

In the matter of The Resource Management Act 1991

and

In the matter of **Southern District Health Board for the
Queenstown Lakes Proposed Plan Low
Density Residential Zone Hearing**

STATEMENT OF EVIDENCE OF JULIE ANNE MCMINN (MNZPI)

QUALIFICATIONS AND EXPERIENCE

1. My name is Julie Anne McMinn (MNZPI).
2. I hold the degrees of Bachelor of Science in Geography and Geology from the University of Canterbury and I hold a Diploma in Regional and Resource Planning from the University of Otago.
3. I am a Full Member of the New Zealand Planning Institute.
4. I have over twenty years of professional experience in the field of Resource Management Planning. I have been employed as a Resource Management Planner by Opus International Consultants since 1994. I am responsible for the provision of consulting services in resource management and planning to a range of public and private clients including government departments and regional and territorial authorities.
5. My planning experience includes preparing and processing numerous resource consents, notices of requirements (NOR's), outline plans, submissions and planning evidence for a variety of clients.
6. I have been engaged by the Southern District Health Board (Southern DHB) to present planning evidence at his hearing and I prepared the Southern DHB submission and further submission on this matter.
7. I confirm I have read the code of contact for expert witness contained in the Environment Court Practice Note 2014 and that I agree to comply with it. I confirm that I have considered the material facts that I am aware might alter or detract from the opinions expressed here and have not omitted to consider material facts known to me that might alter or detract from the opinions I express.

SCOPE OF EVIDENCE

8. In my evidence I will discuss the following:

- Review the further submission points made by the Southern DHB in relation to the Low Density Residential Zone (LDRZ) Chapter
- Discuss the Section 42A Report recommendations on the Southern DHB submission; and
- Conclusions.

SOUTHERN DHB SUBMISSION

9. The Southern DHB submitted on the Low Density Residential Zone including opposing the term Community Facility and replacing this with the definition of Community Activity **unless** the Community Facility subzone or similar is included within the Proposed Plan and over the Hospital site.
10. The Southern DHB also sought to have Community Activities (which includes Hospitals) activity status changed from full discretionary as notified to permitted subject to performance standards. The proposed discretionary activity status seems to be out of context with the objectives and policies notified and does not recognise the importance of the Frankton hospital site.
11. Currently within the Operative Plan the hospital is within the Community Facilities Sub Zone within the Low Density Residential Zone. Hospitals are provided for within two definitions in the Operative Plan:
12. *COMMUNITY ACTIVITY: Means the use of land and buildings for the primary purpose of health, welfare, care, safety, education, culture and/or spiritual wellbeing. Excludes recreational activities. A community activity includes schools, hospitals, doctors surgeries and other health professionals, churches, halls, libraries, community centres, police stations, fire stations, courthouses, probation and detention centres, government and local government offices.*
13. *COMMUNITY FACILITY: In relation to a community facility sub-zone means the use of land and/or buildings for Health Care services, Hospital activities, ambulance facilities, elderly person housing and carparking and residential accommodation ancillary to any of these activities.*

14. Community Facilities and Activities are a permitted activity in the Low Density Residential Zone. However buildings for Community Facilities are a controlled activity subject to meeting the relevant site standards. Given the site standard under Rule 7.6.6.1 requires:
15. *(b) No more than 40m² of the gross floor area of the buildings on a site shall be used for activities, other than residential activities. Provided that this standard does not apply to visitor accommodation which is a Permitted Activity.*
16. Any further development on the existing hospital site would be a discretionary activity requiring resource consent.

SECTION 42A REPORT

17. The Planner's recommendation recognises that the LDRZ no longer includes a Community Facility Sub Zone or the controlled activity status for buildings in the Community Facility Zone (subject to specific performance standards). The planner goes on to state that they agree with the Southern DHB to delete the term Community Facility from the LDRZ as this zone doesn't appear in the maps as notified. However the planner does not acknowledge the second part of the Southern DHB submission:
18. *"The SDHB therefore opposes the term and definition of Community Facility and seeks this definition to be deleted **unless** a Community Facility Subzone (or similar) be included within the Proposed Plan and over the hospital site.*
19. If a Community Facility Sub Zone is not going to be included in the plan then there is no need for definitions for both Community Activity and Community Facility within the plan and this was the thrust of the Southern DHB submission.
20. However the planner goes on to note in the wider view (para 11.16) they do not want to delete the term Community Facility from the plan in its entirety as they do not want to limit the opportunity for a Community Facility Sub Zone being included in the Stage 2 of the Proposed District Plan review.

21. I find this confusing, uncertain and seemingly illogical. The planner raises the possibility that a Community Facility Sub Zone may be reintroduced as part of the Stage 2 PDP process. If this is the case then the term Community Facility should be retained in the LDRZ as to delete it would leave one of the key Community Facilities (the hospital) outside the possible sub zone which potentially will provide more certainty around its activities.
22. If the Stage 2 PDP process does reintroduce the Community Facility Sub Zone, the plan will potentially provide for an activity (Hospital) in a location it does not exist whilst not providing for the hospital where it is sited now.
23. Without knowing the potential provisions that may be a part of a potential Community Facility Sub Zone I find it difficult from a planning perspective to assess how the hospital should be provided for with the proposed district plan including how it should be provided for with the LDRZ.
24. What is clear is to provide for Community Facilities Sub Zone in other zones at a later date and not to provide them in the LDRZ where the hospital site is established seems illogical.
25. The plan as notified provides for Community Activities and Community Facilities within the LDRZ and hence for the hospital as a discretionary activity. This compared to the Operative Plan is a backward step and does not recognise the importance of the hospital site to the district and/or the commitment of the Southern DHB to this particular site as discussed by Mr Taylor.
26. The hospital under this scenario will potentially require resource consent for any new activity and but also potentially if there is a change in character, intensity and scale of the activity prior to the new rules becoming operative (section 10 of the RMA).
27. That is, the hospital will be required to continue to rely on existing use rights for its day to day operations. Existing use rights do not enable the efficient management and use of the site and to do so may require examination of its lawful establishment, the terms of such establishment and any relevant controls at that time.


28. I consider relying on existing use rights is difficult for both the Council and the Southern DHB where a burden of proof would be required for any or enforcement proceedings or certificate of compliance.
29. As pointed out by Mr Taylor the Southern DHB have an ongoing commitment to the Frankton Hospital site. Future plans for the site have not yet been finalised but it is probable that redevelopment and expansion of the site may be required utilising a large area of the existing site.
30. I consider the Southern DHB's ongoing development of the site as sustainable management of an existing resource which contributes to the community's social wellbeing by providing for their health and safety in the form healthcare.
31. I am therefore of the opinion that in the absence of any future Community Sub Zone the hospital and any Community Activity/Facility should be provided for in a LDRZ as a permitted activity subject to appropriate performance standards.

CONCLUSION

32. The planners report is confusing in terms of their recommendation to delete the term "Community Facility" and then goes onto suggest that a Community Facility Sub Zone may be notified as part of the PDP Stage 2 process.
33. The term Community Facility should remain within the provisions of the LDRZ if a Community Facility Sub Zone is to be notified as part of the second stage of the Proposed District Plan process. This is because the hospital is a key Community Activity/Facility providing for the communities health and safety and social wellbeing.
34. Community Activities/Facilities are currently discretionary activities under notified LDRZ rules. This is a backward step from the Operative Plan for such an important facility. If the notified activity status remains the hospital will end up relying on existing use rights to maintain the status quo of the activity. Ultimately the proposed provisions as notified will not provide for the sustainable management of this facility.

35. It is requested in the absence of a Community Facility Sub Zone that the hospital (Community Activities/Facilities) be provided for in LDRZ as a permitted activity subject to appropriate performance standards Dated at

Dunedin this 29 day of September 2016

A handwritten signature in black ink, appearing to read 'Julie', is written over a solid horizontal line.

Julie A McMinn

Principal Planner

Opus International Consultants

