site abuts the south of the Hutt Hospital Site. The YMCA provides visitor accommodation and supporting services.
- (8) The Hutt Valley Health Hub is a relatively new facility which became established on formerly owned Council recreation land which was rezoned to Community Health Activity Area.
- (9) Boulcott Hospital is a private hospital on a 0.73ha site which provides a variety of health services.
- (10) The following activities and proposed zoning are located in the area surrounding the proposed Hospital Zone:
- Hutt Valley Tennis Courts and Mitchell Park (zoning is Sport and Active Recreation), located to the east of Boulcott Hospital and Hutt Valley Health Hub.
 - Retail activity (zoning is Mixed Use and Local Centre), which is situated around High Street.
 - Residential (zoning is High Density Residential), located to the south of the Hospital Zone.

3 Statutory and Policy Context

- (11) The following sections discuss the national, regional and local policy framework that are particularly relevant to the statutory and policy context for the hospital Zone for the District Plan Review.

3.1 Resource Management Act 1991

3.1.1 Section 5 – Purpose and Principles

- (12) The purpose of the RMA is set out in Section 5. The purpose is to promote the sustainable management of natural and physical resources.

- (13) Under s5(2) of the Act, sustainable management means:

managing the use, development, and protection of natural and physical resources in a way, or at a rate, which enables people and communities to provide for their social, economic, and cultural well-being and for their health and safety while—

- (a) sustaining the potential of natural and physical resources (excluding minerals) to meet the reasonably foreseeable needs of future generations; and*
- (b) safeguarding the life-supporting capacity of air, water, soil, and ecosystems; and*
- (c) avoiding, remedying, or mitigating any adverse effects of activities on the environment.*

- (14) The Hospital Zone chapter connects with the purpose of the Act by recognising and providing for the benefits of healthcare facilities, which enables people and communities to provide for their health and safety and general well-being, while addressing any related adverse effects of these activities on the environment.

3.1.2 Section 6 – Matters of National Importance

- (15) Section 6 of the RMA sets out matters of national importance that all persons exercising functions and powers under the Act shall *recognise and provide for* in achieving the purpose of the RMA. There are no s6 matters of particular relevance to the Hospital Zone.

3.1.3 Section 7 – Other Matters

- (16) Section 7 of the RMA sets out other matters that all persons exercising functions and powers under it shall *have particular regard to* in achieving the purpose of the RMA. These include:
- (c) the maintenance and enhancement of amenity values;
 - (f) maintenance and enhancement of the quality of the environment; and
 - (g) any finite characteristics of natural and physical resources (noting the finite nature of large sites in locations suitable for the provisions of healthcare services at scale).
- (17) These matters are relevant to the activities and built development that will be provided for in the Hospital Zone.

3.1.4 Section 8 – Treaty of Waitangi

- (18) Section 8 of the RMA requires Council to *take into account* the principles of the Treaty of Waitangi when exercising functions and powers under the Act.
- (19) Council has engaged with Mana Whenua of Lower Hutt as part of the District Plan Review, including with representatives of Taranaki Whānui ki te Upoko o te Ika (Port Nicholson Block Settlement Trust), Wellington Tenth Trust, Palmerston North Māori Reserve Trust, Te Rūnanganui o Te Āti Awa ki Te Upoko o Te Ika a Māui Incorporated and Te Rūnanga o Toa Rangatira Incorporated.
- (20) This engagement has demonstrated two key principles of the treaty, the first being the principle of partnership by, recognising and fostering mutual good faith with our existing iwi partnerships and continuing to provide the

opportunities for tangata whenua to input meaningfully into the design of the Hospital Zone.

- (21) Secondly, the principle of active protection is another key aspect of the treaty principles demonstrated, as it seeks ways to deliver mixed and culturally dynamic communities in a sustainable way.

3.2 National Policy Statements

- (22) Section 75(3)(a) of the RMA requires district plans to give effect to any national policy statement.
- (23) The National Policy Statement on Urban Development 2020 (NPS-UD) has some relevance for the Hospital Zone.
- (24) The relevant objectives and policies of the NPS-UD are discussed below:

National Policy Statement on Urban Development 2020

The NPS-UD directs Councils to enable well-functioning urban environments that provide for the social, economic and cultural wellbeing of people. The following objectives and policies are particularly of relevance to the Hospital Zone:

- Objective 1 – Well-functioning urban environments that enable people and communities to provide for health, safety and wellbeing.
- Policy 10 – Local authorities engage with providers of additional infrastructure to achieve integrated land use and planning. Additional infrastructure is defined as including social infrastructure such as healthcare facilities.
- Part 3 – Implementation: Local authorities must provide sufficient development capacity for housing and business land, and must be satisfied that the additional infrastructure to service the development capacity is likely to be available.

3.3 New Zealand Coastal Policy Statement

- (25) The New Zealand Coastal Policy Statement 2010 (NZCPS) sets out the objectives and policies in order to achieve the purpose of the RMA in relation to the coastal environment. Section 75(3)(b) of the RMA requires

district plans to give effect to the NZCPS. The NZCPS is not relevant for the Hospital zone.

3.4 National environmental standards

- (26) National environmental standards (NES) prescribe technical standards, methods or requirements at a national level. There are no national environmental standards which are relevant to the Hospital Zone.

3.5 National Planning Standards

- (27) Section 75(3)(ba) of the RMA requires district plans to give effect to national planning standards.
- (28) Standard 8 of the National Planning Standard (the Zone Framework Standard) specifies the zones that can be implemented through district plans, including the Hospital Zone.
- (29) The Standard gives the following description of the Hospital Zone:
- Areas used predominantly for the operation and development of locally or regionally important medical, surgical or psychiatric care facilities, as well as health care services and facilities, administrative and commercial activities associated with these facilities.*

3.6 Regional Policy Statement for the Wellington Region

- (30) The Regional Policy Statement for the Wellington Region ('the RPS') identifies the significant resource management issues for the region and outlines the policies and methods required to achieve the integrated sustainable management of the region's natural and physical resources.
- (31) Section 75(3)(c) of the RMA requires district plans to give effect to regional policy statements. No objectives or policies in the RPS relate to the Hospital Zone.

3.7 Proposed Plan Change 1 to the Regional Policy Statement for the Wellington Region

- (32) Section 74(2)(a)(i) of the RMA requires territorial authorities, when preparing and changing their district plan, to have regard to any proposed regional policy statement.
- (33) The decisions version of Proposed Change 1 to the RPS was published on 4 October 2024. No objectives or policies of Plan Change 1 to the RPS relate specifically to the Hospital Zone. However, Plan Change 1 does include provisions which provide general direction to urban development. This includes Policy CC.4 which directs that district plans shall include provisions which contribute to achieving a wider target of 10% tree canopy at a suburb-scale by 2030, and 30% cover by 2050. This may be relevant for the Hospital Zone to the extent that landscaping and mature trees may need to be retained and promoted within the zone in order to contribute to meeting these targets.

3.8 Natural Resources Plan for the Wellington Region

- (34) Under section 75(4)(b) of the RMA, a district plan must not be inconsistent with a regional plan for any matter specified in section 30(1) of the RMA (which lists functions of regional councils under the Act). The Natural Resources Plan is the only regional plan for the Wellington region. However, no provisions in the operative Natural Resources Plan relate to the Hospital Zone.
- (35) Section 74(2)(a)(ii) of the RMA requires territorial authorities, when preparing and changing their district plan, to have regard to any proposed regional plans with regard to any matter of regional significance or for which the regional council has primary responsibility under Part 4 of the Act. Greater Wellington Regional Council has proposed a change to the

Natural Resources Plan (Proposed NRP Change 1). However, no provisions in Proposed NRP Change 1 are relevant for the Hospital Zone.

3.9 Iwi management plans

- (36) Section 74(2A) requires territorial authorities, when preparing or changing a district plan, to take into account any relevant planning document recognised by an iwi authority and lodged with the territorial authority, to the extent that its content has a bearing on the resource management issues of the district.
- (37) No iwi management plans have been lodged with the Council.

3.10 Hutt City Council plans, policies, and strategies

- (38) Section 74(2)(b)(i) of the RMA requires the Council to have regard to management plans and strategies prepared under other Acts. In addition, there are other plans, policies and strategies of Council that should be considered as part of the District Plan Review as they set Council’s intentions on some matters that need to be addressed through the District Plan Review.
- (39) The following Council plans, policies and strategies are relevant for the Hospital Zone:
- Integrated Transport Strategy 2022 (ITS)
 - Taonga Tuku Iho - Heritage Policy 2021
- (40) The relevance of the ITS is discussed below. The relevance of Taonga Tuku Iho - Heritage Policy for the District Plan Review is addressed through the Section 32 Evaluation Report for the Historic Heritage chapter.

| Plan/Policy/Strategy | Comment |
|------------------------------------|--|
| Integrated Transport Strategy 2022 | The ITS outlines Council’s vision and strategic direction for responding to Lower Hutt’s growing transport challenges. It lays out an integrated approach to delivering land use |

| | |
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| | <p>planning, transport planning, investment and encouraging behaviour change within Lower Hutt. The ITS sets seven focus areas.</p> <ul style="list-style-type: none"> • <i>Focus Area 7 – Build housing and locate key services close to employment and activity centres to reduce travel distance and reliance on cars.</i> <p>Hutt Hospital is noted in the ITS as a regionally significant healthcare facility and key employment area with 1,300 jobs.</p> |
|--|--|

3.11 District plans of adjacent territorial authorities

(41) Under section 74(2)(c) of the RMA, the Council is required to have regard to the extent to which the District Plan needs to be consistent with the plans of proposed plans of adjacent territorial authorities. The Hospital Zone contains provisions for healthcare facilities, which although they may have regional significance, are wholly contained within a defined 10.2 ha precinct entirely within Lower Hutt’s territorial boundaries. There is not considered to be a high need of consistency with provisions in district plans of adjacent territorial authorities as they relate to healthcare facilities.

3.12 Other statutory and non-statutory plan, policies, and strategies

(42) In addition to Hutt City Council’s plans, policies and strategies (discussed above), there are regional and national plans, policies and strategies that, while not mandatory considerations for the District Plan Review, should still be considered as they form part of the management regime for natural and physical resources in the district, and considering these documents can aid integrated management. However, there are no other statutory or non-statutory plans of relevance to the Hospital Zone.

3.13 Other legislation or regulations

- (43) In addition to the RMA, other legislation and regulations can be relevant considerations for a district plan, particularly where management of an issue is addressed through multiple pieces of legislation and regulatory bodies.
- (44) The legislation and regulations which are relevant for healthcare facilities are discussed below.

| Act or Regulation | Comments |
|------------------------------------|--|
| Health Act 1956 | The Health Act sets out the roles and responsibilities of individuals to safeguard public health, including the Minister of Health, the Director of Public Health, and designated officers for public health. It contains provisions for environmental health, infectious diseases, health emergencies, and the National Cervical Screening Programme. |
| Pae Ora (Healthy Futures) Act 2022 | The New Zealand Public Health and Disability Act establishes the structure underlying public sector funding and the organisation of health and disability services. It replaces the district health board system with a national public health service (Health New Zealand), establishes a separate Māori Health Authority and a new Public Health Agency responsible for managing population and public health. |

4 Resource management issues

4.1 Background

- (45) An overview of activities on sites proposed for inclusion in the Hospital Zone as well as surrounding land uses is included in Section 2 of this report.
- (46) The determination of resource management issues for the Hospital Zone, and the options for addressing those issues, has involved:
- A review of the statutory and strategic context (outlined in Section 3 of this report),
 - A review of the existing approach of the District Plan,
 - A review of information on recent resource consents and compliance for activities on sites proposed to be located in the Hospital Zone,
 - A review of the approaches of other district plans, and
 - Engagement with healthcare facility operators, Mana Whenua, the community and other stakeholders (including engagement on a draft District Plan).
- (47) The review and the outcomes of the engagement are summarised below.

4.2 Evidence base

4.2.1 Existing approach of City of Lower Hutt District Plan

- (48) Provisions which are specific for the Community Health Activity Area are contained in Chapter 9A of the operative district plan. Chapter 9A includes objectives and policies which respond to the following issues:

- Providing for the operation and expansion of healthcare services while managing effects on the amenity values of the surrounding area.
- Providing opportunities for residential activities within the activity area.
- Effects from the scale of buildings and structures on the amenity of surrounding areas.
- Effects on from the demand for vehicle parking on the surrounding area.

(49) Section 9A 2 of the District Plan outlines the rules for activities in the Community Health Activity Area. Health care services, dwellings, care facilities, home occupations, and childcare and kohanga reo are enabled as permitted activities, subject to compliance with permitted activity conditions. The permitted activity conditions control matters including scale and location of buildings and structures, dust, odour, light, vibration, and screening of on-site parking. Activities which are not enabled as permitted (including those which do not comply with a permitted activity condition) are discretionary activities.

(50) As part of the District Plan Review, the relevance and appropriateness of the issues and objectives identified of the operative district plan have been assessed, which noted the following:

- Council has received no information to suggest that the amenity values of the surrounding area have been adversely affected by activities and built development in the activity area. There have been no complaints received.
- Relatively recent resource consents for activities in the zone include for the Hutt Valley Health Hub (opened in 2020) and for a new mental health centre located in the Hutt Hospital grounds (consent granted 2024). The low number of consent applications suggests there is not a high demand for new activities within the established sites other than those that are permitted by the District Plan.
- There is no information to suggest there is demand to establish residential activities in the activity area.

- (51) Activities regulated in Chapter 9A are also subject to compliance with the general rules contained in Chapter 14.

4.2.2 Analysis of other District Plans

- (52) Current practice has been considered in respect of this topic, with a review undertaken of the following District Plans:

- Auckland Unitary Plan,
- Proposed Dunedin District Plan (decisions version),
- New Plymouth District Plan,
- Proposed Porirua District Plan (decisions version), and
- Proposed Wellington District Plan.

- (53) Summary of key findings:

- Every District Plan reviewed provided for hospitals or healthcare facilities in a Hospital Zone or equivalent.
- Objectives typically address the following matters:
 - Recognition and provision for regional, and in some cases, national significance of hospital or healthcare facilities,
 - Accommodating changing demands, technologies and expansion needs,
 - Planned urban built character of the zone,
 - Managing adverse effects of development,
 - Reverse sensitivity effects on activities provided for in zone, and
 - In all cases, hospital and healthcare facilities are enabled as permitted activities subject to compliance with development standards.
- Ancillary activities such as medical training or childcare are often also enabled as permitted activities.
- There is variation in the approaches taken in the extent to which other potentially related activities, such as residential or retail are provided for. In some cases a broad range of non-medical activities are provided for as permitted or restricted discretionary activities. In most cases, these activities are limited and a non-complying status would apply to most activities.

- Each chapter includes a suite of development controls or standards which control building size and location. In most, but not all, cases, there is specific direction towards considering interface issues, particularly where adjoining residential areas, when managing effects from activities or buildings.

4.2.3 Advice from mana whenua

(54) Council has engaged with mana whenua on the district plan review through the Kāhui Mana Whenua engagement group. No specific issues have been raised with regard to the Hospital Zone.

4.2.4 Stakeholder and community engagement

(55) During preparation of the draft District Plan, Council met with healthcare providers operating from proposed to be included in the zone. Feedback from this engagement included:

- The provisions of the zone should focus on healthcare and related activities, with less provision for unrelated activities.
- There was some concern regarding whether potential heritage listing of an existing building may constrain future redevelopment.

(56) Council released the draft District Plan for public feedback in late 2023. No feedback was received in relation to the draft Hospital Zone or provisions for hospitals or healthcare facilities.

4.3 Summary of issues analysis

(57) Based on the above sources of information, the key resource management issues are identified as follows:

4.3.1 Providing for regional significance of healthcare facilities

(58) Hutt Hospital and surrounding healthcare facilities within the proposed Hospital Zone provide essential healthcare services for Hutt Valley and the Wellington Region, and contribute to the economic, social and health wellbeing of the region and its communities.

- (59) There is a need that healthcare services are the activity principally provided for in the Hospital Zone, and in a way that is cognisant of its regional significance. There is also a need to provide for other activities which support healthcare services and which make efficient use of the site.

4.3.2 Character of Hospital Zone

- (60) Building and site facilities need to support the functional and operational requirements of healthcare facilities. This may require some buildings to be large in scale. There is a high demand for vehicle parking to be provided on-site for staff, patients and visitors. Open and landscaped areas can provide relief from built-up and paved areas, and contribute to on-site amenity within the zone and the surrounding area.

4.3.3 Manage adverse effects

- (61) The Hospital Zone is a special purpose zone, with the activities enabled within the zone markedly different from those provided in adjacent zones. The nature, timing and intensity of these activities, may differ to from activities provided for in adjacent zones, which can lead to adverse effects, particularly amenity effects (such as nighttime noise) along zone interfaces.
- (62) Built development may also have adverse effects. Under the proposed District Plan, built development in zones adjacent to the Hospital Zone will be enabled at similar scales and densities as that provided within the Hospital Zone. Although land in adjacent zones has not previously been developed to the same scale and intensity as within the Hospital Zone, in the future there may be less of a contrast between built development across zone interfaces due to comparable standards for building bulk. Notwithstanding this, built development can still have adverse effects on amenity (including privacy, shading and visual amenity) and character both within sites and the surrounding area.

5 Scale and significance assessment

- (63) In writing this evaluation report we must provide a level of detail that corresponds to the scale and significance of the environmental, economic, social, and cultural effects anticipated from the implementation of the proposal.
- (64) In assessing that scale and significance we have had regard to:

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| Matters of national importance | There are no matters of national importance of particular relevance to the Hospital Zone. |
| Other matters | Other matters of relevance to this topic include the maintenance and enhancement of amenity values and the quality of the environment and finite characteristics of natural and physical resources. |
| Degree of change from the operative plan | There are moderate changes to the structure of the provisions and to the scope of activities enabled in the zone. However, there is no significant change to the intent and substance of the chapter compared to the operative provisions for the Community Health Activity Area. |
| Geographic scale of effects | The scale of adverse effects is limited to the zone, which is a relatively small defined area, and the immediately surrounding area. The benefits of activities enabled in the zone is potentially region-wide. |

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| Number of people affected | Adverse effects will generally be limited to persons within the zone or surrounding area. There will be a high number of persons within the wider region benefiting from activities enabled in the zone. |
| Duration of effects | Will vary by project. Construction effects will typically be short-term. Effects related to building bulk will be locked in for a long time. |
| Economic impacts | Moderate to high – Hutt Hospital is a key employment area, with approximately 1,300 jobs. |
| Social and cultural impacts | Positive social impacts through the provision of healthcare within the zone. |
| Environmental impacts | Low. Will generally be limited to within the zone and immediate surrounds. |
| Health and safety impacts | Moderate to high, due to the benefits of regionally significant healthcare facilities to the health and wellbeing of peoples and communities. |
| Degree of interest from Mana Whenua | Mana Whenua has not expressed a particular interest in this part of the District Plan Review. |
| Degree of interest from the public | Low. Provisions are primarily of interest to owners and occupiers of sites within the zone and the immediate surrounding area. |
| Degree of risk or uncertainty | Low. The provisions enable the continuation of long-established |

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| | activities, the issues of which are well understood. |
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(65) Accordingly, the overall scale and significance of the effects of the Hospital Zone are **low**, particularly given the zone is small and potential adverse effects from development within the zone would impact a small area.

6 Proposed District Plan objectives and provisions

6.1 Overview of proposed provisions

(66) The Hospital Zone has four objectives. These and their respective implementing provisions are identified below. The proposed provisions are set out in full in the proposed District Plan, which should be read in conjunction with this evaluation report.

(67) **HOSZ-O1 – Purpose of the zone**

The Hospital Zone contributes to well-functioning urban environments by providing for essential healthcare services for the people of Lower Hutt and the Wellington Region, including services for a changing population.

HOSZ-O2 – Activities in the zone:

The Hospital Zone:

1. *Predominantly provides for healthcare facilities, and*
2. *Provides for other activities that:*
 - a. *Are compatible with the purpose and planned character of the zone,*
 - b. *Are an efficient use of the land, and*
 - c. *Support the health and wellbeing of people and communities in the surrounding area.*

(68) HOSZ-O1 and HOSZ-O2 are implemented by the following provisions:

- HOSZ-P1 Enabled activities
- HOSZ-P2 Potentially incompatible activities
- HOSZ-P3 Incompatible activities
- These policies are collectively implemented by activity rules HOSZ-R4 to HOSZ-R10 and HOSZ-R12, which each set an activity status for a

different activity type, with a permitted activity status for healthcare activities and emergency service facilities and a discretionary or non-complying activity status for activities that are either compatible or potentially compatible for the zone.

(69) **HOSZ-O3 – Planned urban environment of the zone:**

The planned urban environment of the Hospital Zone is characterised by development that:

- 1. Includes buildings of a sufficient scale to accommodate healthcare facilities, including hospitals, and ancillary activities,*
- 2. Includes open space and landscaped areas, to provide outdoor amenity for patients, staff and visitors, and*
- 3. Is safe, attractive, and accessible.*

(70) HOSZ-O3 is implemented by the following provisions:

- HOSZ-P4 Built development, implemented by:
 - HOSZ-R1 Repair and maintenance of buildings and structures
 - HOSZ-R2 Demolition and removal of buildings and structures
 - HOSZ-R3 Construction and alteration of buildings and structures. This rule requires compliance with building bulk standards (HOSZ-S1 to HOSZ-S4).
- HOSZ-P6 Open space and landscaping, implemented by:
 - HOSZ-R11 Carparking areas
 - HOSZ-R13 Outdoor storage and work areas
 - These rules require compliance with standards for landscaping and screening (HOSZ-S5 to HOSZ-S6)
- HOSZ-P5 Urban design outcomes, which is implemented by each of HOSZ-R3, HOSZ-R11 and HOSZ-R13 as identified above.

(71) **HOSZ-O4 – Adverse effects:**

Adverse effects of activities and development are effectively managed within the zone, and at interfaces with adjoining zones.

(72) HOSZ-O4 is implemented by the following provisions:

- HOSZ-P5 and HOSZ-P6 and supporting rules and standards, as identified above.
- HOSZ-P7 Manage effects at zone interfaces, implemented by:
 - HOSZ-R14 Servicing. There are no applicable standards for this rule.

7 Evaluation of objectives

- (73) This section is the evaluation of objectives, as required through s32(1)(a) of the RMA.
- (74) An objective is a statement of what is to be achieved through the resolution of a particular resource management issue. A district plan objective should set out a desired end state to be achieved through the implementation of policies and rules.
- (75) Under s75(1)(a) of the Resource Management Act, a district plan must state the objectives for the district.
- (76) Under s32(1)(a) of the Resource Management Act, an evaluation report required under the Act must examine the extent to which the objectives of the proposal being evaluated are the most appropriate way to achieve the purpose of the RMA. The purpose of the RMA, as stated in s5(1) of the Act, is to promote the sustainable management of natural and physical resources.
- (77) The four objectives of the Hospital chapter are intended to be read as a collective, and have been grouped together for the purpose of this evaluation.

HOSZ-01 – Purpose of the zone

The Hospital Zone contributes to well-functioning urban environments by providing for essential healthcare services for the people of Lower Hutt and the Wellington Region, including services for a changing population.

HOSZ-02 – Activities in the zone

The Hospital Zone:

- 1. Predominantly provides for healthcare facilities, and*
- 2. Provides for other activities that:*
 - a. Are compatible with the purpose and planned character of the zone,*
 - b. Are an efficient use of the land, and*

- c. *Support the health and wellbeing of people and communities in the surrounding area.*

HOSZ-O3 – Planned urban environment of the zone

The planned urban environment of the Hospital Zone is characterised by development that:

- 1. Includes buildings of a sufficient scale to accommodate healthcare facilities, including hospitals, and ancillary activities,*
- 2. Includes open space and landscaped areas, to provide outdoor amenity for patients, staff and visitors, and*
- 3. Is safe, attractive, and accessible.*

HOSZ-O4 – Adverse effects

Adverse effects of activities and development are effectively managed within the zone, and at interfaces with adjoining zones.

Relevance

- HOSZ-O1 identifies the purpose of the Hospital Zone as being to provide essential healthcare services to the people of Lower Hutt and the Wellington Region, and HOSZ-O2 identifies that healthcare facilities and supporting activities are to be the activities provided in the zone. Together, these objectives address issue 4.3.1 as they provide for the regional significance healthcare facilities in the zone.
- HOSZ-O3 addresses issue 4.3.2 by identifying the planned urban environment for the zone, with characteristics including large buildings and landscaped areas, which support the functional and operational requirements of healthcare facilities.
- HOSZ-O4 addresses Issue 4.3.3 by stating outcomes for managing the adverse effects of activities which are provided for in the zone.

Usefulness

- HOSZ-O1 and HOSZ-O2 make clear what activities are intended to occur in the zone and why (providing for regionally significant healthcare). This is particularly useful in guiding what activities beyond healthcare would be suitable in the zone (activities which complement healthcare activities and are consistent with the zone purpose).

- The character outcomes in HOSZ-O3, are particularly useful in guiding built development and urban form in a way which is cognisant of the needs of healthcare facilities.
- HOSZ-O4 is useful in highlighting that the zone interfaces are particular areas where adverse effects need to be managed.
- Collectively the objectives enable people and communities to provide for their health and well-being in a way which supports the purpose of the RMA.
- Supports the Council function of controlling the actual or potential effects of use and development (a function under s31(1)(b) of the RMA).

Reasonableness

- Given the significance of healthcare facilities in the Hospital Zone to the health and wellbeing of people and communities in Lower Hutt and the wider region, it is appropriate for the District Plan to continue to enable these and supporting activities, and to define the expected urban environment in relation to the activities which are enabled within the zone. It is reasonable to seek for the effects of activities enabled within the zone to be managed, particularly in relation to the interfaces with other zones that have different character and amenity expectations.

Achievability

- The provisions enable the continuation of established healthcare uses of the site and their continued development. The outcomes sought by HOSZ-O1 to HOSZ-O3 relate to activities long established within the zone. Similarly, the focus on interface issues when managing adverse effects (HOSZ-O4) is a continuation of the current approach. The objectives are therefore consistent with existing uses and community expectations for the zone, and can be achieved without imposing a significant regulatory burden on healthcare providers.

Alternatives

- **Status quo**

The chapter in the operative District Plan for the Community Health Activity Area includes objectives which cover matters including;

- Providing for a range of activities which do not adversely affect surrounding amenity values,
- Ensuring opportunities are available for residential activities,

- Ensuring structures and buildings are designed to ensure surrounding amenity and streetscape values are maintained, and
- On-site parking do not impact adjacent amenity values.

The status quo objectives are not proposed as they do not expressly recognise or provide for healthcare activities. Residential activities are more explicitly provided for than healthcare activities in the status quo objectives. Most of the status quo objectives are framed in reference to managing adverse effects on amenity values or character. However, this is entirely in reference to values of surrounding zones and the public street, and does not address the needs and amenity expectations of activities within the zone. The proposed objectives are more suitable as they clearly identify outcomes for the provision of healthcare activities, and the outcomes for the built character considers the needs of these activities.

- **No objectives or special purpose zone, with a Mixed Use Zone**

This alternative would be to not have a special purpose zone, but to extend the Mixed Use Zone so that it covers the subject land. The objectives of the zone provide for a mix of activities which can include healthcare facilities. Due to the broad range of activities provided for in the zone, this approach would support future re-use of the site.

The alternative is not proposed, as it does not provide sufficient support for the regional and local significance of healthcare facilities and the benefits they provide. The proposed objectives for the Hospital Zone do not preclude other activities which are consistent with the purpose of the zone.

Summary

The objectives are relevant and useful as they recognise the purpose of the zone as providing for essential healthcare services, and provide for these activities to occur within the zone. The outcomes for built character are reflective of the needs of activities on site, while the outcomes for managing adverse effects usefully highlight interface issues. The objectives reflect the established, and support the expected continued, uses within the zone, whereby they will not impose a significant regulatory burden and are reasonable and achievable.

8 Evaluation of Policies and Rules

- (78) Policies and rules implement, or give effect to, the objectives of a plan.
- (79) Policies of a district plan are the course of action to achieve or implement the plan's objective (i.e. the path to be followed to achieve a certain, specified, environmental outcome). Rules of a district plan implement the plan's policies, and have the force and effect of a regulation.
- (80) Under s32(1)(b) of the Resource Management Act, an evaluation report required under the Act must examine whether the provisions in the proposal are the most appropriate way to achieve the objectives by—
- (i) *identifying other reasonably practicable options for achieving the objectives; and*
 - (ii) *assessing the efficiency and effectiveness of the provisions in achieving the objectives; and*
 - (iii) *summarising the reasons for deciding on the provisions.*
- (81) Under s32(2) of the Resource Management Act, the assessment of the efficiency and effectiveness of the provisions must:
- (a) *identify and assess the benefits and costs of the environmental, economic, social, and cultural effects that are anticipated from the implementation of the provisions, including the opportunities for—*
 - (i) *economic growth that are anticipated to be provided or reduced; and*
 - (ii) *employment that are anticipated to be provided or reduced; and*
 - (b) *if practicable, quantify the benefits and costs referred to in paragraph (a); and*

- (c) *assess the risk of acting or not acting if there is uncertain or insufficient information about the subject matter of the provisions.*

Structure of this evaluation

- (82) The evaluation of policies and rules is grouped as follows:
- Provisions which implement HOSZ-O1 and HOSZ-O2:
 - HOSZ-P1 Enabled activities
 - HOSZ-P2 Potentially incompatible activities
 - HOSZ-P3 Incompatible activities
 - Rules HOSZ-R4 to HOSZ-R10 and HOSZ-R12
 - Provisions which implement HOSZ-O3 and HOSZ-O4:
 - HOSZ-P4 Built development
 - HOSZ-P5 Urban design outcomes
 - HOSZ-P6 Open space and landscaping
 - HOSZ-P7 Managing adverse effects at zone interfaces
 - Rules HOSZ-R1 to HOSZ-R3, HOSZ-R11, HOSZ-R13 and HOSZ-R14
- (83) Notwithstanding the grouping of the evaluation as identified above, it is acknowledged that some provisions are relevant to other objectives other than those of their grouping. For example, HOSZ-P4 and HOSZ-P5 provide for built development which supports the purpose of the zone (HOSZ-O1). However, the grouping of the provisions is based on which objectives they implement most directly.

Quantification of benefits and costs

- (84) Specific quantification of all benefits and costs associated with the proposed District Plan is considered neither practicable nor readily available. In general, a qualitative assessment of costs and benefits associated with the proposed District Plan is considered sufficient, and this is provided for in the below evaluation of policies, rules and other methods. However, where practicable and considered appropriate to supporting the evaluation, some of the benefits or costs associated with the proposed District Plan have been quantified. The identification of costs and benefits has been informed by the body of evidence outlined in section 4.2 of this report.

Risk of acting / not acting if information is uncertain or insufficient

- (85) The evidence base which has informed the preparation of the provisions of the Hospital Zone chapter is identified in section 4.2 of this report. The Hospital Zone provides for the continued use and potential expansion of long-established health care facilities. The issues concerning these activities in this location, including in relation to issues of built character and at zone interfaces, are generally well understood. As such, there is sufficient information on which to base these provisions.
- (86) To the extent that any information is uncertain or insufficient, the risk of not acting may be that the benefits of regionally and locally significant healthcare facilities are not fully realised, or adverse effects are not appropriately managed.

8.1 Evaluation of provisions implementing HOSZ-O1 and HOSZ-O2

- (87) **HOSZ-O1 (Purpose of the zone)** and **HOSZ-O2 (Activities in the zone)** are implemented by:
- HOSZ-P1 Enabled activities
 - HOSZ-P2 Potentially incompatible activities
 - HOSZ-P3 Incompatible activities
- (88) These policies are collectively implemented by activity rules HOSZ-R4 to HOSZ-R10 and HOSZ-R12.
- (89) **HOSZ-P1** identifies that healthcare facilities and emergency service facilities are the enabled activities within the zone. This policy is implemented by **HOSZ-R4 and HOSZ-R5**, which enables these activities as permitted activities.
- (90) **HOSZ-P2** identifies non-healthcare related activities which are potentially incompatible in the Hospital Zone. This policy is implemented by **HOSZ-R6 to HOSZ-R10** which requires resource consent as a discretionary activity for activities including commercial, residential and educational activities. The

policy also provides guidance to non-complying activities under the catch-all rule **HOSZ-R12**. There are no standards or other requirements for activities under these rules. However, HOSZ-P2 provides direction that such activities are only allowed where they do not compromise the purpose and character of the zone and are an efficient use of the land, and are consistent with the amenity expectations of the Hospital Zone and surrounding zones.

- (91) **HOSZ-P3** provides direction to avoid activities which are incompatible with the purpose and planned character of the Hospital Zone, and identifies that heavy industrial or rural activities are likely incompatible activities. Under **HOSZ-R12**, any activities not otherwise listed in an activity rule have a non-complying activity status (this includes heavy industrial and rural activities).

| Evaluation of provisions implementing HOSZ-O1 and HOSZ-O2 |
|---|
| <ul style="list-style-type: none"> • HOSZ-P1 Enabled activities, implemented by: <ul style="list-style-type: none"> ○ HOSZ-R4 Healthcare facilities ○ HOSZ-R5 Emergency service facilities • HOSZ-P2 Potentially incompatible activities and HOSZ-P3 Incompatible activities, implemented by: <ul style="list-style-type: none"> ○ HOSZ-R6 Commercial activities ○ HOSZ-R7 Residential activities ○ HOSZ-R8 Visitor accommodation ○ HOSZ-R9 Educational facilities ○ HOSZ-R10 Community facilities ○ HOSZ-R12 Activities not otherwise provided for |
| Why these provisions are included in the proposed District Plan |
| <p>These provisions implement objectives HOSZ-O1 and HOSZ-O2. The provisions seek to provide for activities which are consistent with the purpose of the zone.</p> |
| Efficiency and effectiveness |
| <p>Benefits</p> <ul style="list-style-type: none"> • Affirms and supports the continued use of sites within the zone as providing essential healthcare services which supports the health and wellbeing of people and communities. |

- Enables the continuation and potential intensification of activities which are a large employer and which also attract patients and visitors, which contributes to the economic vibrancy of a central area of Lower Hutt.
- Encouraging healthcare services to locate within a special purpose Hospital Zone may encourage co-location benefits. For service providers, economic co-location benefits may include improved efficiencies and greater access to customers. For the community, there may be benefits to accessibility in having multiple specialist services in a single location.

Costs

- The consenting requirements will constrain, although not necessarily prevent, the re-use of sites in the zone for activities other than healthcare services.
- The provision of healthcare facilities and emergency service facilities in a Hospital Zone has potential to adversely affect the amenity and character of adjoining residential zones.
- The potential incompatibility between activities provided for in the Hospital Zone and adjoining zones, may give rise to reverse sensitivity effects.

Overall assessment

The provisions enable healthcare facilities and emergency service facilities and ancillary activities, while constraining development which is not compatible with these activities or an efficient use of land, thereby the provisions are effective in implementing HOSZ-O1 and HOSZ-O2.

Except where required for associated buildings and structures (refer to following evaluation on built development), resource consent is not required for healthcare facilities, emergency facilities or ancillary activities. While resource consent is required for other activities either as a discretionary or non-complying activity, the policies provide clear direction to guide assessment of resource consent applications. The provisions are therefore efficient.

Reasonably practicable alternatives

- **Status quo**

In the operative District Plan, permitted activities in the Community Health Activity Area include “activities relating to the provision of health care services and ancillary activities of a commercial nature”, as well as dwellings, care facilities, home occupations and childcare facilities.

The status quo approach is not proposed as the proposed provisions are less ambiguous in providing for health care activities. Other activities may be permitted, so far as they are ancillary to healthcare facilities. The definition of *healthcare facilities* makes clear that this may include activities such as administrative offices, and some childcare facilities and educational activities. Requiring resource consent for other activities will ensure they do not undermine the purpose of the zone or detract from its character. Overall, the proposed approach is more effective in implementing the proposed objectives.

- **More restrictive option**

In the proposed approach, activities which are permitted by HOSZ-R4 and HOSZ-R5 are not subject to any standards or other requirement. An alternative would be to include some restrictive provisions within these rules, and possibly other activity rules, with the particular intent to manage effects related to the compatibility with other zones. This could include a buffer area within which the activities are controlled.

This is not proposed, as healthcare activities are already well established in this location including adjacent to residential activities, and this approach would not support the efficient use of land.

8.2 Evaluation of provisions implementing HOSZ-O3 and HOSZ-O4

(92) **HOSZ-O3 (Planned urban environment of the zone)** and **HOSZ-O4 (Adverse effects)** are implemented by:

- HOSZ-P4 Built development
- HOSZ-P5 Urban design outcomes
- HOSZ-P6 Open space and landscaping
- HOSZ-P7 Manage effects at zone interfaces

(93) These policies are implemented by:

- HOSZ-R1 to HOSZ-R3 (relating to repair, maintenance, demolition, removal and construction of buildings and structures),
- HOSZ-R11 (Carparking areas), and
- HOSZ-R13 (Outdoor storage and work areas) and HOSZ-R14 (Servicing).

(94) **HOSZ-P4** provides direction to manage the effects of built development on amenity both on-site and the surrounding area, by controlling building bulk. This is implemented by **HOSZ-R1, HOSZ-R2 and HOSZ-R3**. The first two rules respectively enable repair and demolition of buildings and structures as permitted activities. HOSZ-R3 enables construction and alteration of buildings and structures as permitted activities where compliance is achieved with standards HOSZ-S1 (building coverage), HOSZ-S2 (building

height), HOSZ-S3 (height in relation to boundary), HOSZ-S4 (setbacks) and HOSZ-S5 (landscaped area).

- (95) **HOSZ-P5** identifies urban design outcomes for built development, including vehicle parking and storage areas. This includes outcomes related to the visual interest of buildings, efficient use of land, legible and accessible environments, and the use of landscaping to provide on-site amenity and to offset the hardness of buildings and paving. **HOSZ-P5** is implemented through **HOSZ-R3, HOSZ-R11** (carparking areas) and **HOSZ-R13** (outdoor storage), with urban design outcomes being a consideration for resource consent applications under these rules.
- (96) **HOSZ-P6** is to encourage the provision of open space and landscaped areas which contribute to the amenity of the site and surrounding area. This policy is implemented by rules **HOSZ-R3, HOSZ-R11 and HOSZ-R13**, each of which require compliance with HOSZ-S5 (landscaped area) and / or HOSZ-S7 (landscaping for carparking). Activities under these rules are permitted where they comply with these standards.
- (97) **HOSZ-P7** provides specific direction for managing adverse effects at interfaces. The policy is implemented through rules for general activities **HOSZ-R11** (carparking areas), **HOSZ-R13** (outdoor storage) and **HOSZ-R14** (servicing). HOSZ-R11 and HOSZ-R13 each reference standards for landscaping and screening (HOSZ-S5 to HOSZ-S7). HOSZ-R14 restricts the location (at least 40m from some zone boundaries) and the hours in which servicing can occur. Activities under these rules are permitted where they comply with these standards and requirements.

Evaluation of provisions implementing TEDZ-O3 and TEDZ-O4

- **HOSZ-P4 Built development**, implemented by:
 - **HOSZ-R1 Repair and maintenance of buildings and structures**
 - **HOSZ-R2 Demolition or removal of buildings and structures**
 - **HOSZ-R3 Construction of new buildings and structures and alterations to existing buildings and structures**
 - **HOSZ-S1 Building coverage**
 - **HOSZ-S2 Building height**
 - **HOSZ-S3 Height in relation to boundary**

- **HOSZ-S4 Setbacks**
- **HOSZ-S5 Landscaped area**
- **HOSZ-P5 Urban design outcomes and HOSZ-P6 Open space and landscaping**, implemented by:
 - **HOSZ-R3 Construction of new buildings and structures and alterations to existing buildings and structures**
 - **HOSZ-R11 Carparking areas**
 - **HOSZ-R13 Outdoor storage and work areas**
 - **HOSZ-S5 Landscaped area**
 - **HOSZ-S6 Screening**
 - **HOSZ-S7 Landscaping for carparking areas**
- **HOSZ-P7 Managing adverse effects at interfaces**, implemented by all rules, but particularly:
 - **HOSZ-R3 Construction of new buildings and structures and alterations to existing buildings and structures**
 - **HOSZ-R11 Carparking areas**
 - **HOSZ-R13 Outdoor storage and work areas**
 - **HOSZ-R14 Servicing**

Why these provisions are included in the proposed District Plan

These provisions implement objectives HOSZ-O3 and HOSZ-O4. The provisions seek to ensure built development and general activities are of a character and scale consistent with the purpose of the zone and adverse effects are appropriately managed.

Efficiency and effectiveness

Benefits

- Enables built development which is functional to support the needs of healthcare facilities, and is legible and navigable to visitors, thereby enabling their benefits in supporting the health and wellbeing of people and communities.
- Urban design outcomes in HOSZ-P5 will help ensure new developments are responsive to the existing built character not only within the zone, but also to contribute to the place and local identity of the surrounding area, thereby contributing to the economic vibrancy of the adjacent commercial area as well as amenity values of the surrounding area.

- Ensures development is provided with suitable open space and landscaped areas, which will provide relief from the hardness of buildings and paving and will contribute to on-site amenity, and the amenity of surrounding areas.
- The scale and intensity of development enabled within the zone is generally comparable to that of adjacent zones, whereby related effects on amenity and character from permitted built development will be consistent with that which may be expected in the wider area.
- Manages effects of general activities, particularly along zone interfaces, which may not be compatible with the amenity expectations of adjoining zones.
- Managing these effects, particularly at the zone interfaces, will reduce the potential for future reverse sensitivity issues.

Costs

- Although permitted built development may be similar in scale to that of adjacent zones, where proposed buildings exceed the standards, the objectives and policies may be more supportive of larger buildings (compared to surrounding zones) where needed for essential healthcare services. The urban design outcomes expressed in HOSZ-P5 and the directions in HOSZ-P6 towards open space and landscaping, encourages built form in campus arrangement of larger buildings around green space. These directions may result in an urban form which is incongruous to that of surrounding areas which may have impacts on amenity and character.
- Minimum requirements for landscaped area (HOSZ-S5 and HOSZ-S7) and buffer areas controlling the location of servicing (HOSZ-R14), may have impacts on the efficient use of land within the Hospital Zone.

Overall assessment

The provisions are effective in implementing the outcomes expressed in HOSZ-O3 in that they provide for buildings that are functional for healthcare facilities, through the rules which enable building bulk and HOSZ-P5 which provides guidance on design outcomes. While also providing suitable rules and standards for managing adverse effects, thereby implementing HOSZ-O4.

The provisions are efficient as they enable built development as a permitted activity where it complies with rules and standards which control the size and location of buildings and the provision of landscaped space. General activities including carparking, outdoor storage and servicing are similarly enabled as permitted where compliant with standards and other requirements. In this way resource consent requirements are focused towards development which is of a scale and intensity which is more likely to result in adverse effects either within the site or the surrounding area.

Reasonably practicable alternatives

- **Status quo**

In the operative District Plan, the Community Health Activity Area includes policies to control the height and setback of buildings. Permitted activity

conditions for the activity area include a maximum height of 22m and compliance to the height recession plane of the adjoining zone. The proposed provisions are generally consistent with these operative provisions.

There are no operative provisions which control servicing activities. The proposed servicing provisions will enable management of effects at interfaces to which adjoining activities may be sensitive. Although a 40m buffer area of control applies, within this area servicing activities are still permitted, provided they occur within daytime hours. Therefore these provisions are not overly restrictive on activities within the zone.

With regards to open space and landscaping, the operative provisions only require landscaping where carparking is provided and where it adjoins a road. The operative provisions do not include minimum requirements for overall landscaped area within sites.

It is proposed to include similar provisions for landscaping and screening of carparking areas, however such provisions are focused on managing effects at interfaces. The proposed provisions also include minimum requirements for landscaped area, the main benefit of which will be to provide for amenity on-site in relief to both paved and built-up areas. Much of the land within the zone is already built-up, whereby some sites will already have less than 20% landscaped area (which is the minimum in HOSZ-S5). On such sites, redevelopment would only breach HOSZ-S5 if it was worsening the existing non-compliance of this standard. The standard and the policies, will encourage redevelopment to incorporate more green space into sites to enhance amenity outcomes. Such an approach aligns with Policy CC.4 of Proposed Change 1 to the RPS (decisions version), part of which states district plans should include provisions which contribute to a wider target of 10 per cent tree canopy cover by 2030.

- **More enabling building bulk provisions**

The proposed provisions include a maximum building height (22m) which is the same as adjoining residential and mixed use zoned land. An alternative approach would be to enable additional building heights within the Hospital Zone, perhaps up to 36m or unrestricted. The rationale for this approach, is that as intensification in Lower Hutt urban areas has become more broadly enabled through Plan Change 56 and will continue to do so through the proposed District Plan, there may be increased pressures for expansion of the healthcare facilities provided in the Hospital Zone. Much of the Hospital Zone is built-up, so an increased height limit will support efficient use of the land which may be available for future redevelopment.

The alternative is not proposed, as the provision for built development within the Hospital Zone needs to be balanced with managing its adverse effects, particularly considering the surrounding zones. A 22m height limit will provide for a six storey building comfortably. Most of the existing buildings within the Hospital Zone are low to medium-rise (between 1-3 storeys). Only the main Heretaunga Block would exceed the 22m height limit. The main part of this

building is 24m high which includes 8 aboveground storeys, the total height (including two additional plant storeys) is 32m. The 22m height limit therefore leaves ample room for healthcare facilities to be expanded within the Hospital Zone. A resource consent application for a development which exceeds the height limit, could still be supported by the objectives and policies if it is consistent with the purpose of the zone and the effects are appropriately managed.

- **More restrictive provisions on general activities**

This alternative would be to include more restrictive requirements on carparking, outdoor storage and servicing activities, for the purpose of managing adverse effects along the interfaces to other zones. For carparking and outdoor storage activities, this could include applying a buffer area where such activities are controlled. For servicing activities, this could include either not permitting servicing within the 40m buffer area, or controlling servicing hours within the entirety of the zone.

This alternative is not proposed, as sites within the Hospital Zone are generally well-developed, whereby the character and amenity of these interface environments has been established to an extent which may limit the degree of sensitivity of adjoining activities. The control measures which are proposed will be effective in managing additional effects from development within the Hospital and will provide for efficient use of this land.

9 Summary

(98) This report, including the evaluation, has been prepared to set the context for the Hospital Zone chapter of the proposed District Plan. The evaluation has been undertaken in accordance with section 32 of the RMA in order to identify the need, benefits and costs and the appropriateness of the proposed chapter, having regard to its effectiveness and efficiency relative to other means in achieving the purpose of the RMA. In summary, the evaluation demonstrates that this proposal is the most appropriate option as it:

- Is consistent with the requirements of the National Planning Standards,
- Enables the continuation and potential expansion of healthcare facilities, supporting the health and wellbeing of people and communities both in Lower Hutt and the wider Wellington region, and
- Manages the effects of built development and activities, with particular regard to interfaces with adjoining zones.