Submission on Urban Development Authorities Discussion Document

To: Ministry for the Environment & Ministry of Business, Innovation and Employment

Submitter: Canterbury District Health Board
Attn: Bronwyn Larsen
Community and Public Health
C/- Canterbury District Health Board
PO Box 1475
Christchurch 8140

Proposal: Proposal for new legislation that would allow nationally or locally significant urban development projects to be coordinated under one authority.
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 Urban Development Authorities Discussion Document. 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’.

---

The diagram\textsuperscript{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\textsuperscript{3}.


\textsuperscript{3}McGinnis JM, Williams-Russo P, Knickman JR. 2002. The case for more active policy attention to health promotion. Health Affairs, 21(2): 78 - 93.
General Comments

8. The CDHB commends the Ministry for the Environment and the Ministry of Business, Innovation and Employment for creating this discussion document that will enable different groups to contribute to the current debate around New Zealand’s urban development and resource management matters.

9. The CDHB supports the overall intention of the document to streamline processes relating to large scale projects in order to improve access to affordable housing, address the needs of a growing and ageing population and support the development of vibrant and liveable cities which in turn will positively impact on the wellbeing of local communities.

10. The CDHB recognises that alternative options such as reform to existing legislation to achieve Urban Development Authority objectives has been considered and found inadequate compared to this proposal. The CDHB would like to see further assessment of legislation reform as an alternative to the Urban Development Authority proposal, as the CDHB believes the question remains open as to whether changes to current resource management legislation could achieve the same outcomes as the proposed Urban Development Authority. It is very important that any new development is considered within the context of the broader urban and rural environment, new developments should not be seen in isolation. Councils are best placed to understand the ever-evolving shape of their areas and they provide the backbone for community assets and services.

11. The powers proposed as available to Urban Development Authorities have potential to undermine usual Resource Management processes and the CDHB has concern as to potential for misuse of such powers. Any new regulations need to give effect to the Local Government Act and the Resource Management Act as local councils who remain governed by these will most likely be responsible for the long term management and maintenance of any developments.

12. The CDHB supports the Greater Christchurch Partnership joint submission. The CDHB has prepared this submission in alignment with Greater Christchurch partners who have carefully considered the potential impact of Urban Development Authorities on the Greater Christchurch area.
13. The CDHB has a number of specific recommendations for consideration that are likely to lead to improved health outcomes for the community.

Specific comments

14. Proposal: Framework – Scope (11-14): The CDHB recommends that definition of ‘urban development’ includes “providing for the needs of New Zealand’s ageing and disabled population through use of universal design principles”. It is important that new developments are accessible for those with disabilities. For example, a number of new buildings in Christchurch have included external cross-bracing over the entrance. This design is particularly hazardous for those with visual impairments and leads to the buildings being inaccessible for this group. Any proposed legislation should include safeguards to prevent design features that limit accessibility. New Zealand’s population is, like other developed countries, ageing and so future projects should have regard to the needs of older people whose physical and mental health may be in decline (due to mobility impairment, dementia etc). The application of universal design principles will ensure that new developments are accessible to the widest range of people, including older adults, those with disabilities and chronic health needs.

15. Proposal: Framework – Application (20): The CDHB supports inclusions of (a) acute housing needs and (e) high deprivation, in features that warrant a development being considered. Developing such areas which as the impact statement suggests do not yield high profits for private investors may work to reduce inequities by providing access to quality, affordable housing to communities which experience high deprivation. It is important that objectives of the development also include local amenities and adequate infrastructure, the long term costs of which are sustainable by local council.

16. Proposal: Processes – Establishment stage (22-33): The CDHB supports recognition of the importance of engaging with relevant iwi and hāpu groups and post-settlement government entities to ensure they are consulted. However, the role of local iwi is not adequately established in the current proposal. The term ‘must engage’ requires further definition and recognition of the status of Maori as

---

kaitiakitanga. Local iwi are likely to have significant historical and cultural interests in development sites. The CDHB recommends that the proposal includes a requirement for the board of directors of the urban development authorities to include a local iwi representative or at least formally consult with local iwi throughout the development process.

17. **Proposal: Processes – Objections (41):** The CDHB recommends that DHBs are given affected person’s status for any new development. A lack of explicit attention to the determinants of health (eg. housing quality and affordability, access to greenspaces, supporting active transport, accessibility) when planning developments may lead to poor health outcomes such as higher rates of disease and disability due to the impact of sedentary lifestyles or damp housing, community amenities which are unusable for disabled persons- all of which place an economic burden on the health system.

18. It is important that DHBs have the opportunity to consider any public health effects of a new development, as Public Health practitioners have a wealth of expertise relating to the assessment of environmental and social effects when reviewing resource management issues. The CDHB has previously been involved in large scale developments such as Prestons Road, Metro Sports Centre and Northern Arterial to achieve the goal of better health outcomes.

19. **Proposal: Reserves (89-92):** The CDHB recommends that the powers to alter reserves remain within Councils and should not be covered in the proposed legislation. National and international evidence shows that access to green space is very important to people’s health and wellbeing. Liveability measures such as square metres of public open space/resident; square metres of public open space/hectare of urban form; maximum walking distance to a public open space are all typical policies put in place to ensure minimum adequate reserve/public open space provision. Councils have the best oversight to ensure accessibility of reserves.

20. Additionally, there is a relationship between green space and non-communicable diseases such as coronary heart disease, anxiety and depressive disorders, stroke and type 2 diabetes mellitus\(^5\). Green spaces and reserves provide places for people

---

to increase their level of physical activity along with providing places for formal and informal social interactions and exposure to the restorative effects of nature. This is also very important to people’s mental health. Green spaces also form an important part of urban ecology by improving air quality, reducing heat sinks and the impacts of climate change. Any reduction of reserves or green spaces in urban areas needs to be given careful consideration.

21. The CDHB recommends that if proposed legislation concerning reserves is adopted then the legislation should include the following points:

a) there is a requirement to produce a Master Plan which contains details of the location and size of reserves, and that any final decisions are made with local stakeholders.

b) any alterations to reserves are made with full consultation with local residents, iwi and users.

c) any reduction of reserves is offset by an increase in other community services which would have similar health benefits such as additional playgrounds and cycleways.

22. **Proposal: Reserves- Limitations of the Power (92):** The CDHB recommends that wording of this section is altered to include the provision of public consultation, such as the following:

In the case of recreation and local purpose reserves, the powers can only be exercised after consultation with the bodies that administer, manage and own the reserve, and the general public especially with respect to the values and purpose for which the reserve is held.

23. **Proposal: Reserves – Other Matters:** The CDHB recommends that wording of this section is altered to ensure reserves remain as a local community amenity, such as the following:

For identified reserves that are exchanged, the new reserve must provide a minimum for the same purpose and values as the original reserve and if at all practicable, be located in close proximity to the community that the original reserve served.
24. **Proposal: Planning, land use and consenting – Decision making considerations (97):** The CDHB recognises that public policy plays a significant role in shaping the health of populations. Policies that enable all people to play a full and useful role in the social, economic and cultural life of their society will result in healthier communities than those where people face insecurity, exclusion and deprivation.\(^6\) The CDHB acknowledges the Resource Management Act (RMA) 1991 as legislation which adopts clear objectives for positive community outcomes within a planning framework within section 5 of the Act. The CDHB has concerns that the current proposal prioritises the strategic objectives of the development project over and above Part 2 of the RMA.

25. Part 2 of the RMA relates to the purpose and principles of the Act including the promotion of sustainable management of natural and physical resources. It is unclear in the discussion document why the new legislation regarding urban development authorities should fall outside of the mandate of the RMA and not be subject to the other matters of the Act (Section 7):

> **In achieving the purpose of this Act, all persons exercising functions and powers under it, in relation to managing the use, development, and protection of natural and physical resources, shall have particular regard to—**

  (a) kaitiakitanga:
  (aa) the ethic of stewardship:
  (b) the efficient use and development of natural and physical resources:
  (ba) the efficiency of the end use of energy:
  (c) the maintenance and enhancement of amenity values:
  (d) intrinsic values of ecosystems:
  (f) maintenance and enhancement of the quality of the environment:
  (g) any finite characteristics of natural and physical resources:
  (h) the protection of the habitat of trout and salmon:
  (i) the effects of climate change:
  (j) the benefits to be derived from the use and development of renewable energy.

26. The RMA provides an established framework for effectively managing resources. Over the past twenty years, extensive case law has established parameters giving applicants a degree of certainty. Placing the new authorities outside of this

---

framework may result in further uncertainty. The CDHB has grave concerns that the new legislation may result in poorer community outcomes and therefore poorer health outcomes as a result of adopting a system that has very few requirements for providing for people’s social, economic and cultural wellbeing and few requirements for minimising any negative effects of development on people and the surrounding environment.

27. It is noted that the Regulatory Impact Statement does recognise that there is a risk that the proposal:

is seen as being a de facto removal of the RMA or at least an undermining of the status of the RMA. In addition, the enabling nature of the legislation may put it at odds with existing local public policy objectives. There is a further risk that integration issues could arise, given that the surrounding district level policy environment may be significantly different to that for a development project (both spatially and temporally). The existence of this legislation could undermine regulatory coherence by providing an alternative pathway to the RMA.

The CDHB is concerned that these proposals will lead to fragmentation of the planning system which will result in poor social outcomes as a result of a lack of cohesion for social infrastructure planning.

28. In the first instance, the CDHB recommends that the Urban Development Authorities become a subset of the existing resource management legislation.

29. The CDHB recommends that the wording in Proposal: Planning, land use and consenting – Decision making considerations (97) is altered from

…the decision maker must have regard to the following matters, giving weight to them in the order listed:

a) First, the strategic objectives of the development project
b) Secondly, the matters in Part 2 of the RMA
c) Thirdly, other relevant matters listed in sections 66 and 74 of the RMA, and sections 104-107 of the RMA

To

a) First, the matters in Part 2 of the RMA

---

b) Secondly, other relevant matters listed in sections 66 and 74 of the RMA, and sections 104-107 of the RMA

c) Thirdly, the strategic objectives of the development project

30. **Consenting and enforcement**: It is noted that consultation recommends that consent applications within the project area for land use and subdivision will for the most part be provided for a non-notified applications, given the level of consultation during the development planning process. The CDHB recommends that the public are made fully aware of the consultation processes so they are able to participate fully.

31. **Proposal: Planning, land use and consenting – Consenting and Enforcement (106)**: The CDHB recommends that the wording in this section is altered to again give due to regard to the RMA, from:

...the decision maker must have regard to the following matters, giving weight to them in the order listed:

a) First, the strategic objectives of the development project

b) Secondly, the matters in Part 2 of the RMA

c) Thirdly, other relevant matters in sections 104-107 of the RMA

to

d) First, the matters in Part 2 of the RMA

e) Secondly, other relevant matters in sections 104-107 of the RMA

f) Thirdly, the strategic objectives of the development project

32. **The role of territorial authorities**: As mentioned earlier, the role of territorial authorities is paramount as they will be responsible to manage the area in the future and they are also working on behalf of their rate payers. In answer to the question: “Do you think the proposed legislation should prescribe the circumstances in which a territorial authority can exercise its veto power?” The CDHB recommends that the proposed legislation should include the power for territorial authorities to veto developments.

33. In regards to the question “Do you think that central government should be able to establish a development project even if agreement can’t be reached with the relevant territorial authority?” The CDHB recommends that in the first instance that central government works collaboratively with territorial authorities and local communities to resolve any major issues. If central government then chooses to
proceed with the development project, then the long term funding, the impacts of the
development and methods to mitigate any negative impacts and monitoring of the
developments need to be considered in depth.

Summary
34. The CDHB supports the intention of the consultation document to create Urban
Development Authorities as a means to accelerate development projects, increasing
the amount of affordable housing and provision of necessary infrastructure and
facilities to meet the needs of a growing population.

35. Further consideration is recommended in relation to:
   a) Ensuring that urban development authorities give regard to the needs of
      an ageing and disabled population; that definitions include requirements to
      ensure accessibility through universal design.
   b) Whether amendments to existing resource management legislation could
      meet proposed outcomes as an alternative to Urban Development Authorities.
   c) Consideration of public health impacts for any new development.
   d) Ensuring meaningful consultation with local iwi throughout each
      development project.
   e) Scope of Urban Development Authorities in relation to powers to alter
      reserves
   f) The intersection with existing resource management legislation; and
   g) The role and powers retained by territorial authorities.
   h) Processes for resolving issues and collaborative functions between
      central government and territorial authorities.

Conclusion
36. The CDHB does not wish to be heard in support of this submission.

37. If others make a similar submission, the submitter will consider presenting a joint
    case with them at the hearing.

38. Thank you for the opportunity to submit on Urban Development Authorities
    Discussion Document.
Person making the submission

Evon Currie                                      Date:  16/05/2017
General Manager
Community & Public Health

Contact details

Bronwyn Larsen
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

Bronwyn.larsen@cdhb.health.nz