

Before the Hearing Commissioners appointed by Timaru District Council

Under the Resource Management Act 1991

In the matter of the Proposed Timaru District Plan

Summary of Evidence of Mark William Geddes in relation to the Bidwill Trust Hospital submission

17 July 2024

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INTRODUCTION

1. My name is Mark Geddes, I am a director and planning consultant at Perspective Consulting. Accompanying me today is Tina Rogers, General Manager at Bidwill Trust Hospital (BTH).
2. As you know, we are here today to talk to the BTH submission [No. 225] which concerns their existing private hospital at 53 Elizabeth Street, Timaru.

SCOPE OF COMMENTS

3. My intention today is to highlight the salient matters of my evidence.

INTRODUCTION TO THE SUBMITTER

4. First however, Tina Rogers intends to introduce BTH.

THE SUBMISSION

4. Generally, the relief sought by the submission is to provide for the BTH's on-going operation and development. Specifically, the submission seeks to rezone the site Special Purpose Hospital Zone (HOSZ) or if you do not allow the HOSZ, amend the Medium Density Residential Zone (MRZ) to enable BTH activities.

OFFICERS' REPORT

5. The officers' report recommends against the inclusion of a HOSZ and recommends instead a precinct. While I disagree with the rationale to dismiss the HOSZ that is aside from my main point, which is any site-specific zone or precinct is problematic.
6. We also disagree with the proposed hours of operation rule requirement and the restricted discretionary activity status for new buildings.

REFINED RELIEF SOUGHT

7. Accordingly, the refined relief proposes:
 - a. Abandonment of the precinct and the hours of operation rule requirement.
 - b. A specific policy to enable healthcare facilities.
 - c. A permitted activity rule for healthcare facilities subject to standards.

- i. If that is not allowed, provide for a 300m² permitted activity rule for new buildings, along with a default controlled activity rule for buildings that exceed that threshold.

REASONS FOR THE RELIEF SOUGHT

8. The reasons for the relief sought are that:

- a. A site-specific zone or precinct-based control spatially limits the growth of BTH into adjoining/adjacent land and creates an expectation that it will be confined to a defined area. The rules I recommend in the MRZ would remedy that shortcoming.
- b. The hours of operation controls do not recognise that the site currently operates 24/7. It has been operating for over 100 years and has an existing use right.
- c. The restricted discretionary activity status for new buildings proposed by the officer is not effective or efficient and a permitted activity status is more appropriate as a RDIS approach:
 - i. Runs the risk of a regionally significant facility being declined consent; and
 - ii. Is also an overly risk adverse approach that does not recognise:
 - 1. The long-established nature of the activity on the site
 - 2. The sympathetic design of the existing development
 - 3. That the activity does not generate any significant adverse effects
 - 4. That the MRZ standards will manage most adverse effects.
- d. If a permitted activity status is not allowed for new healthcare facilities, a 300m² permitted activity threshold along with a controlled activity rule would be appropriate given that:
 - i. The 300m² threshold provides for a level of development that is consistent with what is anticipated and permitted in the MRZ.
 - ii. Not permitting a certain level of development means that consent is required for small extensions, additions or outbuildings which is inefficient and ineffective.
- e. The s.32 analysis provided demonstrates that the refined relief sought is the most effective and efficient means of achieving the MRZ objectives.