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SUBMISSION ON: Better Urban Planning Issues Paper December 2015

To: **Better urban planning inquiry
New Zealand Productivity Commission
PO Box 8036
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Introduction

Southern District Health Board (Southern DHB) presents this submission through its public health service, Public Health South. This Service is the principal source of expert advice within Southern DHB regarding matters concerning Public Health. Southern DHB has responsibility under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities. Additionally there is a responsibility to promote the reduction of adverse social and environmental effects on the health of people and communities. With 4,250 staff, we are located in the lower South Island (South of the Waitaki River) and deliver health services to a population of 306,500.

Public health services are offered to populations rather than individuals and are considered a “public good”. They fall into two broad categories – health protection and health promotion. They aim to create or advocate for healthy social, physical and cultural environments.

This submission is intended to provide general commentary on the questions posed in the Better Urban Planning Issues Paper December 2015.

General Comments

Responses to selected questions in the commentary are given below. We have not responded to all questions.

Q1. What is the appropriate scope of planning?

Where possible planning should be restricted to the likely effects on the development/change. The effects should be based on sound evidential principles (e.g. placing an off-licence premises next to a high school would not be regarded as sound planning). We are living in a highly regulated environment and some of the current requirements do not provide a net benefit to the end user and may increase the cost of social goods (e.g. housing) unnecessarily. Historically some

requirements have little to do with managing negative effects on the environment and more to do with addressing business interests. In our view Public Health and Safety are strong grounds for regulation. Business interests and aesthetics, on the other hand are far weaker grounds for regulation.

Q2. What is the appropriate role for planning in controlling land use for design or aesthetic reasons?

While the scope of planning cannot fail to include aesthetics it should mainly consider amenity and community issues/values as a whole rather than individual planning cases. For example a modern home that is constructed amongst turn of the century villas may be seen as incompatible, but not from the perspective of the people that purchased the land to build it. The overall effect of the planning character for the zone or area is retained. As planning instruments gradually incorporate national frameworks/regulations and become more prescriptive, a planner's work may involve dealing even more with aesthetic, amenity and business issues.

The problem with taking on a role concerning aesthetic design is that it can be very subjective. Consensus by the public may be the only and best judge of whether a proposal suits a particular site/location. Even so what could now be considered out of vogue or poorly suited to a new urban site may become fashionable in 100 years' time. Similarly (as demonstrated in the Petone example) no one can really predict the immediate future from as far as the future drivers for change are concerned. The current trend towards mixed use premises for housing/industrial or housing/commercial (or a mix both) are a trend that may not have existed in its current form 20 years ago.

In acknowledging the above factors, controlling land use for design is important. The way cities are designed has an enormous impact on people's health, both physical and mental.¹ For example, the presence of urban greenery, including trees, can leave residents feeling less stressed, anxious and lonely. Evidence shows that over recent years New Zealand has experienced rising rates of diagnosed mood and anxiety disorders.⁴ Access to green space is also associated with lower death rates from cardiovascular and respiratory disease and lower levels of obesity^{2,3}. Currently around 31% of adults and 11% of children in New Zealand are obese.⁴

Q3. Thinking beyond the current urban planning system, how could a new model best deal with the complex and dynamic nature of urban environments?

It is clear from the discussion in this section and that is no matter how much prescription and regulation there is, plans and building controls will only go so far in restricting change, innovation and growth. The system should include both the ability to have absolutes (e.g. no building beyond x height) while at the same time allowing for natural changes as needs change and trends develop. Public Health values need to be sacrosanct with key design features for healthy living and lifestyles. Examples of this would be access to recreational areas, safety in design for paving, transport design providing for walking, cycling and safe roading, as well as connectivity for communities to access services and treatment facilities (hospitals and medical centres). Reducing social isolation (whether in youth or adults) will also lead to improved health status and quality of life. Factors include the provision of transport and access to cultural/social activities (churches, shows, movies, entertainment and commercial shopping areas).⁵

¹ Designed to Move, (2015). Designed to Move Active Cities. Downloaded from http://www.ipenproject.org/documents/conferences_docs/active-cities-full-report.pdf [Accessed 2 July 2015]

² Ellaway, A., Macintyre, S., Xavier, B. (2005). Graffiti, greenery and obesity in adults: secondary analysis of European cross sectional survey. *British Medical Journal*, 331: 611-612.

³ Bell, J., Wilson, J. & Liu, G. (2008). Neighborhood greenness and 2-year changes in body mass index of children and youth. *American Journal of Preventative Medicine*, 35(6): 547-553.

⁴ Ministry of Health (2015). *New Zealand Health Survey: Annual update of key findings 2014/15*. Ministry of Health, Wellington. Downloaded from <http://www.health.govt.nz/system/files/documents/publications/annual-update-key-results-2014-15-nzhs-dec15-1.pdf> [Accessed 24 February 2015]

⁵ Planning Out Poverty – the reinvention of social town planning, Dr Hugh Ellis and Kate Henderson, Town and Country Planning Association London Oct 2013

The current planning system has evolved over the past 100 plus years and most likely represents a good blend of prescriptive and performance based controls while allowing for individual preferences. The planning cycles also allow for changes of land designation and use to cater for growth. They also make provision for Public Health infrastructure (sewage/solid waste). We would advocate that any proposed changes need to incorporate the benefits of the positive features of the current system.

Q4. Thinking beyond the existing planning system, how should diverse perspectives on the value of land be taken into account?

The value of the land is dependent on multiple issues. However almost without exception, land closer to central urban areas will have a higher value that in turn will be reflected in higher rents (for a higher yield) as competition to occupy this central space becomes greater. This is regardless of the designation (commercial or residential). Industrial premises are likely to suffer from reverse sensitivity issues if close to the urban centres of the Central Business District. While residential land values may be high in particular areas, there may be temptation to minimise designated land used for other services such as bushed/treed reserve areas, parks for recreation and walkways and land set aside for public health infrastructure. The value of the land therefore goes beyond that of the real estate value as it is a contributor in real terms to public health and cultural values. Papakainga planning and development in certain areas is another example of diverse perspectives and position. Relationships with iwi consultancy agents such as Kai Tahu ki Otago (KTKO Ltd) and Te Ao Marama (TAMI) will enhance the existing planning system.

Q5. Thinking beyond the existing planning system, how should the property rights of landowners and other public interests in the use of land be balanced?

The property rights of land owners should otherwise be protected (as they are at present) as this preserves the value of the land owing to the security over tenure provided. In some instances (such as acquisition by the Crown) or where a notice of requirement is sought through the Resource Management Act 1991 (RMA), this may erode the “trust” that the land will remain in the same ownership but this is extremely rare. In general land acquired by the Crown for roading or infrastructure (power generation etc.) is purchased with the intent of the wider public good and a fair market value is offered to the owner. The current second amendment to the RMA also reinforces this. It is generally not in the interest of the landowner to retain the land where for example they could find themselves adjacent to a motorway or dam development. To summarise we agree that property rights should remain unless the wider public good will benefit (new infrastructure for instance) and in any case there should be an appeal process through a neutral body. Part of this process needs to ensure land is set aside for public health infrastructure such as water and sewage works.

Q6. How does the allocation of responsibilities to local government influence land use regulation and urban planning? Thinking beyond the current planning system, what allocation of responsibilities to different levels of government would support better urban planning?

Firstly, it is difficult to think outside the current land use and urban planning system, as it has been entrenched in our minds over time. While there would be merit in further combining functions and entities, e.g. reduction in the number of plans, the dual level of function (second tier) currently offered provides some degree of accountability. An example would be where the Local Authority considers discharges from its own facilities to be a low priority (sewage effluent, landfill etc). In theory having the Regional Council as a separate entity will ensure that the right priority is afforded to developing and complying with consent requirements. At the same time there may be perceived duplication in some areas. Transport for instance may be better with more forward thinking if combined with regional and national aspirations so that local roading structures and functions meet future needs. On the contrary some transport planning functions of Regional Councils may be poorly placed. For example in Otago Urban Transport planning is seen as being more appropriately vested with the Dunedin City Council. Combining some of the planning functions between Councils, reducing plan sizes and any duplication is seen as beneficial. This is particularly the case in the Southern District where there are some very small Councils with limited

planning infrastructure. We recommend at any system has sufficient flexibility to allow local solutions to address local issues.

Q7. How can an urban planning system better integrate land use regulation and infrastructure planning?

There possibly needs to be less focus on local variation and therefore a resultant reduction in the number of plans available. The Regional Policy Statements and Regional Land Transport Plans should be more aligned and focus on the future. From a public health perspective, the more this planning at a higher and regional level focuses on active transport and access to services, then the less public health staff will need to be involved with advocacy and change at a local planning level. Regional Transport Plans should already include provision for walking, cycling and connectivity to services and amenities in a more user friendly urban environment (e.g. vehicle free areas during business hours and more attractive safe cycling pathways)

Q9. What principles around consultation and public participation should the Commission consider in the design of a new urban planning system?

We do not recommend much change beyond the present. Potentially affected parties should be consulted for land use changes and development as part of an open and basic democratic process. Limited notification should include notification of subdivision to public health agencies (e.g. current amendment to RMA that proposes limited notification to include the Medical Officer of Health).

In adopting a Health in All Policies⁶ framework Public Health values need to be incorporated into local and regional planning at as high a level as possible. Essentially the more input at that level, then in theory the less presence is required by public health the individual resource consent level. We also suggest that there is very little advantage and considerable disadvantage in having public health agencies present at open public hearings on consent/planning issues as this could be seen as potentially eroding existing working relationships between the organisations. The general public does not necessarily need to be privy to the public health issues being addressed with Council senior planning and engineering or executive staff directly at an earlier planning stage.

While New Zealand is considered leading in public participation (ability for anyone with an interest wider than the general public can submit/appear) there may be a perception that smaller fringe groups may be able to delay a relatively simple process. We would argue that this is the cost of a participatory democratic process that is a right of every citizen. This is the same open process that allows public health to take part in the process (we have no more privilege to submit and appear other than that of the general public). One way to reduce the risks of delays to the process may be to require consultation with the public (including public health) at a far earlier stage, very much like the consultation required with tangata whenua under the RMA for non-notified applications. Doing this effectively will minimise the risk of applications needing to be publically heard and if it includes Government agencies and Public Health, there will be no need for their participation in the process either.

⁶ World Health Organisation & Government of South Australia. (2010). *Adelaide Statement on Health in All Policies: moving towards a shared governance for health and well-being. Report from the International Meeting on Health in All Policies*, Adelaide. Retrieved December 4, 2011 from www.who.int/social_determinants/hiap_statement_who_sa_final.pdf

Q 13. Thinking beyond the current urban planning system, how should a new model be designed so as to avoid unnecessary administrative, economic and compliance costs?

Where possible plans should be simplified and more generic across New Zealand. Local Authorities should not be seen to profit from the consent process. They should recover costs but should not be seen to be generating income from this area. Incentives should be offered to applicants (for on time, complete and clear applications). More use should be made of on-line interactive data and application methods (simplified District Plan maps on line, ability to submit on line, simplified rules etc). This will reduce inequality issues for those that do not have access to library and consent authority documents, as well as reducing costs by allowing smaller consents to be dealt with on line, rather than having to seek professional representation/support.

Q 19. Does a goal of limiting the scope of land use regulation to managing effects, based around nationally-established environmental bottom lines, remain a valid objective?

Yes, however a number of different Councils and Regional Councils may already be using more forward thinking approaches such as Otago Regional Council's Regional Plan Water with Amendment 6A which is performance based. In this instance the Council has set clear performance standards and it is now up to land users to comply with them in whatever way they feel is appropriate.

There should also be more consistency in rules in plans across New Zealand and some way to ensure that cumulative effects over time are recognised. At present the effects based application by application approach has only limited effect unless there are more prescriptive overarching planning or guiding documents.

We do not wish to be heard in regards to this submission.



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For Public Health South