Submission on Proposed National Policy on Urban Development Capacity

To: Ministry for the Environment

Submitter: Canterbury District Health Board

Attn: Jane Murray
Community and Public Health
C/- Canterbury District Health Board
PO Box 1475
Christchurch 8140
SUBMISSION ON PROPOSED NPS ON URBAN DEVELOPMENT CAPACITY

Details of submitter

1. Canterbury District Health Board (CDHB).

2. The submitter is responsible for promoting the reduction of adverse environmental effects on the health of people and communities and to improve, promote and protect their health pursuant to the New Zealand Public Health and Disability Act 2000 and the Health Act 1956. These statutory obligations are the responsibility of the Ministry of Health and, in the Canterbury District, are carried out under contract by Community and Public Health under Crown funding agreements on behalf of the Canterbury District Health Board.

3. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

Details of submission

4. The CDHB welcomes the opportunity to comment on the Proposed National Policy Statement on Urban Development Capacity. The future health of our populations is not just reliant on hospitals, but on a responsive environment where all sectors work collaboratively.

5. While health care services are an important determinant of health, health is also influenced by a wide range of factors beyond the health sector. Health care services manage disease and trauma and are an important determinant of health outcomes. However health creation and wellbeing (overall quality of life) is influenced by a wide range of factors beyond the health sector.

6. These influences can be described as the conditions in which people are born, grow, live, work and age, and are impacted by environmental, social and behavioural factors. They are often referred to as the social determinants of health\(^1\). The diagram\(^2\) below shows how the various influences on health are complex and interlinked.

---


7. The most effective way to maximise people’s wellbeing is to take these factors into account as early as possible during decision making and strategy development. Initiatives to improve health outcomes and overall quality of life must involve organisations and groups beyond the health sector, such as local government if they are to have a reasonable impact.  

---

General Comments

8. The CDHB is an observer on the Urban Development Strategy Implementation Committee. This submission broadly supports the submission of the Greater Christchurch Urban Development Strategy (UDS) Partnership.

9. The CDHB urges Government to work with councils, tangata whenua, iwi and others to establish a collaborative forum that promotes a broader suite of actions covering legislative amendments, fiscal regimes, and other mechanisms that can contribute to sustainable urban development outcomes, including the sufficient provision of appropriate capacity for housing and business development.

10. The CDHB notes that the National Policy Statement on Urban Development Capacity (NPS UDC) consultation makes no reference to Treaty responsibilities or participation with Māori. Given the disproportionate impact such a policy will have on the poorest and most vulnerable urban populations which include urban Māori, this becomes very important. Urban development strategies should be flexible in order to include different world views regarding urban development and design. The CDHB recommends that the Government work closely with tangata whenua to decide the best mechanism for this.

11. The UDS Partnership have done substantial work on land use in Greater Christchurch and the CDHB recommends that the Ministry for the Environment work closely with UDS Partnerships to best utilise this work.

12. New Zealand has a rapidly ageing population and it is important that planning regulations allow for the ability to provide appropriate housing to meet the needs of an older population which will have many more physical limitations.

13. New Zealand research has shown that the current housing stock struggles to function adequately for people with impairments and tends to be costly to adapt. The poor functionality and accessibility of New Zealand’s housing stock contributes to the process by which individuals’ limitations are transformed into a disability. This has resulted in

   a) People being displaced from private homes into residential facilities

   b) Costly dwelling modifications which frequently under-deliver functionality, are unaffordable for individuals, and need to be rationed because of
constraints on public funding, with a consequent gap between need and supply

c) Requirements for significant in-home support provided and/or funded by families or contacted with public funding.

14. Incorporating the simple principles of universal design into housing designs now allows for housing to cater for people at all stages of life in the future. Life-time design can also lessen the impact of falls. Nearly 400,000 medically treated injuries attributed to falls occurred in the home and community settings in 2012. A community trial conducted in the Taranaki region has shown that the adoption of life-stage styled modifications have resulted in an estimated 26% reduction in the rate of injuries caused by falls at home per year in those houses where modifications had been made.  

15. The planning system needs to be adaptable to respond to New Zealand’s demographic changes. Considerations need to be given not only to adapting and improving its housing stock itself but also the following matters

a) The availability of smaller lot sizes, especially in smaller towns, as older people look to buying smaller more manageable sections.

b) The ability to add detached flats or additional dwellings onto residential sites.

c) The ability to access local shops to meet daily needs or access public transport as more elderly people are unable to use cars.

16. Considerations on land use and negative social, environmental and economic consequences need to be taken at the national and local level. National tools can be established for local bodies to tailor to their own circumstances.

17. The CDHB notes that the consultation document discusses the Government’s concerns for housing affordability and over-crowding and the impact of these things on people’s health. However the policies contained in the NPS UDC do not explicitly address these issues. The CDHB is concerned that increasing the supply of land will not directly result in cheaper affordable housing.

---

18. The proposed NPS UDC is focused on high growth areas. However due to the ageing population, there are many areas of the country which will have very low growth or negative growth. In terms of managing appropriate levels of infrastructure to people living in these areas, councils may need additional national guidance.

19. The CDHB supports in part the proposal and has a number of recommendations for consideration which would further improve health outcomes for the community.

**Specific comments**

20. It is unclear how the NPS UDC will give effect to the sustainable management purpose of the RMA. There is very little guidance given as to how urban development is balanced with environmental considerations.

21. The CDHB notes that environmental wellbeing is not included with the other wellbeing in Objective OA1. Environmental health is integral to the health and wellbeing of people. The inclusion of the word “environmental” also would reflect the purpose of the Resource Management Act which National Policy Statements must do. The CDHB recommends that the word “environmental” is included into Objective OA1.

22. The proposed NPS does not currently provide any guidance as to how it relates to other national policy statements such as the NPS for Freshwater Management. This is important as the objectives of the two documents could be disparate e.g. increased urban activity versus protection and enhancement of water bodies. There are also potential opportunities such as linking capacity to freshwater objectives by applying water sensitive design in new urban areas.

23. The consultation document notes that non-statutory guidance on balancing NPS will be released. Non statutory guidance is by its nature not mandatory, meaning decision makers can choose whether or not to follow it. The CDHB recommends that the proposed NPS UDC be amended to include specific reference as to how the NPS UDC fits with the other NPSs and which prevails in the event of any conflict.

24. The CDHB has concerns regarding the definition of feasible being restricted to the commercial viability of development. Consideration needs also to be given to the societal costs and benefits (including health costs and benefits) of establishing new
developments. In particular consideration needs to be given to the proximity of new developments to existing infrastructure, in particular water, sewage and waste water, and the transport network including links to public and active transport.

**Recommendations**

25. That a collaborative forum is created that promotes a broader suite of actions covering legislative amendments, fiscal regimes, and other mechanisms that can contribute to sustainable urban development outcomes.

26. That the word “environmental” is included into Objective OA1.

27. That the proposed NPS UDC be amended to include specific reference as to how the NPS UDC fits with the other NPSs along with Part 2 of the RMA and the wider planning framework.

28. That the definition of feasible is broadened to give consideration to societal costs and benefits.

29. That the Government work closely with tangata whenua to decide the best mechanism for include different world views regarding urban development and design.

**Conclusion**

30. Thank you for the opportunity to submit on National Policy Statement on Urban Development Capacity.

**Person making the submission**

Evon Currie Date: 12/07/2016
General Manager
Community and Public Health
Canterbury District Health Board
Contact details

Jane Murray
For and on behalf of
Community and Public Health
C/- Canterbury District Health Board
PO Box 1475
Christchurch 8140

P +64 3 364 1777
F +64 3 379 6488

jane.murray@cdhb.health.nz