



**Nelson Marlborough
District Health Board**

Submission on Proposed Marlborough Environment Plan

1 September 2016

For more information please contact:

Angela Lenz

NMDHB Public Health Service

Email: angela.lenz@nmdhb.govt.nz

Phone: (03) 543 7805

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 Proposed Marlborough Environment Plan (MEP).
2. NMH makes this submission in recognition of:
 - its functions and responsibilities in funding and providing health services to the public, such as the Wairau 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 Marlborough District Council’s (MDC) 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 would like to thank MDC for providing realistic timeframes to review and submit on the Proposed MEP.
9. NMH supports the overall direction and intent of the Proposed MEP and, in particular, its aims which support good environmental and health outcomes for Marlborough including provisions that:
 - Support rural land and resource use for the continuation of primary production activities
 - Support economic development and employment opportunities
 - Safeguard the life supporting capacity of soil, air and water and protect public health and safety
 - Protect regionally significant social infrastructure such as community drinking water supplies
 - Retain and enhance significant historic heritage values, protect significant biodiversity values and protect outstanding natural features and landscapes and natural character values
 - Ensure that the community, property and environment remain resilient from natural hazard events and the implications of climate change
 - Support people's health and wellbeing through good building design

- Provide for the strategic planning of residential development and growth, including through a mix of brownfield (urban intensification) and greenfield (urban expansion in rural areas) developments
 - Support energy efficiency and renewable energy
 - Maintain and enhance Marlborough's character, amenity and recreational values
10. NMH would also like to commend MDC on recognising (through the Introduction and Guiding Principles of Chapter 1) that:
- The health and wellbeing of Marlborough's people and communities is strongly linked to the health and wellbeing of Marlborough's natural and physical resources
 - Social, economic and cultural wellbeing is dependent on healthy people and a healthy environment
 - The sustainable management of physical and natural resources is a responsibility shared by all people in Marlborough (including council, resource users, iwi and the community).

Specific comments

11. 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 Marlborough. Where specific amendments are recommended to strengthen or improve draft provisions, suggested additions are shown as bold font and deletions are shown as strikethrough.
12. Furthermore, NMH intends to submit a separate document which is more of a technical nature in relation to noise provisions. This document was formed through advice received from a consultant specialised in noise and contracted to the Ministry of Health. It may assist MDC with drafting the finer details of the MEP, particularly in relation to the terminology and standards used within noise provisions.

Volume 1 – Issues, objectives, policies and methods

	Area matter relates to	Comment/explanation	Decision sought
MEP structure			
1	Community in general	NMH supports MDC integrating its Regional Policy Statement, regional coastal plan, regional plans and district plans into one plan in order to provide a more streamlined and simplified resource management framework. However, it is considered that the plan structure could be improved to lessen repetition, complexity and the number of provisions. These factors made it difficult or time consuming to work out the general management direction of the MEP for some matters. For example, at least 43 policies under 7 subsections of Chapter 5 apply to all water takes in general.	It is considered that the MEP would be more workable and user-friendly through merging and simplifying a large number of objectives and policies which seek overlapping outcomes, both within and between chapters. In achieving this, the style of the earlier part of Chapter 15 (relating to water) whereby Objectives are grouped together with a suite of policies below to collectively achieve those aims may be a good option. This section of the chapter avoided duplication and was found to be well set out and easy to follow.
Definitions			
2	Public Health	The MEP uses numerous terms in relation to water supplies including: municipal water supply, community water supply, drinking water supply, community drinking water supply and registered drinking water supply. Definitions need to be provided which are consistent with other existing legislation in providing clarity and certainty of the intent of provisions.	Provide definitions for the different terms used for water supplies which are consistent with other existing legislation.
Chapter 2 - Background			
Integrated management of the Marlborough environment			
3	Public Health	The Background sets out what an integrated management approach entails including the considerations that should be recognised in carrying it out. However, it does not recognise that the health and safety of people and communities is also an important consideration alongside other factors such as social, economic and cultural wellbeing.	<p>Amend the wording of the definition of integrated management to the following: <i>'Integrated management is an active process of managing the use, development and protection of natural and physical resources as a whole and recognises the following:</i></p> <p>... (d) <i>That natural and physical resources cannot be managed without having regard to the social, economic, and cultural and health and safety interests of the community.</i></p> <p>....'</p> <p>Amend the first sentence of the explanation to the following: <i>'The social, economic and cultural wellbeing and health and safety of our community relies on the use, development and protection of our land, water, air, soil, mineral and energy resources, plants and animals and structures.'</i></p>
Statutory agencies			
4	Public Health	The Background identifies statutory agencies with responsibilities under other statutes which are consistent with the sustainable management purpose of the RMA. The Nelson Marlborough District Health Board Public Health Service is an agency that should be included within this list in	That the Nelson Marlborough District Health Board Public Health Service is identified under the 'Statutory agencies' section.

	Area matter relates to	Comment/explanation	Decision sought
		relation to its responsibilities around the sustainable management of natural and physical resources in supporting human health and wellbeing.	
Chapter 4 – Use of Natural and Physical Resources			
Issue 4B – Community infrastructure			
5	Healthcare services and facilities	While the Issue recognises the importance of regionally significant infrastructure to our social wellbeing and health and safety it does not reference the importance of healthcare services and facilities, including but not necessarily limited to, the Wairau Hospital, emergency services, general practices and community support services.	<p>That the explanation to Issue 4B recognises healthcare services and facilities as regionally significant infrastructure.</p> <p>That a definition is included in the MEP for 'healthcare services and facilities' which provides for physical and mental health facilities and services including, but not necessarily limited to, the Wairau Hospital, emergency services, general practices, and community support services.</p>
Objective 4.2 – Regionally significant infrastructure			
6	Healthcare services and facilities, Public Health	<p>Objective 4.2 seeks to provide for the efficient, effective and safe operation of regionally significant infrastructure. Further to the maintenance, upgrading and replacement of existing infrastructure the explanation to Objective 4.2 needs to provide for its operation and expansion.</p> <p>Also, in addition to existing regionally significant infrastructure, the establishment of new regionally significant infrastructure needs to be recognised and provided for.</p> <p>Policy also needs to be provided which gives effect to the above considerations.</p> <p>These changes would provide recognition and certainty for existing and future operations, and in particular, for population growth.</p>	<p>That the wording of the explanation to Objective 4.2 is amended to the following: <i>'... This includes the ability to operate, maintain, upgrade, and replace and expand existing infrastructure.'</i></p> <p>That an objective is included which recognises the importance of the establishment of regionally significant infrastructure.</p> <p>That policies are provided which give effect to Objective 4.2 in relation to existing regionally significant infrastructure (including the above recommended amendments) and the above recommended objective relating to the establishment of regionally significant infrastructure.</p>
Policy 4.2.1 – Infrastructure recognised as regionally significant			
7	Healthcare services and facilities	The Policy explicitly references infrastructure considered to be regionally significant due to its contribution to the social and economic wellbeing or health and safety of Marlborough's population. However, it neglects to reference healthcare services and facilities.	Amend Policy 4.2.1 so that 'healthcare services and facilities' is explicitly listed and provided for, as defined in point 5. above.
Policy 4.2.2 – Reverse sensitivity			
8	Healthcare services and facilities	NMH supports this policy in principle which seeks to protect the operation of regionally significant infrastructure from the adverse effects of incompatible activities but considers that it should not be restricted to those activities in close proximity which is neither certain nor measurable in achieving the intent of the policy.	Amend the wording of the explanation to Policy 4.2.2 to the following: <i>'The effective and efficient operation of regionally significant infrastructure can be protected by avoiding the establishment of incompatible activities in locations where reverse sensitivity effects may arise close proximity to the infrastructure in the first place.'</i>

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Chapter 5 – Allocation of Public Resources			
Chapter heading			
9	Community in general	This chapter is dedicated to the allocation of public resources. While some activities which utilise public resources are provided for (e.g. the taking, damming and diversion of water; the occupation of space in the coastal marine area) others are not. For example, the use of fresh or coastal waters and air for the assimilation of pollutants, the extraction and use of gravel or sand. This may be confusing for the reader.	That the chapter is renamed so that it explicitly relates to the allocation of freshwater resources and coastal space (or occupation).
Introduction			
10	Public Health	The Introduction needs to recognise that the allocation of public resources is integral to the health and safety of people and communities. For example, the allocation of water for human consumption, in line with the human use values listed within Appendix 5 of the MEP.	That the second paragraph of the introduction recognises that the allocation of public resources is integral to the health and safety of people and communities, including the provision of an example for the reader.
Objective 5.2 – Safeguarding the life-supporting capacity of freshwater			
11	Public Health	As above, the explanation to Objective 5.2 needs to recognise the contribution of freshwater values to the health and safety of communities.	Amend the wording of the explanation to Objective 5.2 to the following: <i>'The natural and human use values supported by Marlborough's freshwater bodies are important to retain given their contribution to the social, economic and cultural wellbeing and health and safety of the community.'</i>
Policy 5.3.1 – Water allocation prioritisation			
12	Public Health	<p>Policy 5.3.1 seeks to prioritise water allocation according to the relative value or significance of use, noting that the policy ensures that critical uses are provided for as a priority. NMH notes that natural and human use values are the first priority, aquifer recharge second priority, domestic and stock water supply third, and municipal water supply is the fourth and second to last priority before all other takes of water.</p> <p>However, natural and human use values, as defined in Appendix 5 (as per Policy 5.2.1), largely relate to water quality parameters rather than types of consumptive use or instream values (such as hydrological function) so do not seem to correlate with the intent of the policy. Also, as other MEP policies place allocation limits on water resources to protect natural values, it is questioned whether Policy 5.3.1 should only address the prioritisation of consumptive uses.</p> <p>Given that municipal water supply is a critical use, NMH considers that it should be given higher priority. Further to this, there does not appear to be alignment and consistency between Policies 5.3.1 and 5.3.4. Policy 5.3.4 seeks to establish allocation volumes, and avoid applying management levels and flows, for municipal water supplies. The last sentence of the explanation to Policy 5.3.4 states <i>"This policy also assists to implement Policy 5.3.1 by making municipal water supplies exempt from restrictions that would apply to other consumptive users"</i>. However, this appears to</p>	That the consumptive uses and order of priority for water allocation are reviewed and that municipal water supply is given a higher priority which recognises its importance as a critical use and provides consistency with Policy 5.3.4 of the MEP.

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		conflict with Policy 5.3.1 where municipal supply is given a low priority for water allocation.	
Policy 5.3.4 – Municipal water supplies			
13	Public Health	As noted directly above, Policy 5.3.4 seeks to make municipal water supplies exempt from restrictions applied to other users. NMH questions whether the same exemption should be applied to other networked community water supplies.	Consider expanding Policy 5.3.4 to also include networked community water supplies not administered by the MDC.
Policy 5.3.11 – Effects on existing water users			
14	Public Health	While this policy seeks that regard is given to any potential reverse sensitivity effects of water takes on other existing water takes, it does not provide for reverse sensitivity effects on activities other than water takes.	Amend the wording of Policy 5.3.11 so that it provides for reverse sensitivity effects on other activities including the effects of a water take on existing lawful point source discharges and the ability to maintain adequate assimilative capacity within receiving waters to ensure adverse effects on people's safety or the environment do not arise.
Chapter 9 – Public Access and Open Space			
Policy 9.3.9 – Provision for public open space and recreation areas through subdivision and development			
15	Public Health	While Policy 9.3.7 recognises that developing walking and cycling linkages is a means of increasing recreational opportunities and enhancing the quality of the environment, it also needs to recognise the importance of such linkages in supporting connected neighbourhoods and communities, active transport options and reducing vehicle and fossil fuel usage.	Amend the explanation to Policy 9.3.7 to recognise the importance of walking and cycling linkages in supporting connected neighbourhoods and communities, active transport options, and reducing vehicle and fossil fuel usage.
16	Public Health	<p>Policy 9.3.9 requires subdivision and development proposals to give consideration to the need for the development of neighbourhood parks and open space areas that are useable and enjoyable. However, it does not incorporate considerations of safety.</p> <p>Furthermore, the policy does not require consideration to be given to providing walking and cycling linkages. Such a consideration would help achieve Policy 9.3.7 which seeks to develop linkages in, around and between towns.</p>	<p>Amend the wording of Policy 9.3.9 to the following:</p> <p><i>'In assessing the impacts of subdivision or development through resource consent applications, consideration shall be given to the need for public open space and recreation areas to provide for:</i></p> <ul style="list-style-type: none"> <i>(a) additional neighbourhood parks needed as a result of additional residential and visitor accommodation across Marlborough;</i> <i>(b) additional open space necessary for visual relief and plantings amongst the built environment; and</i> <i>(c) the development of neighbourhood parks and open space areas that are safe, useable and enjoyable; and</i> <i>(d) the development of walking and cycling linkages to support connected neighbourhoods and communities, active transport options, and recreational opportunities.</i>
Chapter 12 – Urban Environments			
Objective 12.1 – Activities within residential zones			
17	Public Health	The objective seeks that residential zones are primarily used for residential activities with the explanation noting the	Amend Objective 12.1 to recognise and provide for compatible and appropriately

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		adverse impacts of non-compatible activities. However, it is considered that the objective, explanation and subsequent policies should recognise and encourage the positive benefits of compatible and appropriately managed mixed use developments (e.g. businesses such as cafes, hair salons, fruit and vegetable stores situated within residential areas). Mixed use developments in residential neighbourhoods can create increased character and amenity, provide greater connectivity with goods and services, more employment opportunities and encourage greater social and economic exchange without detracting from business centres being the main focal point. Although Business Zone 3 provides for smaller business areas in residential settings of Blenheim and Picton, these zones are not equitably distributed.	managed mixed use developments within residential zones.
Policy 12.1.3 – Characteristics to be maintained in Urban Residential 2 Zone			
18	Public Health	<p>Urban Residential 2 Zones cover the majority of the residential areas in Blenheim and other towns such as Picton and Renwick. Policy 12.1.3 seeks to maintain specific characteristics within the zone including intensification development (rather than infill development), larger lot sizes and lower density living. NMH understands intensification development to mean the comprehensive re-development of a property (e.g. duplexes, apartments) which usually involves the demolition and removal of existing dwelling(s). With infill development the existing house on the property is generally retained and a new house is built on the new lot that is created.</p> <p>NMH has concerns as to whether this restrictive approach of only providing for intensification development (which largely relies on a developer) will lead to greater urban spread (rather than consolidated, walkable neighbourhoods) and an inability for people to provide for their different or changing needs such as aging and wanting to remain within their existing neighbourhood or community. NMH notes that Issue 12A sets out the importance of meeting the residential needs of Marlborough's urban population. The explanation to Issue 12A goes on to recognise the need for flexibility in the size and type of dwelling options available including in relation to an aging population and increase in single person households.</p> <p>Although Urban Residential 1 Zone allows for greater density, smaller lot sizes, and infill development, this zone is comparatively small in Blenheim and not provided for in other townships such as Picton. Accordingly, it may not provide a sufficient amount of different housing types, within different localities at affordable prices and therefore address Issue 12A of the MEP.</p>	Re-consider the potential policy outcomes of not providing for infill development, smaller lot sizes and greater density in Urban Residential 2 Zone (in addition to providing for intensification development) in relation to addressing Issue 12A of the MEP (providing for flexibility in the size and type of dwelling options available including in relation to an aging population and increase in single person households) and providing for consolidated development (e.g. Policy 17.6.3)
Policy 12.2.1 – Character and amenity of residential areas			
19	Public Health	In maintaining and enhancing the character and amenity of residential areas, Policy 12.2.1 also needs to incorporate provision for walking and cycling linkages and open spaces and parks, and the consideration of public security and	Amend the wording of Policy 12.2.1 to the following: <i>'The character and amenity of residential areas within Marlborough's urban</i>

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		<p>safety.</p> <p>Additionally, the explanation to Policy 12.2.1 discusses components of character as including building height and style of built form, however, urban design standards are not provided for within the policy.</p>	<p>environments will be maintained and enhanced by:</p> <p>(a) providing for a range of areas with different residential densities and lot sizes, including for infill, greenfield and large lot developments</p> <p>(b) ensuring there are residential areas within walkable distance to community, social and business facilities</p> <p>(c) providing for sufficient open spaces and parks that are equitably distributed, and integrated, accessible and safe, and vary in size, form and their use including through incorporating diverse aspects such as streets, walkways, vegetation and views open spaces and parks to meet people's recreational needs</p> <p>(d) providing for walking and cycling linkages to support connected neighbourhoods and communities, active transport options, and recreational opportunities</p> <p>(e) higher standards of urban design that positively contributes to public space amenity and safety, visual interest and amenity and activity</p> <p>(f) ensuring people's health and wellbeing through good building design, including energy efficiency and the provision of natural light; and</p> <p>(g) effective and efficient use of existing and new infrastructure networks.</p>
Policy 12.3.3 – Business activities in Urban Residential Zones			
20	Public Health	As expressed at 17. above in relation to Objective 12.1, NMH considers that Policy 12.3.3 should be amended to explicitly recognise and provide for the benefits of compatible and appropriately managed mixed use developments within residential zones. The current criteria in Policy 12.3.3 is focused around avoiding effects on Business Zones and is only supportive of business activities in a few select areas. Policy 12.3.3 also appears to be inconsistent with Policy 12.5.2 which is generally supportive of localised shopping and service functions in meeting the needs of surrounding residential areas.	Amend Policy 12.3.3 to recognise and provide for compatible and appropriately managed mixed use developments within all residential areas.
Policy 12.4.2 – Activities within central business areas			
21	Public Health	Policy 12.4.2 states that central business areas of Blenheim and Picton are to provide a focus for retail, commercial business, employment, leisure, visitor accommodation and	Amend Policy 12.4.2 to recognise residential living as an accepted activity within the central business areas of

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		cultural activities. Residential housing in and around business environments should also be explicitly enabled provided that it is managed in a way that does not undermine the efficient and effective operation of business. Allowing residential development can offer a greater range of housing types, support business and employment opportunities, and increase the character and vitality of business areas. This would also ensure that this policy is consistent with Policy 12.5.1 which promotes higher density living and apartments above businesses.	Blenheim and Picton.
Policy 12.6.2 – Amenity outcomes for development in business or industrial zones			
22	Public Health	Policy 12.6.2 seeks that development in business and industrial zones provide good amenity outcomes. Given that business and industrial zones are very different environments with different levels of public activity and expected amenity values, it is considered that the amenity outcomes sought for business and industrial zones should be divided into separate policies which achieve different outcomes reflective of each zone. For example, development within business zones should consider factors such as public safety and impacts on pedestrians, cyclists and people with disabilities.	<p>Provide separate policies for amenity outcomes sought for business and industrial zones and amend the wording of Policy 12.6.2 to the following:</p> <p><i>'Development of activities in business or industrial zones will provide good amenity outcomes through the following:</i></p> <ul style="list-style-type: none"> (a) <i>ensuring people's health and wellbeing are maintained and enhanced through good building design</i> (b) <i>requiring a high standard of design that positively contributes to amenity, public safety and visual interest and amenity qualities (noise levels, minimal dust and odour, privacy, overall volumes of traffic movements, building bulk and density and access to daylight, street lighting and visibility)</i> (c) <i>ensuring 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/or with surrounding areas and services</i> (d) <i>providing planting on road reserve</i> (e) <i>requiring integration of landscaping on individual allotments to soften the appearance of buildings fronting the road in areas outside of the streets identified in Appendix 18.</i> <p>That the permitted activity standards for commercial activity (rules 9.3.1 and 10.3.1.1), and large format retail (rule 11.3.1) reflect the above changes</p>
Chapter 14 – Use of the rural environment			
Policy 14.1.2 – Avoidance of rural fragmentation			
23	Public Health	As noted in the explanation, land used for primary productivity can be constrained and fragmented by the location and density of subdivision, as well as parcel size.	Amend the wording of Policy 14.1.2 to the following: 'Subdivision location, density and

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		This needs to be explicitly recognised and controlled by the policy in ensuring that prime production land 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. NMH also questions the relationship of this policy with Policies 14.3.2, 14.4.1, 14.4.2, 14.4.3, 14.4.4, 14.4.10, 14.5.1 and 14.5.2, which all appear to seek similar outcomes in terms of residential subdivision and development within rural environments, including the protection of existing primary production activities.	<i>Parcel size in rural environments shall ensure there is adequate choice for primary production and avoids the fragmentation of land for primary productive use.'</i>
Policy 14.1.4 – Management of primary production activities			
24	Public Health	Policy 14.1.4 seeks to manage the potential adverse effects of primary production activities through policies and methods including permitted activity standards. However, it neglects to manage potential effects on the health and safety of people (e.g. through the use of agricultural chemicals) and the ability of adjacent landowners to enjoy their land (e.g. nuisance effects such as noise, odours, dust).	Amend Policy 14.1.4 to address potential adverse effects on the health and safety of people and the ability of adjacent landowners to enjoy their land.
Policy 14.1.5 – Drinking water supply in rural subdivisions			
25	Public Health	Policy 14.1.5 requires rural subdivisions to provide a minimum of two cubic metres of drinkable water per new allotment per day. The explanation to this policy states that this is to ensure sufficient water is available for an individual's reasonable domestic needs including for drinking, garden watering and household uses. Given that some of these end uses do not necessary require water to be of a drinking water standard, and therefore could be provided for through a separate system (e.g. non-potable water for garden watering), NMH questions whether this volume of drinkable water is reasonable, and secondly feasible to treat to a drinking water standard.	Review the volume of water required to be of a drinking water standard to ensure that it is both reasonable and feasible.
Chapter 15 – Resource Quality (Water, Air, Soil)			
Policy 15.1.24 - Hazardous substances			
26	Public Health	<p>Policy 15.1.24 (and Policy 15.5.5) seeks that agencies involved in any spill of hazardous substances establish a response capability to deal with spills that enter the environment, waterbodies or coastal waters. However, there is no policy which requires the operators of activities (e.g. industrial sites, mobile activities) who use hazardous substances (and who are generally first on the scene to be able to react) to have appropriate treatment and/or spill response facilities to prevent or mitigate the contamination of stormwater, ground water or surface waters.</p> <p>Although NMH notes that regulations under the Hazardous Substances and New Organisms Act 1996 will be primarily relied on (as per Policy 15.5.1), this only relates to the way that hazardous substances are used, stored and transported, not managed in the event of a spill.</p>	<p>Include a policy that requires operators to appropriately locate, design, construct and manage treatment and/or spill response facilities (where appropriate) for hazardous substances.</p> <p>That the same or similar policy is required in relation to preventing or mitigating the contamination of soils (for instances where activities do not occur on impervious surfaces where stormwater contamination is of more concern).</p>

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Method 15.M.11 – Liaison			
27	Public Health	Method 15.M.11 sets out the parties that MDC will liaise with in determining the uses and values of waterbodies. The Nelson Marlborough District Health Board Public Health Service considers that it should be part of this consultation in relation to public health and wellbeing matters.	That Method 15.M.11 is amended to include the Nelson Marlborough District Health Board as one of the parties to liaise with in determining uses and values of waterbodies.
Policy 15.1.32 – Sedimentation effects on waterbodies			
28	Public Health	While Policy 15.1.32 considers the effects of sedimentation on the values of waterbodies and coastal environment areas identified in appendices of the MEP, it does not contain a criterion for considering the effects of sedimentation on the aquatic/marine environments and associated social, cultural and economic values of all other areas.	Amend Policy 15.1.32 to include a criterion for considering the effects of sedimentation on the aquatic/marine environments and associated social, cultural and economic values of areas not identified within Schedule 1 of Appendix 5 or Appendix 2 of the MEP.
Policy 15.2.2 – Phasing out older wood burners			
29	Public Health	NMH strongly supports Policy 15.2.2 (and associated Rules 5.5.5 and 12.5.3) which will see wood, coal or other burners which have been installed for more than 15 years phased out. The explanation to Policy 15.2.2 notes that the National Environmental Standards for Air Quality (NESAQ) will be able to be met in 2016 if older enclosed wood burners are replaced (in conjunction with a prohibition on open fires and outdoor burning of rubbish). The date when this can be achieved needs to be revisited given that Rule 12.5.3 does not prohibit the use of older wood burners until Mid 2017.	Amend the anticipated timeframe for meeting the NESAQ as set out under Policy 15.2.2.
Policy 15.2.3 – Multi-fuel burning appliance standards			
30	Public Health	Policy 15.2.3 requires new multi-fuel burning appliances to comply with the National Environmental Standards (NES) for wood burning appliances but neglects to require any new wood burners, or any replacement wood or multi-fuel burners (i.e. those older than 15 years that are required to be replaced by Policy 15.2.2), to also meet the NES standards.	Amend the wording of Policy 15.2.3 to the following: <i>'Require all new and replacement multi-fuel and wood burning appliances to comply with the National Environmental Standards for Air Quality design standard for wood burning appliances'</i>
Policy 15.3.5 – Management of discharges not specifically provided for			
31	Public Health	Policy 15.3.5 is a catch-all policy in that it manages discharges to air not specifically provided for by other policies. Like the specific policies, this policy needs to provide for cross media effects between air and other receiving environments (e.g. deposition of dust, contaminants entering waterways).	Amend the wording of Policy 15.3.5 to the following: <i>'Manage the discharge of contaminants to air not specifically provided for in Policies 15.2.1 to 15.2.3 or 15.3.1 to 15.3.4 by:</i> ... <i>(c) avoiding or mitigating adverse effects on any other values including as a result of cross media effects between air and other receiving environments.</i>
Method 15.M.30 – Education on wood burner operation			
32	Public Health	Method 15.M.30 seeks to ensure that the community is well informed about the need to use dry firewood to reduce PM ₁₀ emissions. This needs to be expanded to include other factors which contribute to poor air quality and energy inefficiency.	Amend Method 15.M.30 so that the community is well informed about how to operate their wood burners correctly to ensure more efficient heating and less pollution. This includes burning the right wood (dry, seasoned hardwood; no chemical treatment or rubbish) the right

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			way (hot and not smouldering fire, not overloading the appliance).
Chapter 16 – Waste			
Policy 16.2.6 – Discharge of solid waste to land			
33	Public Health	<p>Policy 16.2.6 sets out the considerations for decision making and imposing consent conditions on resource consents for the discharge of solid waste to land.</p> <p>NMH questions the need and lawfulness of the considerations under (d) given that the disposal of unauthorised materials would be a breach of resource consent conditions or the RMA/MEP (and thus an enforcement issue) rather than a consideration during the consent application process.</p> <p>Also, Policy 16.2.6 needs to consider additional matters including adverse effects on public health or amenity, the contamination of groundwater, and other contaminants (further to heavy metals or hazardous substances). The discharge of biosolids to land is an example where these further matters would need to be considered.</p>	<p>Amend the wording of Policy 16.2.6 to the following:</p> <p><i>'In deciding whether to grant resource consent for any discharge of solid waste to land and the need to impose consent conditions to avoid, remedy or mitigate adverse effects, decision makers need to determine whether there will be:</i></p> <ul style="list-style-type: none"> <i>(a) soil or groundwater contamination from the accumulation or leaching of heavy metals and—other, hazardous substances or other contaminants</i> <i>(b) contamination of waterbodies through runoff of sediment or leachate</i> <i>(c) erosion, land instability and/or run-off of sediment into waterbodies due to land disturbance activities associated with the activity</i> <i>(d) adverse effects on public health or amenity</i> <i>(e) reduced amenity values due to disposal of unauthorised material resulting in odours, rubbish accumulation and vermin</i> <i>(f) adverse effects to the mauri of ecosystems, waahi tapu sites and other sites of cultural significance by discharges of sediment or leachate onto or into land.</i>
Chapter 17 - Transportation			
Policy 17.6.3 - Mitigating adverse effects of vehicle and fossil fuel usage			
34	Public Health	<p>The intent of Policies 17.6.3 and 17.6.4 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.</p>	<p>Amend Policy 17.6.3 to reflect other measures in reducing vehicle and fossil fuel usage, including through incorporating the intent of Policy 17.6.4. Suggested amendment:</p> <p><i>'Mitigate the adverse effects of vehicle and fossil fuel usage where practicable and foster improved community health by:</i></p> <ul style="list-style-type: none"> <i>(a) reducing potential travel times to and from home, work community and business places, through consolidated development of Marlborough's towns</i> <i>(b) providing active transport routes such as walkways and cycleways;</i> <i>(c) providing an integrated public transport, walking and cycling</i>

	Area matter relates to	Comment/explanation	Decision sought
			<p><i>network</i></p> <p>(d) <i>providing walkable and connected neighbourhoods and communities; and</i></p> <p>(e) <i>promoting local economies for food, produce and other production.</i></p>
Chapter 18 – Energy			
Policy 18.2.1 – Efficient use of energy			
35	Public Health	Policy 18.2.1 needs to recognise the role of retrofitting insulation in existing housing in relation to increasing energy efficiency.	<p>That the explanation to Policy 18.2.1 is amended to recognise the importance of retrofitting insulation into existing housing stock in terms of increasing energy efficiency (alongside behavioural change).</p> <p>That a non-regulatory method is included whereby MDC will consider supporting programmes that retrofit insulation into existing homes and/or other initiatives aimed at improving thermal efficiency and home heating.</p>
Chapter 19 – Climate change			
Introduction			
36	Public Health	The Introduction needs to recognise that climate change is the biggest global health threat of the 21 st century. NMH would also like to see action being encouraged towards decreasing carbon emissions upfront within the Introduction.	That the Introduction to Chapter 19 recognises that climate change is the biggest global health threat of the 21 st century and that MDC encourages action being taken towards decreasing carbon emissions.
Issue 19A – Climate change effects			
37	Public Health	The explanation to Issue 19A includes a paragraph on the potential health effects of climate change. This should be expanded to recognise other serious threats such as health effects from extreme weather events (e.g. floods, droughts or fires). These include direct effects such as injury but also stress related mental health effects. Another serious threat includes changing insect born disease patterns. Rising temperature increases the risk of disease carrying insects such as certain mosquito species becoming established.	That the explanation to Issue 19A is expanded to recognise other serious public health effects such injury or stress related mental health effects from extreme weather events (e.g. floods, droughts or fires) and changing insect born disease patterns such as certain mosquito species becoming established.
Objective 19.1.1 – Promotion of actions to offset carbon emissions			
38	Public Health	NMH strongly supports MDC assessing and addressing the carbon footprint of its own activities and encouraging other businesses to do likewise. In giving effect to this, NMH recommends that MDC records and reports on its carbon emissions and encourages other local businesses and organisations to do the same. Current council activities which go towards lowering carbon emissions, such as MDC's role in planting trees, should also be recognised.	That the explanation to Objective 19.1.1 is expanded to include that MDC will record and report on the carbon emissions of its own activities and encourage other local businesses and organisations to do the same. Also that current activities that MDC undertakes, such as its role in planting trees, be recognised.

Volume 2 – Rules

	Area matter relates to	Comment/explanation	Decision sought
Chapter 3 – Rural Environment Zone			
Permitted activity standards 3.3.16 – Filling of land with clean fill			
39	Public Health	The permitted activity standards for filling an area with clean fill do not specify what materials constitute 'clean fill' to ensure that they are inert and soil and/or water contamination does not occur.	<p>That a permitted activity standard is added which specifies acceptable clean fill materials in accordance with the Ministry for the Environment's 'A guide to the management of cleanfills' (2002) or other best practice standards</p> <p>That all other permitted activity standards for filling of land with clean fill also contain the same criteria as above (including 4.3.15, 13.3.18, 14.3.9, 15.3.17, 17.3.5, 18.3.6, 19.3.6 and 22.3.7).</p>
Chapter 5 – Urban Residential 1 & 2 Zone			
Permitted activity rule 5.1.9 - Permitted activities for the Wairau Hospital (identified in Appendix 16)			
40	Healthcare services and facilities	<p>Appendix 16 of the MEP provides one permitted activity (Rule 2.1.1) for the Wairau Hospital. Provided that the listed permitted activity standards are met, Rule 2.1.1 allows health services, their ancillary services, and buildings (to a maximum height of 20 m) associated with the service without the need of a resource consent. All other activities not provided by this rule are subject to the rules of Chapters 2 (general rules applying to all zones) and 5 (Urban Residential Zone 2) of the MEP.</p> <p>This would potentially mean a fully notified resource consent process (and/or uncertainty through a discretionary activity status) for other activities that fall outside of those explicitly provided for.</p> <p>NMH notes with interest that Policy 17.1.1 of Chapter 17 – Transportation establishes specific zoning (with associated policy and rules) to recognise and provide for the continued development, improvement and operation of Marlborough's airports (including protecting the potential future expansion of the Blenheim Airport runway). Furthermore, specific zoning and associated policy/rules are proposed for the Lake Grassmere Salt Works which recognise and provide for its continued operation.</p> <p>NMH would like to discuss the opportunity and merits with MDC of expanding the current provisions under Appendix 16, including the option of zoning and associated policies/rules for the Wairau Hospital and associated facilities/activities, to provide for the efficient and effective operation of its current and future activities and potential for growth/change.</p>	That MDC and NMH discuss and explore the options and merits of expanding the provisions of Appendix 16 of the MEP including by providing a specific zone and associated provisions for the Wairau Hospital and associated facilities/services.
Permitted activity rule 5.2.2.1 – Noise limits			
41	Healthcare services and	Rule 5.1.13 permits "community activity using an existing community facility". NMH notes that community activity is	That Rule 5.2.2.1 includes the following advice note:

	Area matter relates to	Comment/explanation	Decision sought
	facilities	defined as 'the use of land and buildings for the purpose of supporting the health, welfare, education, culture and spiritual wellbeing of the community including not for profit childcare facilities, active and passive recreation'. It appears this definition includes the Wairau Hospital and other medical services and therefore they are subject to the permitted activity limits under 5.2.2.1 for noise.	"Exception: This noise limit does not apply to activities of the Wairau Hospital and/or other medical emergency services including, but not limited to, sirens and the operation of helicopters."

Conclusion

13. NMH thanks the MDC for the opportunity to comment on the Proposed Marlborough Environmental Plan (MEP).
14. 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 Marlborough.
15. 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 MDC on public health and wellbeing issues that arise in relation to the MEP.
16. NMH would also like an opportunity to meet with MDC to discuss management of the Wairau Hospital site under the MEP as raised in point 40. of the above table.

Yours sincerely



Patrick Ng
Acting Chief Executive
 Patrick.ng@nmdhb.govt.nz