

BEFORE THE HEARINGS PANEL  
FOR THE PROPOSED SELWYN DISTRICT PLAN

IN THE MATTER of the Resource Management Act 1991

AND

IN THE MATTER of the Proposed Selwyn District Plan

**EVIDENCE OF ANNA LOUISE STEVENSON ON BEHALF OF THE CANTERBURY DISTRICT  
HEALTH BOARD**

**HEARING TOPIC 1 – STRATEGIC DIRECTIONS**

21 July 2021

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## 1. INTRODUCTION

### Qualifications

1.1. My full name is Dr Anna Louise Stevenson. I hold the position of Medical Officer of Health with the Canterbury District Health Board (**CDHB**). I have been in this role for over 1 year and have been employed by the CDHB since 2005 as a public health registrar. Before moving into my current role, I held the position of Public Health Specialist, which I still hold.

### 1.2. Qualifications

- 2007 Australasian Faculty of Public Health Medicine, Fellowship examination
- 2002 Masters of Public Health, University of Otago
- 2000 Post Graduate Diploma of Epidemiology, University of London
- 1998 Certificate of Obstetrics, University of Otago
- 1997 Certificate of Gynaecology, University of Otago
- 1997 Diploma of Child Health, University of Otago
- 1996 General Practice Primary Medical Examination
- 1993 MBChB, University of Auckland

### Canterbury District Health Board's interest in the Proposed Selwyn District Plan

1.3. This statement of evidence is provided on behalf of the CDHB in relation to the Strategic Directions section of the Proposed Selwyn District Plan (**PDP**).

1.4. CDHB made a total of 3 submission points on the Strategic Directions, which have been allocated to Hearing Topic 1.

1.5. CDHB are responsible for promoting the reduction of adverse environmental effects on the health of people and communities, and to improve, promote and protect the health and wellbeing of the Selwyn community. CDHB appreciates the partnership it shares with Selwyn District Council through the Greater Christchurch Partnership (Partnership).<sup>1</sup> Both organisations joint signatories to the Greater Christchurch Urban Development Strategy. CDHB is largely supportive of the PDP.

1.6. In preparing this statement the following documents have been reviewed:

- a) the Section 32 report prepared and notified by SDC;
- b) the notified Strategic Directions provisions;
- c) the submissions made on the notified Strategic Directions provisions;<sup>2</sup>

<sup>1</sup> The Partnership comprises of Christchurch City Council, Environment Canterbury, Selwyn District Council, Waimakariri District Council, Te Rūnanga o Ngāi Tahu, Waka Kotahi New Zealand Transport Agency and the Canterbury District Health Board.

<sup>2</sup> To the extent that they are relevant to CDHB's interests.

- d) the 'Section 42A Report – Report on submissions and further submissions – Strategic Directions' dated 9 July 2021 prepared by Mr Robert Lowe (s42A) for Selwyn District Council (**SDC**).
- e) The evidence in chief of David Ian Falconer, on behalf of Christchurch City Council (**CCC**), Hearing Topic 1 – Strategic Directions

1.7. I have used the following abbreviations in this statement:

- a) Canterbury District Health Board (**CDHB**);
- b) Christchurch City Council (**CCC**);
- c) Proposed Selwyn District Plan (**PDP**);
- d) Selwyn District Council (**SDC**); and
- e) Section 42A Report – Report on submissions and further submissions – Strategic Directions' dated 9 July 2021 prepared by Mr Robert Lowe (**s42A**)

## 2. CODE OF CONDUCT

2.1. In accordance with the 'Minute and Directions of Hearings Commissioners on Procedures for Hearing of Submissions' dated 8 June 2021, I confirm that I have read the code of conduct for expert witnesses as contained in the Environment Court's 2014 Practice Note. I have complied with the Practice Note when preparing this written statement of evidence.

## 3. CDHB's RESPONSE to the s42A

3.1. I have read and considered the s42A report prepared by Mr Robert Love for SDC, which sets out his recommended amendments in response to the submissions on the Strategic Directions section of the PDP. I am generally supportive of the recommended changes he has proposed, and the reasoning given. In particular, I support:

3.1.1. Recommendation 7.8 -amend SD-UFD-O2 as shown to include health as a discreet outcome in clause 3. This provides better clarity as to the desired outcome of the strategic objective and to increase its effectiveness. I support this for the reasons given in the CDHB submission and in recognition that human and environmental health and wellbeing should be primary drivers of urban form as they are end points encompassing all other factors. CCC also supported this inclusion in their further submission. I also agree with s42A point 18.4 that inserting 'health' into clause 3 addresses the CDHB submission point 013 on SD-D1-O3.

3.1.2. Recommendation 9.8 to amend SD-DI-O3 to include the word 'communities' as shown in Appendix 2 to provide better clarity that the concept of ki uta ki tai is important to all of Selwyn's communities.

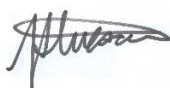
3.1.3. Recommendation 10.7 -to amend SD-DI-O4 to provide better clarity that significant biodiversity is a relevant aspect that needs to be considered. Biodiversity is critically important to human health, economies and livelihoods. Human health ultimately depends upon ecosystem products and services (such as availability of fresh water, food and fuel sources) which are requisite for good human health and productive livelihoods. Biodiversity loss can have significant direct human health impacts if ecosystem services are no longer adequate to meet social needs.<sup>3</sup>

3.1.4. Recommendation 16.10 -to amend SD-UFD-O1 to “*Urban growth is located only in or ~~around~~ adjoining existing township*” as per CCC 32-5. If urban growth is not well-managed, higher density can cause costs related to traffic congestion, health and wellbeing. Morphological density can have positive health effects by enabling walking and cycling, and improved access and mixed land use potentially increases social wellbeing. Research into compact city scenarios has shown health gains for chronic health conditions and overall health gains.<sup>4</sup>

3.2. However, several key issues remain related to:

- a) The need for greater integration and/or alignment between the Canterbury Regional Policy Statement, the Strategic Directions and the Urban Growth sections of the PDP;
- b) The need for clarification around UFD-01, specifically the proposed approach to urban growth in the context of the Township network and how that aligns with the CRPS; and
- c) The potential for strengthening the Strategic Directions in relation to the matter of urban growth.

3.3. These outstanding issues are addressed in the statement of David Ian Falconer on behalf of Christchurch City Council, Hearing Topic 1 – Strategic Directions. I support the evidence provided in that statement on these outstanding issues and in support of the recommended changes noted in points 3.1.



**Dr Anna Stevenson**

**21 July 2021**

<sup>3</sup> Romanelli, C.; Cooper, D.; Campbell-Lendrum, D.; Maiero, M.; Karesh, W.B.; Hunter, D.; Golden, C.D. (2015) Connecting global priorities: biodiversity and human health: a state of knowledge review. WHO/CBD 344p.

<sup>4</sup> Stevenson, M.; Thompson, J.; Héricks de Sá, T.; Ewing, R.; Mohan, D.; McClure, R.; et al. (2016) Land use, transport, and population health: estimating the health benefits of compact cities. The Lancet, 388:10062, 2925-2935.