

KELLY Monique

1

One New Zealand Trust

Wanaka/Upper Clutha

Q. FEEDBACK:

Refer to attached submission



This is a joint submission from One New Zealand Trust and supported by Sustainable Queenstown Charitable Trust.

One New Zealand Trust has been established to accelerate community transition towards carbon zero and driving citizen driven incremental change. As part of the activities of the organisation, a number of sector-led working groups have been set up. The Building Better Working Group is made up of a number of actors in the building sector (see below for members). The Group has identified three key issues within the sector as priority areas for change. One of the areas is focused on building better sustainable, healthy, warm homes and making this the new norm. This means going beyond the building code and making this standard within our district. We need to start thinking about building homes rather than capital.

The Group believes that the best lever to pull to ensure that this goal is achieved is through the reintegration of an Eco Design Advisor within the Council. Integration of an Eco Design Advisory service into councils around New Zealand has proven to be one of the most effective actions taken to improve building stock. Backed by the Building Research Association of New Zealand (BRANZ), EDA have access to specialists, design tools, assessment methods and building material information that would benefit the building sector. By providing advice not only to Council, but also to developers, builders and individuals, they will increase the potential to have a housing stock that is healthier, with improved energy and water efficiency, reducing waste and the environmental impact of buildings.

The QLDC has already experimented with the integration of an EDA between 2007 and 2009. The role of the EDA contributed to the following outcomes:

- Sustainable growth management
- High quality urban environments respectful of the character of individual communities
- Contributes to LTCCP work plans
- Facilitate access to energy efficiency advice for residential construction.
- Facilitate partnerships to implement energy efficient retrofitting projects, targeted to lower income households
- Mitigate winter time air pollution in Arrowtown

This position was disestablished following local body elections and due to a shift in political priorities. Given the core function of the EDA for the future development of the district, we also ask that this role become a core function of the council operations. If this role is to be disestablished, it should only be to establish another similar role with more extensive influence, services and powers.

We support the provision for the new Luggate Hall to be an "innovative community facility will be the first ultra-low energy, healthy building of its kind in Aotearoa New Zealand." We

urge to council to maintain the commitment to this level of quality building for its communities, and to extend this thinking to other council projects, as has been successfully piloted by city councils around the world (Exeter City Council, UK, Vancouver City Council, Canada).

Low energy 'in use' is particularly desirable for owner-occupier buildings such as this. Councils pay their own energy bills and it makes sense to keep these as low as possible. Low energy buildings are also more resilient in that they will maintain comfortable temperatures even if energy sources fail, for instance in a natural disaster. Since the energy consumption is very low, alternative power generation (such as solar panels) becomes more feasible since the systems can be sized considerably smaller. Public Buildings typically have a very long life and therefore should be built so that they do not become redundant within a few short years because short term cost is prioritized over long term quality, longevity, building and occupant health and in-use (life-cycle) costs.

We urge the council to consider the reinstatement of the Eco Designer Advisor (EDA) role within the council. BRANZ and central government are pushing for a voluntary higher quality in the building sector (<https://www.branz.co.nz/etm>, BRANZ ER27 *Doing Better in Residential Buildings: Going Beyond the Code in Energy and Accessibility Performance*, 2018). A PHD thesis '*Understanding NZ Homeowners Apparent Reluctance to Adopt Housing-Sustainability Measures*' by L Christie found that the EDA was the perfect platform for driving voluntary change in the housing sector because it is perceived as being independent from any one brand or supplier.

Given the challenges we are facing with respect to climate change, water quality and use, as well as increasing the health and wellbeing of our community we need a strong, clear filter through which all future development should be viewed. The Council has a legal obligation under the Local Government Act to not only take into account the interests of the current community but also the future interests as well as taking a sustainable development approach which includes:

- (i) the social, economic, and cultural interests of people and communities; and
- (ii) the need to maintain and enhance the quality of the environment; and
- (iii) the reasonably foreseeable needs of future generations.

Moreover, the Council's draft 2050 vision statement includes the following:

- "Our homes and buildings take the best ideas from the world, but use sustainable, locally-sourced materials"
- "Our communities are resilient to disasters and adapting to a changing global climate"
- "Our lives are enhanced by measuring wealth in wellbeing as well as dollars"

An EDA within the Council will assist the council not only to fulfill its legal obligations to future generations but also in achieving the vision we have of our district in 2050. We strongly urge that the Council reinstate an EDA for the Queenstown Lakes District and support all efforts that go towards this goal.



MEMBERS OF BUILDING BETTER WORKING GROUP

- Monique Kelly - Founder of Revology and One New Zealand Trust
- Jessica Evers - Founder Hiberna, NZ Green Star Accredited Professional (NZGSAP), Certified Passive House Designer, Shaping Our Future Trustee
- Vicki Spearing - Real Estate & property developer
- Pete Eastwood – Independent Financial Advisor & Mortgage Broker
- Nigel Murray – Sustainability Consultant
- Donelle Dunlop – Dunlop Builders
- Liam Harris – Independent Builder
- Wayne Pretty – Pretty Sweet Lighting
- Meghan Merryfield - Environmental Scientist
- Dean Dunning - Founder Wanaka Solar
- Ben Acland - Entrepreneur, Developer & passive house advocate.
- Mel Mueller – Founder Project Bauhaus.

Q. FEEDBACK:

The existing dumping station at Gibbston needs to work efficiently to eliminate any odours. It was my understanding this dump was to have no smell. It is not a nice way for the community or our visitors to be welcomed to Queenstown.

MACKENZIE April ⁸

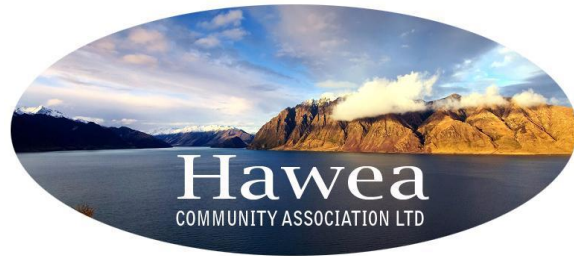
Hawea Community Association Inc

Wanaka/Upper Clutha

Q. If you have a pre-prepared submission, you can upload it below. Please note that we can only accept .docx files.

PDF documents can be emailed to services@qldc.govt.nz

Annual Plan Sub Hawea Community Association.docx - 95 KB



11 April 2019

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 Queenstown, 9348

Online: www.qldc.govt.nz/lets-talk

ANNUAL PLAN 2019/20

Introduction

The Hawea Community Association Inc (HCA) appreciates the opportunity to submit projects that it believes warrant attention for the Queenstown Lakes District Council (QLDC) 2019/20 Annual Plan Budget. The HCA and the Community it represents is appreciative of the \$5,000 grant it directly received last year. These funds were put to work as a contribution to the Cavalcade and toward the 100 year Armistice Day Commemorations and some funds were spent on enhancing and maintaining the QLDC reserve along the foreshore; to name but a few of the key projects undertaken by the HCA volunteers on behalf of the Community. The HCA also acknowledges the sections of newly built footpath improvements at the beginning of Moraine Place and along parts of Capell Ave.

The HCA will continue its volunteer activity to meet its aims and submits below proposed expenditure items for the QLDC Annual Plan 2019/20. We look forward to working with QLDC on a number of these projects alone or in conjunction with QLDC to enhance the Hawea region.

1. FORESHORE -----\$32,000

The HCA has been supporting the weed control and native plant revegetation of the township foreshore for many years. This work now extends the full length of the southern Lake Hawea foreshore

(from the beginning of the town to John Creek inclusive) as visitors to the area increase and extend the length of their stay and activity. The foreshore is a key asset for residents' enjoyment of the area.

Notable in this respect to the work undertaken by the HCA volunteers in 2018/2019 is the planting of over 200 shrubs below the "Wedding Tree", a large gum tree that is popular site for wedding ceremonies. The budget for this exercise was \$3555. In addition HCA has funded the operational budget for weed control on the township foreshore (\$2500) and a ram-pump for plant watering at Grandview Creek (\$750). All these activities have been undertaken by volunteers. The Thursday Group, which manages the township section of foreshore has devoted approximately 1000 person hours in the last 12 months. Other HCA groups work along other sections of the foreshore.

As you are aware the QLDC is responsible for the maintenance and improvement of its reserve land and for the Te Araroa trail that extends along the foreshore to John Creek. Sections of the foreshore are the responsibility of Contact Energy and LINZ. The HCA also works with these organizations in securing support for the development of areas such as the Gladstone Gap. The HCA has recently secured a right to occupy LINZ land from Gladstone Gap to John Creek; this will allow the HCA to work with the QLDC in the maintenance of the track.

a. QLDC foreshore

In the next 12 months it is intended to plant out another area on the township foreshore and continue weed and plant maintenance along the whole of the QLDC foreshore reserve. The HCA requests a direct contribution toward direct costs of these activities and the HCA will undertake all of the work under the Memorandum of Understanding that it has with the QLDC.

b. QLDC maintenance of track

The Gladstone track is a very popular walking and biking route. This track is not receiving adequate maintenance as evidenced by rank grass and buddleia invading the track. We assume that work will be undertaken within the existing QLDC track maintenance budget.

The section of track from Gladstone Gap to John Creek has no gravel on it. During rainy periods and especially when there is a freeze thaw

the track gets very muddy. HCA request a budgetary provision to gravel the entire track. As it believes that this will assist the QLDC in maintaining the track and reduce future maintenance costs because the track will be more accessible all year round and will not deteriorate so much in the colder months. Expenditure could be spread over a 2-3 years with priority in the first year being given to those sections suffering from freeze thaw.

Another area where investment would assist with access and maintenance is at the Grandview creek crossing which has become deeply scoured and is a major impediment to disabled users and those with baby strollers. Most users also have trouble crossing the Creek because of the steep sides or when creek flows are high. HCA request a budgetary provision for a small bridge. The costs of building this small bridge could be shared with the Upper Clutha Tracks Trust and the community could contribute some labour.

In order to assist with the maintenance of the track the HCA has already started to work on the removal of the gorse and Grandview Creek. The community is willing to continue with gorse clearing and planting (we have installed a ram-pump for irrigation) and seeks a contribution to the costs of plants for revegetation of the area. We believe this will mean that the track is easier to maintain and reduce QLDC costs in the long term.

c. Scott's Beach

The recent extension of the barriers around the picnic area have served to enhance the usage. The barriers need to be extended to prevent vehicle access. Vehicles can and do park on the gravel foreshore and the opportunity still exists for a small number vehicles to park on a grassed area at the western end (beyond the barriers). This approach of separating cars from foot traffic has been used successfully at Kite Surfers Beach.

2. HAWEA DOMAIN----- \$62,000

As you will be aware there has been major change at the Hawea Domain, a QLDC reserve. The Hawea community, through a committee, is currently working with QLDC to establish a MOU for the management of the Hawea Domain, now that the farming lease has terminated. This is a large piece of public reserve that the community wants to see managed and utilised well.

Currently there is no water at the Hawea Domain. Before any projects can be realistically contemplated, the Domain needs a reliable and sufficient water source. We request that QLDC commission a bore to be drilled at the Domain and to supply related infrastructure such as piping, taps and a central tank that can then be used to reticulate where necessary. This should be seen as a basic level of service for a public recreation reserve so we believe QLDC should budget for the bore to be drilled and made functional this year. The Hawea Domain management committee can then go ahead with their planning and effective management of the reserve.

Water will enable grazing which is currently necessary for grass control, as well as a toilet block which will be requested on next year's plan.

The other important part of managing this fantastic community asset is to develop a reserve management plan for it. We request that QLDC prioritise the staff time and resource for the Reserves Planning team to go ahead with a Reserve Management Plan for the Hawea Domain this year. The Hawea Community looks forward to being involved in the exercise.

Conclusion

The HCA would like to acknowledge the advise and time given by Councilor Smith in helping us further understand the best way to distinguish and use the various mechanisms within the QLDC for service delivery and improving our community assets.

The HCA wishes to be heard on the 20th of May, 2019 in support of this submission.

Yours sincerely



April Mackenzie

Chair

Hawea Community Association

[Redacted]
[Redacted]
[Redacted]

Q. FEEDBACK:

I do not agree with the increase in Destination Queenstown funding at a time when growth in tourism is exponential and the community is finding it difficult to find a place alongside the tourists on the pavement.

There are 5500 commercial ratepayers, of whom 200 or so voted at the DQ meeting with 75% in favour. Thus 150 people get to decide on a levy for the other 5300 commercial ratepayers.

It should be compulsory for every commercial ratepayer also to be a member of DQ and exercise their vote.

Can the council tell me, if, as a commercial ratepayer and I choose to forego paying the DQ levy, will I be prosecuted? Is it a voluntary levy, or in fact a compulsory payment/rate demand.

Kind regards

Gillian Macleod

Q. FEEDBACK:

Re target of removing organic matter from council waste by composting, there are practical difficulties for holiday home owners in doing this. A compost bin needs regular attention which isn't possible for people who are intermittently in residence. Perhaps neighbourhood compost facilities would work.

Q. FEEDBACK:

hi guys, just wanted to say I support the draft plan and fully support some form of tourist tax/levy .

Q. FEEDBACK:

Not impressed with more wheelie bins. Will make more rubbish as people dump crap and are unsightly

Q. FEEDBACK:

Please see attached submission

Submission

Queenstown Hospital's extreme inadequacy

All DHBs in NZ are claiming rightly, they are under funded but, it is Queenstown's hospital which is a criminal disgrace being only 20% in size and capability compared to similarly populated regions.

Because of the many vigorous activities, Queenstown has by far the most injuries compared to similar populated regions.

Many overseas tourists do not have medical insurance and, if not from the British Commonwealth, have to pay for treatment. Many do not pay and leave NZ, this is a considerable cost and takes up much of the Queenstown's hospital staff time and resources.

As is always the case hospital medical staff are very good, the nurses are superb, the consequence is patients leave hospitals with a positive impression and, unless the patient is a trained medical person, the complete inadequacy of Queenstown hospital is obscured.

Queenstown Airport can sometimes be the busiest in NZ and, because it is surrounded by mountains, landslides, or earthquake would make roads impassable, patients could not be transferred

Queenstown Hospital's blatant inadequacies

Extensive research will reveal:

Misdiagnosed patients

Prolonged pain, bleeding etc

Patients having to be transferred to better equipped hospitals, costs to be estimated

Likely deaths to be estimated

The high cost of patient transportation to be calculated, this absorbs much of the hospital's allocated monies.

Almost all Government funded organizations have been for 4 years, underfunded and, under staffed due to the obsession with balancing the NZ economy, achieving fulfillment of extreme egos, there is much evidence of this.

Most people have a good rapport with the Doctor, again this obscures the disgraceful inadequacy in Government funding and treatment capability.

Most of the period of total inadequate medical services Bill English was the MP for this district.

Gore Population 9000
14 Beds

Queenstown Population 40,000
14 beds

4 sometimes 5

Ten Doctors own the ~~2~~ primary medical centres in the Queenstown region, Remarkables Park, Arrowtown and Isle Street, a huge amount of treatment is directed to Isle Street, which in other regions would have been directed to the DHB Hospital for 2 reasons, Absolute inadequate DHB hospital capability and considerably more money for the 10 controlling doctors, much of the treatment in Isle St is paid for by the patient, obviously this situation is very beneficial to the Government who are saving millions, and, have not revealed or tired to rectify this disgrace.

The fact that there are ⁵ ~~4~~ receptionists at Isle Street and is a very busy place, compared to the DHB hospital where there is only one receptionist.

In my latest book, subject the Holocaust, doctors in Germany's very advanced society proved to be no more compassionate/decent than an average citizen, today we have the additional problem where in developed societies people are now very money obsessed.

Tourists are unaware of the absolute disgraceful inadequate treatment capability in Queenstown, some would decide to go elsewhere if they understood this fact.

Considering its geographic size and population, Queenstown contributed much more to the NZ economy than any other region, yet its hospital is only one fifth of the size and treatment capability compared to other regions.

It would take maybe two years to plan and approve a new hospital or greatly extend the existing building on the six acre site, by then the population will be equal to Invercargill's 45,000, the dumbest person on this planet could see Queenstowns present hospital is only 10% of the size of Invercargill.

During my examination and procedures for my cataract operation I encountered three persons who I know are worth 3.5 to 6 million dollars, surely these very wealthy people could have paid (\$4000) for this operation. Means testing would considerably ^{realise} ~~reduce~~ overall medical costs, when those worth 3 million or more paid on a scaled basis all or, part of their medical costs.

Also a new hospital would need to allow for Queenstowns ongoing rapidly expanding population, the cost of transportation of patients to better equipped hospitals, to be calculated.

The massive cost having to be paid disgracefully by patients which, in all other medical districts would have been paid by the Government, must be calculated.

Research will reveal many millions of dollars would have been saved, this money could have been used to plan, and partially pay for a new, or greatly extended Lakes District Hospital.

Allowing for two year delay in construction Queenstown hospital would be only about 10% in size compared to Invercargill which is similar in population.

Timaru 40,000 pop, Queenstown 40,000 pop
 hospital Queenstown only 5-10% in size
 and medical capability of Timaru.
 Supidity

Queenstown's tourist numbers go up to 70 -80 thousand at peak times, many are unskilled drivers who lack knowledge of NZ driving rules. This directly and indirectly causes an increased number of accidents putting further pressure on Queenstown hospital.

The UN Factor

The UN has exposed the massive drops in NZ medical capabilities now 32nd in the world.

4.7 million people in NZ, in Queenstown 40,000 are only getting 20% of medical services they should be getting, maybe the UN Human Right watch should be advised.

Over the last 10 years maybe 20 who have died would have been saved if normal medical services were in Queenstown, this is continuously confirmed by Medical staff.

Photo
Gore Hospital

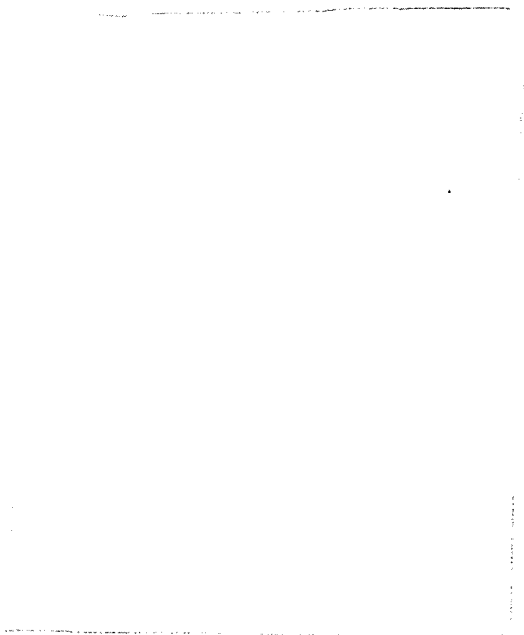


Photo
Queenstown Hospital



Gore Population 9000
14 Beds

Queenstown Population 40,000
14 beds

also floor plans.

*timore all things considered (hospital 10 times
the size of Queenstown) same as Queenstown. P.P*

26 Compare Hospitals Compare

acc1 Ashburton Hospital
45 Beds

Nelson
140 Beds

Blenheim
65 Beds

P Oamaru
44 Beds

Timaru
132 Beds

Queenstown DHB
40,000 population
14 Beds

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I have asked for
floor plans, no
response, why??

Queenstown's tourist numbers go up to 70 -80 thousand at peak times, many are unskilled drivers who lack knowledge of NZ driving rules. This directly and indirectly causes an increased number of accidents putting further pressure on Queenstown hospital.

long periods where population is 50 to 70 thousand

The UN Factor

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Photo
Gore Hospital

Photo
Queenstown Hospital

*Then plans + photos will prove
massive, massive, pop. difference
compare size and medical capabilities.
Queenstown getting only
20% of which it is
entitled to*

Gore Population 9000
14 Beds

Queenstown Population 40,000
14 beds

John McE 9/10/02

this is the primary reason for Wainstern being deprived of more than 75% of medical services it is entitled to in a district. These commissioners must hold down costs & understand they are very well paid.

the bloody sure to skin our way out,"

oversees a night shelter providing accommodation, food, education and

McKissock said as well as having

the availability of contractors coming out to help.

been brilliant.

Staff axings will save Southern DHB \$1m

The disestablishment of management and leadership roles at the Southern DHB will save the organisation about \$1 million a year, chief executive Chris Fleming says.

Fleming announced yesterday that 55 leadership and management positions will be disestablished at the Southern District Health Board and 42 new roles created as part of a restructure.

The changes were being made to increase the DHB's focus on integration with primary care; clinical quality and safety; and reducing complexity in decision-making, Fleming said.

One of the roles to be disestablished is deputy chief executive, with Fleming say-

ing he wants there to be several people able to potentially take over his role when he leaves, rather than ring-fencing one person for the job.

The new overall structure responded to staff calls for clearer decision-making processes at the DHB and extra focus on building more effective infrastructure such as IT, Fleming said.

The changes also addressed concerns raised by nursing staff over the level of investment in senior nursing roles, he said.

He was confident the changes would ensure more effective use of resources to provide the best care for patients and the community.

Fleming, when confirming the shape of the future leadership structure in a press release, said the disestablished jobs would be tier 2, 3 and 4 leadership and management positions.

Tier 2 were senior executive positions, tier 3 were general managers and tier 4 were positions such as service managers and team leaders.

In the final wash-up, 13 positions will be axed, 10 fewer than the 23 axings proposed by the DHB before it began consulting staff in April.

The final decisions were made after a two-month consultation period.

The changes follow both patients and the community calling for more seamless

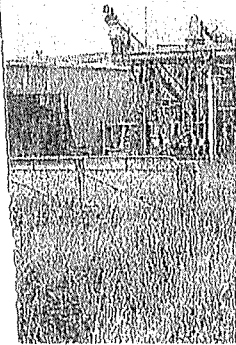
and integrated healthcare services.

Many of the driving forces in healthcare required "transformational change" to primary services, whether in mental health or in caring for the aged, Fleming said.

"We need to ensure we have the right structures to ensure a strong and integrated whole-of-system approach to delivering care."

Key changes include establishing two core operational teams: Hospital-based services plus planning, funding, primary and community based services.

Also, nursing and allied health and scientific and technical leadership would be aligned to be "broadly site specific".



the height of the

to rain 110

QUEENSTOWN Rain 80

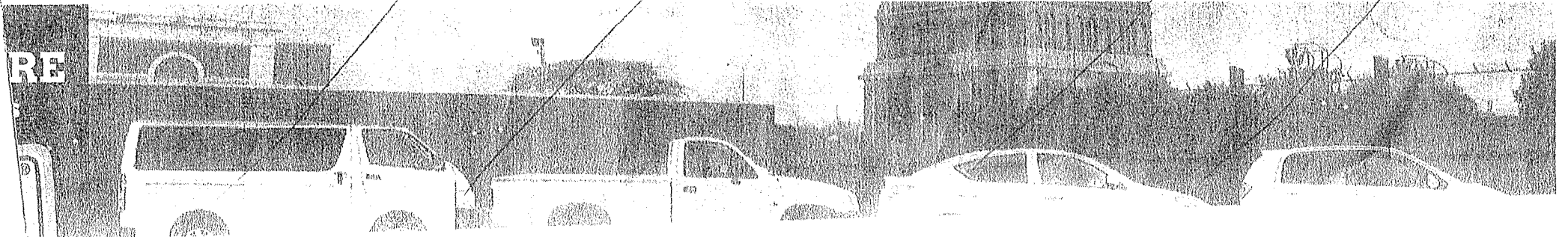
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SDHB has 53 adverse events in year: report

EUGENE BONTUYS

The Southern District Health Board reported 53 adverse events during the past year, the third-most of any health board in the country.

The information was released as part of the Learning from Adverse Events report published by the Health Quality and Safety Commission New Zealand.

Nationally there were 542 adverse events recorded by district health boards, and another 86 by other health and disability services for the period July 1, 2016, to June 30, 2017.

The most adverse events were recorded by Auckland, with 95 events, and Canterbury, recording 73.

Southern's 53 events is a drop from the 62 events recorded in 2015/16, but Southern DHB chief medical officer Dr Nigel Millar cautioned that this was not necessarily indicative of a long-term trend.

"While the number of events reported in 2016/17 are lower than the previous year, we know that numbers can fluctuate significantly and we would not draw any conclusion from this change."

The focus at the health board was on accurate reporting and learning from incidents, Millar said.

"We encourage reporting to provide us with the greatest opportunity to learn from any situation where outcomes are of concern, and programmes such Speak Up and Southern Future are part of our aim to build a culture where staff will speak up for patient safety."



Nigel Millar

man Professor Alan Merry said that since the reporting began in 2010, there has been an increase in the number of events reported.

"As we have noted in previous years, this increase probably reflects a change in culture towards increased transparency and learning from system failings, rather than an increase in adverse events themselves," he said.

Since the numbers are based on reported incidents, it relies on the accuracy of reporting, the updated National Adverse Events Reporting Policy 2017 making governance boards of national organisations responsible for reporting happening in a timely way.

Nationally, most of the events reported by DHBs involved clinical management, with 282 events recorded.

Delayed diagnosis or treatment formed the most significant part of events in this segment, with 70 events recorded. Falls were the second most prevalent issue, with 210 incidents reported and 77 of these resulting in a fractured hip.

The report also includes a section on changes the Southern DHB made after recording many ophthalmological adverse effects because of delayed follow-up appointments in the 2015/16 recording period.

Millar said that learning from the events recorded and making changes based on the findings was a vital part to improving how the health board provided its service.

"We treat every incident seriously, and our focus is on the findings and rec-

Primarily pressure from Queenstown

Qu

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of

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ir
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s

Vanessa Van Uden
Major
Queenstown Lakes
District Council.

J. W. & E. McIvor

14 Nov 2013

Vanessa,

During my short time I had with the Council I asked if they all agreed that the establishing of a full sized retirement home in this district was absolute priority at this time, no one disagreed with this, were then was the commitment at election time, I could not find one who even referred to the importance of the retirement home.

I did intend to publish this fact with all details however my wife was very ill at this time and was 5 weeks in 2 different hospitals.

In my 42 years working I stressed when knowing staff if you make a commitment, always always honor that commitment. I believe and most agreed the exposure of the failure to follow this commitment would have changed the outcome of the election. There are here many older people who believe the fact we have not a retirement home (full sized) is a disgrace, I hear often of people who are forced to leave this district to live in a retirement home.

My wife's serious illness was disrupting, otherwise I would have published the council's commitment failure.

My wife and I are planning to go to Wanaka to inspect there retirement homes

We should now move on, as most of the older population is retired they do not have the capability to research, lobby etc and little influence with authoritys, we would therefore need the help of the council, just some ideas on what actions should be taken at this time?

- # Determine that this district has only 10 - 15% retirement home bed capacity compared to other towns
- # Writing to the retirement Minister in Wellington with details
- # Writing to all retirement companies, maybe establishing some competition.
- # Maybe a response is poor some sweetener such as 2 years not having to pay rates, or some free roading? Landscaping?
- # A list of possible building sites and there prices could be sent to retirement companies.
- # If a group was formed re a full sized retirement home, I likely would need some help from the council, maybe computer research, and some typing, probably only a few hours.

Massive Retirement Village distortion

Much of the developed world has a greatly increased obsession with the accumulation of wealth, this obsession is greatly concentrated in Queenstown where the region is booming economically. The cost of a retirement unit at \$735,000 in the Queenstown Country Club is a disgrace when compared to Invercargill's Ascot Village where a 2 bedroom comfortable cottage is \$292,000. One reason given for this massive price differential is the cost of land which has only a small influence in final cost, for example sections needed may only be a 10th of an acre, in Queenstown land cost maybe \$3 million, 3 times higher than Invercargill at about 1 million.

but, if a retirement Village total cost maybe \$200 million the land value has little influence on the final price. The Government's surplus of 1.8 Billion was achieved in part by the fact almost all Government departments have been increasingly underfunded and undermanned for 7 years, result, say, guards like the commerce commission, ombudsman, land office etc have therefore been unable to investigate huge over pricing and, observe the often hidden unjust situations in NZ.

I have been told many times the Reason for no, later 3 retirement homes is very poor medical services in Queenstown. Invercargill has 17, pop 50,000, Queenstown should have about 7-8.

For 10 + years there has been massive transportation ^{cost} from Queenstown to Invercargill, Clyde, Dunedin the cost has been massive

^{not resuscitated} \$2000-\$3000 per hour for a helicopter.

about \$500 to Invercargill by ambulance

about \$1000 to Dunedin by ambulance

about \$200 to Clyde by ambulance

transportation by private car \$100 to Invercargill \$50 to Clyde \$200 to Dunedin
often also accommodation cost sometimes for a long period for families.

In all other OHBs this disgraceful situation does not exist.

There is more than enough money wasted in these transportations than would be needed to build a basic surgery unit in Queenstown which would have been justified even 5 years ago

the freedom of information act means all of the details of this massive cost is available to the public it must be published.

bad quippons which have been disgracefully paid by patents to Gale at med centre. would mean vastly more

massive
total
cost

(UN) NZ Rating of our medical services has dropped massively to 32nd in the developed world.

Queenstown's claim has to be very specific, therefore we must have surgery capability able to operate on basic problems like Gallstones, tonsils, ruptures, Hemorrhoids, appendicitis etc etc, Queenstown has the highest number of operations relating to inguine in NZ per pop, all cities in NZ of similar size do have these surgery capabilities.

Queenstown's accidents cost 6 million

How much more could it cost if we don't do it?

those who say but will not support this claim, I intend to identify as being identified as being indirectly to blame for patient's extreme demise.

most importantly, as was the case in central otago, Oamaru etc the people must give their support, most however will sit on the fat butts and do nothing.

There is massive extra pressure on the Invercorgill Hospital, they operate at 10 o'clock at night, maybe 30% of extra work comes from Queenstown, maybe for this reason we may get their support?

Someone exceeds the speed limit

Is punished

Someone over parks

Is punished

steals \$20 worth of food

Is punished

Someone over claims there
expense claims

Is punished

Individuals and groups directly and
indirectly responsible
for unnecessary pain, bleeding, serious
complications after stroke, heart attacks,
accidents etc etc etc etc

are not punished
is this a situation
unadmitted and,
covered up

I have been advised that this disgraceful situation
must be exposed, am getting this officially
confirmed, anyone directly connected to
Lawyers should discuss this problem
with them.

0. is a disgrace that Queenstown DHB has not got basic surgery capabilities this must now be priority and definitively urgent.

the dictatorial attitude of the now DHB repacment, the commission, seems to have forgotten that all funding for DHBs come from taxpayers not from a corporation type situation, Queenstown taxpayers are only getting about 20% of the Government med service they are entitled to.

over the last 10 years
Queenstown people have paid
out millions of dollars which
in other places would have been
paid by there DHB hospital
paid to private, Doctors
owned med centre

Compare

Timaru

Queenstown

population 28000
several closely towns
add 3000 = 31,000

population 40,000 and
increasing rapidly

Full basic surgery
and diagnostic
capability

14 bed hospital very
limited diagnostic and
treatment capability.

The highest injury per
head of pop in N Z

Hospital, quite large
looks 8-10 times the
size of Queenstown

All PHB's claim to be under resourced
but it is Queenstown which is by far, by far,
the most under resourced by as much as

x

60-80%

at this time, when this disgrace is exposed
the national party will be blamed but after a
period of time if this possible exposed situation,
is not rectified both parties will be
greatly in demise

The Frankton hospital
is ~~29~~ years old, population
here ~~30~~ has increased
4 fold but the hospital is still
the same size

There is believed to be about
2 thousand transient workers
in Queenstown it seems they are
not included in the pop count.

A very senior medical professional
at a recent meeting stated
Queenstown's Medical services is
based on 2013 population, also
stated there will never be a basic
surgical unit in Queenstown in my
lifetime, at 40 years old this
person may live about another
40 years, Queenstown's pop
in 40 years 100,000? going
to 150,000 at peak tourist times.
please understand all medical
professionals are very nervous Re
these jobs, a number have been
dismissed including SOHB about
4 1/2 years ago

those who have refused to help
rectify this medical disgrace
must be identified

Since the 2008/2009 recession
 Almost all Government funded
 departments have been understaffed
 and underfunded for about 7 years,
 resulting in such safeguard organisations
 as ombudsman, Commerce commission,
 human rights, etc, being unable to investigate
 many complaints such as massive over
 charging, unjust situations, gross exaggerations
 dishonest persons, result has been:

5 Oenists sharing one large house ^{each} charging about
 a thousand dollars per hour totalling
 several millions of dollars per year.
 At this time many humans whose actions
 are not monitored will implement anything
 that will increase their wealth

Eco heart test : nurse no doctor 13 minutes
 $\$500 = \$2000 \text{ per hour} = \16000 per day
 all other 40,000 pop cities
 Eco is in the O H B Hospitals.
 and free

Generally If people now can ripoff the
 system to make money they will
 usually do so

Q. If you have a pre-prepared submission, you can upload it below. Please note that we can only accept .docx files.

PDF documents can be emailed to services@qldc.govt.nz

Submission - QLDC Annual Plan April 2019-20 FINAL.docx - 236 KB



**SUBMISSION ON QUEENSTOWN LAKES DISTRICT COUNCIL
DRAFT ANNUAL PLAN 2019-2020**

To: Queenstown Lakes District Council
Private Bag 50072, Queenstown 9348

Name of submitter: Queenstown Chamber of Commerce

Address:

Attention: Anna Mickell and Craig Douglas

1. This is a submission on the Draft Queenstown Lakes District Council ("the Council") Annual Plan 2019-2020 ("the Plan").

The Queenstown Chamber of Commerce welcomes the opportunity to provide a submission on the Draft Queenstown Lakes District Council Annual Plan 2019-2020.

The Chamber communicates with local and central government to achieve effective outcomes for its members. Its' key services include the provision of current and relevant information to the membership, advocacy on behalf of the members, recognising and rewarding achievement and generally contributing to the vibrancy of the business community.

The Chamber is motivated by the best long-term outcomes for the business community and is an independent voice with no vested interest. Therefore, the Chamber is pleased to be able to present this submission on behalf of the 645 Queenstown businesses it represents and would like to make comment on the following areas:

1. Variance to budget – capital works

Delayed capital works programmes have real and opportunity costs

The Chamber commends QLDC on their ambitious capital expenditure plans to support the projected growth of the region and supports the investment priorities and urges that this work continues at pace.

It is of concern that QLDC are budgeting to delay the Queenstown Town Centre capital expenditure programmes over the upcoming period due to slow progress with NZTA.

The Chamber recognizes the challenges inherent with this work, however lack of progress has both an opportunity and real cost to businesses operating in

Queenstown, the quality of life of residents and the visitor experience and urge QLDC to continue this work at pace.

With respect to the development of the Lakeview site, we acknowledge the impact of development on the residents currently living on this site currently, however we support rapid moves to improve the intensification, quality and scope of housing on the site for the benefit of a wider group of workers and residents.

With respect to the development of the Lynch Block on the Lakeview site, The Chamber would like QLDC to consider commissioning research to identify an appropriate business model/partner to develop a short-term (3 to 18 month) worker accommodation development (as opposed to homes) to support the projected growth of tourism-related activities in the region.

Lack of short-term worker accommodation in the region has a negative economic impact on key tourism businesses. Visitor demand for accommodation and land availability pressures has led to market failure with respect to housing workers. The Chamber considers that short-term worker accommodation should be viewed as core tourism infrastructure.

Neither employers, nor QLDC, feel that the total burden of staff accommodation should be placed on their respective entities. The Chamber proposes that work commences to share the responsibility for housing short-term workers between QLDC and employers.

The Chamber would like QLDC to consider a long-term investment horizon with respect to the Lynch Block and undertake research, with the Chamber, to explore innovative private/public business partner models.

2. Variance to budget – environmental management and regulatory functions.

Review of consent processes required to improve productivity and throughput.

The Chamber notes the significant variance to budget with respect to environmental management and regulatory functions and attributes this cost to increased cost of appeals and overhead. The consultation commentary suggests that cost recovery will be sought to ensure cost to ratepayers is minimised.

Feedback from Chamber members suggests that QLDC internal processes for consenting may be poorly optimised, resulting in time-delays for all parties, and in some cases, duplication of effort by engineers and planners. Increasing charges to users to offset the impact of this variance should be balanced with a review of QLDC processes with respect to how to work more productively with the development/construction community to minimise the impact of appeals and overhead on all parties.

3. Cloud Hosting and 3 Waters

The Chamber supports investment in Cloud Hosting of core IT infrastructure and continuing the 3 Waters Work.

4. Public and active travel

More visibility on investment in public and active travel is required (it's more than just building infrastructure or putting on subsidised buses).

The 2019-2020 Annual Plan public consultation document acknowledges that "we've a lot of work to do to get people thinking differently about how we travel".

The Chamber is concerned that moving both staff and customers around the district is impacting adversely on both quality of business and life and is a significant contributor to a degradation of social license for tourism within the region.

We consider ease of movement around Queenstown will continue to worsen prior to the commencement and during the infrastructure/capital works improvements and as more residential developments come to fruition. Further, the Chamber is concerned about the 'double-burden' of parents with respect to commuting; transporting their children safely to school and then themselves to work.

The Chamber is unable to review the extent to which QLDC is investing in the development of public transport infrastructure and active travel in this draft annual plan and note the \$324k set aside for the subsidy of public transport and transport infrastructure.

We recognize the tripartite approach under the *Way-to-Go* initiative however are concerned accountability for progress is diffuse. Further, the major capital projects inherent in most of this work means that some smaller, more pragmatic responses to congestion may be being overlooked by QLDC and ORC.

Investment in local commuter behaviour change (workplace education), visitor awareness of active and travel options (prior to arrival), improved bus stop signage, on-boarding optimization (to reduce delays) and transport ambassador programs are all examples of low-cost optimization programs which should be prioritized now.

5. Variance to budget – proposed rates increases

The Chamber notes variance to budget on the proposed rates increase, but recognises that commercial and accommodation rate payers feel the impact of these increases less severely than residential and MU commercial ratepayers due to the cost shift from blue bags to a QLDC collection for residential customers.

Continuing to manage expenditure to budgeted rates increases as the 10 year plan unfolds is essential.

The Chamber remains supportive of initiatives to increase QLDC revenue with the use of targeted visitor rates or levies provided these levies are applied expertly and equitably and spent in the same manner.

The Queenstown Chamber of Commerce

Anna Mickell

Chief Executive Officer

Date: 09/04/2019

Q. FEEDBACK:

happy with rubbish bins

Q. COMMUNITY FUNDING GRANT SUBMISSION:

Please ensure your submission details how this investment supports both the Ten Year Plan vision and Vision 2050.

Please find attached submission

Many thanks

Q. If you have a pre-prepared submission, you can upload it below. Please note that we can only accept .docx files.

PDF documents can be emailed to services@qldc.govt.nz

QLDC Annual Plan Submission.docx - 57 KB

**Alpine Community Development Trust,
operating as**



QLDC Annual Plan 2019 - 20

SUBMISSION FROM THE ALPINE COMMUNITY DEVELOPMENT TRUST

April 10th, 2019

The mission of the Alpine Community Development Trust (ACDT) is to provide a community development hub that coordinates, connects, and enables community wellbeing in the Upper Clutha the ultimate vision of empowering the Upper Clutha people to thrive not just survive.

ACDT, through its operating units Community Networks Wanaka and LINK Upper Clutha, is the only social wellbeing and community development hub in our region.

ACDT supports the QLDC's vision in the Ten Year (TYP) plan that our communities have efficient and effective community facilities, a good standard of living and wellbeing and are inclusive of all members.

ACDT wishes to acknowledge and thank the QLDC for the funding of \$33,500 pa for rent costs in the Ten Year Plan for the full ten years. We have been advised by the Community House Trust that there will be additional annual operating costs that tenants are expected to cover. The amount of this will be confirmed once we are in the Community House. ACDT anticipates in the future seeking support for these.

In October 2019 the operating units of ACDT will move into the Wanaka Community House. ACDT will play two key roles in the house: anchoring the house as a hub for community wellbeing and operating the front of house reception. **We seek funding from the QLDC for the one-off costs associated with moving into the Community House.** This includes the expenses associated with soft furnishings, office furniture and equipment. ACDT has been in its current location for nine years and the Wanaka Community House will be a permanent home for its operation.

ACDT estimates these expenses to be approximately \$20,000 and seeks funding of \$15,000 from QLDC as a contribution towards this. We have also applied to another local funder for a contribution towards these expenses.

Our vision, that our community can thrive not just survive closely aligns with the QLDCs vision of Vibrant Communities. There is no doubt that supporting this vision will contribute towards making Wanaka "a unique place with an inspiring future" as aspired to in the Vision Beyond 2050.


www.communitynetworks.co.nz

www.link.org.nz

