



**Nelson Marlborough  
District Health Board**

# **Submission on Nelson City Council Draft Regional Policy Statement**

**24 June 2016**

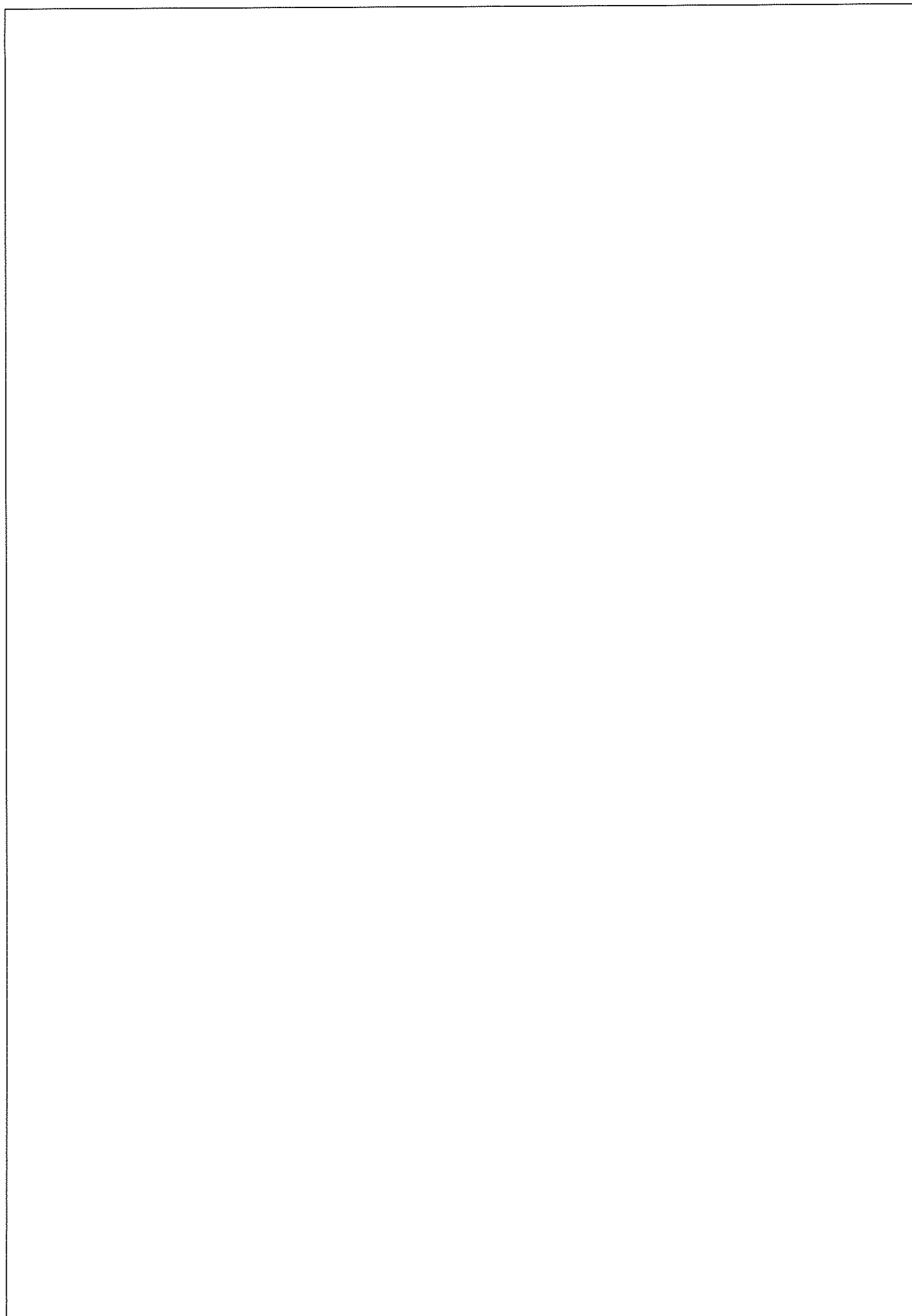
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## Introduction

1. Nelson Marlborough Health (NMH) (Nelson Marlborough District Health Board) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu, serving nearly 145,000 people in the Nelson, Tasman and Marlborough regions. NMH appreciates the opportunity to comment from a public health perspective on the Nelson City Council (NCC) Draft Regional Policy Statement (RPS).
2. NMH makes this submission in recognition of:
  - its functions and responsibilities in funding and providing health services to the public, such as the Nelson hospital and community support services (e.g. for disabilities, mental health), under the Health and Disabilities Services (Safety) Act 2001
  - its public health responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956
  - other healthcare services and facilities outside those administered by NMH but which contribute to the efficiency and effectiveness of the public health system as a whole, including those associated with emergency services, general practices, and community support services.
3. NMH also makes this submission from a Health in All Policies (HiAP) perspective. HiAP is defined as “an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.” It emphasises that local and national government objectives are best achieved when all sectors include health and wellbeing as a key component of policy development. For example, good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports sustainable habitats and environments, and contributes to security, poverty reduction and social inclusion.
4. NMH considers that HiAP recognises the parallels between the roles of the public health and local government sectors in contributing towards the shared goal of promoting and protecting community wellbeing. For example, HiAP assists NCC’s role under the Resource Management Act 1991 (RMA) of sustainably managing natural and physical resources in way that “enables people and communities to provide for their social, economic, and cultural wellbeing and for their health and safety” and ensuring that any adverse effects of activities on the environment (including effects on people and communities) are avoided, remedied or mitigated. It also underpins NMH’s role in improving, promoting and protecting the health of people and communities as identified above.
5. To elaborate further, health starts – long before we see a doctor – in our families and homes, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and water

we drink. Therefore, in order to maintain or improve community health and wellbeing attention must be focused on the social, cultural, economic and environmental factors that protect and promote good health. These factors are known as the determinants of health and more often than not have a greater bearing on the health of communities and individuals than access or use of healthcare services.

6. Local authority plans prepared under the RMA have a significant influence on shaping the environments that we live in and accordingly affect the determinants of health. Examples where the provisions of plans can have an influence on public health and wellbeing outcomes include urban design (e.g. subdivision and housing requirements, transport, opportunities for physical activity) and the sustainable management of life supporting resources (e.g. soil, air and water quality).
7. This submission sets out particular matters of interest or concern to NMH in regards to public health and healthcare services and facilities.

#### **General comments**

8. NMH supports the overall direction and intent of the draft RPS and, in particular, its aims which support good environmental and health outcomes for Whakatu Nelson including provisions that:
  - Recognise and provide for regionally and nationally significant infrastructure (including Nelson hospital and other healthcare services and facilities)
  - Provide for the strategic planning of development and re-zoning of land
  - Support energy efficiency and renewable energy
  - Maintain and enhance Nelson's character and amenity values
  - Support economic development and employment opportunities
  - Support different housing types to suit people's different and changing needs
  - Support housing affordability by ensuring adequate land supply through a mix of brownfield (urban intensification) and greenfield (urban expansion in rural areas) developments
  - Ensure that the community, property and environment remain resilient from natural hazard events and the implications of climate change
  - Retain and enhance significant historic heritage values, protect significant biodiversity values and protect outstanding natural features, landscapes and coastal natural character
  - Safeguard the life supporting capacity of soil, air and water and protect public health and safety.

## Specific comments

9. The table below sets out NMH's specific comments and recommended amendments to the content and provisions of the Draft RPS in order to better provide for the health and wellbeing of people and communities, and the healthcare services and facilities that serve the people of Whakatu Nelson and surrounding regions. Where specific amendments are recommended to strengthen or improve draft provisions, suggested additions are shown as bold font and deletions are shown as strikethrough.
10. NMH would also like to note that it was hard to assess the implications of Chapter 11 – Freshwater on public health and wellbeing given that the values that policy seeks to provide for (in relation to Objectives 11.1-11.3 and 11.5 and Policies 11.1 and 11.2) were incomplete.

	Area matter relates to	Comment/explanation	Decision sought
<b>Definitions &amp; Terms</b>			
1	Healthcare services and facilities	<p>The Draft RPS uses the term 'hospital' throughout the document which infers that it is a discrete service which is regionally significant in providing for the health of people within Nelson and surrounding regions. The terms used need to encompass or reflect not only the Nelson hospital but other healthcare services and facilities such as emergency services, general practices, and community support services.</p> <p>The Draft RPS does not contain definitions for important terms. Definitions are needed to provide certainty as to the intent of provisions and therefore their potential implications (positive or negative) on the community and the environment.</p> <p><i>'Infrastructure and other physical resources of regional importance' and 'regionally significant infrastructure' need to be defined. If these terms are interchangeable, then one needs to be used for purposes of consistency and clarity. Although Policy 2.1 explicitly lists 'regionally significant infrastructure' this list may not be exhaustive (e.g. it does not provide for the event where a case by case assessment is required) and it is unclear whether this provides the definition for other provisions.</i></p>	<p>That the terms 'hospital' and 'Nelson Hospital' are interchanged with 'healthcare services and facilities' throughout the document.</p> <p>That a definition is included in the plan for 'healthcare services and facilities' which provides for physical or mental health facilities and services including, but not necessarily limited to, the Nelson Hospital, emergency services, general practices, and community support services.</p> <p>That one term is used to represent <i>'infrastructure and other physical resources of regional importance'</i> and <i>'regionally significant infrastructure'</i> if these terms hold the same meaning; and that a definition be provided for the term(s) that specifically includes 'healthcare services and facilities' as discussed and defined above.</p>
<b>Vision for Whakatu Nelson</b>			
2	Public Health	<p>Section 2 of the Draft RPS sets out the Vision for Whakatu Nelson noting that "the following statements set out the <b>Council's vision or expectations</b> [emphasis added] for Whakatu Nelson at the end of the life of the Whakamahere Whakatu Nelson Plan". This appears to be at odds with the plan development process described on the NCC website and Section 4 of the Draft RPS whereby NCC is trying to reflect the views and preferences of the community. NMH considers that the vision statement should collectively represent the vision or expectations of NCC, the community and Tangata Whenua Iwi of Whakatu. This is important in seeking a unified approach and recognising that the roles and responsibilities for the sustainable management of natural and physical resources</p>	<p>That the vision statement collectively represents the vision or expectations of NCC, the community and Tangata Whenua Iwi of Whakatu.</p>

	Area matter relates to	Comment/explanation	Decision sought
		are shared by all people in Whakatu Nelson.	
3	Public Health	While the vision outlines the role of Whakatu Nelson's natural and physical resources in providing for the social and economic wellbeing, and to a lesser extent cultural wellbeing, of its people and communities, it does not draw a strong connection in providing for their health and safety (in accordance with the purpose of the RMA). It should be recognised that the health and wellbeing of Whakatu Nelson's people and communities is strongly linked to the health and wellbeing of Whakatu Nelson and vice versa. This interrelationship spans a wide range of aspects of the natural and physical environment (refer to the Introduction above for examples), not just in relation to good air quality as recognised currently within the vision.	That the vision recognises that the health and wellbeing of Whakatu Nelson's people and communities is strongly linked to the health and wellbeing of Whakatu Nelson and vice versa, including by making reference to this interrelationship throughout the vision statement in relation to Whakatu Nelson's various natural and physical resources.
<b>Chapter 2 – Infrastructure and Energy</b>			
<b>Issue 2.1 – Recognition of the benefits of regionally significant infrastructure</b>			
4	Healthcare services and facilities	<p>The explanation recognises that regionally significant infrastructure can give rise to adverse effects as well as that other activities can cause reverse sensitivity effects on regionally significant infrastructure. In providing balance, it is considered that Issue 2.1 should either explicitly make reference to managing both of these matters (not just the effects of regionally significant infrastructure), or none at all and keep to the key aim of the issue in that appropriate recognition needs to be provided to regionally significant infrastructure.</p> <p>The second paragraph of the explanation discusses the negative effects of not providing for the development, expansion and maintenance of regionally significant infrastructure. However, it only recognises the negative effects in terms of development and fails to recognise wider implications on the health, safety and wellbeing of people and communities such as providing adequate services and employment opportunities.</p>	<p>That the wording of Issue 2.1 is amended to either of the following:</p> <p><i>'Recognition of the regional benefits of infrastructure and other physical resources of regional importance whilst managing their effects as well as the reverse sensitivity effects of other activities.'</i></p> <p>OR</p> <p><i>'Recognition of the regional benefits of infrastructure and other physical resources of regional importance while managing their effects.'</i></p> <p>Amend the second paragraph of the explanation so that it recognises the adverse effects of not providing for regionally significant infrastructure on the health, safety and wellbeing of people and communities.</p>
<b>Objective 2.1 – Establishment, operation, maintenance and upgrading of regionally significant infrastructure</b>			
5	Healthcare services and facilities	<p>While NMH supports the intent of this objective, it also needs to explicitly provide regionally or nationally important infrastructure (including healthcare services and facilities) with opportunities for growth, as set out in the Vision for Whakatu Nelson and the explanation to Issue 2.1.</p> <p>Additionally, no policy or methods are provided which set out how this objective is going to be actioned or implemented, and therefore how the objective and vision will be achieved. This does not provide regionally significant infrastructure with the certainty that it needs, particularly with pressures such as a growing population.</p>	<p>Amend the wording of Objective 2.1 to the following:</p> <p><i>'To minimise the adverse effects of infrastructure whilst enabling the benefits of infrastructure and other physical resources of regional or national importance by recognising and providing for their establishment, operation, maintenance and upgrading and expansion.'</i></p> <p>Provide policy and methods that give effect to this objective and the Vision of Whakatu Nelson.</p>
<b>Objective 2.2 – Reverse sensitivity</b>			
6	Healthcare services and facilities	The objective as written is ambiguous. It appears to refer to managing reverse sensitivity effects of (new) infrastructure on (existing) infrastructure but does not seem to encompass reverse sensitivity effects of other activities on infrastructure. Accordingly, the objective does not appear to have a clear association with Policy 2.3.	<p>Amend the wording of Objective 2.2 so that it is clear in its intent and also so that it includes reverse sensitivity effects of all activities on existing infrastructure. Suggested amendment:</p> <p><i>'Manage potential reverse sensitivity effects of activities on existing'</i></p>

	Area matter relates to	Comment/explanation	Decision sought
		Additionally, the activities associated with existing infrastructure also need to be protected from reverse sensitivity effects.	<i>infrastructure and associated activities including the need for by ensuring that new infrastructure is resilient infrastructure and appropriately managed particularly the management of infrastructure in areas susceptible to natural hazards.'</i>
<b>Policy 2.1 – Providing for regionally significant infrastructure</b>			
7	Healthcare services and facilities	NMH notes that the Nelson Hospital and Emergency Services and Facilities are explicitly recognised as regionally significant infrastructure that is to be provided for. However, as discussed in the first point above, this needs to be expanded to include other healthcare services and facilities.	Amend the wording of Policy 2.1 so that 'healthcare services and facilities' is explicitly listed and provided for.
<b>Policy 2.3 – Reverse sensitivity</b>			
8	Healthcare services and facilities	<p>NMH supports this policy in principle which seeks to protect regionally significant infrastructure from the adverse effects of incompatible subdivision, use and development but considers that it should not be restricted to those activities in close proximity which is neither certain in achieving the intent of the policy nor measurable. Additionally, the activities associated with existing infrastructure also need to be protected from reverse sensitivity effects.</p> <p>This Policy is also inconsistent with Policy 4.12 which seeks to minimise the potential for conflicts by preventing sensitive activities (such as lifestyle development) from establishing in areas valuable for regionally significant infrastructure, but does not place a distance on which adverse effects are to be managed.</p>	<p>Amend the wording of Policy 2.3 to the following:</p> <p><i>'Protect regionally significant infrastructure and associated activities from the adverse effects of incompatible subdivision, use and development in close proximity to the infrastructure.'</i></p>
<b>Policy 2.7 – Avoiding the spread of development fronting national routes and arterial roads</b>			
9	Public Health	While the explanation to Policy 2.7 notes that consolidation will help provide for the efficient use of energy, services and infrastructure and the safety and efficiency of routes, it could go further in recognising other health, safety and wellbeing benefits of avoiding the spread of residential, industrial or commercial development fronting national routes and arterial roads outwards from urban settlements and townships.	Amend the explanation to Policy 2.7 so that it recognises other health, safety and wellbeing benefits of achieving the policy aim including, but not necessarily limited to, more walkable and connected neighbourhoods and communities (through consolidation), and minimising the potential for reverse sensitivity and air quality impacts by separating major land transport activities from residential, industrial and commercial land uses.
<b>Policy 2.8 – Renewable energy and energy efficiency</b>			
10	Public Health	While this policy recognises and provides for energy efficiency it does not outline measures to achieve it or give effect to Objective 2.4 which seeks an improvement in the efficiency of the end use of energy.	<p>That the criteria of Policy 2.8 is expanded to incorporate measures to achieve energy efficiency including, but not limited to, those related to the health and wellbeing of people such as ensuring adequate insulation in new builds/major alterations of existing housing, promoting retrofitting insulation in existing housing, and promoting the use of passive design in the construction or major alteration of residential or commercial buildings.</p> <p>That a non-regulatory method is included whereby NCC will consider supporting programmes that retrofit insulation into</p>

	Area matter relates to	Comment/explanation	Decision sought
			existing homes and/or other initiatives aimed at improving thermal efficiency and home heating.
<b>Policy 2.10 – Mitigating adverse effects of vehicle and fossil fuel usage</b>			
11	Public Health	The intent of Policies 2.10 and 2.11 should be combined into one policy given that they are overlapping issues which share the same desired outcomes of reduced vehicle and fossil fuel usage (and therefore reduced land transport pressures and pollutants) and improved community health. The mechanisms for achieving these outcomes should also be better defined.	Amend Policy 2.10 to reflect other measures in reducing vehicle and fossil fuel usage, including through incorporating the intent of Policy 2.11. Suggested amendment: <i>'Mitigate the adverse effects of vehicle and fossil fuel usage where practicable and foster improved community health by:</i> <i>(a) reducing potential travel times to and from home, work community and business places, through consolidated development of Whakatu Nelson's centres</i> <i>(b) providing active transport routes such as walkways and cycleways;</i> <i>(c) providing an integrated public transport, walking and cycling network</i> <i>(d) providing walkable and connected neighbourhoods and communities; and</i> <i>(e) promoting local economies for food, produce and other production.</i>
<b>Chapter 3 – Character and Amenity</b>			
<b>Issue 3.1 – Amenity and character values</b>			
12	Public Health	The importance of amenity values to people's health and wellbeing is not recognised in the explanation. The explanation also does not recognise the collective importance of both physical and natural amenity values within the built environment (e.g. quality urban design, greenery and open space in built environments) and how they can contribute to health and wellbeing by increasing social connectedness, encouraging people to be active, and enhancing feelings of security and safety.	Suggested amendments to the explanation of Issue 3.1: <i>'Amenity values are important to the City's social and economic vitality and community health and wellbeing. They contribute to making Whakatu Nelson an attractive and appealing place to live, work, play and visit and can contribute to people's quality of life.'</i> ... <i>Nelson's built environment contains many physical qualities and characteristics that contribute to people's appreciation of its pleasantness, aesthetic coherence, and recreational attributes. Good physical and natural amenity values within the built environment (e.g. quality urban design, greenery and open space) can contribute to the health and wellbeing of the community by increasing social connectedness, encouraging physical activity and enhancing feelings of security and safety.'</i>
<b>Noise</b>			
13	Public Health	Explicit reference to noise management is made in relation to infrastructure (Policy 2.2) and residential areas (Policy 3.4) but not amenity values in general to capture other areas outside of these activities/zones (e.g. the coastal	Provide provisions to manage noise in relation to amenity values.



	Area matter relates to	Comment/explanation	Decision sought
		marine area)	
<b>Objective 3.3 – Urban design</b>			
14	Public Health	<p>The design of development needs to be of high quality. High standards should also be achieved in residential areas which lie outside of urban boundaries. Development needs to provide for public safety as well as public space amenity.</p> <p>The same criteria should also apply to new subdivisions in that they should be of a high quality design, and provide for public space amenity (e.g. areas of public open space, street amenity, walkways) and safety, visual interest and physical activity.</p> <p>A policy which lists the standards that new subdivisions are to achieve also needs to be provided, including in giving effect to the recommended amended objective.</p>	<p>Amend the wording of Objective 3.3 to the following:  <i>'New development, particularly in commercial centres, and new subdivisions are of a high quality design and positively contributes to public space amenity and safety, visual interest and activity. High standards of urban design are achieved throughout the urban and residential environment'</i></p> <p>That a new policy is included which lists the standards that new subdivisions are to achieve in ensuring that they provide for the matters in the above recommended objective including, but not limited to, aspects such as ensuring that subdivisions provide walkable connected neighbourhoods, safety and comfort, open space, active transport options (safe for pedestrians and cyclists or linkages to existing cycle/walkway networks) and access to public transport (where practicable).</p>
<b>Policy 3.1 – Zones to manage different land uses and activities</b>			
15	Healthcare services and facilities	NMH notes with interest that Policy 3.1, and the corresponding regulatory methods, provide for the establishment of planning sub-zones including for the purposes of identifying areas appropriate for intensification or other potentially significant change over time. NMH would like to discuss the merits with NCC of the Nelson Plan including a sub-zone and associated policy/rules for the Nelson Hospital and Braemar Campus site, or some other provision, to provide for the efficient and effective operation of its current and future activities and the potential for growth/change.	That NCC and NMH discuss and explore the options and merits of the Nelson Plan providing a specific zone and associated provisions for the Nelson Hospital and Braemar Campus site.
<b>Policy 3.2 – Development in commercial centres</b>			
16	Public Health	Development in commercial areas should not only provide for public amenity values but also public safety. This is recognised in the explanation to Policy 3.2 but should be made explicit by embedding it in the policy and making sure it flows through the associated objectives and issues as noted in the above comments.	<p>Amend the wording of Policy 3.2 to the following:  <i>'Development in commercial centres should result in high quality building design and enhanced pedestrian and public space amenity and safety.'</i></p>
<b>Policy 3.7 – Managing the effects of rural land use</b>			
17	Public Health	The explanation to the policy notes examples of productive activities including the use of agricultural chemicals and the emission of noise. However, the policy neglects to recognise that many rural activities relate to land use as well as development, and that the adverse effects of activities on the health and safety of people need to be appropriately managed.	<p>Amend the wording of Policy 3.7 to the following:  <i>'Support management practices on rural land that internalise the adverse effects of land use and development within the site, or limit them to the immediate locality in a way that mitigates any adverse effects on the health and safety of others and on the ability of adjacent landowners to enjoy their land.'</i></p>

Chapter 4 – Social and Economic Wellbeing			
Issue 4.3 – Housing choice and affordability			
18	Public Health	<p>Although recommended amendments to Policy 2.8, Chapter 2 Infrastructure and Energy, cover energy and thermal efficiency, the matter of housing quality could be incorporated into Chapter 4 for completeness.</p> <p>Issue 4.3 seeks that housing maximises choice and meets different needs of the community. The explanation needs to recognise people with disabilities as well as other changing circumstances such as aging.</p> <p>While the concepts of the latter part of the explanation relating to the importance of comfort and safety in encouraging social and economic exchange are supported, they do not correspond with the intent of Issue 4.3</p>	<p>Incorporate the matter of housing quality into Chapter 4. Suggested amendments to achieve this include expanding the explanation to Issue 4.3 to include housing quality (include reference to recommended Policy 2.8 relating to energy efficiency) and amend the wording of Issue 4.3 to the following: <i>'Housing in Whakatu Nelson should be high quality, maximise choice and meet the different needs of the community.'</i></p> <p>Amend the wording of the explanation to Issue 4.3 to the following: <i>'Access to housing that meets people's needs (including people with disabilities) and provide for people's changing as their circumstances change (including as they age) allows them to remain active members in their community and feel safe.'</i></p> <p>Include a new Issue which reflects the latter part of the explanation to Issue 4.3 (comfort and safety encouraging social and economic exchange)</p>
Objective 4.2 – Urban growth promotes public health and active lifestyles			
19	Public Health	<p>The intended policy outcome is that urban growth and intensification promotes public health and active lifestyles, which is strongly supported, however, the measures provided do not ensure the promotion of active lifestyles or explicitly enable the flexibility to adapt buildings to accommodate people's needs such as disabilities, or changing circumstances like aging. It is also considered that appropriate measures need to be both enabled and provided for.</p> <p>Furthermore, there does not appear to be a policy which gives effect to this objective, and the objective itself resembles the style of a policy in terms of providing directions and actions to achieve its aim. It is suggested that Objective 4.2 is changed to a policy, and that an objective is provided to set out its overarching goal.</p>	<p>Change Objective 4.2 to a policy and provide an overarching objective in its place. Amend the wording to the following: <i>'Urban growth and intensification in Whakatu Nelson promotes public health and active lifestyles, and is focused in and around commercial centres with an emphasis on enabling and providing for:</i></p> <ul style="list-style-type: none"> <li>a) <i>Mixed use developments that support a variety of compatible land uses and reflect local needs</i></li> <li>b) <i>Flexibility to adapt buildings and spaces to accommodate a range of uses and people's needs both now and in the future</i></li> <li>c) <i>A range of building types to provide accommodation and offer opportunities for all groups within the community</i></li> <li>d) <i>The staged and structured release of additional land for residential as required over time, coordinated with investments in infrastructure networks</i></li> <li>e) <i>Open spaces that are equitably distributed, accessible and safe, and vary in size, form and their use including through incorporating diverse aspects such as streets, walkways.</i></li> </ul>

			<p><b>vegetation and views</b></p> <p><b>f) A layout that allows easy access for people of all ages and abilities, is convenient and safe for pedestrians and cyclists, and includes connections within the development and surrounding areas and services</b></p>
<b>Policy 4.10 – Rural production land</b>			
20	Public Health	<p>Objective 4.5 includes the aim that “<i>Rural areas contribute to Whakatu Nelson’s economic activity...</i>” and the explanation to Policy 4.10 notes that some parts of the district, e.g. Wakapuaka, are uniquely suited for productive economic activity. The Policy therefore needs to be strengthened to protect this valuable resource to ensure that it is continued to be used for rural production in promoting sustainable management and providing for the needs of future generations as required by the RMA. This is particularly important in helping buffer the community from the rising costs of food, in reducing the environmental footprint of food, and helping support local employment and the economy.</p>	<p>Amend the wording of Policy 4.10 to the following:  <i>‘Recognise the productive potential of land together with other conditions such as favourable microclimate, good drainage, water availability or established physical, economic or social infrastructure and encourage protect the continued availability and use of this land for continued rural production.’</i></p> <p>Include a method that prime productive land is to be mapped or zoned and rules developed to ensure its availability and use for rural production.</p>
<b>Chapter 5 – Natural Hazards</b>			
<b>Objective 5.1 – Management of hazard risk</b>			
21	Public Health	<p>While this policy recognises the importance of managing hazard risk and people’s health and safety (presumably by ensuring use and development does not increase risk), it should be expanded to also recognise the importance of works to remedy or mitigate the effects of hazards. For example, flood control works to prevent or minimise the effects of a flood event, or works required following an event to mitigate adverse effects including to people’s health and safety.</p> <p>Although this would support and provide a link to Policy 11.10(j) which recognises the role of gravel extraction in flood protection, it is considered a further general policy should be provided in Chapter 5 to provide for situations other than gravel extraction.</p>	<p>Amend the wording of Objective 5.1 to the following:  <i>‘Management of hazard risk and the adverse effects of hazards will consider people’s health and safety, and the protection of lifeline utilities’.</i></p> <p>Include a policy that recognises the importance of activities which avoid, remedy or mitigate the adverse effects of natural hazard events including effects on people’s health and safety.</p>
<b>Chapter 10 – Coastal and Marine Environment</b>			
<b>Issue 10.4 – Marine water quality</b>			
22	Public Health	<p>The explanation to the issue needs to recognise that discharges of contaminants to marine waters can adversely affect the health and safety of people.</p>	<p>Amend the wording of the explanation to Issue 10.4 to the following:  <i>‘While the bathing water quality of key recreational locations (Tahunanui and Monaco Beaches, Cable Bay and Atawhai) remains good, discharges of stormwater, sewage, sediments and other contaminants to the coastal environment can adversely affect the health and mauri of the water, as well as people’s recreational activities, and shellfish gathering and health and safety’.</i></p>
<b>Objective 10.4 – Marine water quality</b>			
23	Public Health	<p>Marine water quality needs to be of a standard which provides for people’s health as well as their safety in undertaking both recreational and cultural activities (such as kai moana gathering in accordance with Policy 10.1).</p>	<p>Amend the wording of Objective 10.4 to the following:  <i>‘Maintain or enhance the quality of marine waters to a level that ensures healthy</i></p>

*marine ecosystems and safety for people's health and safety in undertaking recreational or cultural activities'.*

## Chapter 11 – Freshwater

### Issue 11.1 – Degraded water quality

24	Public Health	<p>For consistency purposes, it is suggested that the last two catchment areas listed include the parameters which restrict its suitability for recreational grading (e.g. E. Coli).</p> <p>The list of principal causes of degradation need to include microbiological contamination.</p>	<p>That all degraded catchment areas referred to under the policy include the parameters to which the degradation relates.</p> <p>That the principal causes of degradation are amended to the following wording:</p> <p>...  <i>'Nutrient enrichment and microbiological contamination caused by run-off and leaching from production land, stock access to water, discharges of treated wastewater, leaks from infrastructure and septic tanks.'</i></p>
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### Issue 11.2 – Groundwater information

25	Public Health	<p>The Issue and explanation recognises that there is a current lack of detailed information about the Deep Moutere Aquifer and groundwater capacity in general. However, there is no method which explicitly addresses this information gap.</p>	<p>That a method is included in relation to investigating information about the Deep Moutere Aquifer and Nelson's groundwater capacity.</p>
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### Issue 11.3 – Fully allocated surface water and groundwater

26	Public Health	<p>The Issue states that surface water and groundwater use has increased and in some cases to a point where it is fully allocated. The explanation goes on to note that the demand for surface water exceeds supply in the Maitai, Roding, Saxton and Poorman Valley waterbodies. However, the objectives and policies do not signal to the community or prospective resource consent applicants that water is fully allocated within these catchments (and therefore further allocations are unlikely to be allowed), nor do they set out mechanisms to claw back abstraction volumes where over-allocation occurs.</p>	<p>That objectives, policies and regulatory methods are provided which explicitly identify fully allocated and over-allocated catchments, signal that further allocations are unlikely to be allowed, and provide mechanisms to claw back on abstraction volumes where over-allocation occurs.</p>
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### Objective 11.3 – Management of surface water and groundwater quantity

27	Public Health	<p>Not all matters set out in the objective are given effect to through policy (particularly for groundwater takes), and the objective itself resembles the style of a policy in terms of providing directions and actions to achieve its aim. It is suggested that Objective 11.3 is changed to a policy, and that an objective is provided to set out its overarching goals.</p>	<p>Change Objective 11.3 to a policy, or incorporate the matters set out into other policies, and provide an overarching objective in its place.</p>
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### Activities that should be encouraged

28	Public Health	<p>Policies should be provided which encourage activities which are preferable or beneficial in managing the quality and quantity of freshwater.</p>	<p>Include policies which encourage land-based discharges as a preference to point source discharges to water, riparian planting of surface waterbodies (preferably with native vegetation), stock exclusion from surface waterbodies, and the harvesting and storage of surface water during peak flows.</p>
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### Policy 11.1 – Values waterbodies are managed to provide for

29	Public Health	<p>Values are still to be determined for this policy. In providing for integrated management across resources, the values still to be determined for the estuarine/coastal environment need to ensure that the effects of discharges on marine water quality, including cumulative effects, are</p>	<p>That Policy 11.1, or other policies under the Freshwater Chapter, ensure that values within the estuarine/coastal environment such as marine water quality and coastal sediment supply are</p>
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		appropriately managed. Also, the effects of activities within waterbodies, such as gravel extraction, need to be managed to ensure that they do not exacerbate coastal erosion. This is also important in terms of climate change effects and increased events such as storm surges.	adequately protected from the adverse effects (including cumulative effects) of discharges, water takes and instream activities in freshwater bodies.
<b>Policy 11.2 – Surface water quality targets</b>			
30	Public Health	The policy states that where there is insufficient data to know what the existing water quality is then water must be maintained and enhanced and have regard to the values listed. However, while the associated regulatory method provides for the identification of values and limits it does not provide for the identification of baseline water quality parameters.	Amend the wording of the regulatory method associated with Policy 11.2 to the following: <i>'Include controls to maintain or enhance freshwater quality by identifying <b>baseline water quality parameters</b>, values, including cultural values, and limits.'</i>
<b>Policy 11.4 - Land use activities and effects on water quality</b>			
31	Public Health	Policy 11.4 sets out several general management options for ensuring that freshwater quality is enhanced or maintained. Where water is taken for human consumption, at least two specific legislative requirements are in place to ensure that water quality is not degraded and these should be included in this policy.	Amend Policy 11.4 to require that other legislative requirements, including NCC Bylaw 217 Water Supply and the Resource Management (National Environmental Standards for Sources of Human Drinking Water), are taken into account in the management of drinking water quality.
<b>Chapter 12 - Air</b>			
<b>Integrated management</b>			
32	Public Health	In providing for integrated management across resources, the adverse effects of air discharges on other receiving environments need to be recognised and managed. For example, the effects of abrasive blasting a bridge or wharf and the effects of abrasive blasting contaminants (e.g. lead paint) on the freshwater or marine environment.	That provisions are provided which recognise and manage the adverse effects of air discharges on other receiving environments.
<b>Policy 12.1 – Ambient air quality</b>			
33	Public Health	Policy 12.1 needs to recognise that some discharges to air are hazardous to human health or local amenity when combined with other discharges. For example, one wood burner discharge to ambient air may not give rise to adverse effects whereas numerous wood burner discharges are likely to.	Amend the wording of Policy 12.1 to the following: <i>'Manage Whakatu Nelson's ambient air quality to ensure the National Environmental Standards for Air Quality are met in a way that:</i> a) <i>does not unduly limit the ability of people to heat their home</i> b) <i>enables discharges of contaminants to air where they do not result in significant adverse effects, either on their own or in combination with other discharges, on human health, local amenity or other natural or physical resources</i> c) <i>maximises opportunities to enhance air quality through improved technology and practices.'</i>

## Conclusion

11. NMH thanks the NCC for the opportunity to comment on the Draft Regional Policy Statement.
12. NMH supports the overall direction and intent of the Draft RPS and notes that it contains many provisions which support good environmental and health outcomes. Recommendations are made where it is considered that provisions should be improved or strengthened to better provide for the health and wellbeing of people and communities, and the healthcare services and facilities that serve the people of Whakatu Nelson and surrounding regions.
13. NMH **does not wish to be heard** in support of its submission however any further clarification of the points raised is welcomed. NMH looks forward to working in partnership with NCC on public health and wellbeing issues that arise in relation to the Nelson Plan.
14. NMH would also like an opportunity to meet with the NCC to discuss management of the Hospital and Braemar Campus site under the Nelson Plan as raised in point 15 of the above table.

Yours sincerely



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