



## 1. EXECUTIVE SUMMARY

- 1.1 My name is Helen Mary Hamilton. I hold the position of Principal Planner within the Infrastructure and Investment Group at Health New Zealand | Te Whatu Ora (**Health NZ**). I have held this role since February 2025 and am presenting this planning evidence on behalf of Health NZ.
- 1.2 My evidence should be read in conjunction with the Statement of Corporate evidence for Health NZ by Monique Fowler (**Health NZ Corporate Evidence**). Ms Fowler's evidence explains the broader statutory and strategic context of Health NZ and the inherent characteristics of public health infrastructure (and subsequent health care services) that differentiate it from other land use activities when contemplating District Plan traffic management / trip generation.
- 1.3 In summary, I conclude that the Reporting Planner for Council has made a variety of recommendations that satisfy Health NZ's submission points. However, there remain several areas where I disagree with the Reporting Planner's recommendations, and I consider that further modifications are necessary. The substantive matters addressed in my evidence are summarised below:
  - (a) There are various provisions where the Reporting Planner's recommendations achieve or materially achieve the relief sought. My evidence supports these recommendations, and they are briefly listed in my evidence for clarity.
  - (b) There remains a fundamental point of contention – the validity of the requirement for an Integrated Transport Assessment (**ITA**) for the development of land in the Hospital Zone. My evidence concludes that there are valid reasons why health infrastructure (and the associated health care services) can and should be viewed differently in relation transport and traffic generation matters, and why the relief sought on the exemption of a requirement for an ITA is appropriate.

## 2. INTRODUCTION

- 2.1 My full name is Helen Mary Hamilton. I am a Principal Planner in the Infrastructure and Investment Group at Health NZ.
- 2.2 I am a qualified planner with a Bachelor of Resource and Environmental Planning from Massey University and am a Full Member of the New Zealand Planning Institute. I have approximately 21 years' experience as a planner. During this time, I have been employed in various public and private sector organisations involving regulatory management and infrastructure policy, planning and delivery including:
- 2.2.1 Local government executive – responsible for all planning policy and regulatory functions,
  - 2.2.2 Planning policy development in various jurisdictions - including in the Auckland Unitary Plan in relation to public water services; community facilities and commercial entities,
  - 2.2.3 Statutory planning experience authorising major water, wastewater and transport infrastructure.
- 2.3 I attach a copy of my summary CV at Attachment 1.
- 2.4 I confirm that I am authorised to give planning evidence on behalf of Health NZ in respect of the Far North District Council Proposed District Plan (**PDP**).

## 3. PURPOSE AND SCOPE OF EVIDENCE

- 3.1 This evidence is in respect of Health NZ's submissions on the PDP in relation to Hearing Stream 11.
- 3.2 My evidence utilises the 'key issue' naming conventions adopted in the Reporting Planner's recommendations. My planning opinions are grouped in two to assist the Panel – matters of agreement and matters of contention. My evidence will address the following matters and the related provisions:
- a) Key Issue 2 – Parking,
  - b) Key Issue 4 – General Matters,
  - c) Key Issue 3 – Trip Generation.
- 3.3 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 area of

expertise, and I have not omitted to consider material facts known to me that might alter or detract from the opinions I express.

- 3.4 I have no conflict of interest to declare with respect to the hearing of Health NZ's submission.

#### **4. EVIDENCE CONTEXT**

- 4.1 Planning Evidence (by another planner, Melissa McGrath) has been given in relation to Health NZ's submissions on the earlier hearing topic – Hearing 2 – Special Purpose Zones. I note that the planning evidence from Ms McGrath for that topic sets out a helpful context about Health NZ sites and facilities in the Far North (Section 4 of Ms McGrath's evidence). My evidence does not duplicate that information but acknowledges its continued contextual relevance to my evidence herein.
- 4.2 In relation to this hearing topic, I refer and rely on the Corporate Evidence of Ms Monique Fowler as giving context to the planning opinions I set out in my evidence.

#### **5. MATTERS OF AGREEMENT**

- 5.1 Health NZ submissions sought a breadth of relief on this hearing topic.
- 5.2 Albeit in some cases Health NZ sought either alternative relief or relief that sought further amendments, the following Reporting Planner's recommendations are accepted as achieving or materially achieving the relief sought:

a) Key Issue 2 – Parking

- i) Health NZ submissions opposed the proposed minimum car parking requirements for hospitals and health care activities and sought relief with alternative thresholds.
- ii) The Reporting Planner's recommendations proposes the removal of the minimum car-parking per land use activity (TRAN-Table 1) given the Council's Tier 3 status and in accordance with the NPS-UD. I agree with this recommendation.
- iii) For completeness, I note that Health NZ has submission points on related provisions, however the recommended deletion of TRAN-Table 1 fundamentally addresses the primary relief sought.

b) Key Issue 4 – General Matters

- i) In relation to TRAN-Table 1, Health NZ requested a definition of “bed” in the context of hospital parking provisions due to confusion with the hyperlinked definition related to watercourses.
- ii) The Reporting Planner’s does not consider that the existing definition is problematic. The Reporting Planner’s recommendations are that TRAN-Table 1 is deleted and replaced with TRAN-Table W – however the previously problematic hyperlink is removed in the replacement table.
- iii) The Reporting Planner’s recommendations materially resolve this matter by the removal of the definition that could have caused confusion.

## 6. MATTERS OF CONTENTION

### *Key Issue 3 - Trip Generation and ITA*

- 6.1 Health NZ submissions sought relief that ITA provisions be excluded from development within the Hospital zone.
- 6.2 The Reporting Planner’s recommendations (including the Abley Assessment) rejects the relief sought.
- 6.3 In forming my planning opinion on this matter, I rely on and refer to the Corporate Evidence of Ms Fowler that, inter alia, identifies:
  - a) the statutory and strategic context of public hospital and health care service provision in New Zealand.
  - b) the community service provision and responsive characteristics of public hospital and health care services that differentiate it from other land uses (many of which are designed to attract patronage / value trip generation).
  - c) the strategic drivers that lead to hospital and health care demand are beyond the control of Health NZ – therefore seeking to manage / control those factors in relation to public health site design (e.g. an ITA as part of a resource consent application) is unreasonable and direct health funding away from the provisions of public health care services for the community in the Far North.

- 6.4 I agree with much of the Reporting Planner's analysis of this matter – particularly practical plan provisions that address the first principle need to manage the operational function and performance of the roading network.
- 6.5 However, my planning opinion differs to the Reporting Planner as it relates to the application of the 'traditional' view of trip generation and transport management to hospital and public health services activities.
- 6.6 The Corporate Evidence of Ms Fowler for Health NZ, in my view, sets out compelling reasons to view public health service provision differently from other land use activities. Namely, that there are unique characteristics about it that differentiate it from other activities – particularly that the drivers for health service demand exist – regardless of hospital or health service activities.
- 6.7 In my opinion it is appropriate to approach this matter by first considering the effects that are being managed and secondly the reasonableness / efficacy of the method (in this case, the requirement for an ITA in relation to Hospital Zoned land):
- a) The effects that the plan is seeking to manage relate to traffic movements in the road network and the operational function / capacity therein. The Corporate Evidence for Health NZ makes the case that health services demand is beyond Health NZ's control – that rather, hospital and health care services are a community needs based responsive service provision. In other words, that the demand exists whether the health services are provided for or not.
  - b) If an ITA is required, and it identified a traffic network impact that warranted managing – that may seek measures that, in the view of Ms Fowler's evidence, would not be applied at the source the impact. Ms Fowler's evidence fundamentally contends that there is no new traffic generation / demand arising from healthcare services as they exist already. Ms Fowler's evidence is also unequivocal in its discussion of cost choices if, for example, Health NZ were required to contribute to roading upgrades that would redirect health funding from the provision of public health care services.

6.8 Considering the merits of the Corporate Evidence of Ms Fowler, I consider that there is planning rationale to separate the treatment of hospital and health care services activities on hospital zoned land from other activities in other zones in relation to the requirement to provide an ITA. Health NZ continues to seek the relief sought at TRAN-P7 (and consequential relief, as necessary).

**Helen Hamilton**

**Date:** 14 April 2025

**Attachment 1 – Helen Hamilton CV**

Principal Planner, Health New Zealand | Te Whatu Ora, 2025

Director, Planning and Regulatory Services, Upper Hutt City Council, 2021 – 2024

Principal, Aurecon New Zealand Limited, 2018 – 2021

Associate Director / Principal / Senior Associate, AECOM New Zealand Limited / URS New Zealand Limited, 2013 – 2018

Senior Environmental Planner, Watercare Services Limited, 2012 – 2013

Senior Planner, Wellington City Council, 2010 – 2012

Senior Planning Consultant, Meridian Planning Consultants, 2008 – 2010

Senior Planning Consultant, Coomes Consulting Pty Limited, 2007 – 2008

Planning Consultant, Harrison Grierson Consultants Limited, 2005 – 2007

Resource Management Planner, Horowhenua District Council, 2004 - 2005