

Submission on Tasman District Council Proposed Plan Change 66: Richmond Housing Choice

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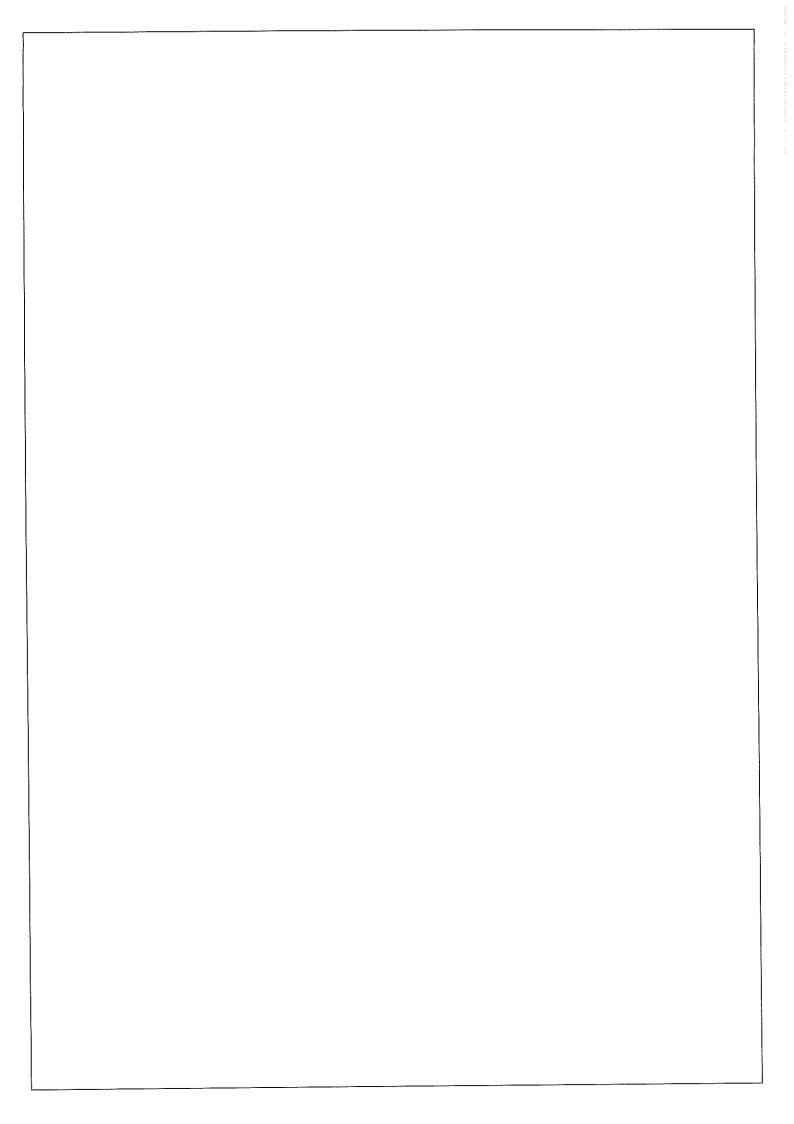
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Introduction

- Nelson Marlborough Health (Nelson Marlborough District Health Board) (NMH) is a
 key organisation involved in the health and wellbeing of the people within Te Tau
 Ihu. NMH appreciates the opportunity to comment from a public health perspective
 on the Tasman District Council Proposed Plan Change 66: Richmond Housing
 Choice.
- NMH makes this submission in recognition of its 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.

General support

- 3. NMH strongly supports the purpose of the Proposed Plan Change to encourage medium density housing in Richmond, close to the town centre.
- 4. The sustainable use of land and infrastructure, compact walkable neighbourhoods promoting incidental exercise and improved social interactions, and more affordable housing for smaller household sizes are just some of the benefits that urban intensification can provide, leading to improved community health and wellbeing outcomes.
- However, NMH considers that the Proposed Plan Change needs to go a step further
 in order to effectively provide a diversity and form of housing which caters for
 Tasman's ageing population and/or those living with disabilities.

Housing that caters for older people and people with disabilities

- 6. Nelson Marlborough has a higher proportion of its population in the 65+ year age group than other New Zealand regions, and this difference has increased between the last two Census years to a greater degree in Nelson Marlborough.¹ Tasman and Marlborough are projected to have the largest rate of growth of people aged 75+ years, over doubling by 2033.²
- 7. NMH believes that allowing the intensification of brownfield locations, close to amenities and services, is necessary in providing for the region's ageing population to "age in place" (live at home into your older years). Older persons generally state a strong preference for living in their own home or non-institutional community settings.³ Private homeownership has been associated with better health outcomes for older people as it alleviates the financial pressures and anxiety associated with high accommodation costs and minimal security of occupancy.⁴ Subsequently there is a growing demand for smaller houses and properties.⁵
- 8. Additionally, adults living with a disability are more likely to be living alone or with a partner only.⁶ NMH considers that an increase in the availability of smaller, easy

- care properties close to amenities and services may go towards providing greater independence and more housing choice.
- 9. However, in addition to encouraging smaller compact properties, housing also needs to be functional. Key factors include accessibility (ease of entering and navigating in and around the home) and adaptability (to cater for changing needs such as experiencing an injury or disability).
- 10. Older people have more sensory and physical limitations than younger people. Housing that does not meet their needs exacerbates existing health conditions and heightens the impacts of impairment. This triggers dislocation from their communities, admission to an unnecessarily high level of care and support, and shifts the cost of what is primarily a housing problem onto the health and social services sectors.⁷
- 11. New Zealanders living with a disability also find it "impossible" to buy homes that meet their needs, and it is also very difficult to find suitable rental properties.⁸
- 12. The Proposed Plan Change recognises the need for housing to function effectively. Its explanatory statements and provisions refer to the need for diversity and choice of housing density and form to cater for a changing demographic profile and a range of living options, and the need to take into account people's preferences.
- 13. However, NMH considers that these high level provisions need to be underpinned and strengthened by policy and methods which support the implementation of universal design principles to ensure that Tasman housing is accessible and the opportunity to age in place or live independently is provided for. While proposed policy 6.1.3.1A of the Plan Change requires consideration of TDC's Urban Design Guidelines, NMH notes that these guidelines only discuss accessibility insofar as residents accessing surrounding urban facilities.
- 14. Universal housing suits a family's needs over a lifetime and can easily be adapted with minimal cost to meet individual and specialist needs. Dwellings have long lifetimes and at some stage in a dwelling's life it will be either occupied or visited by someone with mobility issues. Universal design ensures a home is sustainable and can be adapted to meet the life-time needs of the resident from the stage where they have young children in pushchairs to when they are elderly and/or have a disability. Specifically, it 'describes the concept of designing housing features to be aesthetic and usable to the greatest extent possible by everyone, regardless of their age, ability, or status in life'. 10
- 15. Universal design can also lessen the impact of falls. Nearly 400,000 medically treated injuries attributed to falls occurred in the home and community settings in 2012.¹¹ A community trial in Taranaki has shown that the adoption of universal design modifications have resulted in an estimated 26% reduction in the rate of

- injuries caused by falls at home per year in those houses where modifications have been made. 11
- 16. BRANZ research⁸ has shown that it is considerably cheaper and less disruptive to incorporate universal design features into a new build than retrofit the same house later. As an example, the average extra cost of equipping a new house with universal design features is \$1,720 while retrofitting these new houses at a later date would cost an extra \$16,990 on average (using 2011 figures).
- 17. The uptake of universal design principles is more critical given that the proposed plan change allows an increased building height to two stories. While NMH agrees that allowing some two-story housing is appropriate for intensification purposes, it is concerned that the plan change will predominately result in this form of building with the proposed new minimum lot size of 200m³ and an increased building coverage of 50%, and such an option being attractive to developers. Although some people want two-storey houses, 80% of demand is for one-storey compact housing.¹² Furthermore, unless specific design features are incorporated during the build phase of a two-storey home, it is unlikely to be suitable for ageing residents and/or those living with a disability.
- 18. In order to meet the strategic goal of providing housing that caters for Tasman's changing demographic profile and offers a range of living options, NMH considers that developers need to be provided financial incentives to incorporate universal design features within the smaller brownfield developments that the plan change is seeking. Incentives may include measures such as reducing development contributions and reserve financial contributions, structuring policy and rules to reduce uncertainty and costs for building consent processes, and/or allowing an increased building coverage for homes that incorporate universal design standards as done by Thames-Coromandel District Council.¹³
- 19. Additionally, NMH believes that consideration should be given to requiring the incorporation of universal design standards within a certain proportion of large multi-unit developments. The following standards are used by Banyule City Council in Melbourne, Australia¹⁴:
 - a) 10+ dwellings = minimum 20% of dwellings incorporate Liveable Housing Design Guidelines
 - b) 3-9 dwellings = minimum of one dwelling incorporate Liveable Housing Design
 Guidelines
 - c) 1-2 dwellings = voluntary incorporation of guidelines.

Relief sought

20. That policy is strengthened by making the following recommended amendments (additions are shown in **bold**):

Proposed Policy 6.1.3.1A

To encourage medium density housing developments that achieve a high standard of amenity **and functionality** in areas identified on the planning maps as the Richmond South, Richmond West, Mapua Special and Richmond Intensive development areas and the Motueka West Compact Density Residential Area by:

- (a) ensuring the suitable and compatible location, height, density, scale and bulk of intensive residential development relative to its context and adjacent land uses, including streets and reserves
- (b) encouraging best practice and design through the use of the Council's Urban Design Guide
- (c) promoting and incentivising new residential buildings that incorporate universal design principles in providing for occupants' life stages and changing physical needs.
- 21. That methods for achieving the policy include financial incentives for developers that incorporate universal design features within medium density housing developments e.g. reduced development contributions and reserve financial contributions, reduced uncertainties and costs for the building consent process, allowing an increased building coverage.
- 22. That consideration be given to requiring the incorporation of universal design standards within a certain proportion of large multi-unit developments.

Conclusion

- 23. NMH thanks TDC for the opportunity to comment on the Proposed Plan Change.
- 24. While NMH supports the intent of the Proposed Plan Change, it considers that it could go further in providing a diversity and form of housing which caters for Tasman's ageing population and general preference to age in place, and those with a disability wanting to lead more independent lives.
- NMH does not wish to be heard in support of its submission.

Yours sincerely

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² Heslop M, Bullen C, Cassidy T. 2017. *Health Promotion Services Review*. Report prepared for the Nelson Marlborough District Health Board.