Submission on Draft National Planning Standards

To: Ministry for the Environment
Submitter: Canterbury District Health Board
SUBMISSION ON DRAFT NATIONAL PLANNING STANDARDS

Details of submitter

1. Canterbury District Health Board (CDHB).

2. The submitter is responsible for promoting the reduction of adverse environmental effects on the health of people and communities and to improve, promote and protect their health pursuant to the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.

Details of submission

3. We welcome the opportunity to comment on the Draft National Planning Standards. The future health of our populations is not just reliant on hospitals and health-care systems, but on a responsive environment where all sectors work collaboratively.

4. While health care services are an important determinant of health, health is also influenced by a wide range of factors beyond the health sector. These influences can be described as the conditions in which people are born, grow, live, work and age, and are impacted by environmental, social and behavioural factors. They are often referred to as the 'social determinants of health'.

5. Effective and efficient regulation of the natural and built environment is an important contributor to health and wellbeing outcomes. The CDHB has an interest in the Draft National Planning Standards for several reasons:

   a) We want to be able to develop our own buildings and health services in communities in an efficient manner without the need for unnecessary resource consenting processes, so the more the Standards allow for the reasonable development of health services in communities the better.

   b) We also have an interest in ensuring that the Standards allow for the development of community infrastructure that is positive for health and wellbeing.

6. The CDHB supports the introduction of National Planning Standards. The draft Standards proposed will provide greater consistency in plan structure across the

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local authorities that the CDHB operates within while still providing enough flexibility to accommodate local planning considerations.

7. The CDHB supports the inclusion of a hospital zone as one of zones included in the draft standards.

8. The CDHB is keen to ensure, however, that the purpose statement for the hospital zone reflects the wide variety of activities that occur on a hospital site. In the absence of a standardised definition for hospital or healthcare facility, it is important that the final wording of the hospital zone purpose statement in the National Planning Standards is broad enough to allow for the full range of activities needed to run a hospital to occur within a hospital zone.

9. The following list of activities comes from the definition of hospital in the Christchurch City Council District Plan that the CDHB had a significant involvement in developing. It is important that the purpose statement allows for these activities in a hospital zone:

   Land / buildings used for the provision of medical or surgical treatment of, and health services for, people. It includes:

   a) helicopter landing and ambulance facilities;
   b) medical research and testing facilities;
   c) first aid and other health-related training facilities;
   d) rehabilitation facilities, including gymnasiums and pools;
   e) palliative facilities;
   f) supported residential care;
   g) hospital maintenance and service facilities;
   h) mortuaries;
   i) accessory offices and retail activities, including pharmacies, food and beverage outlets and florists; and
   j) accessory commercial services, including banks and dry-cleaners.
10. The CDHB is also interested to ensure that a wide range of potential facilities and services that are health promoting for staff and visitors are not unnecessarily restricted from being developed within a hospital zone because of a narrow purpose statement or definition in the National Planning Standards. Some examples could include primary care (general practice) facilities for staff, child care facilities, and facilities to support active and public transport by staff and patients such as bus stops and cycle maintenance services.

11. The CDHB notes that there may be confusion within the health sector in the hospital zone purpose statement over the use of the word ‘primary’ to refer to medical facility. In the health sector the word ‘primary’ is commonly used to describe health services that occur in the community outside of the hospital setting e.g. general practices. So long as the activities listed above in sections 9 and 10 can be accounted for within the purpose statement, the word primary could be removed.

12. The CDHB notes that there is no standard definition for a number of activities that relate to the provision of healthcare within this draft National Planning Standards. The CDHB supports this exclusion as it allows for local definitions that reflect local service provision. For example, the most recent Christchurch City Council District Plan included a definition for Integrated Family Health Centres, after a submission from the CDHB, to reflect the changing delivery of primary care and related health and community services in the community.

13. Should there be definitions included in future iterations of the National Planning Standards that relate to the provision of health and related community services, the CDHB recommends that the definitions in the Christchurch City Council District Plan be used.

14. The CDHB notes that there is a proposed standard definition of ‘community facility’ within the draft National Planning Standards. The Christchurch City Council District Plan definition of community facility includes specific reference to health care facilities and care facilities (which are further defined).\(^2\) The CDHB is concerned to

\(^2\) Community facility means any land and/or buildings used for community activities or education activities. Community facilities include reserves, recreation facilities, libraries, community infrastructure such as community halls, health care facilities, care facilities, emergency service facilities, community corrections facilities, community welfare facilities and facilities used for entertainment activities or spiritual activities. Community facilities exclude privately (as opposed to publicly) owned recreation facilities, entertainment activities and restaurants.
ensure that any change to the definition of community facility mandated at a national level does not have adverse implications for the delivery of health care and care facilities within Christchurch City. The CDHB recommends that further consideration be given to whether this definition is required to be nationally defined and the implications of this for healthcare services across the country.

15. If the definition does remain, our focus would be to ensure that the definition of community facility be focused on the use of the facility, rather than its ownership structure, as its main purpose, to ensure that community facilities were available within communities, regardless of whether they were non-profit facilities. We would also recommend that the term ‘health and wellbeing’ be used within the definition which would enable health care services, care facilities and community support groups around specific wellbeing issues to be included; currently they do not appear to be captured within the definition.

16. The CDHB agrees that it is important to have consistent definitions of terms such as “drinking water” and that it is appropriate that the definitions used in the National Planning Standards are consistent with the NES for Sources of Human Drinking Water Regulations 2007. It is the understanding of the CDHB that the NES for Sources of Human Drinking Water is also under review. We would like to take this opportunity to recommend a small change to the definition of drinking water in both these documents; that is to remove the “intended” aspect of the definition so that it reads as below. This will ensure the definition is more in line with that of the Health Act.

**drinking water**—

(a) means water to be used for human consumption; and

(b) includes water to be used for food preparation, utensil washing, and oral or other personal hygiene
Person making the submission

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