

In the matter of The Resource Management Act 1991

and

In the matter of **Southern District Health Board for the
Queenstown Lakes Proposed Plan
Definition Section 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 Principal 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:
 - The Southern DHB submission;

- 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 use of term Community Facility and seeking replacement of this with the definition of Community Activity **unless** the Community Facility subzone or similar is included within the Proposed Plan and over the Queenstown Hospital site.
10. 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:
11. *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.*
12. *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.*

SECTION 42A REPORT

13. The Planner's report shows in Appendix 1 the term Community Facility as being deleted with no further explanation.
14. The planner in the 42A report for the Low Density Residential zone (LDRZ) hearing also recommended the term to be deleted but went onto state in 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.

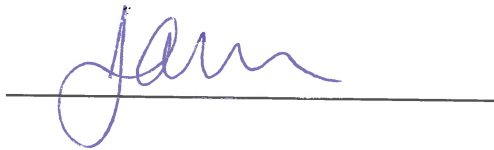
15. The latest 42A report continues the uncertainty around this term. If a Community Facility Zone is reintroduced as part of the Stage 2 PDP process the term Community Facility should be retained in the LDRZ as to delete it would leave one of the key Community Facilities (the Hospital) outside the possible sub zone.
16. Also 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.
17. As pointed in the Southern DHB evidence for the LDRZ hearing 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.
18. I consider the Southern DHB's ongoing use and 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 of healthcare.
19. I am therefore of the opinion that given the uncertainty around whether a Community Facility subzone or similar may be notified as part of the Stage 2 Proposed Plan process, then the term "Community Facility" should be retained in the definition section of the Proposed Plan.

CONCLUSION

20. The planner's reports for the LDRZ and the Definition Section of the Proposed Plan are confusing in terms of their recommendation to delete the term "Community Facility". The LDRZ planner's report then goes on to suggest a Community Facility Sub Zone may be notified as part of the PDP Stage 2 process.

21. Therefore the term Community Facility should remain within the definition section of the plan particularly 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 should be included in such a subzone as a key Community Activity/Facility providing for the communities health and safety and social wellbeing.

Dunedin this 3 day of March 2017



Julie A McMinn

Consultant Planner to the Southern DHB

