

BEFORE THE HEARING PANEL

UNDER

the Resource Management Act
1991 ("**RMA**")

IN THE MATTER

the Proposed Far North District
Plan ("**PDP**") – Hearing 15C
Rezoning – Rezoning General –
Hospital Zone

**STATEMENT OF PLANNING EVIDENCE OF DAVID ERIC BADHAM ON BEHALF OF
HEALTH NEW ZEALAND – TE WHATU ORA**

9 June 2025

1. INTRODUCTION

- 1.1 This evidence has been prepared on behalf of Health New Zealand - Te Whatu Ora ("**Health NZ**") as it relates to their submission and further submissions on Far North District Council's ("**Council**") PDP with regard to Hearing Stream 15C, Rezoning General, and Health NZ's Special Purpose Zones – Hospital ("**HOSZ**") in the Far North District. My evidence focuses on responses to the guidance criteria outlined in Final Minute 14 and provides supporting section 32AA evaluation.
- 1.2 My full name is David Eric Badham. I am a Partner and Northland Manager of Barker and Associates, a planning and urban design consultancy with offices across New Zealand. I am based in the Whangārei office, but undertake planning work throughout the country, although primarily in Te Tai Tokerau / Northland.

Qualifications and experience

- 1.3 I have a Bachelor of Planning with Honours (1st Class) from the University of Auckland (2010). I have been a Full Member of the New Zealand Planning Institute since April 2015.
- 1.4 I have over 15 years' experience in planning. During this time, I have been employed in various resource management positions in local government and private companies within New Zealand and Australia including experience with:
- (a) Statutory resource consent planning in the Northland and Auckland regions, including an extensive range of work in the Whangārei, Kaipara and Far North Districts.

- (b) Consideration of submissions and formulation of policy advice for Council, Kaipara District Council, and private clients.
- (c) Providing planning advice, and engaging in consultation with and on behalf of iwi organisations and being involved in the preparation of cultural impact assessments.
- (d) Monitoring and compliance of consent conditions in operational mining environments in Queensland Australia.
- (e) Preparing expert evidence in the Environment Court for cases relating to kauri dieback provisions in the Whangārei District Plan, for private Plan Change 78 – Mangawhai Central to the Kaipara District Plan and most recently for a resource consent for a private client in Mangawhai.

Purpose and scope of evidence

- 1.5 This evidence is in respect of a submission by Health NZ on Council's PDP in relation to Hearing Stream 15C – General Rezoning.
- 1.6 My evidence will address the following topics:
 - (a) My involvement with the PDP on behalf of Health NZ (Section 2).
 - (b) Evidence Context (Section 3).
 - (c) Revised Relief (Section 4).
 - (d) Reasons for Rezoning Request (Section 5).
 - (e) Consistency with the PDP Strategic Direction (Section 6).
 - (f) Alignment with the HOSZ Outcomes (Section 7).
 - (g) Analysis of Rezoning Request against Higher Order Direction (Section 8).
 - (h) Assessment of Site Suitability (Section 9)
 - (i) Assessment of Infrastructure (three waters) Servicing (Section 10).
 - (j) Assessment of Transport Infrastructure (Section 11).
 - (k) Section 32AA evaluation (Section 12).

(l) Conclusion (Section 13).

- 1.7 I have read the Code of Conduct for Expert Witnesses in the Environment Court Practice Note 2023. I have complied with the Code of Conduct in preparing this statement of evidence. Unless I state otherwise, this evidence is within my sphere of expertise and I have not omitted to consider material facts known to me that might alter or detract from the opinions I express.

2. INVOLVEMENT WITH PDP ON BEHALF OF HEALTH NZ

- 2.1 I have been engaged by Health NZ to provide independent planning evidence on their behalf for the PDP.
- 2.2 Alongside colleagues from B&A, I was initially engaged by Health NZ in September 2022 to provide planning advice to inform their original submission (#S42) and subsequent further submission (#FS402).
- 2.3 My colleague Melissa McGrath prepared evidence for Hearing 2 – Special Purpose Zones.¹ This related to Health NZ's submission points on the HOSZ provisions and specifically excluded the spatial extent of the HOSZ. I confirm that I have reviewed that evidence and attended the hearing where Ms McGrath presented it.
- 2.4 Evidence was also presented by Health NZ at Hearing 11 – Energy, Infrastructure and Transport.² This primarily related to Health NZ's opposition to the trip generation and ITA requirements for the Hospital Zone. I confirm that I have reviewed this evidence and refer to it within this evidence.
- 2.5 Finally, I confirm that I have reviewed the Final Minute 14 in relation to Hearing 15C.

3. EVIDENCE CONTEXT

- 3.1 The corporate evidence of Ms Fowler provides useful statutory and strategic context of Health NZ and its legislative functions and requirements.³ The planning evidence of

¹ See statement of planning evidence from Melissa Ivy McGrath on behalf of Health NZ dated 4 June 2024.

² See statements of planning evidence from Helen Mary Hamilton and corporate evidence of Monique Delphia Fowler on behalf of Health NZ dated 14 April 2025.

³ See Section 3 of Ms Fowler's statement dated 14 April 2025.

Ms McGrath also provides helpful context about Health NZ sites and facilities in the Far North.⁴

3.2 I do not repeat these existing statements in full here, but note the following as a useful summary to provide context for my evidence:

- (a) Health NZ is a Crown Agent established under legislation with specific functions and requirement to improve health and wellbeing and outcomes throughout New Zealand.
- (b) In the Far North District, Health NZ manage and operate health services from multiple locations across including main hospital sites at Kaitaia Hospital, Bay of Islands Hospital and Hauora Hokianga / Rawene Hospital (under Hauora Hokianga Trust), all of which are considered Regionally Significant Infrastructure (“**RSI**”), as “public hospitals” by the Regional Policy Statement for Northland 2016 (“**RPS**”).⁵
- (c) This includes Kaitaia Hospital campus located at 29 Redan Road Kaitaia, comprising approximately 3.973ha site with multiple allotments – see **Figures 1 and 2** below.
- (d) The Bay of Islands Hospital Campus is located at Greenacres Drive and Hospital Road Kawakawa, being compromised in an approximately 16ha site with multiple allotments – see **Figures 3 and 4** below.
- (e) Hauora Hokianga Hospital is located at Rawene Road, being compromised of approximately 6ha of land with multiple allotments, located at the southern extent of the township of Rawene – see **Figures 5 and 6** below. The hospital is operated by Hauora Hokianga Trust and is not a Health NZ facility.

⁴ See Section 4 of Ms McGrath’s statement dated 4 June 2024.

⁵ Appendix 3 of the RPS defines RSI, which includes public hospitals.



Figure 1 – Kaitaia Hospital Campus Aerial (Source: EMaps).

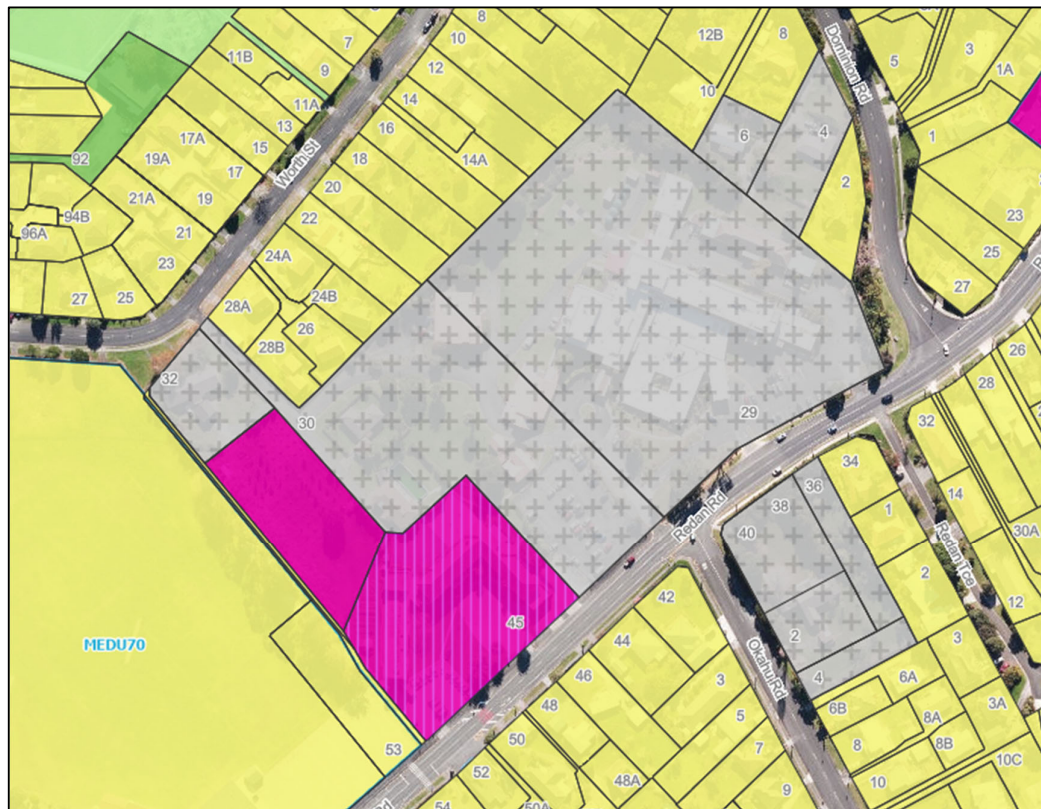


Figure 2 – PDP Maps Showing Kaitaia Hospital Campus Zoning Extent (Source: PDP Maps).



Figure 3 – Bay of Islands Hospital Campus (Source: EMaps).

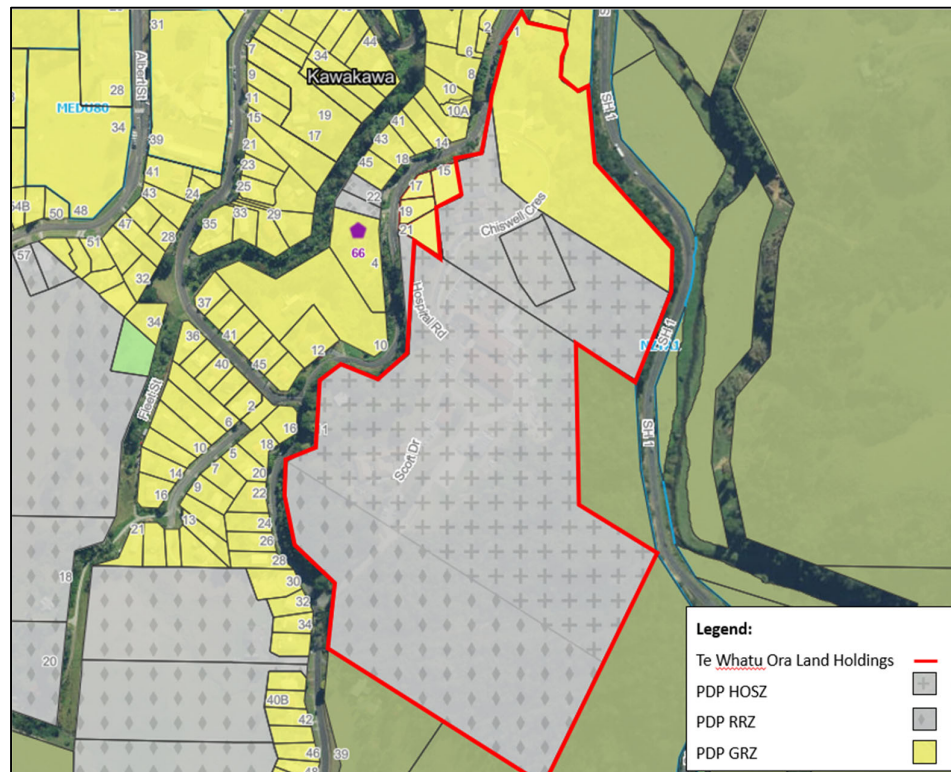


Figure 4 – PDP Zoning (Source: PDP Maps).



Figure 5 – Hauora Hokianga Hospital Campus (Source: EMaps).

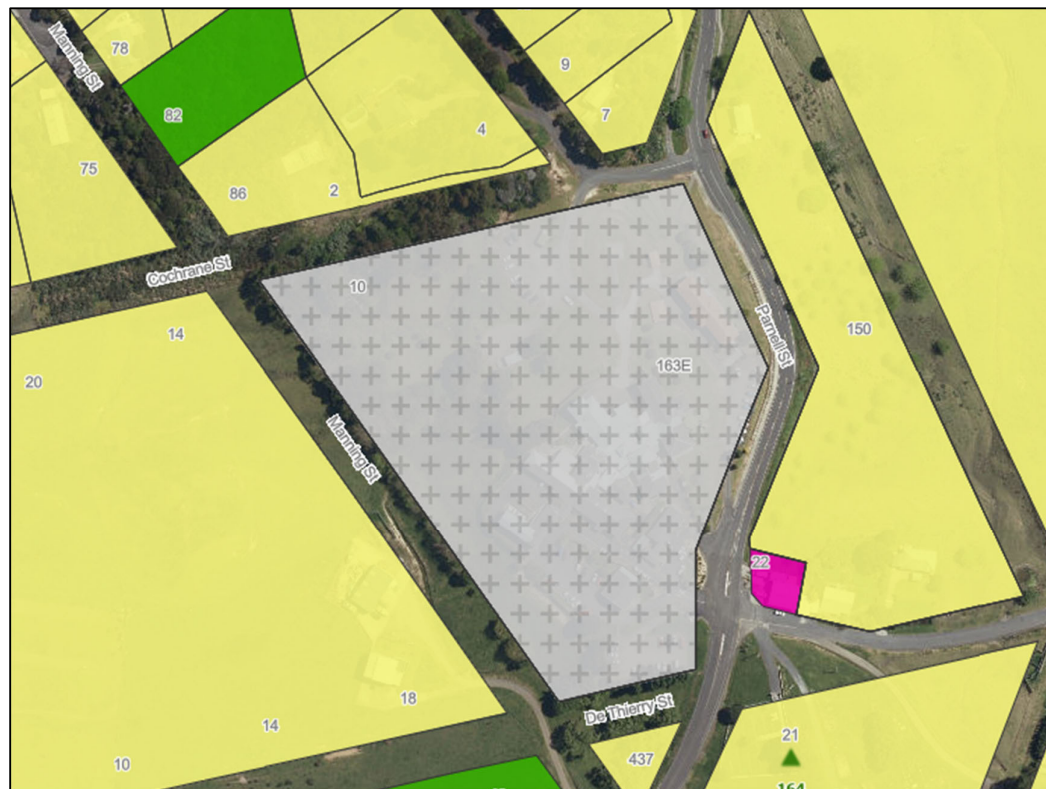


Figure 6 – PDP Zoning Showing HOSZ and GRZ (Source: PDP Maps).

4. HEALTH NZ RELIEF

Original Relief sought

- 4.1 Health NZ supported the introduction of the HOSZ to the PDP, and sought that this be applied across all landholdings associated with the Kaitaia, Bay of Islands and Hauora Hokianga campuses.
- 4.2 In relation to mapping changes, Health NZ sought amendments to the PDP planning maps to apply the HOSZ to the following landholdings to ensure the complete and appropriate integration of the changes sought by their submission.⁶
- 4.3 In accordance with its original submission, no changes are sought to the spatial extent of the HOSZ at Kaitaia Hospital, as the notified extent matches Health NZ's landholdings.
- 4.4 Health NZ's relief sought regarding Bay of Islands Hospital is slightly altered, as outlined below.

Revised relief sought

- 4.5 Since the notification of the PDP, Health NZ has advised that they no longer wish to pursue all changes sought by their original submission. Health NZ's revised relief, and the reasons for the change to their position is summarised below:

- (a) **Bay of Islands Hospital** – Health NZ seek spatial changes to the extent of the HOSZ as illustrated in **Figure 7** below, to apply HOSZ to NA807/182, NA431/283 and partial rezoning of NA807/182. In relation to NA807/182, Health NZ has confirmed that they have Ministerial approval to commence partial disposal of approximately 3.7ha of land (the partial disposal is subject to subdivision that awaits certification with LINZ as at the time of filing evidence, refer to the scheme shot of the Scheme Plan in **Attachment 1**. This is the remaining area shown as RRZ (refer **Figure 7**). Health NZ does not withdraw this aspect of submission, however, no longer seeks to pursue the relief sought at this stage.

⁶

S42.017.

- (b) **Hauora Hokianga Hospital** – This public hospital is owned and operated by Hokianga Health. Health NZ does not withdraw this submission, however, no longer seeks to pursue the relief sought at this stage.



Figure 7 - Rezoning sought at Bay of Islands Hospital. Health NZ request that the zoning boundary should be such that it includes the formed hospital road part of the site also.

5. REASONS FOR REZONING REQUEST

Future Development Plans

5.1 Presently, the Bay of Islands Hospital campus services include:

- (a) Inpatient ward (a mixture of general medicine & paediatric beds);
- (b) Five post-natal beds with two delivery suites;
- (c) Accident and Medical Department including two resuscitation bays (not a walk-in Emergency Department);
- (d) Radiology and Laboratory services;

- (e) 8 station satellite haemodialysis unit (a support service to the Whangarei Hospital renal service);
- (f) Physiotherapy and Occupational Therapy;
- (g) Outpatient Clinics;
- (h) Community Health Services including Paediatric Outreach Services, Diabetes, Community, Nursing, Public Health and Social Work; and
- (i) Helipad.

5.2 Health NZ have clear future growth and development aspirations for the Bay of Islands Hospital campus with an established master plan in place – see **Figure 8** below.

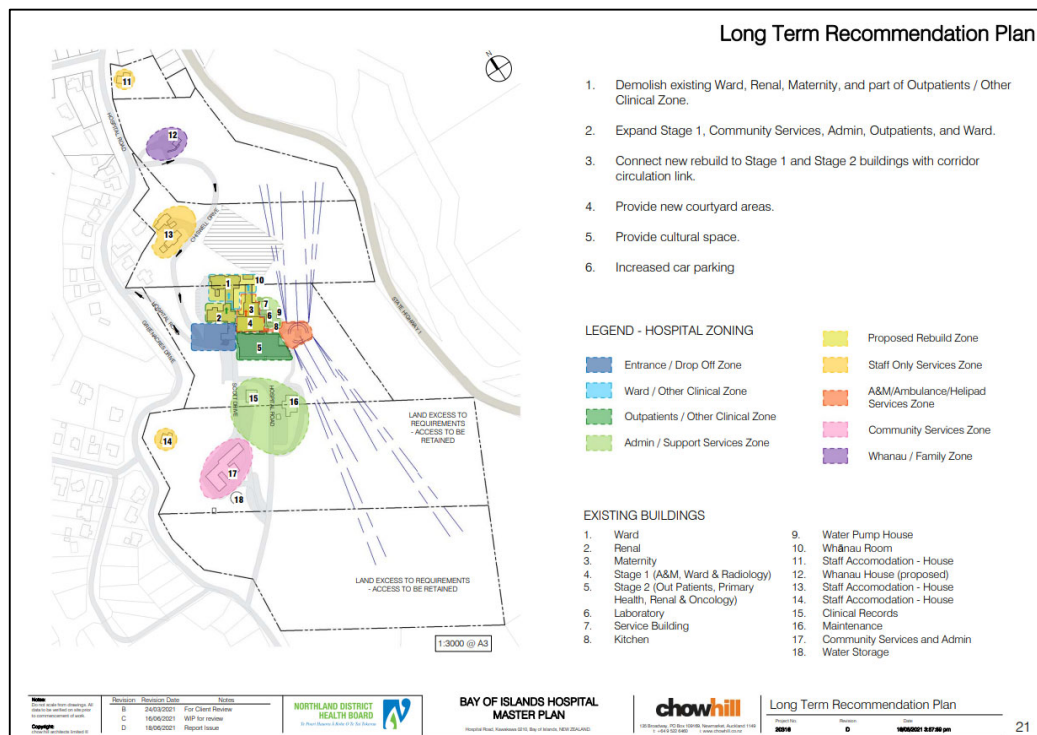


Figure 8 - Bay of Islands Campus Masterplan

Assessment of the PDP Zoning

5.3 As notified, the Bay of Islands Hospital Campus is zoned a combination of HOSZ, GRZ and RRZ. Except as identified at paragraph 4.3(a) of my evidence, the GRZ and RRZ, in my opinion, are inappropriate zones for the subject land for the following reasons:

- (a) The Bay of Islands Hospital is RSI and an important resource for the Far North community that provides critical health services to the community, both current and future generations. This hospital, along with all public hospitals are defined in Appendix 3 of the RPS as RSI. Objective 3.7, and Policies 5.3.1 and 5.3.2 of the RPS recognise the benefits of RSI and that particular regard shall be had to the significant social, economic, and cultural benefits of these significant resources.
- (b) The Bay of Islands Hospital masterplan involves expansion of the existing facilities and health service offering. Applying a single bespoke special purpose zone that recognises and provides for critical health services is considered vital to ensure integrated and efficient management of these infrastructure resources.
- (c) I consider that the GRZ is inappropriate, given the primary purpose of the zone is to provide for residential activities. While GRZ-O3 anticipates some non-residential activities, they must be of a 'scale, character and amenity' that are complementary to the prevailing residential purpose of the zone. This is reflected in the intensity thresholds outlined in the permitted activity standards for non-residential activities as summarised below:
 - (i) GRZ-R4 Visit Accommodation must be undertaken within a residential unit with a maximum occupancy of six guests;
 - (ii) GRZ-R5 Home Business requires home businesses be undertaken within a residential unit with a GFA no greater than 40m²;
 - (iii) GRZ-R6 Education Facility must be within a residential unit or accessory building with no more than four students;
 - (iv) GRZ-R7 Supported Residential Care must be within a residential unit or accessory building with a maximum occupancy of six;
 - (v) GRZ-R12 Community Facility and GRZ-R14 Emergency Service Facilities are discretionary activities;
 - (vi) The zone does not specifically provide for Healthcare Facilities and as such would be a discretionary activity pursuant to RRZ-R14; and
 - (vii) GRZ-R20 Hospital are non-complying activities.

- (d) Similarly, I consider that the RRZ is inappropriate as the objectives and policies seek development that is rural residential in character while supporting smaller scale farming activities. Again, this is reflected in the permitted activity rules for the zone detailed below, and in my opinion do not provide for the effective or efficient development and delivery of public hospital services:
- (i) RRZ-R4 Visit Accommodation must be undertaken within a residential unit with a maximum occupancy of six guests;
 - (ii) RRZ-R5 Home Business requires home businesses be undertaken within a residential unit with a GFA no greater than 40m²;
 - (iii) RRZ-R6 Education Facility must be within a residential unit or accessory building with no more than four students;
 - (iv) RRZ-R12 Community Facility are discretionary activities; and
 - (v) The zone does not specifically provide for Healthcare Facilities and as such would be a discretionary activity pursuant to RRZ-R14.

5.4 For the reasons outlined above, the GRZ and RRZ are in my opinion, inappropriate zone frameworks to provide for the effective and efficient development and delivery of activities associated with a public hospital within the Bay of Islands Hospital Campus.

6. CONSISTENCY WITH THE PDP STRATEGIC DIRECTION

6.1 Evidence was presented in Hearing 1 by Ms McGrath and Jeffery Garnham on behalf of Health NZ relating to the lack of strategic direction on a number of matters.⁷ In particular with regard to this evidence, the inclusion of an objective and policy within the Strategic Direction Chapter regarding the recognition and provision for the benefits and enablement of the operation, maintenance, development and upgrading of regionally significant infrastructure. In my opinion, the inclusion of the additional parcels at Bay of Islands Campus would be consistent with this relief sought, and the higher order direction within the RPS.

6.2 Notwithstanding the above, I consider that rezoning the applicable parcels is consistent with the notified PDP strategic direction because:

⁷ See statement of planning evidence from Ms McGrath dated 13 May 2024, and statement of public health evidence from Jeffery Garnham dated 13 May 2024.

- (a) It will promote social and economic prosperity as per the SD-SP and SD-EP objectives through the future enablement and provision of hospital related activities on an existing hospital campus.
- (b) It will recognise and provide for the benefits of infrastructure, being existing and future public hospital facilities in accordance with SD-IE-O1.

7. ALIGNMENT WITH THE HOSZ OUTCOMES

- 7.1 The PDP already recognises the importance of the district's public hospitals as regionally significant infrastructure, including the Bay of Islands Hospital campus. HOSZ-O1 provides for the efficient and effective operation of hospitals, anticipating a wide range of hospital and hospital related activities, while providing for their expansion. HOSZ-O2 recognises the importance of hospitals as RSI and HOSZ-O3 seems to manage adverse effects on the surrounding environment, while recognising hospitals have special operational and functional needs that must be met.
- 7.2 I consider that Health NZ's request to rezone the subject land to HOSZ to align with the overarching intent of the HOSZ objectives, policies and intended outcomes. In particular, the subject land is part of the existing Bay of Islands Hospital facilities, woven together by existing internal arrangements including access, car parking arrangements, and pathways. This is also reflected in the masterplan for the hospital campus that illustrates expansion of existing health services and onsite amenities for patients, including Plunket services, outdoor open space, whānau support houses, and administrative services. The HOSZ provides a consistent and cohesive planning framework that supports the overarching development and public health delivery outcomes planned for the site.
- 7.3 For this reason, it is my opinion that the re-zoning sought by Health NZ reflects a more coherent and cohesive zoning pattern that will support the ongoing, future use and development and delivery of hospital activities to support the health needs of the community.

8. ANALYSIS OF REZONING REQUEST AGAINST HIGHER ORDER DIRECTION

National Planning Standards

- 8.1 Mandatory direction 8 – Zone Framework Standard of the National Planning Standards 2022 sets out the following criteria for special purpose zones as follows:

- (a) are significant to the district, region or country;
- (b) are impractical to be managed through another zone;
- (c) are impractical to be managed through a combination of spatial layers.

8.2 The PDP already proposes a bespoke HOSZ for public hospitals within the District, and while I have been unable to determine from the Hospital Zone Section 32 Evaluation Report (“s32”) what, if any, zone criteria were evaluated by Council, I consider the subject land aligns with mandatory direction 8.3 for the following reasons:

- (a) The subject land is already integrated with the existing hospital activities, with the public hospital as a whole, considered to meet the RSI definition in the RPS;
- (b) As outlined in section 6 above, the GRZ and RRZ are impractical and do not appropriately provide for the use of the subject land for hospital or hospital related activities; and
- (c) A HOSZ is considered the most efficient and effective method to provide for the ongoing use and development of the subject land in line with the long term development and health service delivery aspirations for the public hospital.

Regional Policy Statement for Northland

8.3 As outlined above, the Bay of Islands Hospital is RSI as defined in Appendix 3 of the RPS. Objective 3.7, and Policies 5.3.1 and 5.3.2 of the RPS recognise the benefits of RSI and that particular regard shall be had to the significant social, economic, and cultural benefits of RSI. The HOSZ as notified, includes objective HOSZ-O2 and policy HOSZ-P1 which recognise the importance of the Far North District’s hospitals as RSI. Health NZ support this objective and policy as notified and I consider that these give effect to the RPS.

8.4 Policy 5.3.3 of the RPS is particularly relevant to the provisions of the HOSZ, in my opinion, because the policy establishes a very clear direction with respect to allowing effects associated with RSI and the manner in which potential effects associated with RSI.

9. ASSESSMENT OF SITE SUITABILITY

9.1 The Bay of Islands Hospital Campus is considered to be suitable for rezoning to HOSZ for the following reasons:

- (a) It is owned by Health NZ and already a long-established and integrated part of the Bay of Islands Hospital Campus. An appropriate and contiguous single zoning is necessary for the efficient and effective use and development of the land;
- (b) It is not identified as being subject to any mapped flood or coastal hazards in the PDP or in Northland Regional Council's ("**NRC**") natural hazard mapping GIS. In this regard, the request to rezone the subject land is not considered to give rise to any risks from natural hazards;
- (c) It is not subject to any natural or sensitive environment overlays;
- (d) As notified, the PDP already applies HOSZ to sites that interface with a range of zones including the GRZ, GRZ, Mixed Use Zone ("**MUZ**") and Rural Production Zone ("**RPZ**"). HOSZ-O3 seeks to manage adverse effects on the surrounding environment, but recognises that hospitals have a special operational and functional needs that must be met. This aligns with RPS policy 5.3.3 that establishes a clear direction that some adverse effects are allowed. As notified, the Bay of Islands Hospital campus is predominantly zoned HOSZ and already adjoins the GRZ, GRZ and RPZ which has been deemed acceptable. I agree with this, as hospitals are typically located within connected and accessible urban settings.

10. ASSESSMENT OF INFRASTRUCTURE (THREE WATERS) SERVICING

- 10.1 **Figure 9** depicts the Council's three waters servicing arrangements to the Bay of Islands Hospital Campus. There are existing connections to Council's potable water supply and stormwater networks, while wastewater is managed by an existing onsite treatment plant. The existing servicing arrangements are considered to adequately provide for the expected servicing demands resulting from Health NZ's rezoning request.

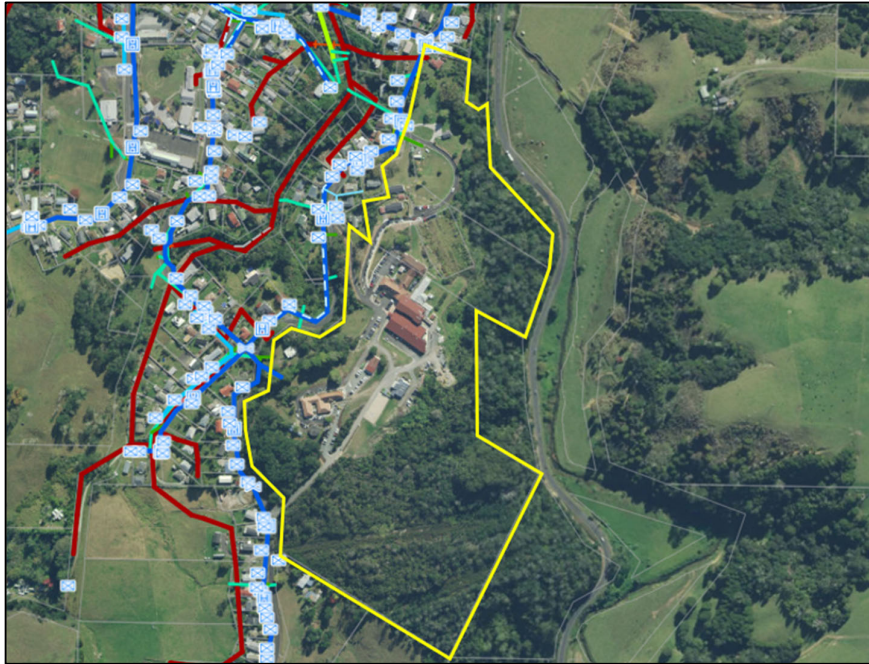


Figure 9 - FNDC Three Waters Servicing Maps. Bay of Islands Hospital Shown in Yellow (Source: Far North Maps).

11. Assessment of Transport Infrastructure

- 11.1 The Bay of Islands Hospital gains access to the grounds via four established vehicle entrances from Greenacres Drive and Hospital Road. There is an established internal roading network comprising Hospital Road, Scott Drive and Chiswell Crescent throughout the existing hospital facility. The rezoning request will not result in any need to alter these existing arrangements or generate any new transport related effects that cannot otherwise be accommodated by the existing public and private network.

12. SECTION 32AA EVALUATION

- 12.1 Section 32AA of the Resource Management Act 1991 (*RMA*) requires further evaluation where changes to provisions or mapping are proposed since the original section 32 evaluation was undertaken. I have recommended a change to the zoning of Bay of Islands Hospital Campus in accordance with **Figure 7** above.
- 12.2 In summary, I consider that the recommended amendments to the zoning applicable to the Campus that I have proposed will be the most appropriate way to achieve the purpose of the *RMA* in accordance with section 32(1)(a) for the following reasons:
- (a) Sustainable management (Section 5): The recommended rezoning will better enable the use and development of existing and future regionally significant

infrastructure at Bay of Islands Hospital Campus, which are critical to the health, safety, and social, cultural and economic well-being of people and communities within the Far North District.

- (b) Efficient Use and Development of Resources (Section 7(b)): By more appropriately enabling RSI, the recommended rezoning supports the efficient use and development of natural and physical resources, important to the wellbeing of people and communities in the Far North District.
- (c) Recognition of RSI: The changes give effect to key directives in the RPS regarding the recognition and provision for the benefits and enablement of the operation, maintenance, development and upgrading of RSI.
- (d) Appropriate management of effects: The existing HOSZ provisions provide an appropriate framework for managing the adverse effects of hospital related activities. They recognise the need for both robust environmental outcomes and the efficient operation of existing essential infrastructure.
- (e) Costs and benefits: I consider that the benefits of the recommended rezoning will outweigh the potential costs, and are more appropriate than the GRZ and RRZ rezoning under the notified PDP. This is because the operational and functional needs of the existing and future hospital activities on the Campus (and the benefits they provide) will be better provided for through application of the HOSZ and associated provisions, which also ensure that any adverse effects of hospital related activities are appropriately managed.

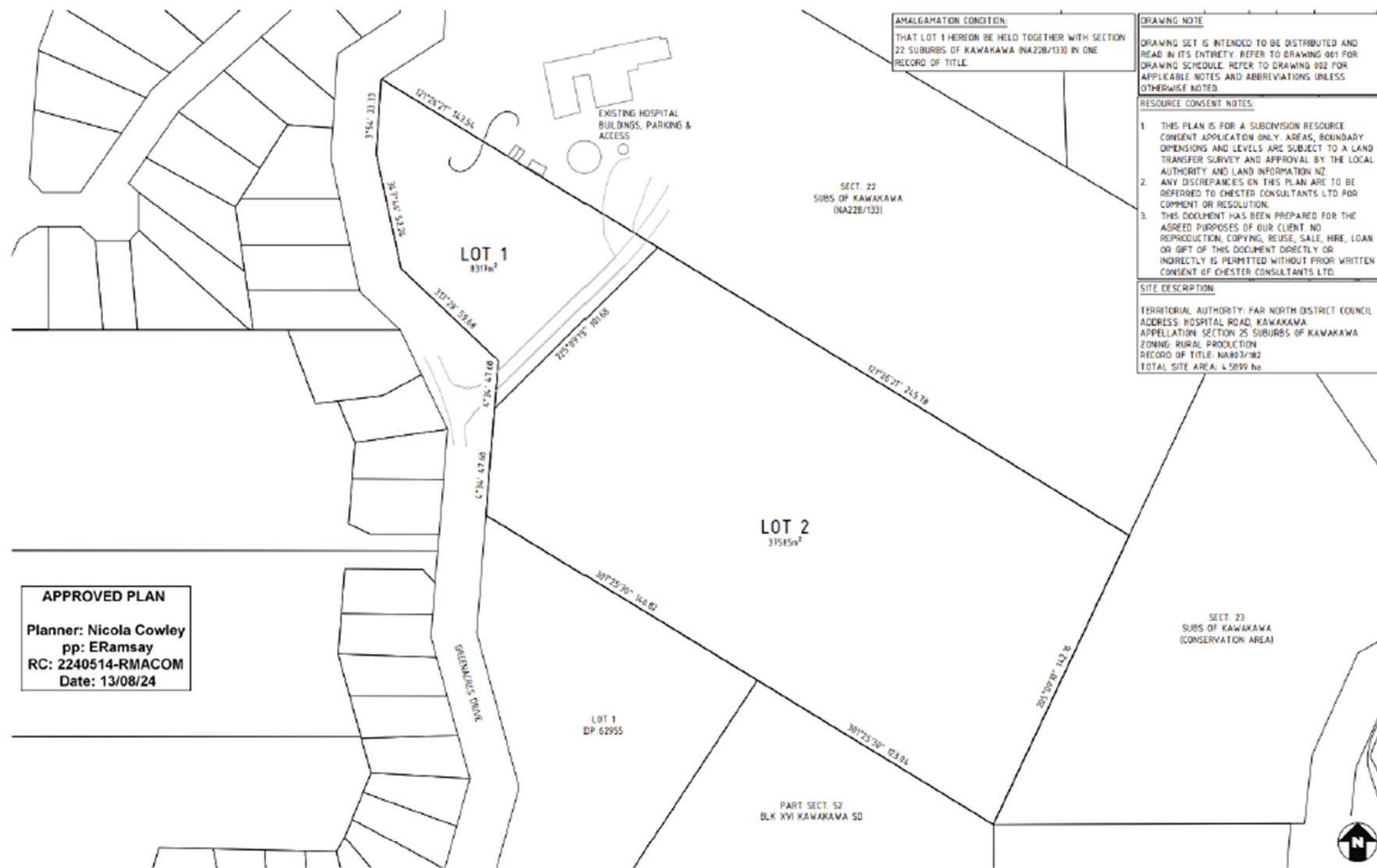
13. CONCLUSION

- 13.1 In conclusion, this evidence has focused on the narrowed relief sought by Health NZ to address errors in the application of the HOSZ to Bay of Islands Hospital Campus landholdings. In my opinion, it is clearly demonstrated that the as notified GRZ and RRZ zoning applied to the applicable landholdings are inappropriate, and it is clearly more appropriate to include these as HOSZ as depicted in **Figure 7**. In my opinion, this change is necessary to give effect to higher order policy documents, promote the sustainable management of natural and physical resources, and provide an enabling framework for the continued delivery and future expansion of hospital related activities on the Campus.

David Eric Badham

Date: 9 June 2025

Attachment 1 - Scheme Plan for Proposed Subdivision



Rev	Date	Amendments	By	Drafter: C. DAY	Job Title: CIVIL DESIGN - PROPOSED SUBDIVISION	Drawing: 120	Rev: 0	Chester LAND DEVELOPMENT & INFRASTRUCTURE ENGINEERING SURVEYING PLANNING WWW.CHESTER.CO.NZ
				Designer: C. DAY	Client: HEALTH NZ	Scale: 1:1500 @ A3		
				Checker: N. JULL	Address: HOSPITAL ROAD, SECTION 25 SUBURBS OF KAWAKAWA	Project: 154.37		
				Date: 23/05/2024	Drawing Title: PROPOSED SCHEME PLAN	Issue: CONSENT		

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