

3 September 2020

Job No. 139410-05

Proposed Waikato District Plan Hearings
Waikato District Council
Private Bag 544
Ngaruawahia 3742
New Zealand

Transmittal via e-mail

Dear Sirs

**Hearing 18 on the Proposed Waikato District Plan (Rural)
Tabled Evidence on behalf of Ngaakau Tapatahi Trust**

The Ngaakau Tapatahi Trust (the Trust) lodged a submission on the Proposed Waikato District Plan, being submission #654. Bloxam Burnett and Olliver (BBO) assisted the Trust in the lodgement of that submission.

The Trust has reviewed Council’s s42A Report and recommendations relating to their submission: it notes that submission points 654.1 and 654.2 are both ‘accepted in part’. On that basis, and given the limited number of submission points of relevance to the Trust, the submitter has opted not to attend Hearing 18 in person and has requested instead that BBO provide planning evidence to be tabled in support of their position.

BBO agrees that the Trust’s position and feedback on the s42A Report can be adequately addressed through the tabling of evidence as provided below. The evidence which follows has been prepared by a Senior Planner at BBO who is an Associate Member of the New Zealand Planning Institute and a Chartered Member of the Royal Town Planning Institute. The author has over 25 years’ experience as a planner in both private and public sectors, including policy and plan development.

Section 42A Officers Report and Recommendations

The Trust made only two submission points which are addressed in the table below.

Sub #	Relief Sought by Ngaakau Tapatahi Trust	S42A Recommendation
654.1	Amend Rule 22.1.2 Permitted Activities to enable "health facilities" as a Permitted Activity on land legally described as Lot 1 DPS 13189 (104A Duncan Road, Tamahere); or Amend the zoning of Lot 1 DPS 13189 (104A Duncan Road, Tamahere) from the Rural Zone to Business Zone and any other amendments to provide relief sought in submission.	Accept in Part



Discussion

In relation to this issue, paragraphs 432 to 440 of the s42A Report provide the analysis and justification for its recommendations.

The s42A Report acknowledges a proposed amendment to the definition of 'community activity', as proposed in Hearing 5 - Definitions. If approved by the Hearings Panel, this will result in 'community facilities' being defined as:

".... land and buildings used by members of the community for recreational, sporting, cultural, safety, health, welfare, or worship purposes..."

Implicit from the s42A Report is that 'health' facilities such as the Tamahere Hospital and Healing Centre will fall within the definition of community facility, which is to be provided for as an additional (new) Restricted Discretionary Activity.

Insofar as a 'community facility' is a Discretionary Activity (at best) under the Operative District Plan, or a Non-complying Activity under the notified Proposed Plan, Restricted Discretionary status is an improvement on the status quo and has qualified support from the Trust.

Potentially, however, the Tamahere Hospital and Healing Centre also fits with the proposed definition of 'health facility' which means:

"a facility for the care and welfare of people and includes non-residential day hospitals, medical practitioners, dentists, optometrists, acupuncturists, osteopaths, and persons involved in alternative forms of medicine"

Although the definition of 'health facility' includes non-residential hospitals, it does not exclude residential facilities such as the Tamahere Hospital which is a government funded registered facility primarily serving residential patients. Therefore, the hospital arguably meets the definition of a 'health facility' as well as a 'community facility'. Importantly, however, 'health facilities' are not provided for in the Rural Zone and any such activity will default to a non-complying status under the Proposed District Plan.

As proposed in the s42A Report, the Trust envisages difficulty in attributing a concise activity definition to the Tamahere Hospital and Healing Centre, due to the potential overlap between 'community facility' and 'health facility'. And, although submission point 654.1 is supported in part by the Council planner, it stops well short of the site-specific status sought in the Trust's submission, which would have clarified activity status beyond doubt.

For the above reasons, the Trust does not support the recommendation of the s42A Report. The preferred relief is that Rule 22.1.2 be amended to enable 'health facilities' as a Permitted Activity on land legally described as Lot 1 DPS 13189. Failing which, Rule 22.1.2 should be clarified to ensure that the Trust facility benefits from Restricted Discretionary status, in line with 'community facilities', which is presumably the intent of the s42A Report.

The Trust no longer seeks to amend the zoning of Lot 1 DPS 13189 (104A Duncan Road, Tamahere) from the Rural Zone to Business Zone and this element of the Trust submission is now withdrawn.



654.2	<p>Amend Rule 22.3.6 (Rural Zone - Building Coverage) to exempt the Tamahere Hospital and Healing Centre from this provision; or</p> <p>Amend Rule 22.3.6 to allow more permissive building coverage which recognises the uniqueness of the on-site activity and its increasing need for development flexibility. Such further relief and / or amendment to provide the relief sought.</p>
	<p>Discussion</p> <p>In relation to this issue, paragraphs 642 to 651 provide the analysis and justification for recommendations on the s42A Report. Much of that rationale is based on the recognition that, historically, site coverage rules have been set unnecessarily low for the agricultural sector, which typically requires larger buildings: this is not in dispute. Nor is it disputed that there is a role for a site coverage rule in managing the bulk and location of buildings in the rural environment to manage effects that cannot be wholly mitigated by boundary setbacks and height controls alone.</p> <p>However, the 42A analysis does not recognise the uniqueness of the Tamahere Hospital and Healing Centre, which is of course, an ‘out of zone’ activity and not associated with rural industry. The uniqueness of the facility is described in detail in submission #654 and is not repeated here.</p> <p>The s42A Report nonetheless correctly observes that the Rural Zone contains long-established activities that do not fit neatly within the policy outcomes sought for the rural environment. Further, these existing facilities often represent significant capital value in buildings and infrastructure and often provide a valued service or function to the community. For that reason, the 42A Report recognises that <i>“it is important that their ongoing operation (and potentially modest expansion and adaption) is provided for in some way through the District Plan”</i>¹.</p> <p>The Trust supports this approach because the Tamahere Hospital and Healing Centre is a good example of an ‘out of zone’ activity which <i>has</i> involved significant investment for wider community good. But the recommendation in the 42A Report does not provide for the modest expansion of this fully consented facility, which needs flexibility to adapt and respond to sector needs in relation to mental health.</p> <p>Compliance with building coverage rules has long been a challenge for the Trust and this was made harder in approximately 2013 when the Tamahere Hospital and Healing Centre lost land to a designation associated with the Tamahere Section of the Waikato Expressway (SH1).</p> <p>Subsequent to a consent granted in July 2019, the Tamahere Hospital and Healing Centre now has a GFA of approximately 1842m², which equates to approximately 4.7% site coverage. The recommended 4% site coverage in the s42A Report is therefore of no benefit to the Trust because it allows no further expansion. It is questionable therefore, the extent to which submission point 654.2 has been ‘supported in part’.</p> <p>Consequently, the s42A recommendation is not supported by the Trust, whose preferred relief is a site-specific exemption from this rule. Failing which, a more realistic site-specific threshold of 8% building coverage may suffice for this unique community facility.</p>

¹ Paragraph 54, p25 Section 42A Report – Hearing 18 – Rural Zone



Hearing Appearance

BBO requests that this evidence be tabled at Hearing 18 in support of submission #654.

If the Hearings Panel requires further elaboration on any of the following issues, BBO is happy to provide that information as required. BBO would also be prepared to attend the hearing if this were considered beneficial to the panel.

Yours sincerely

Bloxam Burnett & Olliver



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