

Before the Hearing Commissioners appointed by Timaru District Council

Under the Resource Management Act 1991

In the matter of the Proposed Timaru District Plan

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

5 July 2024

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INTRODUCTION

1. This evidence relates to the submission [No. 225] on the Proposed Timaru District Plan by Bidwill Trust Hospital (BTH), which concerns their property at 53 Elizabeth Street, Seaview, Timaru.

QUALIFICATIONS AND EXPERIENCE

2. My name is Mark William Geddes, I am a director and resource management planning consultant at Perspective Consulting Ltd. I have over 23 years' experience as a planner, in three different countries, in both the private and public sectors. This experience includes leading major plan making and policy projects; providing expert planning evidence in the Environment Court and Council hearings; consenting a range of developments; enforcement action; and making submissions on national legislation, and national or regional policy.
3. I led the Timaru District Plan Review from its inception through to the notification of the Draft District Plan in my former capacity as District Planning Manager at Timaru District Council. I was also heavily involved in the development of all the Proposed District Plan (PDP) chapters as a planning consultant. I am still involved in peer reviewing s.42A reports for the PDP but have not been involved in peer reviewing any of the s.42A reports in relation to the urban zones and therefore have no conflicts of interest on this matter.
4. My qualifications include a Bachelor of Resource Studies from Lincoln University, New Zealand, and a Master of Science (Spatial Planning) from Dublin Institute of Technology, Ireland (first class honours). I am a full member of the New Zealand Planning Institute.

CODE OF CONDUCT

5. I have read and am familiar with the Environment Court's Code of Conduct for Expert Witnesses, contained in the Environment Court Practice Note 2014, and agree to comply with it. Other than where I state that I am relying on the advice of another person, I confirm that the issues addressed in this report are within my area of expertise. I have not omitted to consider material facts known to me that might alter or detract from the opinions that I express.

SCOPE OF EVIDENCE

6. This evidence addresses the following matters:
 - a. Introduction to the submitter;
 - b. Description of the site that is the subject of this submission;
 - c. The relief sought;

- d. The s.42A RMA officers report;
- e. The reasons for the relief sought.

INTRODUCTION TO THE SUBMITTER

- 7. BTH is located at 53 Elizabeth Street, Timaru. BTH have provided the following summary of their services and activities that occur at the site:
 - a. A hospital was first established on the site in 1912, rebuilt in 2001, with extensions added in 2011, 2016 and 2022. BTH is a registered Charitable Trust for the benefit of health across the South Canterbury area. The complex now consists of a hospital, associated private surgery clinics, and radiology facilities. Significant investment has been made in the hospital building and medical facilities in recent years and it now provides state of the art medical facilities. These new and expanded buildings and facilities provide essential services for both inpatients and outpatients and also for community and private healthcare services. These facilities play a major role in the health and wellbeing of the district and wider region, as well providing employment and economic activity. BTH provide the majority (80+%) of ACC non-acute surgery for the South Canterbury area along with many contracts to assist Te Whatu Ora to provide non-acute surgery.
 - b. BTH is the most significant private medical facility within the South Canterbury region. It also provides medical services to people outside the regional and as far south as Invercargill. BTH is unique in that it does not provide emergency care facilities, and therefore there are no emergency services or helicopter services that need to access the site at any time.
- 8. BTH want to continue to provide the expected level of service now and into the future, with a high level of certainty that the significant economic investment they have made and will continue to make, will be secured by the PDP.

THE SITE

- 9. The site to which the submission relates is illustrated in Figure 1 and is located at 53 Elizabeth Street, Seaview, Timaru. It is legally described as Lots 4, 7-8, 31, 33, 35, 37-39 PT, Lots 2-3 DP 509. The site has an area of 0.74 ha and occupies a large corner site with frontage to York, Elizabeth and Bidwill Streets. Built form at the site consists of a mostly single level building. The site has multiple vehicle accesses from the adjoining streets.



Figure 1 – The site is outlined by a red line. Note: This image does not illustrate the full extent of the building which has been recently extended towards 45 Elizabeth Street. Source: Canterbury maps

THE SUBMISSION

10. The general relief sought by the BTH submission is that the PDP provide the site with a suite of planning provisions that recognises the district and regional significance of the facility and provides for its on-going operation and development.
11. Specifically, the submission sought to rezone the site Special Purpose Hospital Zone (HOSZ) with a suite of objectives, policies, rules and standards that support the on-going operation and development of the hospital. The submission also stated that if the Hearings Panel are not of mind to grant that relief, the submitter would accept new rules and policies in the Medium Density Residential Zone (MRZ) that enabled hospital buildings and activities including a new definition for 'hospital'. As discussed below, BTH have refined their relief sought as a consequence of receiving the s.42A report.

OFFICERS REPORT

12. The s. 42A report recommends against the inclusion of a HOSZ on the basis that:

- a. The site is relatively small when compared to hospital sites in the metropolitan area;
- b. The HOSZ zoning limits the potential for the site to be redeveloped for residential activities in the future;
- c. The MRZ specifically anticipates other compatible activities that support the wellbeing of residents and therefore provides for hospitals; and
- d. The small size of the site and the predominant residential character of the area does not lend itself to a HOSZ zoning.

13. I disagree with the rational in the s.42A report to dismiss the HOSZ on the following basis:

- a. The National Planning Standards description of the HOSZ does not refer to the size of the hospital facilities other than to refer to local or regionally important facilities. The BTH site meets the local and regional importance facility criterion as it serves the South Canterbury area and beyond.
- b. The BTH has no intention of vacating the site in the future. It has been established on the site for over 100 years and has made significant recent investments to upgrade the site.
- c. While the MRZ anticipates other compatible activities, it lists community facilities, including land and buildings used for 'health' as a restricted discretionary activity. As restricted discretionary activities can be refused consent, it is not an effective or efficient means of achieving the objectives of the MRZ to provide for compatible activities that supports the wellbeing of residents.

14. The s.42A report has not considered Direction 3, Section 8 of the National Planning Standards that specifies requirements for the creation of special purpose zones stating:

"An additional special purpose zone must only be created when the proposed land use activities or anticipated outcomes of the additional zone meet all of the following criteria:

- 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."*

15. In my opinion, the BTH meets criteria a. as it is of district and regional significance, but does not necessarily meet criteria b. and c. On that basis I accept that a HOSZ is inappropriate.

16. The S.42A report goes on to recommend a Bidwell (*sic*) (note the correct spelling is Bidwill) Hospital precinct in the MRZ with a specific policy and a permitted activity rule framework for healthcare facilities and a restricted discretionary activity rule for new buildings associated with healthcare facilities. There are rule requirements proposed for the permitted activity to exclude emergency care facilities along with hours of operation controls from 7.00a.m. to 7.00p.m.

17. While the submitter appreciates the proposal in the s.42A report to enable BTH activities, I consider the approach recommended in the s.42A report is problematic because:

- a. The precinct approach does not provide for the expansion of the BTH into adjoining and adjacent sites.
- b. The hours of operation do not recognise that the site currently operates 24/7 for overnight patients recovering from procedures.
- c. The restricted discretionary activity status is too onerous, and a permitted activity status is more appropriate.

18. Given the above comments, I now comment on the refined relief sought, which is considered a refinement that is within the scope of the original relief sought.

REFINED RELIEF SOUGHT

19. The refined relief sought is set out below:

- a. Abandonment of the Bidwill Hospital Precinct as proposed in the s.42A report; and
- b. Introduction in the MRZ of a specific policy, based on the policy recommended in the s.42A report, but as amended below -

Provide for the ongoing use and development of existing healthcare and associated facilities at ~~within the Bidwill Hospital Precinct~~, where the nature, scale and design of activities and buildings are consistent with the purpose, character and qualities of the surrounding residential area.

- c. Provide for the following new rule in the MRZ:

MRZ-R---	Health facilities and activities	
Medium Density Zone	Activity status: Permitted	Activity status when compliance is not achieved with PER-1 or PER-2:
	Where: PER-1 The facility is operated by Bidwill Trust Hospital or its successor; and	Discretionary Activity status when compliance is

	<p>PER-2 The facilities do not include any emergency care facilities.</p> <p>PER-3 Standards MRZ-S1, MRZ-S2, MRZ-S5, MRZ-S6, MRZ-S7 and MRZ-S9 are complied with.</p>	<p>not achieved with PER-3:</p> <p>Restricted discretionary with discretion limited to the standard not complied with.</p>
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- d. In the event the Hearings Panel does not agree with the relief sought in point c. above, provide for the following rules in the MRZ:

MRZ-R---	Health facilities and activities excluding new buildings greater than 300m² in gross floor area	
Medium Density Zone	<p>Activity status: Permitted</p> <p>Where:</p> <p>PER-1 The facility is operated by Bidwill Trust Hospital or its successor; and</p> <p>PER-2 The facilities do not include any emergency care facilities.</p> <p>PER-3 Standards MRZ-S1, MRZ-S2, MRZ-S5, MRZ-S6, MRZ-S7 and MRZ-S9 are complied with.</p>	<p>Activity status when compliance is not achieved with PER-1 or PER-2:</p> <p>Discretionary</p> <p>Activity status when compliance is not achieved with PER-3:</p> <p>Restricted discretionary with discretion limited to the standard not complied with.</p>
MRZ-R---	New health facilities greater than 300m² in gross floor area	
Medium Density Zone	<p>Activity status: Controlled</p> <p>Where:</p> <p>CON-1 PER-1 The facility is operated by Bidwill Trust Hospital or its successor; and</p>	<p>Activity status when compliance is not achieved with CON-1 or CON-2:</p> <p>Discretionary</p>

	<p>CON-2 The facilities do not include any emergency care facilities; and</p> <p>CON-3 Standards MRZ-S1, MRZ-S2, MRZ-S5, MRZ-S6, MRZ-S7 and MRZ-S9 are complied with.</p> <p>Matters of control are restricted to:</p> <ol style="list-style-type: none"> 1. The extent to which the layout and design of buildings are consistent with MRZ-O2. 2. Landscaping 3. Signage 	<p>Activity status when compliance is not achieved with CON-3:</p> <p>Restricted discretionary with discretion limited to the standard not complied with.</p>
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- e. Amend rule MRZ-R13 that currently requires consent for community facilities (including health facilities), so it does not require consent for healthcare facilities.

REASONS FOR THE RELIEF SOUGHT

20. The reasons for the relief sought are that:

- A specific zone or precinct based controls spatially limits the potential growth of BTH into adjoining or adjacent land.
- The hours of operation controls do not recognise that the site currently operates 24/7.
- The restricted discretionary activity status is not effective or efficient and a permitted activity status is more appropriate.
- If a permitted activity status is not allowed for new healthcare facilities, a 300m² gross floor area permitted activity threshold along with a controlled activity rule framework would be appropriate.
- Enabling BTH to grow aligns with the strategic directions of the PDP.
- The s.32 analysis provided demonstrates that the refined relief sought is the most effective and efficient means of achieving the MRZ objectives.

21. These matters are considered in turn below.

A specific zone or precinct based controls spatially limits the potential growth of BTH into adjoining land

22. As stated above, a site-specific zone or precinct based approach means that the rules and associated policies will only apply to a spatially defined area. The problem this presents is that any expansion of BTH outside of this area into adjoining or adjacent land will not be covered by these rules. It also creates an expectation that the activities and facilities of the BTH will be spatially confined within the zone/precinct. As demand for health care facilities grow and changes, it is critical that the BTH has the potential to expand into adjoining/adjacent properties and that the planning framework supports that expansion.

The hours of operation controls do not recognise that the site currently operates 24/7

23. The s.42 report recommends an hours of operation rule requirement to qualify for the proposed permitted activity status for healthcare facilities from 7.00am to 7.00pm. We acknowledge that the submission gave the impression that the existing facility operates from 7.00am to 7.00pm. However, that is not the case, and it operates 24/7 as patients often stay overnight for recover post operation. Accordingly, it is recommended that the rules do not provide for any hours of operation controls. The basis for this is that the activity has been in operation for over 100 years and therefore has existing use right.

The restricted discretionary activity status is not effective or efficient and a permitted activity status is more appropriate

24. A key issue with a restricted discretionary activity status for new health care facilities is that it presents a risk that a new building providing district, regional and nationally significant healthcare services may be refused resource consent based on amenity effects or other low-level effects. It would be non-sensical for an activity that has district, regional and national significance to be refused consent on the basis of such effects. However, that could easily be the reality with a restricted discretionary activity status that includes the discretion to refuse consent on a wide array of matters. I consider that any actual or potential adverse effects of new healthcare activities is more effectively and efficiently addressed by standards.
25. While recognising the district, regional and national significance of hospitals in a resource consent process may seem like common sense, unfortunately it is not unusual that consent authorities give equal or greater weight to other matters in considering and determining resource consent applications. The district, regional and national significance of the BTH should be recognised by a permitted activity status or that if that is not to the Hearings Panel satisfaction, a controlled activity status.

26. Further, the restricted discretionary activity status recommended in the s.42A report is considered to be an overly risk adverse approach that does not recognise:
- The long-established nature of the activity on the site;
 - The sympathetic design of the existing development on the site;
 - That the activity does not generate any significant effects on the environment;
 - That the MRZ standards will manage most adverse effects.
27. These matters are briefly considered below.
28. As stated above, the BTH was established on the site in 1912 and therefore healthcare facilities have been an established and expected part of this environment for over a century. To provide no assurance that such an established activity can continue to develop does not seem logical. It is also illogical to not recognise the significant community investment made in the facility and that any such facilities have to grow and develop overtime.
29. The BTH hospital has been developed in a sympathetic manner that is consistent with the established built form of the neighbourhood. It is mostly single storey, has a pitched roofed and in many respects is similar to a residential building with the exception of its size. A restricted discretionary activity approach could potentially be warranted if the site had been developed in a way that was incongruous with the surrounding residential properties. However, that is not the case and accordingly it warrants a less risk adverse approach.
30. As stated above, the BTH does not generate adverse effects on the environment that are in any way significant or concerning. People enter the building to be treated and the effects of that activity are internalised within the building. There is very little in the way of outside activities except for car-parking, which is an activity that occurs in any residential area.
31. Given the relatively benign nature of the activity, I consider that any actual and potential adverse effects of the activity can be adequately managed by the MRZ standards and the various district wide rules of the PDP as proposed in the refined relief sought. This therefore raises the question as to what adverse effects are of concern and why does the local authority need the ability to refuse consent? The following table comments on the potential adverse effects of the proposal. The list of potential adverse effects has been taken from the matters of discretion for new buildings listed in the s.42A report. These were used as it represents the matters the s.42A officer is concerned about.

Potential Adverse Effect	Comment
Scale, form and design of buildings	The effects of buildings are managed by standards MRZ-S1, MRZ-S2 and MRZ-S5.

Scale of the activity	The scale of the activity is managed by rule TRAN-R10 that deals with high trip generating activities and standards MRZ-S1, MRZ-S2 and MRZ-S5 that deal with the adverse effects of buildings.
Site layout	The internal layout of the site is not a pertinent planning consideration given that standards MRZ-S1, MRZ-S2 and MRZ-S5 addresses the effect of buildings while Rule TRAN-R6 addresses parking design.
Noise and Hours of operation	The activity is not a noisy activity with almost all potential noise sources being internalised within the building. Rule NOISE-R1 provides noise standards that manage noise. The site has an existing use right to operate 24/7.
Landscaping	Landscaping is addressed by Rule MRZ-S6 that requires 25% of the site to be landscaped.
Traffic generation	The activity is not a high trip generating activity. If it became a high trip generating activity, it would be managed by Rule TRAN-R10.
Privacy	Any potential adverse effects on privacy will be within the permitted baseline as there are no controls on privacy in relation to residential development in the MRZ.
Car-park design	Car-parking standards are addressed comprehensively by Rule TRAN-R6.
Pedestrian connections	North-south pedestrian connectivity to Bidwill Street and Elizabeth Street is provided by York Street that adjoins the site. Therefore, it is not a pertinent consideration.
Signs	No or minimal additional signage is likely to be required. Rule SIGN-R4 manages the effect of signage in the MRZ

Table 1 – Comment on the potential effects of the healthcare activities and how they are address by the MRZ standards

32. Despite the above, the Hearings Panel may consider there is a need to deal with healthcare facilities in a similar manner to how Community Facilities are addressed in the MRZ by classifying them as a restricted discretionary activity. However, the definition of community facilities includes a range of activities including recreational, sporting, cultural, health, safety, welfare or worship and includes ancillary activities. The breath of these activities and the corresponding uncertainty about their potential adverse effects on the environment means that it is appropriate to deal with these activities as a restricted discretionary activity. Notwithstanding, due to the reason cited above, it is inappropriate to deal with the BTH healthcare facilities as a restricted discretionary activity.

33. As noted in the relief sought, it is important that Rule MRZ-R13 is amended as it currently requires consent for community facilities (include health facilities), so it does not require consent for healthcare facilities. Otherwise, there would be two rules in the MRZ that deal with healthcare facilities.

A 300m² gross floor area permitted activity threshold

33. The refined relief sought includes an option for the Hearings Panel to classify new buildings associated with BTH healthcare facilities up to 300m² as a controlled activity. However, I consider that this is not an effective or an efficient option and is only recommended out of an abundance of caution in the event the Hearings Panel do not accept the permitted activity status for new buildings.
34. This 300m² permitted activity threshold would provide for a level of development that is consistent with the level of development anticipated and permitted in the MRZ. Objective MRZ-O2 states that the character and quality of the MRZ will comprise of a moderate site building coverage and two to three-storey well-articulated buildings. The MRZ provides permitted activity rules for residential activities and visitor accommodation, education facilities and supported residential care where they are undertaken within an existing residential unit¹. The standards of the MRZ in summary allow a site coverage up to three residential units per site, a 50% building coverage, a building height of 12m and relaxed recession planes (compared with the General Residential Zone). This means that a residential building(s) could be built over 500m² of a typical 1,000m² site as a permitted activity. The 300m² threshold sought is noticeably lower than this and represents the size of large modern residential unit.
35. With the MRZ standards in mind, it is surprising that the s.42A report does not recommend any level of new development is permitted on the BTH site, particularly considering the standards of the MRZ provide an appropriate means to manage a range of adverse effects. In this instance, it would be appropriate to provide comparative treatment and a level of development for healthcare facilities that can occur as a permitted activity subject to compliance with the MRZ standards.
36. The issue with not permitting a certain level of development is that it is very inefficient and ineffective to require resource consent for small extensions, additions or outbuildings. The costs of applying for resource consents are considerable. Further, it is questionable as to the value or effectiveness of a resource consent process to manage the effects of a small extension, addition or outbuilding that is not otherwise managed by the zone standards.

¹ Subject to capacity thresholds of 10 guest for visitor accommodation, 10 children for childcare, and 10 residents for a residential care facility

37. With the above matters in mind, if the Hearings Panel are not of mind to allow a permitted activity rule for new healthcare facilities, it is important and appropriate that the MRZ rules permit a minimum level of new healthcare facilities on the site that is consistent with the expectations for built form in the MRZ.

Enabling BTH to grow aligns with the strategic directions of the PDP

30. Enabling the BTH to grow as a permitted activity aligns with Strategic Direction SD-010 of the PDP that seeks to 'enable' a range of community facilities that meet the long-term needs of the community. The relief sought aligns with this strategic objective by seeking to enable the BTH to grow and develop as a permitted activity subject to standards.

The section 32 analysis provided demonstrate that the relief sought is the most effective and efficient option

38. In the context of Section 32 of the RMA, there are two main options to address this matter, which are to either:

- a. Amend the PDP to enable new healthcare facilities on the site as a permitted activity.
- b. Require consent for new healthcare facilities as a restricted discretionary activity.

39. A Section 32 analysis of these options is provided below and demonstrates that enabling new healthcare facilities on the site as a permitted activity is a more effective and efficient option in achieving the MRZ objectives than requiring a restricted discretionary activity for new healthcare facilities

Option 1 –Amend the PDP to enable new healthcare facilities on the site as a permitted activity.

	Comment
Effectiveness	A permitted activity status will effectively enable new healthcare facilities to support the wellbeing of residents while maintaining the anticipated character and qualities of the MRZ through compliance with zone standards.
Efficiency	<i>Benefits:</i> <ul style="list-style-type: none"> ▪ Healthcare facilities will be enabled without the risk that they will be declined consent and without the cost and delays associated with the resource consent process. ▪ A permitted activity status will provide BTH with the confidence to keep reinvesting in their property to improve the existing healthcare facilities.
	<i>Costs:</i>

	<ul style="list-style-type: none"> Any environment effects resulting from enabling healthcare facilities will be appropriately managed through the site standards and district wide rules.
Summary	This option is effective and efficient at meeting the objectives of the MRZ. The benefits outweigh the costs.

Option 2 –Require consent for new healthcare facilities as a restricted discretionary activity.

	Comment
Effectiveness	This option would not be as effective in enabling healthcare facilities to support the wellbeing of residents as consent may be refused or onerous conditions imposed. It will be effective in maintaining the anticipated character of the MRZ, although this would duplicate the role of the MRZ standards.
Efficiency	<p><i>Benefits:</i></p> <ul style="list-style-type: none"> The anticipated character of the MRZ would be maintained. However, the MRZ standards will achieve that without the need of a resource consent. <p><i>Costs:</i></p> <ul style="list-style-type: none"> Healthcare facilities could be declined consent which would subsequently prevent the wellbeing benefits to the local and regional community being realised. The requirement for resource consent results in significant costs and delays. It will decrease the confidence BTH has in reinvesting in their property to improve the existing healthcare facilities.
Summary	This option is not effective or efficient at meeting the objectives of the MRZ. The costs exceed the benefits.

CONCLUSION

34. BTH requests relief to assure the on-going operation and development of its hospital is enabled as a permitted activity in the PDP.

35. I consider that:

- A site specific zone or precinct based control spatially limits the potential growth of BTH into adjoining land.
- The hours of operation controls do not recognise that the site has an existing use right to operate 24/7.
- The restricted discretionary activity status proposed in the s.42A report is not effective or efficient and a permitted activity status is more appropriate particularly considering the benign nature of the activity.

- d. If a permitted activity status is not allowed for new healthcare facilities at BTH, a 300m² gross floor area permitted activity threshold provides for an appropriate level of development that is consistent with the anticipated and permitted level of development in the MRZ.
- e. Enabling BTH to grow aligns with the strategic directions of the PDP.
- f. The s.32 analysis provided demonstrates that the refined relief sought is the most effective and efficient means of achieving the MRZ objectives.

36. Accordingly, it is recommended that the relief sought is allowed.