
REPORT

TUESDAY 21 MAY 2013

9.15AM

**Committee Room One
Ground Floor, Council Offices
101 Wakefield St
Wellington**

PLEASE INSERT INTO YOUR AGENDA

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<i>Oral Hearings – Draft Annual Plan</i>	
Report 2	452
<i>Oral Hearings – Water Bylaw</i>	

ORAL HEARINGS – DRAFT ANNUAL PLAN 2013/14

TUESDAY 21 MAY 2013

Time	Name	Organisation	Submission Number	Page
9.20am	Chris Chapman		197	4
9.25am	Linda Hobman		54	16
9.30am	Alan Chambers		187	22
9.35am	Ian Bray		130	28
9.40am	Anton Schmitz		417	29
9.45am	Stephen Mackle		97	36
9.50am	Wilbur Dovey	Otari Wilton's Bush Trust	172	42
10.00				
10.05am	Bev Abbot	Wellington Botanical Society	343	43
10.15	Alex Gray		171	48
10.20	Rosamund Averton		82	50
10.30am	Morning Tea			
10.45am	Wallace Simmers	Karori Community Hall Trust	449	70
10.55am	Tammie Noldan & Jenny Brown	Save Khandallah Library	44	73
11.05am	Alaistar Duncan		274	79
11.15am	Laurence Zwimpfer	20/20 Trust	205	85
11.20am	Don McDonald	TO BE CONFIRMED	28	91
11.30am	Ellen Blake	Living Streets Aotearoa	336	97
11.40am	Tom Halliburton	Hutt Cycling Network	338	100

11.50am	Brodie Wilson	Waterside Karori AFC	337	102
12.00pm	Marie Russell	OWL	344	104
12.10pm	Bernard O'Shaughnessy		83	106
12.15pm	WATER BYLAW			
12.30	Finish			
Lunch				
1.10pm	Luigi Muollo	Cook Strait Properties Limited	455	114
1.20pm	Tim Marsden	Surf Life Saving New Zealand Annual Plan	454	130
1.30pm	Graham Howell		428	145
1.35pm	Ron England	Democrats for Social Credit	480	147

Wellington City Council Annual Plan

Budgeting for Mason's Lane upgrade

Mason's Lane

1. Mason's Lane is a heavily used pedestrian thoroughfare between the northern end of The Terrace and Lambton Quay. Users include Kelburn residents descending Bolton Street and Aurora Terrace en route to the CBD, university students resident in UniLodge who attend the Pipitea campus, bus passengers who alight at the Lambton Quay bus stop adjacent to Mason's Lane, and office workers at the northern end of The Terrace who visit the CBD during their lunch break.

State of Mason's Lane

2. From the photographs in the appendix it is clear that Mason's Lane is in a very poor if not disgusting condition, Moving from The Terrace to Lambton Quay the particular points to note are:
 - a) At the first landing where there is an entrance to Greenock House the lighting is poor (photo 1);
 - b) Mason's Lane is infested with pigeons (photos 2 to 8) and the newly installed lights provide perfect roosting opportunities for pigeons (photo 4);
 - c) While a large pipe or conduit has recently had anti pigeon spikes fitted, there is a smaller pipe nearby that has not (photos 2 and 3);
 - d) Plastic conduit on the walls is used by pigeons for roosting (photo 5);
 - e) Many other wires and fittings are available to pigeons for roosting (photos 3 and 4);
 - f) The room halfway up the wall is occupied by pigeons (photos 7 and 8)
 - g) The accumulation of pigeon droppings in the vicinity of the second landing is disgusting and a health hazard (photos 3, 5, 6 and 7) ;
 - h) The widening of the last section of steps (I assume at the time that Greenock House was built) was shoddy workmanship (photo 10) ;
 - i) The last section of steps is not sheltered from rain (photos 9 and 13);
 - j) The existing canopy is in poor condition, the end is marked with graffiti and the former Perspex skylights have been removed and replaced with unsightly plywood (photo 9 and 11); and
 - k) The paving under the canopy is breaking up in several places (photo 12).

Suggested action

3. I understand that the canopy is part of the Civic Assurance Building and that if permission is granted the building owner would remove it at its own expense. That would result in an immediate improvement in the appearance of that end of Mason's Lane at no cost to the council. The loss of rain shelter would be a price worth paying. First because the shelter is partial only and second because the lane is aligned east/west which means that the lane is substantially sheltered from the prevailing winds by the buildings either side.
4. I suggest that the council:
 - a) Agree to Civic Assurance removing the existing canopy;
 - b) Either at its own expense or sharing the expense with the two adjoining building owners construct an arched canopy similar to the Cable Car Lane canopy extending from The Terrace to Lambton Quay. The floor plates of each building are approximately the same height (photo 13) and the base of the canopy could be fixed to the walls at the level of the second or third floors;
 - c) Hide all the unsightly mess in the next section by fitting a false wall and false arched ceiling joined to the canopy suggested in the previous sub-paragraph. This false wall and ceiling would extend from the end of the canopy to the first landing where there is the entrance to Greenock House mentioned above. There would need to be access to the substation and to level 1 of Greenock House where there is also a door. I suggest something that has a similar appearance to a London Underground passenger communication tunnel using graffiti resistant materials. As on the Underground the cost of maintenance could be defrayed by selling advertising space. As this thoroughfare has high foot traffic volume that should not be difficult.
 - d) Repave with consistent materials the entire length of Mason's Lane; the steps included.

Cost

5. At my on site meeting with Stavros Michael and Anna Harley on 2 May 2013 there was some discussion of cost. The \$1m expected cost of the Opera House Lane upgrade was noted and Anna Harley's rough estimate of upgrading Mason's Lane was \$500,000.
6. I urge the council to make provision for this upgrade in its annual plan.

Chris Chapman
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Mobile: +64 21 648 551
Email: christopher.chapman@clear.net.nz

1 inadequately lit



2 showing a variety of pigeon roosting opportunities and pigeon mess generally and door to room half way up the wall



3 pipe/conduit and light covered in pigeon droppings



4 new lights ideal for pigeons to sit on



5 This one says everything you need to know about the state of Mason's Lane



6 broken old drain and pigeon mess under the door half way up the wall



7 a truly disgusting sight



8 one of several pigeons living in room half way up the wall





10 shoddy workmanship where the steps have been widened



11 plywood covering canopy's former Perspex skylights



12 broken paving under the canopy



13 another view of broken down old canopy and plywood replacing Perspex also showing steps not protected from rain



Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Friday, 3 May 2013 11:49 a.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Linda Jane
 Last Name: Hobman
 Street Address: Unit 4/25
 Suburb: Berhampore
 City: Wellington
 Phone: 3800194
 Email: lindahobman@yahoo.co.nz

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 3800194

I am giving this feedback: as an individual Organisation name:

Type of organisation:

Details:

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Why: To create smart, healthy and energy-efficient homes, increase energy efficiency in the commercial sector and increase renewable generation
When: Two-year programme to be re-evaluated in 2015
Cost: \$250,000 in 2013/14 and 2014/15
 Leave in plan (high priority)

What: Proactive management of Built Heritage Incentive Fund
Why: Target buildings that would benefit most from earthquake strengthening
Cost: \$40,000 per annum
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PAGE 3 Questions / Comments:

What: Greening of Taranaki Street
Why: Redesign street to prioritise pedestrians as part of processional route from Memorial Park to Parliament
Cost: \$150,000 in 2013/14

Leave in plan (low priority)

What: Civic Square co-ordination

Why: Co-ordinate a range of work to help achieve our design objectives for the central city

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

What: Miramar Peninsula Framework

Why: To guide future development in the area

Cost: \$50,000 in 2013/14

Leave in plan (high priority)

What: Capital Education Initiative

Why: Increase school visits to key institutions to promote educational opportunities

Cost: \$60,000 in 2013/14

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PAGE 4 Questions / Comments:

What: Increase the operating grant to Zealandia

Why: To support the work of the new board, provide Zealandia with a higher level of financial security and enable the Trust to focus on implementing strategies for improvement.

Cost: \$175,000 in 2013/14 and 2014/15

Leave in plan (high priority)

What: Reduce speed limits to 30km/h or 40km/h across the central city

Why: To make streets safer for pedestrians

Cost: \$40,000 in 2013/14 for consultation, and \$250,000 in 2014/15 for implementation

Leave in plan (high priority)

What: Playground access

Why: Assess our existing playgrounds for their suitability for children with disabilities

Cost: To be decided

Leave in plan (high priority)

What: Clyde Quay Marina

Why: Feasibility funding for a wave study, geotechnical investigations and assessment of the harbour floor for the proposed marina upgrade

Cost: \$205,000 in 2013/14

Leave in plan (high priority)

What: To upgrade the children's playground at the north end of Frank Kitts Park

Why: This work was planned as part of the Frank Kitts Park upgrade that is budgeted for in 2016/17. Bringing this stage forward will enable an extension to

the playground and the replacement of play equipment that has been removed, and tie in with necessary repair work on the lighthouse.

Cost: \$1 million in 2013/14

Leave in plan (high priority)

What: To modify office space at the north end of Shed 6

Why: To provide a base for the Crocodile Bikes currently operating from a temporary location on Clyde Quay Wharf, and enable more recreation activity providers to be based in the area

Cost: \$150,000 in 2013/14

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PAGE 5 Questions / Comments:

What: Installation of swimming lanes and other initiatives

Why: To improve water-based recreational opportunities around the Queens Wharf area

Cost: \$150,000 in 2013/14

Leave in plan (high priority)

Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?

Your comments:

PAGE 6 Questions / Comments:

Q. Do you agree we should be looking at changing levels of service and introducing charges in order to keep the rates increase down?

Don't Know

Proposed reductions in expenditures

Libraries

Q. Do you agree with the proposed changes to levels in library services?

What: Libraries to have consistent closing times – Brooklyn, Cummings Park Ngaio, Wadestown and Island Bay are to close at 5pm on weekdays.

Savings: \$30,800 each year

Savings in the first year: \$22,600

Strongly Disagree

What: Opening hours at Khandallah Library to be reduced to between 1.30pm and 5.30pm weekdays.

Savings: \$31,200 each year

Savings in the first year: \$23,400

Strongly Disagree

PAGE 7 Questions / Comments:

Other services

Q. Do you agree with the following proposed changes to services?

What: Leisure Card – the Council would no longer help develop tailored programmes and services for card holders. The card itself would still be provided.

Savings: \$75,000 each year

Strongly Disagree

What: Reduce funding for hazardous tree removal – service levels should remain the same.

Savings: \$100,000 each year

Neutral

What: Remove funding for the demolition of the Patent Slip Jetty.

Savings: \$100,000

Strongly Agree

What: Introducing a full cost-recovery model for the WRAC crèche. This would require users to pay between \$3 and \$4 per hour for the service.

Savings: \$53,000 each year

Savings in the first year: \$40,000

Strongly Disagree

PAGE 8 Questions / Comments:

Proposed changes to Council-controlled organisation grants

Q. Do you agree with the proposed changes to CCO grants?

What: 3% reduction in the Zoo Trusts grant – no negative impact expected on services in 2013/14. But if lower funding levels continue the Zoo may have to reduce services.

Savings: \$84,000

Strongly Agree

What: 3% reduction in Positively Wellington Tourism's grant. This may impact on the ability to raise partner funding.

Savings: \$140,000

Strongly Agree

Proposed increases in income

Q. Do you agree with the following proposed charges being introduced?

What: Introduce \$2 per hour parking charges at Wellington Botanic Gardens 10am - 4pm weekdays.

Revenue: \$32,400 per annum

Capital cost: \$95,000

Strongly Disagree

What: Introduce \$1.50 per hour parking charges at Freyberg Pool 8am - 6pm

Mondays to Thursdays and 8am - 8pm Fridays.
Revenue: \$72,000 per annum
Capital cost: \$20,000
Strongly Disagree

What: Introduce permits for taxis to use taxi stands – starting at \$200 and rising to \$400 per taxi per year.
Revenue: \$400,000 per annum
Revenue in the first year: \$200,000
Revenue in second year: \$300,000
Strongly Agree

PAGE 9 Questions / Comments:

Proposed changes in capital expenditure

Q. Do you agree with the following proposed changes being introduced?

What: Southern landfill improvement. Moving our programmed spend out by two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

Strongly Agree

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Strongly Agree

Q. Do you agree with our approach to reducing our budget?

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

I have made submissions on the draft annual plan for a number of years - since 1998 I think, so that's 15 years - time flies when you are having fun. I've also been involved in culture change as a employee, private citizen on behalf of many community organisations. In other words I wear many hats. I do have to say one does get weary of saying the same things year after year. But here goes!

The fastest growth industry in our country and city is inequality. Increasing numbers of Wellingtonians are losing hope. They are being attacked on every front. We have a collective responsibility for our most vulnerable citizens and there are many of them.

Q. Any other comments you would like us to take into consideration before we make decisions?

Marianne Cavanagh

From: on behalf of BUS: Annual Plan
To: Wellington City Council
Subject: RE: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: alan
 Last Name: chambers
 Street Address: 22 Milton street
 Suburb: berhampore
 City: wellington
 Phone: 0274584310
 Email: alchambersbuilder@hotmail.com

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 0274584310

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Why: To improve water-based recreational opportunities around the Queens Wharf area

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Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?
Unsure

Your comments:

[inserted from additional submission] We would like to see Council put funding in place for a new deep water swimming pool in the next few years rather than in the never never like it is now. this can be as a stand alone Council owned /operated facility or as a joint venture with the community.

For whatever reason Council is in the pool business and again for historical reasons operates the pools at a loss . This makes private provision of deep water almost impossible as private facilities need to at least break even and to return some degree of profit to the people who have funded the pool.

We feel as users of your facilities that you are not catering to the sports groups who want to use deep water at your pools and we would ask you to put something in place starting this year to have some sort of deep water facility in place in the next few years .

There is still the proposal to put two pools at Rongotai College ,one for learn to swim and one deep water for other sports.

This proposal meets the needs of quite few different sports and groups. It`s not olympic size, wont have lots of bells and whistles but could take the pressure off the Council pools for the foreseeable future and give plenty of time for a new larger pool to go through the ten year plan and happen in 15 years when all the economic indicators allow for capital projects to be undertaken by Councils again.

Capital requirements to build this complex could be around 7 million dollars . If Council were to allocate 2 / 3 million over a period of the next two or three years with the rest of the funds being sourced from the community we would have a stand alone facility debt free capable of generating enough income to be self sustaining without the need for any further call on Council funds.

This model has been successful recently on a smaller scale with the school pool funds and with the artificial turfs put into two colleges with the help of the Council.

Council needs to get away from the mindset that you have to do everything yourselves and enable the community to help itself to provide facilities it wants/needs.

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Agree

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Increase in expenditure in 2013/14: \$358,000

Agree

Q. Do you agree with our approach to reducing our budget?

Neutral

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

I submit that Council should charge for the use of the bus stops . If you are going to charge individual taxis 400 per year to use the taxi stops then charge each bus 500 for using the bus stops. traditionally WCC owned the buses so it made sense to provide bus stops. Now that the buses are all owned by profit making companies then effectively the rate payers are subsidising the bus companies and the commuters. It is the same argument Council has put forward for charging the taxis.

if WCC charged for the use of the bus stops I realise that fares would increase .The commuters would have to pay extra the same as the taxi customers would have to pay more but as the Regional Council is responsible for supplying subsidies for public transport the increases in fares /subsidies will be spread around the region and not just wellington commuters . I would like to see how much parking would be available if the bus stops were not used by buses and available to private cars on metered parking and how much income that would bring to the city

you have once again increased the cost of entry to the swimming pools and not increased the charges of using the sports fields . May be that could be looked at again and maybe raise the cost of using the sports fields so you have a pool of money that can be used in supplying more synthetic turf.

0130

Marianne Cavanagh

From: Ian Bray [ianbray@sixstar.org.nz]
Sent: Thursday, 2 May 2013 1:46 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan Priority item Clyde Quay Marina.

To whom it may concern

I am in support of feasibility funding for the Clyde Quay Marina staying in the Wellington City Council 2013-2014 annual plan as a highest priority.



Ian R. Bray J.P.
General Manager
The Philanthropic Charitable Trust
ianrbray@sixstar.org.nz

M: 021 401 447
W: sixstar.org.nz



About SixStar: SixStar is the operational arm of The Philanthropic Charitable Trust and provides training scholarships – so those who are passionate about a career in hospitality can progress and become true stars. SixStar is funded by the Philanthropic Charitable Trust.

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Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Thursday, 16 May 2013 4:01 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

Follow Up Flag: Follow up
Flag Status: Red

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: anton
 Last Name: schmitz
 Street Address: 238 adelaide road
 Suburb: newtown
 City: wellington
 Phone: 0276281038
 Email: anton@schmitz.co.nz

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 0276281038

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What: Reduce speed limits to 30km/h or 40km/h across the central city
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Cost: \$40,000 in 2013/14 for consultation, and \$250,000 in 2014/15 for implementation
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What: Playground access
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Cost: \$150,000 in 2013/14

Take out of plan (not a priority)

Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?
Unsure

Your comments:

I disagree with the spending levels for greening Taranaki street. Given full planning has already taken place for works along Adelaide road, the extensive delay (to 2020) to those works will render the planning and design money spent a waste - as with such a long delay it will need to be redone. (as advised by council staff)

Further spending on plans and consultation nearby at Taranaki street is unreasonable given the concurrent waste of work already done at Adelaide road, an equally if not more important route.

Whilst it's obvious that the processional route is a motivating factor in greening this area, elevating the priority of Taranaki street over Adelaide road is not reasonable and does not serve the greater city as effectively.

If the council wishes to spend money on Taranaki street it should also allocate

funds to improving at least a section of Adelaide road within the plans already made - otherwise those plans are wasted and therefore the \$150k being spent on Taranki carries a greater cost.

If council is unwilling to make permanent changes to Adelaide road in light of Greening Taranaki street, then perhaps it could spend money on temporary green structures (movable planter boxes for instance) which could be used for the processional route on a temporary or long term temporary basis, and put these in without requiring as extensive consultation.

The aim here is to spend money on doing things rather than spending it planning to do things - because a lot of time and effort seems to be wasted when those plans are not progressed to completion.

PAGE 6 Questions / Comments:

Q. Do you agree we should be looking at changing levels of service and introducing charges in order to keep the rates increase down?

Neutral

Proposed reductions in expenditures

Libraries

Q. Do you agree with the proposed changes to levels in library services?

What: Libraries to have consistent closing times – Brooklyn, Cummings Park Ngaio, Wadestown and Island Bay are to close at 5pm on weekdays.

Savings: \$30,800 each year

Savings in the first year: \$22,600

Agree

What: Opening hours at Khandallah Library to be reduced to between 1.30pm and 5.30pm weekdays.

Savings: \$31,200 each year

Savings in the first year: \$23,400

Agree

PAGE 7 Questions / Comments:

Other services

Q. Do you agree with the following proposed changes to services?

What: Leisure Card – the Council would no longer help develop tailored

programmes and services for card holders. The card itself would still be provided.

Savings: \$75,000 each year

Agree

What: Reduce funding for hazardous tree removal – service levels should remain the same.

Savings: \$100,000 each year

Agree

What: Remove funding for the demolition of the Patent Slip Jetty.

Savings: \$100,000

Neutral

What: Introducing a full cost-recovery model for the WRAC crèche. This would require users to pay between \$3 and \$4 per hour for the service.

Savings: \$53,000 each year

Savings in the first year: \$40,000

Agree

PAGE 8 Questions / Comments:

Proposed changes to Council-controlled organisation grants

Q. Do you agree with the proposed changes to CCO grants?

What: 3% reduction in the Zoo Trusts grant – no negative impact expected on services in 2013/14. But if lower funding levels continue the Zoo may have to reduce services.

Savings: \$84,000

Agree

What: 3% reduction in Positively Wellington Tourism's grant. This may impact on the ability to raise partner funding.

Savings: \$140,000

Agree

Proposed increases in income

Q. Do you agree with the following proposed charges being introduced?

What: Introduce \$2 per hour parking charges at Wellington Botanic Gardens 10am - 4pm weekdays.

Revenue: \$32,400 per annum

Capital cost: \$95,000

Agree

What: Introduce \$1.50 per hour parking charges at Freyberg Pool 8am - 6pm Mondays to Thursdays and 8am - 8pm Fridays.

Revenue: \$72,000 per annum

Capital cost: \$20,000

Agree

What: Introduce permits for taxis to use taxi stands – starting at \$200 and rising to \$400 per taxi per year.

Revenue: \$400,000 per annum

Revenue in the first year: \$200,000

Revenue in second year: \$300,000

Strongly Agree

PAGE 9 Questions / Comments:

Proposed changes in capital expenditure

Q. Do you agree with the following proposed changes being introduced?

What: Southern landfill improvement. Moving our programmed spend out by two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

Agree

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Agree

Q. Do you agree with our approach to reducing our budget?

Neutral

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

The council appears to be generally taking a sensible line with budgetting and I commend that.

Q. Any other comments you would like us to take into consideration before we make decisions?

On a specific issue: City streets seem to be brimming with signage, in particular parking signs. Often a single carpark will have two vertical signs in place - one at each end of the park. This is a waste of assets - both in the signage costs to install and maintain, and in the disproportionate waste of pavement space for other users. The reasoning given by Council staff is that signage is added because otherwise people can escape parking fines by arguing the status of the park was unclear. It seems that a lot of fines would need to be avoided to justify each sign.

A dashed yellow line is sufficient to indicate 'no parking' , surely other paint markings are then sufficient to label the opposite!?

I propose the council allocates a small sum or staff time to investigating the cost effectiveness of a reduction in vertical pole signage, in favour of paint markings.

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Friday, 10 May 2013 10:03 a.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

Follow Up Flag: Follow up
Flag Status: Red

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Stephen
 Last Name: Mackle
 Street Address: 50 Moorhouse Street
 Suburb: Wadestown
 City: Wellington
 Phone: 0273316014
 Email: stephen.mackle@fire.org.nz

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 0273316014

I am giving this feedback: as an individual Organisation name:

Type of organisation:

Details:

PAGE 2 Questions / Comments:

What: Smart Energy Capital – a programme of government and business partnerships

Why: To create smart, healthy and energy-efficient homes, increase energy efficiency in the commercial sector and increase renewable generation

When: Two-year programme to be re-evaluated in 2015

Cost: \$250,000 in 2013/14 and 2014/15

Leave in plan (high priority)

What: Proactive management of Built Heritage Incentive Fund

Why: Target buildings that would benefit most from earthquake strengthening

Cost: \$40,000 per annum

Leave in plan (high priority)

PAGE 3 Questions / Comments:

What: Greening of Taranaki Street

Why: Redesign street to prioritise pedestrians as part of processional route from Memorial Park to Parliament
Cost: \$150,000 in 2013/14
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What: Civic Square co-ordination
Why: Co-ordinate a range of work to help achieve our design objectives for the central city
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What: Miramar Peninsula Framework
Why: To guide future development in the area
Cost: \$50,000 in 2013/14
Leave in plan (high priority)

What: Capital Education Initiative
Why: Increase school visits to key institutions to promote educational opportunities
Cost: \$60,000 in 2013/14
Leave in plan (low priority)

PAGE 4 Questions / Comments:

What: Increase the operating grant to Zealandia
Why: To support the work of the new board, provide Zealandia with a higher level of financial security and enable the Trust to focus on implementing strategies for improvement.
Cost: \$175,000 in 2013/14 and 2014/15
Leave in plan (low priority)

What: Reduce speed limits to 30km/h or 40km/h across the central city
Why: To make streets safer for pedestrians
Cost: \$40,000 in 2013/14 for consultation, and \$250,000 in 2014/15 for implementation
Leave in plan (high priority)

What: Playground access
Why: Assess our existing playgrounds for their suitability for children with disabilities
Cost: To be decided
Leave in plan (low priority)

What: Clyde Quay Marina
Why: Feasibility funding for a wave study, geotechnical investigations and assessment of the harbour floor for the proposed marina upgrade
Cost: \$205,000 in 2013/14
Take out of plan (not a priority)

What: To upgrade the children's playground at the north end of Frank Kitts Park
Why: This work was planned as part of the Frank Kitts Park upgrade that is budgeted for in 2016/17. Bringing this stage forward will enable an extension to the playground and the replacement of play equipment that has been removed, and tie in with necessary repair work on the lighthouse.

Cost: \$1 million in 2013/14

Leave in plan (low priority)

What: To modify office space at the north end of Shed 6

Why: To provide a base for the Crocodile Bikes currently operating from a temporary location on Clyde Quay Wharf, and enable more recreation activity providers to be based in the area

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

PAGE 5 Questions / Comments:

What: Installation of swimming lanes and other initiatives

Why: To improve water-based recreational opportunities around the Queens Wharf area

Cost: \$150,000 in 2013/14

Leave in plan (high priority)

Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?
Yes

Your comments:

PAGE 6 Questions / Comments:

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Strongly Disagree

Proposed reductions in expenditures

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Savings: \$140,000

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Neutral

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Neutral

Q. Do you agree with our approach to reducing our budget?

Neutral

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

You should maintain all services at the existing levels

Q. Any other comments you would like us to take into consideration before we make decisions?

Marianne Cavanagh

From: Wilbur Dovey [cweag.dovey@xtra.co.nz]
Sent: Monday, 13 May 2013 2:54 p.m.
To: BUS: Annual Plan
Subject: Submission from Otari Wilton's Bush Trust

Otari Wilton's Bush Trust is very pleased to note the positive statement in section 2.1 of the Wellington City Draft Action Plan 2013/14 that the Council will reconfigure the Otari Wilton's Bush Curator's house.

It has been an ongoing concern of the Trust for a number of years that the space in the present Visitor Centre is not adequate to cater for the increasing number of visitors to Otari Wilton's Bush, particularly overseas visitors, and especially the school groups visiting the area for educational purposes. We were encouraged to see the plans drawn up which would open up the Curator's house to provide space for displays on the propagation and care of native plants, space for small group meetings and accommodation for visiting interns and international volunteers who come to Otari to learn more about New Zealand's native flora of which Otari has the most comprehensive collection in the country. The Trust sincerely hopes that this work will be carried out within the term of the 2013/14 Action Plan.

The Trust Board was very pleased to receive briefing on the review of the Management Plans for the four Wellington Botanic Gardens and the proposal to incorporate these plans into one document. The Trust looks forward to being able to participate in the public consultation on the discussion document due out in August of this year.

While the Trust is generally supportive of the proposal to incorporate the four Management Plans into one document it is concerned that the funding and staffing for the four gardens be kept separate as the case is now and not pooled.

The Trust would be pleased to speak to these points when it comes to the consideration of this section of the Draft Annual Plan.

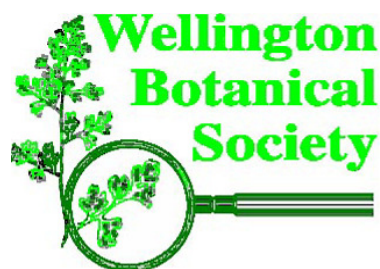
Best regards

Wilbur Dovey
On behalf of Otari Wilton's Bush Trust

40 Warwick Street
Wilton 6012

Tel. (04) 499 1044
Email: cweag.dovey@xtra.co.nz

PO Box 10-412
Wellington 6143
New Zealand



13 May 2013

Charities Commission Registration CC10518

DRAFT ANNUAL PLAN 2013/14 FOR WELLINGTON CITY COUNCIL

Submitter: Wellington Botanical Society

Contact details Bev Abbott

40 Pembroke Rd, Northland, Wellington 6012

bevabbott@xtra.co.nz

Phone 475 8468 (H)

INTRODUCTION

1. The Wellington Botanical Society (the Society) welcomes the opportunity to comment on the Draft Annual Plan 2013/14. We would like to speak at the hearings.
2. Our submission comments on the Summary and Section 2.1 of the Draft Annual Plan.

SUMMARY DOCUMENT

Progressing our long-term plan (Environment)

3. We were surprised that this section did not make a feature of "Our Living City" which has links to Wellington 2040 and to the Long-Term Plan. The benefits of "Our Living City" lie in its potential to identify projects and initiatives that will make progress on several fronts at the same time, for example, by integrating the "eco-city" theme with other themes such as "a connected city".

Efficiencies and Savings

4. This section identified *Our Living City* as an area where Council has achieved savings and efficiencies as the result of a review of work programmes. The section did not provide details of the savings achieved or the programmes affected. We are particularly concerned about possible impacts on the resourcing for implementing the Biodiversity Action Plan 2007. The funding source for most actions in the plan is "Existing Funds (staff time)". We would appreciate a written response to this concern.

New proposals not included in the Long-Term Plan

Zealandia

5. We support Council's intention to increase the operating grant to Zealandia by \$175,000 in 2013/14 and 2014/15. The funding is necessary to give Zealandia some sense of stability during the implementation of the new governance structures and partnership arrangements.
6. We would like to see some of this funding tagged for restoration activities in the valley, and for maintaining and analysing records of those activities. Over time, it may be possible to apply some of the findings from the Zealandia approach to restoration projects in other parts of the city such as the Miramar Peninsula.

Miramar Peninsula Framework

7. We support continued investigation of issues and opportunities facing Miramar Peninsula/Te Motu Kairangi with a view to setting a long-term vision to guide investment and programmes of action on the Peninsula, We commend Council on the excellent progress at Oruaiti Reserve. We welcome this year's focus on Watts Peninsula.
8. If this initiative goes ahead in 2013/14, we urge Council to ensure that communities on the Peninsula are provided with detailed information about:
 - the current state of the Peninsula's biodiversity
 - the potential contribution of sites throughout the Peninsula to restoring Wellington's coastal flora and ecosystems
 - the best opportunities for enhancing ecological connectivity within the Peninsula.
 - pest management trends for predators, herbivores and weeds
 - current pest management priorities and investments by WCC, GW, DOC and others

'Greening' of Taranaki St

9. This proposal is called the 'greening' of Taranaki St. It requires expenditure of \$150,000. The description refers only to landscaping, paving and lighting. There is very little detail about the eventual outcome. By spending this money, Wellington will get "comprehensive concept design options and costs for an interim project". We struggled to understand the second part of the deliverable: "the interim design could be implemented to facilitate longer-term infrastructure upgrades".
10. The key point, however, is that budget does not include any implementation funding in 2013/14. It could be many years before funding an interim project in Taranaki St becomes a priority. Funding to implement the desired "longer-term infrastructure upgrade" could be decades away. Perhaps Council would be wise to re-think its approach to the "greening" of Taranaki St.

Proposed changes to services and spending in the long-term plan

Hazardous tree removal:

11. Council proposes to permanently reduce the funding for hazardous tree removal by \$100,000. We recommend that this funding be allocated to promoting and assisting landowners to remove 'pest' trees from private and public property. As an example, removing mature and young sycamores will achieve ecological and social benefits. Mature sycamores are already spreading seed throughout the city's open spaces. All

the young seedlings that are currently flourishing will eventually grow into mature trees that will impact on indigenous biodiversity and residents' quality of life (e.g. blocking sun).

DRAFT ANNUAL PLAN SECTION 2.1 GARDENS, BEACHES AND GREEN OPEN SPACES

12. We have comments on four of the 12 key projects in this section of the draft plan.

Reconfigure the Otari-Wilton's Bush Curator's House

13. We strongly support Council's intention to reconfigure the Curator's House at Otari-Wilton's Bush. The House is not used by the curator. Its primary use is to provide accommodation for the international interns who come to Otari to learn about the cultivation of New Zealand's flora. Their internships are voluntary and usually last no longer than three months. These interns become enthusiastic promoters of Otari on their return to their own gardens and institutions.
14. The reconfiguration will also provide a better setting where staff and volunteers can work alongside interns, visiting researchers, botanists and horticulturalists to develop and share knowledge about New Zealand's unique natural flora.

Continue with the Biodiversity Action Plan

15. In paragraph 4 we asked whether the funding for the Biodiversity Action Plan (BAP) has been affected by the introduction of the *Our Living City* initiative given that most of the actions in the BAP depend on staff time.
16. We think it's vital that Council continue to make progress on the BAP. The pre-release version of the Draft Capital Spaces document (May 2013) has signalled a review of the Biodiversity Action Plan. We do not see a review as an urgent priority. We would prefer to see the available resourcing focused on completing some specific actions in the existing Biodiversity Action.
17. We have not seen any report outlining progress towards completion of specific actions in the BAP. As an example, Objective 1.1 in the BAP is "Have confidence in our knowledge of Wellington's Biodiversity". The first action under this objective is to "*Create a technical report outlining the current state of Wellington's biodiversity*". The BAP stresses that this action and two other actions in this section must be completed before many of the actions in the 'Protect', 'Restore' and 'Research' sections of the BAP can commence. The funding source for these foundation projects is A0004 Existing funds (staff time).
18. **Recommendation:** We urge Council to identify the current state of completion of the actions set out in the Biodiversity Action Plan 2007, particularly the technical report.
19. We would also like to see staff start compiling a more detailed report summarising the information generated by the Biodiversity Action Plan and related biodiversity activities undertaken by Council independently or with partners. This could include formal (scientific) information as well as insights gained from volunteers and collaborations with Greater Wellington and DOC. We believe that access to the report will raise the quality of future strategies, plans, discussions, submissions and decisions.

Governance arrangements for the Town Belt

20. We would like to see Council describe and evaluate the current governance arrangements for the Town Belt before finalising the drafting instructions for the new bill. This exercise may identify other ways of improving and modernising the governance arrangements for the Town Belt, some of which may require legislative change. As one example, Council may wish to consider whether new governance arrangements for the Town Belt would be advantageous in the event that the Local Government Commission makes significant changes to local government arrangements the wider Wellington region.

Review of management plan for the Botanic Garden, Otari-Wilton's Bush, Truby King and Bolton St Memorial Park

21. We have a number of concerns about the proposal to develop a single management plan for "the botanic garden cluster". The following notes capture some early thoughts.
22. The current Management Plan for Otari-Wilton's Bush is not due to be reviewed until 2017.
23. The Council, staff, the Trust, community groups, volunteers and individuals have invested a lot of time and money in 'planning' for Otari in recent years, including the Management Plan, the Landscape Development Plan, the Collections Review, and the proposal to include Otari in a CCO
24. We do not yet understand the nature of the benefits that Council anticipates achieving by having a single management plan for the cluster. We can see some "administrative" benefits, e.g. Council would not have to resource a separate process to review the Otari Management Plan in 2016/17. What other benefits would there be?
25. Our current preference for Otari would be to see a strong focus on implementation of, and investment in the current management plan over the next five years.
26. A focus on implementation would boost the potential for Otari to make a greater contribution to the tourism sector, Council's *Our Living City* programme, and Wellington's reputation as a Smart Capital.
27. If resources for more planning activity are available, these could be applied to developing more of the plans required by the current Otari Management Plan. These include:
 - Weed Management Plan
 - Animal Pest Management Plan
 - Marketing and Promotion Strategy.
 - Relationship Management Plan
28. The development of the long-promised Marketing and Promotion Strategy is a particular priority. It is now nearly 10 years since Gisella Carr produced the basis of a strategy in an unpublished report to WCC.

29. If Council decides that a review is necessary or advantageous, those managing the review should recognise that Otari has a plan through to 2017 and that any significant changes to this plan should be discussed with all interested parties.

0171

Marianne Cavanagh

From: Alex & Janine Gray [alexjanine@clear.net.nz]
Sent: Monday, 13 May 2013 7:45 p.m.
To: BUS: Annual Plan
Subject: Submission from Alex Gray 48 Connaught Terrace on Transport

Dear Councillors

For the past 3 years I have chaired a "vulnerable road users" group consisting of WCC, GW, Police, Cycle aware and Bikers Rights (BRONZ). Although we have made progress on some safety issues the harsh reality is that currently Council does not allocate sufficient funds to increase safety for vulnerable road users especially cyclists.

Therefore I request that Councillors approve expenditure of \$5 Million (instead of the \$1 million currently allocated) for at least the next 4 years to improve pedestrian and cyclist safety and introduce more bus priority lanes that can also be used by cyclists. \$5 Million per annum represents only 1.3% of Council's operating funds of \$375 Million forecast for

You state in section 7 of the draft plan that "we manage the transport so it is sustainable, safe and efficient". With respect I would suggest that for cyclists in many streets in Wellington city it can be unsafe to ride a cycle. Several cyclists in our office will only ride on the footpath in many streets in Wellington city even though it is technically illegal. I will not ride uphill on several roads including Washington Avenue (bus route) and Raroa Road and instead ride on the footpath. The proposed 2013/14 target for cyclists is "50% of cycleway users are satisfied with cycleway safety and 60% are satisfied with maintenance" is pathetic and you should be embarrassed that such a low target is suggested. The completion of the Tawa shared walking/cycling path is fine for those in that geographic area but does nothing to improve cyclist safety in other suburbs and the CBD.

I attended the recent cycling forum organised by Council and was surprised to see about 170 people attend this event. As Steve Spence commented to me that if Council arranged a Bus Users forum they would be lucky to get 10 people to attend. The key conclusion from all the discussion groups was that more funding was required for cycling facilities. One of the problems is that as we all know Wellington's topography is constrained and there is little or no opportunity to widen the carriageway on many streets. If for example a cycle lane was marked from Adelaide Road all the way to Island Bay on both sides of the road there would be no bus lanes or opportunity to add them in the future. But far more people travelling to work use buses (30%?) compared with only 2% cycling.

The only practical solution to this problem is to accelerate the implementation of the Council Bus Priority Plan written in 2007. Cyclists would then be able to use these bus lanes as well. Key routes suggested for Bus lanes are Lambton Quay northbound, Willis St from Manners St to Lambton Quay, Taranaki Street (Buckle Street to Courtenay Place) and Brooklyn Hill (uphill). There is no need for commercial traffic to use Lambton Quay or Willis Street between 7.30am and 6pm Monday to Friday. As well as marked bus lanes changes to traffic signals to give bus priority will be required.

Moving to pedestrians—over the years I have noticed that the wait time at traffic lights for the pedestrian phase has got longer and longer and now exceeds 150 seconds at some intersections. This is unacceptable and causes pedestrians like me to Jay walk. Then when the pedestrian phase is eventually reached traffic has to wait for a crossing phase when there are no pedestrians waiting to cross. This is frustrating for both pedestrians and motorists. The solution is quite simple—reduce the waiting time to 90 seconds maximum and use technology to increase efficiency of the crossing phase. Hutt City have been using a "Puffin" crossing at Railway Avenue for several years. This crossing monitors pedestrian movement and adjusts the crossing time to suit the speed of those crossing. The other irritation is that even at off peak times (eg lunchtime) most pedestrian phases still have the standard long wait time that might be necessary in peak travel times.

I do not expect any rate increase beyond the rate of inflation and request this funding increase be found within the existing budget. I note with concern that all of the Council sectors have requested funding increases with no innovative ideas as to how expenditure might be reduced. Here are a few for consideration:

1. Green Open Spaces Now that we have several all-weather artificial playing fields the question should be asked do we still need to maintain all the grass fields? A good example is Alexandra Park which is a sub-standard length pitch and could be left for Wellington College to maintain as a practice field.

2. Parking As I mentioned to Councillors Foster and McKinnon I suggest we abolish the free parking offered to DC and CC registered cars. I fail to see why diplomats and consular officials should get free parking when the rest of us have to pay for parking.
3. Vacant Council Land There are a number of vacant Council owned sites that might be considered for sale eg vacant land next to Council Hall in Vennel Street Brooklyn.
4. Greening Of Taranaki St The proposed \$150,000 for concept and option designs etc is a gross waste of money in my opinion when improvements in the transport safety area are long overdue. The same Pohutakawas used on Jervois Quay could be used on Taranaki Street with minimal design cost.

I request the opportunity to present this submission Orally.

Yours sincerely,

Alex Gray
48 Connaught Terrace
Brooklyn
Wellington Tel 801 9021

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Wednesday, 8 May 2013 12:41 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Rosamund
 Last Name: Averton
 Street Address: 12/17 Brougham Street
 Suburb: Mount Victoria
 City: Wellington
 Phone: 043851495
 Email: rosaverton@hotmail.com

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 043851495

I am giving this feedback: as an individual Organisation name:

Type of organisation:

Details:

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Why: Co-ordinate a range of work to help achieve our design objectives for the central city

Cost: \$150,000 in 2013/14

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What: Miramar Peninsula Framework

Why: To guide future development in the area

Cost: \$50,000 in 2013/14

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What: Capital Education Initiative

Why: Increase school visits to key institutions to promote educational opportunities

Cost: \$60,000 in 2013/14

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PAGE 4 Questions / Comments:

What: Increase the operating grant to Zealandia

Why: To support the work of the new board, provide Zealandia with a higher level of financial security and enable the Trust to focus on implementing strategies for improvement.

Cost: \$175,000 in 2013/14 and 2014/15

Take out of plan (not a priority)

What: Reduce speed limits to 30km/h or 40km/h across the central city

Why: To make streets safer for pedestrians

Cost: \$40,000 in 2013/14 for consultation, and \$250,000 in 2014/15 for implementation

Take out of plan (not a priority)

What: Playground access

Why: Assess our existing playgrounds for their suitability for children with disabilities

Cost: To be decided

Leave in plan (high priority)

What: Clyde Quay Marina

Why: Feasibility funding for a wave study, geotechnical investigations and assessment of the harbour floor for the proposed marina upgrade

Cost: \$205,000 in 2013/14

Take out of plan (not a priority)

What: To upgrade the children's playground at the north end of Frank Kitts Park

Why: This work was planned as part of the Frank Kitts Park upgrade that is budgeted for in 2016/17. Bringing this stage forward will enable an extension to

the playground and the replacement of play equipment that has been removed, and tie in with necessary repair work on the lighthouse.

Cost: \$1 million in 2013/14

Take out of plan (not a priority)

What: To modify office space at the north end of Shed 6

Why: To provide a base for the Crocodile Bikes currently operating from a temporary location on Clyde Quay Wharf, and enable more recreation activity providers to be based in the area

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

PAGE 5 Questions / Comments:

What: Installation of swimming lanes and other initiatives

Why: To improve water-based recreational opportunities around the Queens Wharf area

Cost: \$150,000 in 2013/14

Take out of plan (not a priority)

Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?

Your comments:

see email submission

[Note: email Rosamund Averton; Subject: DAP 2013_14; Received: Monday 6/05/2013 11:20 a.m.]

PAGE 6 Questions / Comments:

Q. Do you agree we should be looking at changing levels of service and introducing charges in order to keep the rates increase down?

Proposed reductions in expenditures

Libraries

Q. Do you agree with the proposed changes to levels in library services?

What: Libraries to have consistent closing times – Brooklyn, Cummings Park Ngaio, Wadestown and Island Bay are to close at 5pm on weekdays.

Savings: \$30,800 each year

Savings in the first year: \$22,600

Neutral

What: Opening hours at Khandallah Library to be reduced to between 1.30pm and 5.30pm weekdays.

Savings: \$31,200 each year
Savings in the first year: \$23,400
Neutral

PAGE 7 Questions / Comments:

Other services

Q. Do you agree with the following proposed changes to services?

What: Leisure Card – the Council would no longer help develop tailored programmes and services for card holders. The card itself would still be provided.

Savings: \$75,000 each year

Neutral

What: Reduce funding for hazardous tree removal – service levels should remain the same.

Savings: \$100,000 each year

Strongly Agree

What: Remove funding for the demolition of the Patent Slip Jetty.

Savings: \$100,000

Strongly Agree

What: Introducing a full cost-recovery model for the WRAC crèche. This would require users to pay between \$3 and \$4 per hour for the service.

Savings: \$53,000 each year

Savings in the first year: \$40,000

Strongly Disagree

PAGE 8 Questions / Comments:

Proposed changes to Council-controlled organisation grants

Q. Do you agree with the proposed changes to CCO grants?

What: 3% reduction in the Zoo Trusts grant – no negative impact expected on services in 2013/14. But if lower funding levels continue the Zoo may have to reduce services.

Savings: \$84,000

Strongly Disagree

What: 3% reduction in Positively Wellington Tourism's grant. This may impact on the ability to raise partner funding.

Savings: \$140,000

Strongly Agree

Proposed increases in income

Q. Do you agree with the following proposed charges being introduced?

What: Introduce \$2 per hour parking charges at Wellington Botanic Gardens 10am - 4pm weekdays.

Revenue: \$32,400 per annum
Capital cost: \$95,000
Strongly Disagree

What: Introduce \$1.50 per hour parking charges at Freyberg Pool 8am - 6pm
Mondays to Thursdays and 8am - 8pm Fridays.
Revenue: \$72,000 per annum
Capital cost: \$20,000
Strongly Disagree

What: Introduce permits for taxis to use taxi stands – starting at \$200 and rising
to \$400 per taxi per year.
Revenue: \$400,000 per annum
Revenue in the first year: \$200,000
Revenue in second year: \$300,000
Strongly Disagree

PAGE 9 Questions / Comments:

Proposed changes in capital expenditure

Q. Do you agree with the following proposed changes being introduced?

What: Southern landfill improvement. Moving our programmed spend out by
two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

Neutral

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to
align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Neutral

Q. Do you agree with our approach to reducing our budget?

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there
services we provide that you think are not our responsibility and therefore
should stop providing?

Your comments on balancing the budget:

see emailed submission

Q. Any other comments you would like us to take into consideration before we
make decisions?

see emailed submission

Draft Annual Plan 2013-14

- Submission due 16th May 2013

Martin Rodgers: Manager Strategy etc

Marianne Cavanagh: Senior Advisor - Annual Plan DDI 803-8782

Wellington City Council,

By e.mail: Martin.Rodgers@wcc.govt.nz, Marianne.Cavanagh@wcc.govt.nz

Rosamund Averton,

12/17 Brougham Street,

Mount Victoria,

Wellington.

[3-851-495]

I am writing this submission as an individual and do wish to be heard for 10 minutes.

Introduction:

This submission highlights the issues I consider of significance within this pared down Draft Annual Plan document.

This year I have chosen not to bring forward matters remaining un-addressed from past years; that is not because I am no longer interested in inputs, outputs or outcomes of these longstanding unresolved matters or projects but because they are more than likely to re-emerge in the coming years as something brand new. [Note this submission for these reasons does not feature an "appendix"!]

Commentary:

I regret that this DAP and “summary” are so insubstantial and that during the last six months the previously excellent and comprehensive “Quarterly Reports” have been similarly pared down.

Following the precedent set last year the actual documentation written on on high quality stock is hyperbolic and lacking detail with the tone of a marketing promotion rather than of a factual proposal for an annual plan.

It appears that WCC is making a conscious effort to disengage from its community by providing the minimum of information to satisfy the legislation. Citizens should not have to request, informally and/or formally, information that expands and clarifies matters of interest for those like myself who are interested and like to be informed and engaged and who are in our turn similarly engaged with the wider community.

All documents including the DAP should return to including the names and contact details of all “Directors”, “Senior Managers” and staff who have delegated responsibility for projects, proposals or any other schemes including the monitoring of outside contractors. Such information (formerly called: “Activity Profiles by Strategy Area”) allow citizens to readily contact those who are both involved and informed within our Council.

I have completed the “Submission Form” and submitted it separately. This submission is complementary to that exercise and additional items have been included.

The sequence of response below follows the order of the DAP – Summary 2013-14”.

Submission:

I note with alarm that the first 5 pages make no reference to the emotional, cultural, environmental benefits of any particular action. Instead there is a heavy emphasis on the cost but again there is not reference to the social, cultural, environmental or economic value of any of the proposals.

"Efficiencies" should be quantified and then balanced again the good of society. Austerity measures damage lives and the economy by removing the stimulus for growth. The benefits of WCC investing our rates in the local economy are significant. The best investment to be made is into the people who "live, work and play" here. The objective is supposed to be a "Living" not a moribund City.

New Proposals not included in the Long-term Plan:

1. "Smart Energy" {as opposed to stupid energy presumably} [P.7]

I **support** these proposals.

2. "Greening" of Taranaki Street

I **oppose** this proposal the geo-tech "difficulties" and consequential costs of using this water channel to plant trees other than willows seems profligate. This reclaimed land has a history of being an area of liquefaction (see 1848 report) and is surrounded by modern high rise buildings which are likely to collapse becoming landfill and burying trees should there be an earthquake.

3. Earthquake strengthening the Council's buildings:

Note: that the Council's buildings belong to the people of Wellington.

In principle I **support** the strengthening of our buildings. However, I feel that there is no urgency to actively strengthen any civic or other building bearing in mind our geological history. It is surprising that there is anxiety about the strength of older buildings many of which have survived many earthquakes

since their construction. The last major quake sequence in 1942 was followed by many aftershock and since then there have been many thousands of earthquakes but no documented significant Tsunami.

My concern is that consent is being granted to developers to erect multi level buildings in a swamp zone (ie: Te Aro swamp). Who will bear the responsibility when these "newly" consented building sink into the "blue mud" (liquefaction) and will that compensation match that for the liability incurred when "leaky" buildings are consented? What safeguards are there in place to ensure susceptible buildings will not be built on vulnerable land after having been given consent by WCC or Commissioners to build? Will the pre-earthquake rate income compensate for either of these events? Will the insurance companies be prepared to reimburse both council and building owners for their losses?

4. Heritage Grants:

I **support** the provision of heritage grants but again ask that the application for such grants be simpler and not restricted to those who have their properties listed in the District Plan or with HPT. Many structures and much vegetation remains unlisted.

5. "Clyde Quay Marina"

I **oppose** any further funding of this project.

6. "Civic Square"

This proposal is **redundant** as all of the work proposed has been carried out in the last 10 years. I therefore oppose any further expenditure.

7. "Waterfront"

I **oppose** any funding that will support the unnecessary “upgrade” of the children’s playground. I have been unable to find any information to justify the expenditure of \$1m for this project.

I **support** the utilisation of the north end of Shed 6 at a base for “crocodile bikes” and perhaps the return of the waterfront train. Maximum \$10,000 (incl.GST) should be allocated for this project.

“Water-based recreation” around Queens Wharf”. This project is also **redundant** as it is known that the water here is contaminated by more than a 100yrs of waterfront activities. The area beneath the wharves is I understand a treasure trove of artefacts, and the biota is rich in ecological significance.

No further development should be undertaken here or around the waterfront. *The abomination being created on the OPT site is an example of why many are so opposed to any development on our waterfront. See below too.*

8. “Miramar Peninsula Framework”

I **support** this proposal.

9. “Capital Education Initiative”

I **oppose** this expenditure on a project which is the responsibility of Central Government. I would support the sum envisaged being allocated equally to the lower decile schools around Wellington. This capital sum would enable pupils to visit the Botanical gardens, Otari and the Museum of City to Sea by public transport without imposing a cost on parents or guardians.

10. “Zealandia”

I **oppose** any further grants to Karori Wild Life sanctuary.

11. "Built Heritage Fund"

I equivocally **support** this proposal to help people earthquake strengthen their buildings subject to the proviso that there should be a relaxed and factual education programme available to all citizens to ensure that they are not made unduly anxious nor susceptible to the admonitions of would-be building "strengtheners".

In addition to this proposal **a matching sum** should be used to fund a person to bring the Wellington City Council heritage inventory up-to-date and inclusive of the recently compiled list of additional heritage trees.

12. "Speed limit in the CBD"

This proposal is **redundant** as it is rare for any vehicle in the CBD to be able to exceed the limits proposed.

13. "Playground Access"

I **support** this proposal.

14. "Libraries"

The specific local communities should be polled in regard to these proposals. I am **equivocal**.

15. "Leisure card"

I **support** this proposal.

16. Pay and display parking at:-

"Wellington Botanic Gardens"

a) I **oppose** this proposal unequivocally. Visitors to the "Bot" should have free access to this taonga.

b) "Freyberg Pool"

I **oppose** this proposal.

17. "Hazardous trees"

I **support** this proposal there should be **no further denudation** of our arboreal heritage instead trees should be trimmed or pollarded. In **addition** to save money and our diverse vegetation the so-called "**pest eradication programme**" should be **halted** and no further spraying of any vegetation by council contractors, sub-contractors or staff should be allowed. **Instead** the sum saved should be used to **employ** an extra "vegetation control" person to trim back, sickle or scythe overgrowing vegetation and remove fallen branches.

Council must also **employ** another lawnmower person the current team is clearly unable to keep all of the grasslands in trim.

Council has a **social responsibility** to stimulate the economy by creating useful well paid skilled jobs such as this one.

18. "Tawa Recreation Centre"

I **applaud** this resolution.

19. "Patent Slip Jetty"

I **support** this proposal.

20. "Wellington Zoo Trust"

I **support** this proposal.

I **oppose** any increased funding for the Zoo. I am philosophically **opposed** to caging animals or people.

I am also **opposed** to an aquarium on the waterfront including any structure on or near Dora Leslie Park. WCC should not be funding any further exploration of this long proposed project.

21. "Positively Wellington Tourism (PWT)"

No further funding should be provided to this entity, instead funding should be sought from the Minister of Tourism and Central Government.

I **oppose** any further funding for this project. It is the role of Central Government to promote and support New Zealand.

22. "PWT – Australia Marketing":

I **oppose** any further marketing campaign to promote Wellington in Australia until such time as it can be demonstrated that such a campaign actually encourages those who would not have visited to visit.

Note: I remain **unequivocally opposed** to any continuation of funding to FIFA under "20 mens world championships 2015". This 4 year was projected to cost \$2.45 million in total from 2012.

I also remain **unequivocally opposed** to any pursuit of any long haul airline proposal.

23. "Permits of taxis.....".

I **oppose** this proposal which will be an impost on self-employed owner-operator drivers.

24. "Southern Landfill improvement"

I **support** this proposal and **unequivocally oppose** any contracting out of this activity in whole or in part. Employees of WCC should be solely responsible for this activity.

25. "Plimmer Bequest project"

I **support** this proposal. Also see below.

26. "Financial Overview":

I **equivocally support** this programme within the Long Term Plan. I have been unable to locate within this document the contingency costs allowing for the liability costs associated with the remediation of the many "leaky" buildings approved by Council.

Both "Weather-tightness" (ie:leaky) and earthquake strengthening costs are a liability that Council should have made provision for. I note that the majority of spontaneous building failure in Christchurch during this present sequence of earthquakes (more than 13,000 since 2010) has affected post 1980 buildings.

Other projects:

1. Roading improvements:

I **support** this expenditure together with an improvement to pedestrian safety by installing pedestrian crossings at the junction of Hutt Road, SH2 and Ngauranga Gorge/Centennial Highway. Presently one has to cross at least 6 lanes of traffic to "get to the other side".

The pathway from Ngauranga Gorge to within 1km of Petone should be completed by extending the wire barrier to the end of the northern ramp. The pathway should be painted bright green from end to end. Cyclists seem to prefer to cycle on the roadway.

2. New walls on the road corridor:

Concrete, brick or stone walls should only be built or constructed if their cost would be less than that of planting hedges and/or agapanthus, flax etc, to provide habitat and living corridors to host fauna, to retain walls, absorb sound, filter wind whilst improving drainage and water usage.

3. Basin Reserve's Museum Stand:

I **support** the deferral of this renovation until 2016/17.

4. Plimmer Trust proposed project:

A connecting walkway between all of the Northern reserves ie: Denis Dutton Park -Wahinahina, Gilberts Reserve, Seton Nossiter.

5. Micro funding should be provided through the various Grants' Committees to enable SME's to promote their businesses to other New Zealanders of whom Wellingtonians are a subset.

6. The Water network:

I **support** expenditure on this essential utility development.

7. Wellington Waterfront:

I remain of the view that Wellington Waterfront Limited should be wound up with its functions becoming part of the general activities of council. It should not become part of any other CCO.

Consequently I **propose** that the following projects be **transferred** to Parks and Reserves:

a) The Promenade, Waitangi Project,

The following projects should be **abandoned**:

b) Frank Kitts Park, Taranaki Wharf Project.

c) Wharf Pile maintenance should be managed and carried out by Council's "Infrastructural Directorate".

d) Queens Wharf precinct:

The Env. Court (Decision on Appeals:NZEnvC 74) has confirmed that all developments on this site must be publicly notified and it has also recommended sites that might be occupied and which, left fallow. Recommended building heights also feature.

The Decision says:

Para 147: "Variation 11 did not meet statutory requirements".

Para 148: "....."the deficiencies are numerous and some are fundamental, and drafting by committee with the Court acting as arbiter did not seem a promising formula for a coherent and sound outcome".

The 'Wellington Waterfront Framework' whilst not a statutory document remains the main planning document for the waterfront until it is varied by agreement with the people of Wellington to formalise it.

To avoid any premature decision making at least 3 years should be allowed for adequate consultation on the use/s of Sites 8,9,10 and the transition building site by Te Papa.

The Blue Skies competition was held some years ago but as yet no successful competitor has been announced.

8. Clyde Quay Marina upgrade:

Any work should be carried out by a collaboration of the "Infrastructural Directorate" and "Parks and Gardens".

Projects outstanding and budgeted for in 2012:

Review of Waste Collection Services:

I **propose** that there should be a return to backdoor rubbish collections thus removing the need for a further review and potentially the sidelining of one of

reasons behind the existence of a local body (ie: to ensure that rubbish and recycling are removed from households or properties belonging to the citizenry) for a charge that is part of the general rate income. Not as profit making for contractors or subcontractors.

Refuse Bins on the street:

I note that there are some large stencilled steel bins appearing around the City but note that the people have not yet been asked to contribute to their acquisition as was suggested in last years DAP.

Te Papa funding:

I remain supportive of the present funding of Te Papa and any public discussion about how that funding might be used.

Our Wellington Page:

I **support** the changes made.

Public Art Fund:

I **support** funding being sustained at its present level.

Parking Charges:

Residents should have local street parking available without charge. The use of parking buildings would increase if charges were reduced. Non-residential Pavement parking should be affordable to all citizens needing to use a vehicle.

Karori Wildlife Sanctuary

In summary I **propose** that the valley to the fenceline and beyond of KWS (Zealandia) be absorbed into the Council (Parks and Gardens) and that the KWS Trust should remain responsible for the funding, support and any other costs related to the Coffee Shop and Entertainment Centre on Waiapu Road, Highbury.

Toi Poneke – The Wellington Arts Centre.

I look forward to participating in the review of the WAC and proposing an alternative location and funding model.

Belmont Reserve Management:

I supported this proposal last year but have yet to see any indication that the route from Horokiwi Road to above the Belmont Trig is better signposted or more accessible. To the contrary the route across from Woodridge, Newlands has been blocked by the landowner who is "not happy with WCC". As a regular user of the Belmont Reserve I would welcome a sensible access point. The camber on the quarry road is hair-raising whereas the old alternative across the fields was reasonable.

Service levels:

I **oppose** any reduction or outsourcing of services including that of the landfill operations and "pest eradication", mowing or other functions that are the role of parks and reserves. Contracting out of the consenting and compliance functions are likely to lead to a confusion of roles and the threat that private information not already public is shared with the contractor without consent and in breach of the Privacy Act. I understand that legislation protects the role of the "LIMS" team to ensure impartiality.

"Efficiencies and Savings" this heading is a euphemism for contracting out activities without any guarantees in regards to the privacy of information provided or the social costs of such an austere rather than stimulatory programme that fails to recognise the value of having a loyal, skilled staff that has an institutional memory.

Public Engagement – Democracy - Governance

I am unequivocally opposed to the further exploration of "E-Meeting solutions". I believe that this might be a stalking horse for the removal of

hard copy information something that will penalise those without computers and those with disabilities unable to access the information. All of the information provided by Council **must** be made available to all citizens in a form that matches their need and is without cost to them. Council is the servant of the people not the arbiter of what citizens may or may not have access to.

I note with concern that this years DAP does not have any details of the matters held in PE nor of the number of LGOIMA requests by topic previously in the DAP.

I support "our" overall OPEX programme but still have reserves about the CAPEX.

Thank you for this opportunity.

Rosamund Averton

12/17 Brougham Street,
Mount Victoria,
Wellington 6011.



Karori Community Hall Trust

PO Box 17 403, Karori, Wellington 6147
Phone: 04-476 9073

Submission to the Draft Annual Plan Consultation

May 2013

Madam Mayor and Councillors

Summary

We wish to bring to the notice of Council progress in funding the building of the **Karori Event Centre** and a need for a further commitment from Council to the project.

Karori today and tomorrow

Karori is Wellington's single largest suburb with more than 15,000 residents, and by the Council's own population forecasts, it will remain so all the way through until 2031 when Te Aro will finally match it.

Add to that the nearly 11,000 people living in the three neighbouring suburbs of Wilton, Northland and Kelburn; and combined you have a significant bloc, more than 10 per cent, of Wellington's people.

Our need

Yet despite its size, Karori has been left with just one community hall for the past six years - St Johns Hall, on the corner of Karori Road and Campbell Street, built in 1958. Two other halls that previously serviced the community were lost in recent years due to being earthquake prone.

But not only is the St Johns Hall and its facilities considered by both Council and its thousands of users, to be exceedingly out-dated; it's also too earthquake-prone to warrant investment in any major repair work.

It literally has just 24 months left on its clock before it will be disposed of, and lost to the community forever.

But demand for affordable community space is growing. St Johns Hall had **30,000 visits** in the last financial year alone, with 'one-off' **bookings increasing during that period**. Yet despite that, we know we're losing bookings due to the lack of acceptable facilities in the St Johns Hall.

Community response

This has been the state of affairs for the past six years, and Karori is losing threads of its fabric with each passing year. The local community is choosing not to stand aside and let that happen.

The Karori Community Hall Trust is leading the campaign to build, equip and manage a purpose-built event centre that will be situated in the heart of the Karori town centre, alongside the library, the community and youth centres, the recreation centre and the Arts and Crafts Centre.

It will be much more than just a replacement for the St Johns Hall. It will be able to hold events, activities and performances that aren't possible today. It will have increased capacity, opening up new possibilities for use; providing an affordable, secure, multi-purpose and purpose-built venue.

As a brand new building, the Event Centre will comply with the latest earthquake standards, and the Trust will discuss making it available to Civil Defence as a key element in Karori's resilience and disaster preparedness.

What we need

We're all set to go – we already have specialist architects' plans, resource consent, and wide-spread community support. Further, the Council has made the land for the proposed event centre available, as long as we begin the build project by May 2015. The total budget to build and equip the Event Centre is \$4 million.

Through an ongoing campaign, we have already **raised more than \$350,000** from private individuals, public appeals and community grants. These funds have allowed us to progress this far with both our plans and preparation.

We're now facing a major barrier to our fundraising:

- other major funding bodies we're approaching need to see a commitment from Council before they will contribute funds to our project.
- Karori residents, feeling that they have already demonstrated their support, are now wary of pledging further funds without seeing a similar commitment from Council. They also don't feel that Council providing the land is stepping up to the mark enough.

We're asking Council to commit to pledged funds - \$2 million over the next two years - with the view to releasing these once we have raised a \$1million through third-party funders. The Council's formal commitment is needed to facilitate further fundraising, and will give confidence throughout the community that the project can be delivered.

Further, we ask Council to carefully consider the proposed disposal of the St Johns site, and how both the site and any proceeds could contribute to the future of the Karori Town Centre.

Existing community support

Karori needs communal space where residents and visitors can meet and participate. Research shows that people with a strong sense of community are more likely to report being in good health, more likely to have ties with other individuals, and less likely to feel isolated and alone.

The Council, in both its Long Term Plan and the Draft Annual Plan 2013/14, recognises that community halls and centres play an extraordinarily vital role in city suburbs - enhancing social connectedness and providing focal points, venues and meeting spaces for all types of community events

Conclusion

In this day and age of escalating costs and complicated transport issues, our suburban communities need to step up to the mark to offer the local people meaningful opportunity, education, interest, and entertainment within their own community.

We are determined to do this for our community and believe we are very much in tune with WCC's own policies of developing and promoting lively, vibrant and resilient suburban communities.

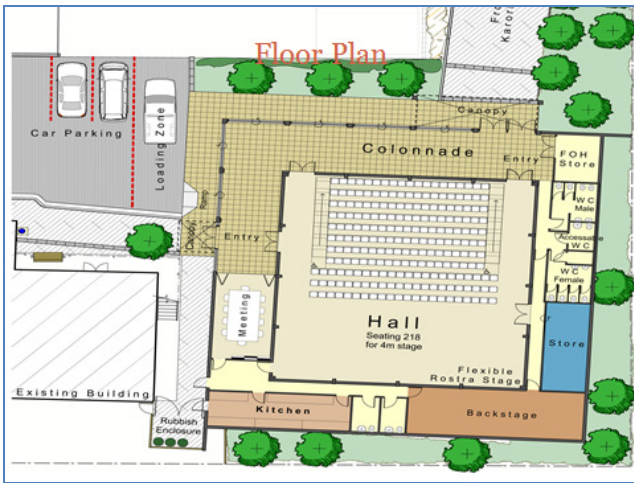
We request financial support from Council for the building of the Event Centre

Wallace Simmers

Chairperson, Karori Community Hall Trust

wallace.simmers@clear.net.nz

Appendix



Karori Event Centre – specifications

- Flexible auditorium with good, natural acoustics
- 218-person capacity theatre seating or 100-person capacity table seating
- 75% tiered retractable seating; large wooden floor
- Event & exhibition space in the glassed foyer, which opens on to courtyard
- Back of house facilities, incl. dressing rooms & storage; kitchen facilities for catering events

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Wednesday, 1 May 2013 10:45 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Tammie
 Last Name: Noldan
 Street Address: 5 Arakan Way
 Suburb: Khandallah
 City: Wellington
 Phone: 9736166
 Email: noldan@me.com

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) No Phone number:

I am giving this feedback: as an individual Organisation name:

Type of organisation:

Details:

PAGE 2 Questions / Comments:

What: Smart Energy Capital – a programme of government and business partnerships
Why: To create smart, healthy and energy-efficient homes, increase energy efficiency in the commercial sector and increase renewable generation
When: Two-year programme to be re-evaluated in 2015
Cost: \$250,000 in 2013/14 and 2014/15
 Don't know

What: Proactive management of Built Heritage Incentive Fund
Why: Target buildings that would benefit most from earthquake strengthening
Cost: \$40,000 per annum
 Leave in plan (low priority)

PAGE 3 Questions / Comments:

What: Greening of Taranaki Street
Why: Redesign street to prioritise pedestrians as part of processional route from Memorial Park to Parliament
Cost: \$150,000 in 2013/14

Leave in plan (high priority)

What: Civic Square co-ordination

Why: Co-ordinate a range of work to help achieve our design objectives for the central city

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

What: Miramar Peninsula Framework

Why: To guide future development in the area

Cost: \$50,000 in 2013/14

Leave in plan (low priority)

What: Capital Education Initiative

Why: Increase school visits to key institutions to promote educational opportunities

Cost: \$60,000 in 2013/14

Leave in plan (high priority)

PAGE 4 Questions / Comments:

What: Increase the operating grant to Zealandia

Why: To support the work of the new board, provide Zealandia with a higher level of financial security and enable the Trust to focus on implementing strategies for improvement.

Cost: \$175,000 in 2013/14 and 2014/15

Take out of plan (not a priority)

What: Reduce speed limits to 30km/h or 40km/h across the central city

Why: To make streets safer for pedestrians

Cost: \$40,000 in 2013/14 for consultation, and \$250,000 in 2014/15 for implementation

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What: Playground access

Why: Assess our existing playgrounds for their suitability for children with disabilities

Cost: To be decided

Leave in plan (high priority)

What: Clyde Quay Marina

Why: Feasibility funding for a wave study, geotechnical investigations and assessment of the harbour floor for the proposed marina upgrade

Cost: \$205,000 in 2013/14

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What: To upgrade the children's playground at the north end of Frank Kitts Park

Why: This work was planned as part of the Frank Kitts Park upgrade that is budgeted for in 2016/17. Bringing this stage forward will enable an extension to

the playground and the replacement of play equipment that has been removed, and tie in with necessary repair work on the lighthouse.

Cost: \$1 million in 2013/14

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What: To modify office space at the north end of Shed 6

Why: To provide a base for the Crocodile Bikes currently operating from a temporary location on Clyde Quay Wharf, and enable more recreation activity providers to be based in the area

Cost: \$150,000 in 2013/14

Don't know

PAGE 5 Questions / Comments:

What: Installation of swimming lanes and other initiatives

Why: To improve water-based recreational opportunities around the Queens Wharf area

Cost: \$150,000 in 2013/14

Don't know

Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?
No

Your comments:

Some of the initiatives are a start but really query how much of an impact they would have.

PAGE 6 Questions / Comments:

Q. Do you agree we should be looking at changing levels of service and introducing charges in order to keep the rates increase down?

Proposed reductions in expenditures

Libraries

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Strongly Disagree

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PAGE 7 Questions / Comments:

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Don't Know

What: Remove funding for the demolition of the Patent Slip Jetty.

Savings: \$100,000

Don't Know

What: Introducing a full cost-recovery model for the WRAC crèche. This would require users to pay between \$3 and \$4 per hour for the service.

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Savings in the first year: \$40,000

Strongly Agree

PAGE 8 Questions / Comments:

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Q. Do you agree with the proposed changes to CCO grants?

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Savings: \$84,000

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Savings: \$140,000

Don't Know

Proposed increases in income

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Don't Know

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Increase in expenditure in 2013/14: \$358,000

Don't Know

Q. Do you agree with our approach to reducing our budget?

Disagree

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

Where I have out "don't know" that is because in your summary doc there is insufficient information by which to make an informed decision.

Whilst a good question it would be helpful to have a summary even in point form to assist the process of answering it.

Q. Any other comments you would like us to take into consideration before we make decisions?

I am horrified that WCC would even attempt to reduce library services. These operations are cornerstone to the local communities they operate within. Reducing hours will have a natural flow on effect to local businesses whilst also affecting the less mobile, elderly and mothers of young children in particular. In

relation to Khandallah library which is a destination library you will not only does it out perform other local libraries that khandallah residents also patron their own library as well as other libraries. Please refer to the summary library statistics document prepared by WCC Library Manager.

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Wednesday, 15 May 2013 3:48 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: alastair
 Last Name: duncan
 Street Address: 127 Washington Avenue
 Suburb: Brooklyn
 City: Wellington
 Phone: 0272456593
 Email: alastairjduncan@yahoo.com

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 0272456953

I am giving this feedback: as an individual Organisation name:

Type of organisation:

Details:

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Why: To create smart, healthy and energy-efficient homes, increase energy efficiency in the commercial sector and increase renewable generation
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Cost: \$250,000 in 2013/14 and 2014/15
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What: Proactive management of Built Heritage Incentive Fund
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PAGE 3 Questions / Comments:

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Why: Redesign street to prioritise pedestrians as part of processional route from Memorial Park to Parliament
Cost: \$150,000 in 2013/14

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Why: To guide future development in the area

Cost: \$50,000 in 2013/14

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Why: To make streets safer for pedestrians

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What: Playground access

Why: Assess our existing playgrounds for their suitability for children with disabilities

Cost: To be decided

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Cost: \$205,000 in 2013/14

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Why: This work was planned as part of the Frank Kitts Park upgrade that is budgeted for in 2016/17. Bringing this stage forward will enable an extension to

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Cost: \$1 million in 2013/14

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Unsure

Your comments:

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Disagree

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Savings: \$100,000 each year

Neutral

What: Remove funding for the demolition of the Patent Slip Jetty.

Savings: \$100,000

Neutral

What: Introducing a full cost-recovery model for the WRAC crèche. This would require users to pay between \$3 and \$4 per hour for the service.

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PAGE 8 Questions / Comments:

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Neutral

What: 3% reduction in Positively Wellington Tourism's grant. This may impact on the ability to raise partner funding.

Savings: \$140,000

Disagree

Proposed increases in income

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Revenue: \$400,000 per annum
Revenue in the first year: \$200,000
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Agree

PAGE 9 Questions / Comments:

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Q. Do you agree with the following proposed changes being introduced?

What: Southern landfill improvement. Moving our programmed spend out by two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

Neutral

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Neutral

Q. Do you agree with our approach to reducing our budget?

Disagree

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

The budget appears to be predicated on 'managing' the challenges of running the city rather than identifying new options for ratepayers and citizens.

The singular examples on which you have sought feedback while helpful illustrations are rather a case of missing the wood for the trees.

Given the macro economic impact of govt policies on this city ie thousands of jobs gone or going from the public service I don't see a budget line that challenges the failed economic assumptions that are costing this great city it's underlying base.

A good place to start would be for our city council to become a Living Wage employer on the basis that it shows that for citizens who are at the sharp end of the income level we are doing our bit directly employed & contracted services.

Q. Any other comments you would like us to take into consideration before we make decisions?

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Wednesday, 15 May 2013 9:14 a.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

Follow Up Flag: Follow up
Flag Status: Completed

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Laurence
 Last Name: Zwimpfer
 Street Address: 52 Pitt Street
 Suburb: Wadestown
 City: Wellington
 Phone: 044729797
 Email: zwimpfer@xtra.co.nz

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 044729797

I am giving this feedback: on behalf of an organisation Organisation name: 2020 Communications Trust

Type of organisation: Community

Details:

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What: Proactive management of Built Heritage Incentive Fund
 Why: Target buildings that would benefit most from earthquake strengthening
 Cost: \$40,000 per annum
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PAGE 3 Questions / Comments:

What: Greening of Taranaki Street

Why: Redesign street to prioritise pedestrians as part of processional route from Memorial Park to Parliament

Cost: \$150,000 in 2013/14

Take out of plan (not a priority)

What: Civic Square co-ordination

Why: Co-ordinate a range of work to help achieve our design objectives for the central city

Cost: \$150,000 in 2013/14

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What: Miramar Peninsula Framework

Why: To guide future development in the area

Cost: \$50,000 in 2013/14

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Why: Increase school visits to key institutions to promote educational opportunities

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What: Playground access

Why: Assess our existing playgrounds for their suitability for children with disabilities

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PAGE 5 Questions / Comments:

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Why: To improve water-based recreational opportunities around the Queens Wharf area

Cost: \$150,000 in 2013/14

Take out of plan (not a priority)

Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?
No

Your comments:

It's hard to see the connection between these minor works and the Smart Capital vision

PAGE 6 Questions / Comments:

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Disagree

Proposed reductions in expenditures

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Increase in expenditure in 2013/14: \$358,000

Strongly Disagree

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Disagree

Q. What factors should we take into consideration in making these decisions?

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Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Monday, 29 April 2013 2:11 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

Follow Up Flag: Follow up
Flag Status: Red

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Don S.
 Last Name: McDonald
 Street Address: 16/181 Daniell St/Roy
 Suburb: Newtown
 City: Wellington
 Phone: 043896820
 Email: mcdoNewt@yahoo.co.nz

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 043896820

I am giving this feedback: as an individual Organisation name:

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Your comments on balancing the budget:

Q. Any other comments you would like us to take into consideration before we make decisions?

We would like to give your street a thermometer. So you may know 18-20C is warm enough. You may not need to overheat your house/flat/office. Please discuss with your neighbours. This is a sponsored exercise by ...

Basically, a qualified carpenter would knock on your door 10am-4pm the time of your choice. A small tack would be nailed to a gip wall and a thermometer (-10, +50C) will be hung on it, easy to view (red alcohol).

A small sample of thermometers are available or if you prefer to purchase from a local shop (\$3 shop) WCC could make it functional Ph 499-4444

This project should make your home liveable and comfortable and possibly save \$1000 your energy bill per year.



Submission from Living Streets Aotearoa

Contact person: **Ellen Blake**
 Email: **wellington@livingstreets.org.nz**
 Phone: **021 106 7139**
 Date: **15 May 2013**

About Living Streets

Living Streets Aotearoa is New Zealand's national walking and pedestrian organisation, providing a positive voice for people on foot and working to promote walking friendly planning and development around the country. Our vision is "More people choosing to walk more often and enjoying public places".

The objectives of Living Streets Aotearoa are:

- to promote walking as a healthy, environmentally-friendly and universal means of transport and recreation
- to promote the social and economic benefits of pedestrian-friendly communities
- to work for improved access and conditions for walkers, pedestrians and runners including walking surfaces, traffic flows, speed and safety
- to advocate for greater representation of pedestrian concerns in national, regional and urban land use and transport planning.

Wellington is the local walking action group based in this area which is working to make city and suburban centres in the region more walking-friendly.

For more information, please see: www.livingstreets.org.nz

Submission

We support the Council's vision Towards 2040 – Smart Capital of a city that is people centred, connected, and a dynamic eco city.

We support the Councils' smart energy initiatives to reduce climate change impacts, the greening of Taranaki St to provide pedestrian comfort through landscaping, the Miramar

development framework that will enhance pedestrian activity, and a reduction in speed limits in the CBD.

However we are disappointed in the low level of support given to pedestrians and public transport users in this annual plan despite being identified as a significant component in the Wellington transport system.

Wellington waterfront development

We support development of 'the Promenade' route to the Railway Station. We have previously written to the council about the poor pedestrian links from the station to the waterfront and would hope to see some of those suggestions implemented.

We support the Frank Kitts children's playground upgrade and hope to see safety improved by removing cars and parking from the area immediately adjacent to it.

We do not support funding for Crocodile bike parking. These large vehicles should not be allowed on footpaths (currently their base is situated on footpath) and use of them should be totally reviewed as more of these recreational vehicles are appearing on our footpaths.

Urban planning

It is encouraging that the council has a vision for Wellington built on a human scale – walking is the transport mode at human speed.

We support the project for the Memorial Park as long as the key pedestrian routes along Tasman/Tory Streets, Buckle St are maintained, and existing footpaths remain pedestrian only. There is some urgency to re-establish the pedestrian link along Tasman-Tory St as the temporary arrangements are unsatisfactory.

Transport

The preamble to the plan states that Wellingtonians have a high use of public transport and also walk more than other cities yet there are no major projects to support these transport modes and few pedestrian-promoting activities at all.

We note there is a high proportion of Wellingtonians walking at 22% and would like to see an actual target for improving this statistic so that some effort is made to do this. We suggest a 25% walking indicator is achievable. Similarly for children walking to school and use of public transport, an target indicator increasing use is desirable. The peak travel time (I assume is for cars) and is not a suitable indicator for an eco-city. Similarly it is disturbing to see an expected 4 pedestrian deaths included in this plan. We note there is no pedestrian satisfaction indicator as there are for other transport modes.

We support the addition of fences and guardrails where there is a drop of more than 1 metre on a footpath in line with the Pedestrian Planning and Design Guide adopted by Council.

We have previously objected to the Tawa shared path project as only benefiting cyclists and note, the more vehicles on paths the less pedestrians will use them.

The only project likely to benefit pedestrians in suburban areas, although this isn't explicit in the annual plan, is the Miramar development, and we support this on that understanding.

Budget

It is difficult to identify what the \$6,292,000 pedestrian network expenditure is for, or the \$5,375,000 capital expenditure, although we note some will be used for the fences and guardrails provision and there is \$523,000 allocated on walkways presumably in parks.

There are more projects (3) to promote car parking than for pedestrians (0) – this is not an eco-city vision that we can share. The financial strategy supports fairness and equity, value for money and city resilience all of which can be achieved through supporting pedestrian projects.

We look forward to working with the council to achieve the annual plan projects.

I wish to be heard in support of this submission.

Submission on Wellington City Council Annual Plan

Tom Halliburton
Hutt Cycling network
95 Wyndham Road
Pinehaven
Upper Hutt
Tom.halliburton@paradise.net.nz

I wish to present in person to Council

This submission addresses some cycling infrastructure issues that are especially relevant to those travelling from the Hutt Valley.

Kaiwharawhara Path

The shared path through Kaiwharawhara is a very poor facility and should be upgraded as a matter of urgency. This route is already heavily used by both pedestrians and cyclists, and would be more heavily used if an adequate facility was provided. While many projects are targeted at attracting additional users, and the switch to active transport modes, Council should provide reasonable facilities for those who already using these modes. Many cyclists travelling from the Hutt Valley consider the Kaiwharawhara path to be the worst part of their commute.

The following steps are suggested:

1. Design an upgraded facility from Ngauranga to Thorndon Quay. The recent Mayoral forum shows the wide support for improved facilities, and the willingness of cyclists to become engaged in discussion. Schedule this project into the 2014/15 budget.
2. Make some low cost improvements this year:
 - a. Replace the kerb crossings used by cyclists with smooth crossings, built to wheel chair standards. The existing kerb crossings have the standard 50mm step, which is an uncomfortable bump for commuter bicycles. Created a risk of punctures, and adds to the hazards that cyclists are dealing with.
 - b. Move the bus stop at Westminster Street a short distance north. Currently the area around Westminster street is crowded, and is especially so due to the bus shelter and cars parked on the footpath.
 - c. Review the space allocated to car parking and clearly mark those spaces so that vehicles are less likely to encroach on the cycleway.
3. Move power poles to the edge of the footpath – many are currently in the middle of the path.
4. Convert the existing peak hour clearway southbound from the Aotea Quay overbridge to the Thorndon Quay end of the cycleway into a permanent 2 way cycle way, separated from motor vehicles by concrete kerb blocks. This section of Thorndon Quay is one lane southbound outside peak hours, and does not appear to carry such a large volume of traffic for this extra capacity to be essential.

Jervois Quay / Waterfront

Cycling along the waterfront is not a desirable option for commuter cyclists due to the high density of pedestrians and slow speed cyclists. Jervois Quay should be modified to make this route attractive to confident cyclists. A dedicated path is not essential – just some re-allocation of road space, and removal of some pinch points so that it becomes suitable for regular commuters and others confident to deal with traffic. This route is used by cyclists travelling to and from the railway station, in addition to those coming via Thorndon Quay, so is important to a wide range of cyclists.

Marianne Cavanagh

From: Glenn McGovern
Sent: Wednesday, 15 May 2013 3:49 p.m.
To: BUS: Annual Plan
Subject: FW: Western zone turf update submission comments from WKAFC

Hi,
 The Waterside Karori AFC club has requested that the email below is forwarded as a submission to the 2013/14 Draft Annual Plan.

thanks

Glenn McGovern
 Recreation Projects Manager | | Wellington City Council P 04 803 8157 | M 021 227 8157 | F 04 801 3195 E glenn.mcgovern@wcc.govt.nz | W Wellington.govt.nz | Facebook | Twitter

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-----Original Message-----

From: Louis & Glenda Schmitt [mailto:louis.glenda@xtra.co.nz]
Sent: Sunday, May 12, 2013 3:11 PM
To: Glenn McGovern
Subject: Western zone turf update further comments from WKAFC

Glenn, Your comments below were considered by the Executive committee of Waterside Karori AFC at our meeting held on 6th May. The committee unanimously resolved to support in cash and in kind, the construction and installation of a floodlit artificial turf training pitch in Karori. While installation on Karori Park itself would be the optimum, the alternative site of the Terawhiti Bowling Club, should that site become available was also fully supported.

While we understand and empathise with the strategic approach to the whole Wellington area, we consider Karori as Wellington's largest suburb, and Waterside Karori as Wellington's largest football club are worthy of special and early consideration. We note that the previous Council plan if it were to be implemented would not see an artificial turf in the district until 2016 - 2017.

The Executive of Waterside Karori AFC view that timeline as a long rather than

short term future from the perspective of our 600 plus youngsters and their immediate families, 300 adult players and supporters , and if a site were to become available through the good offices of Council, we would back ourselves to raise the finance for the full development of a training turf in Karori. In particular if Waterside Karori AFC were to go down this path, we would be doing it quite specifically because of the pressing need for training facilities. Such facilities do not require a full size pitch. This need dovetails in neatly with the bowling club site given it would be unlikely to be able to be “stretched” to a full sized football pitch.

In addition the Executive considered a broader usage range than simply football, and we envisage potential uses for the wider Western Suburbs community from a facility on the Bowling Club site. The Bowling Club building would have strong potential as a Sports academy building for meetings, white board sessions, gym facilities, eg treadmill, stationary bikes , darts club , 5 a side summer tournament, local schools participation, service club meetings, assembly point for Makara Peak mountain biking, and many forms of coaching clinics.

In this regard we wish to be kept fully informed of developments with respect to availability of sites, more especially the land comprising Terawhiti Bowling Club., and would expect a progress report/comment from you in August.

Would you please keep in touch

regards

Louis Schmitt

Wellington City Council Draft Annual Plan 2013/14
Submission by OWL (Owners of Wellington Libraries)

Request for oral submission: Members of OWL wish to make an oral submission.

Please advise to:

Marie Russell: marie.russell@otago.ac.nz or ph 021 1644 638

Hilary Stace: Hilary.stace@vuw.ac.nz

Chris Coles: chris.coles@actrix.co.nz

Owners of Wellington Libraries is an informal community group which since 1998 has taken a role as ‘friends of the library’ in Wellington. We see our work as defending public library service and infrastructure.

Our submission is as follows:

1. The Draft Annual Plan proposes reductions in library services at branch level.
2. Recent large protest meetings of concerned residents in Brooklyn and Khandallah have expressed indignation, dismay and anger at the possibility of reduced hours.
3. Council officers have admitted that the proposed cuts are ‘not significant’ in financial terms. We hope the Council will take note of community concerns and ensure that branch library services are maintained at least at current levels for the 2013/14 year.
- 4 Council seems to be aware, as we are, of the complex nature of public libraries; recognising that the branch libraries and the central library buildings serve not only as repositories of knowledge, and a pathway to the taonga of our city, country and the wider world, but also as local community hubs, and free, safe, peaceful open places, or sites of civic engagement and a basis for civic pride.
5. We all recognise that the information function of the libraries is changing with the changes in technology. More use is being made of electronic information and usage of the online library and e-books reflects this trend.
6. We are in a time of transition, likely to continue over several more years, where the way information and reading matter is delivered is changing but many people still want to use paper technology and to go to a dedicated library building.
7. Many Wellington communities are not yet ready to give up their strong attachment to libraries as we have known them.

8. Suggestions have been made by Councillors and senior Council staff that libraries might be combined with community centres or local schools. These ideas have been met with strong resistance in Brooklyn and elsewhere. A dedicated library building is still very important.

9. One of the reasons a dedicated library building is so important relates to the complex nature and the unquantifiable nature of what happens in libraries, and what 'belonging to the library', 'being in the library', and 'going to the library' mean to residents in terms of a sense of belonging in communities.

10. While the public library as an institution and a place is important to all in terms of participation in citizenship, there are some groups for whom it also matters in other ways. Libraries matter in particular for those who are less easily mobile (and their carers), including children, people with disabilities, older people, and people who are unemployed. For those who do not have a computer at home, many rely on the library to access Work and Income, and other essential contact with government agencies, which increasingly require e-access.

11. Council's promotion of combined community centres/ libraries may be a reasonable idea in itself but in our view, residents are unlikely to engage with it or support it because of the context surrounding it. A key feature of this context is that for many years Council has repeatedly cut library services, staffing, and circulation of materials to branches, and has increased user charges. The result is a certain distrust and suspicion among Wellington's library users of ANY Council proposal concerning libraries.

12. OWL would like to see at least a halt to cuts in libraries. Furthermore, we advocate for *increased* funding to compensate for the deep cuts of recent years and to ensure that library use expands. Much more active promotion of library services is needed, and this requires increased financial resources, competent staff, and especially, a change in Council's skimping attitude.

13. We accept that such expansion may not be possible in the coming year but we request that Council undertakes a fresh start in good faith with citizens with regard to the libraries. We ask that Council maintain at least current levels of library provision and library service over the coming year as an earnest of good faith.

Thank you for your attention.

Marie Russell, Hilary Stace and Chris Coles (*for OWL*)

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Wednesday, 8 May 2013 1:20 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Bernard
 Last Name: O'Shaughnessy
 Street Address: 139a Daniel Street
 Suburb: Newtown
 City: Wellington
 Phone:
 Email: Bernardboss@yahoo.co.uk

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 4994444

I am giving this feedback: as an individual Organisation name:

Type of organisation:

Details:

PAGE 2 Questions / Comments:

What: Smart Energy Capital – a programme of government and business partnerships
Why: To create smart, healthy and energy-efficient homes, increase energy efficiency in the commercial sector and increase renewable generation
When: Two-year programme to be re-evaluated in 2015
Cost: \$250,000 in 2013/14 and 2014/15
 Take out of plan (not a priority)

What: Proactive management of Built Heritage Incentive Fund
Why: Target buildings that would benefit most from earthquake strengthening
Cost: \$40,000 per annum
 Leave in plan (low priority)

PAGE 3 Questions / Comments:

What: Greening of Taranaki Street
Why: Redesign street to prioritise pedestrians as part of processional route from Memorial Park to Parliament
Cost: \$150,000 in 2013/14

Take out of plan (not a priority)

What: Civic Square co-ordination

Why: Co-ordinate a range of work to help achieve our design objectives for the central city

Cost: \$150,000 in 2013/14

Take out of plan (not a priority)

What: Miramar Peninsula Framework

Why: To guide future development in the area

Cost: \$50,000 in 2013/14

Take out of plan (not a priority)

What: Capital Education Initiative

Why: Increase school visits to key institutions to promote educational opportunities

Cost: \$60,000 in 2013/14

Leave in plan (low priority)

PAGE 4 Questions / Comments:

What: Increase the operating grant to Zealandia

Why: To support the work of the new board, provide Zealandia with a higher level of financial security and enable the Trust to focus on implementing strategies for improvement.

Cost: \$175,000 in 2013/14 and 2014/15

Take out of plan (not a priority)

What: Reduce speed limits to 30km/h or 40km/h across the central city

Why: To make streets safer for pedestrians

Cost: \$40,000 in 2013/14 for consultation, and \$250,000 in 2014/15 for implementation

Take out of plan (not a priority)

What: Playground access

Why: Assess our existing playgrounds for their suitability for children with disabilities

Cost: To be decided

Leave in plan (low priority)

What: Clyde Quay Marina

Why: Feasibility funding for a wave study, geotechnical investigations and assessment of the harbour floor for the proposed marina upgrade

Cost: \$205,000 in 2013/14

Take out of plan (not a priority)

What: To upgrade the children's playground at the north end of Frank Kitts Park

Why: This work was planned as part of the Frank Kitts Park upgrade that is budgeted for in 2016/17. Bringing this stage forward will enable an extension to

the playground and the replacement of play equipment that has been removed, and tie in with necessary repair work on the lighthouse.

Cost: \$1 million in 2013/14

Leave in plan (low priority)

What: To modify office space at the north end of Shed 6

Why: To provide a base for the Crocodile Bikes currently operating from a temporary location on Clyde Quay Wharf, and enable more recreation activity providers to be based in the area

Cost: \$150,000 in 2013/14

Take out of plan (not a priority)

PAGE 5 Questions / Comments:

What: Installation of swimming lanes and other initiatives

Why: To improve water-based recreational opportunities around the Queens Wharf area

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?
No

Your comments:

No, because there is a lack of unity between councillors, but more of the problem is that Council officers should have a greater accountability to their ratepayers!

PAGE 6 Questions / Comments:

Q. Do you agree we should be looking at changing levels of service and introducing charges in order to keep the rates increase down?

Proposed reductions in expenditures

Libraries

Q. Do you agree with the proposed changes to levels in library services?

What: Libraries to have consistent closing times – Brooklyn, Cummings Park Ngaio, Wadestown and Island Bay are to close at 5pm on weekdays.

Savings: \$30,800 each year

Savings in the first year: \$22,600

Strongly Disagree

What: Opening hours at Khandallah Library to be reduced to between 1.30pm and 5.30pm weekdays.

Savings: \$31,200 each year

Savings in the first year: \$23,400

Disagree

PAGE 7 Questions / Comments:

Other services

Q. Do you agree with the following proposed changes to services?

What: Leisure Card – the Council would no longer help develop tailored programmes and services for card holders. The card itself would still be provided.

Savings: \$75,000 each year

Agree

What: Reduce funding for hazardous tree removal – service levels should remain the same.

Savings: \$100,000 each year

Agree

What: Remove funding for the demolition of the Patent Slip Jetty.

Savings: \$100,000

Strongly Agree

What: Introducing a full cost-recovery model for the WRAC crèche. This would require users to pay between \$3 and \$4 per hour for the service.

Savings: \$53,000 each year

Savings in the first year: \$40,000

Agree

PAGE 8 Questions / Comments:

Proposed changes to Council-controlled organisation grants

Q. Do you agree with the proposed changes to CCO grants?

What: 3% reduction in the Zoo Trusts grant – no negative impact expected on services in 2013/14. But if lower funding levels continue the Zoo may have to reduce services.

Savings: \$84,000

Agree

What: 3% reduction in Positively Wellington Tourism's grant. This may impact on the ability to raise partner funding.

Savings: \$140,000

Strongly Agree

Proposed increases in income

Q. Do you agree with the following proposed charges being introduced?

What: Introduce \$2 per hour parking charges at Wellington Botanic Gardens 10am - 4pm weekdays.

Revenue: \$32,400 per annum

Capital cost: \$95,000

Agree

What: Introduce \$1.50 per hour parking charges at Freyberg Pool 8am - 6pm Mondays to Thursdays and 8am - 8pm Fridays.

Revenue: \$72,000 per annum

Capital cost: \$20,000

Agree

What: Introduce permits for taxis to use taxi stands – starting at \$200 and rising to \$400 per taxi per year.

Revenue: \$400,000 per annum

Revenue in the first year: \$200,000

Revenue in second year: \$300,000

Strongly Agree

PAGE 9 Questions / Comments:

Proposed changes in capital expenditure

Q. Do you agree with the following proposed changes being introduced?

What: Southern landfill improvement. Moving our programmed spend out by two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

Strongly Agree

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Q. Do you agree with our approach to reducing our budget?

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

Q: Do you agree with our approach to reducing the budget? – No

Q: What factors should we take into consideration in making these decisions? – Cost of rates

Q: Are there services we provide that you think could be reduced? – Yes

Q: Are there services we provide that you think are not our responsibility and therefore should stop providing? – Yes

Council officers (& Councillors) should stop setting the rate increases to suit their projects. If I was mayor I will set increase at 2.2% (max) and then trim to budget. Senior management of Council is over large and over paid. G. Poole caused that so I am glad he was pushed out. But top management needs to be down sized.

Q. Any other comments you would like us to take into consideration before we make decisions?

Yes. Plenty!

See attached notes [Comment: See “If I was standing for Mayor I would” below] plus:

- a- the CBD is highly overrated. Projects cost too much
- b- Sack S. Michaels (Transport) + G. Orchard (Housing)
- c- You now have a top end + middle management group of “professionals” who are well paid but they just spend their time and days writing to each other
- d- Stop scouring (trolling) the world to gain “silly” awards to award yourself on projects that simply should just be the best business!
- e- Send Martin Rodgers on a course on how to be a MC, facilitator, Governor Chairperson.

If I was standing for Mayor I would:

- 1- Gain unity between Councillors to move Wellington forward
- 2- Hold rate increases to 2.2% (get a fair deal for ratepayers)
- 3- Protect the Waterfront from high rise buildings
- 4- Support No Flyover – No Basin Reserve
- 5- Stop ratepayers paying for expensive CBD projects
- 6- Make CBD smokefree between the hours of 7am and 7pm
- 7- Improve road management projects & car free CBD in peak bus times, have smaller busses in CBD, immediately have more bike lanes

- 8- support Cuba St carnival
- 9- Support J. Mall and Karori shopping centre re development
- 10- Extend airport runway and have State and private enterprise develop it
- 11- educate more to conserve water, but no domestic meters
- 12- let Wellingtonians decide on Regional Governance
- 13- Reduce license fees for dogs
- 14- Plan for light rail being: From the Ferry terminal, along waterfront, Kent Tce, East of Hospital, using some of the G.General's land, parallel to Mein St. earth cutting to Gobham Dr., then to the Airport
- 15- Liquor Ban on all suburban shopping centres, reinforce liquor bans with more publicity; greater fines for breeching; 24 hour move on (trespass) notice
- 16- Build more social housing units

2013/14 DRAFT ANNUAL PLAN SUBMISSION FORM

ENTER YOUR NAME AND CONTACT DETAILS

Mr / Mrs / Ms / Miss / Dr (Please circle which applies)	
First name	LUIGI
Last name	MUOLLO
Street address	
Suburb	
City	WELLINGTON
Phone	021 494 260
Email	LUIGI.MUOLLO@CSPL.CO.N

I would like to speak at a submission hearing	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
I am making this submission as an	<input type="checkbox"/> individual	<input checked="" type="checkbox"/> organisation
Name of organisation	COOK STRAIT PROPERTIES LIMITED	

Note: all submissions (including name and contact details) are published and made available to elected members and the public. Personal information will be used for the administration of the consultation process. All information will be held by Wellington City Council, 101 Wakefield Street, and submitters have the right to access and correct personal information.

PROPOSALS FOR THE NEXT YEAR

We continually assess our progress against our strategic priorities and, as they arise, address any gaps in the provision of services and respond to new opportunities to take the city forward.

We want to continue building on Wellington's success and take advantage of new opportunities identified during the planning process. We're proposing some modest new initiatives that build on our strengths as a city and that will propel the Capital's economy forward. These are outlined on pages 20–22.

These initiatives work towards our *Wellington Towards 2040: Smart Capital* vision and have been carefully balanced with the need to respond to current financial and environmental challenges.

This next section outlines all the new initiatives we are proposing. We want to know if you think we should do these or not. Please tick one box next to each initiative.

KEY TO NEXT SECTION	
RESPONSE	EXPLANATION
Leave in plan (high priority)	Leave in plan as proposed
Leave in plan (low priority)	Leave in plan but consider either reducing the programme, spreading the work over a longer period to reduce cost, or deferring the work until later
Take out of plan (not a priority)	Take programme/project out of plan
Don't know	Don't know or do not have a preference

2

An urban transformation - Lombard Lane Proposal

By Cook Strait Properties Limited

This submission is a request for Wellington City Council funding for the redevelopment of two public spaces: Denton Park and Lombard Lane.

This submission intends to integrate public this redevelopment with the private redevelopment of the former Manners Street Post Office site by Cook Strait Properties Limited. With an integrated approach we align private development with civic development and achieve the best outcomes.

By combining the development this will be the catalyst to a transformational change to the Bond Street, Lower Cuba, Lombard Lane area of the city.

CSPL intends to develop the 1068 m2 site - The proposal for the site is to development will be primarily high street retail along Victoria Street and boutique retail along Lombard Lane. This will be interspersed with food and beverage tenancies. The building will be limited to a maximum of 2 storeys. Comparatively the site has a District Plan height limit of 75 metres AMSL. There is no intention to intensify the site to permissible levels. Rather it intends to have a low rise development to support the street level external environment of Lombard Lane.

Key Considerations for Wellington City Council

Why should WCC make this investment?

WGTM 2040 LANEWAYS

The redevelopment of Lombard Lane is clearly aligned with the WGTM 2040 strategy - laneways concept.

The intention of laneways is to provide alternate routes through larger city blocks. This is particularly relevant as a means of improving pedestrian safety in the Manners Willis area by providing an attractive alternative for pedestrians away from the bus route along Willis and Manners Street.

As the strategy document states, "success will require both public and private commitment." CSPL makes that commitment and wishes WCC to do so as well.

We see the changes will complement the recent WCC Bond Street traffic and pedestrian improvements. It is hoped that similar design approach is undertaken in the Bond Street area connecting Willis to Lower Cuba.

If it the intention "is to prioritise those that are most important to the network, work with property owners and developers to encourage better design and land use" then this is an ideal opportunity to realise the potential of this strategy.

DENTON PARK

In addition to the lane space is the adjacency of a valuable central city park space: Denton Park.

The park has a northern orientation surrounded with low rise buildings and is located off the main thoroughfare of Victoria Street means that this is a pleasant and attractive environment. This is acknowledged by a healthy usage by Wellingtonians.

With the opportunity to integrate the park development with the private development then this can make something good, even better. An integrated redevelopment of the park can provide:

- Increased area with a 'land swap' and increase the size of the park
- Activation of the space whatever the weather
- A level of security in particular as an evening operation

The comparable Wellington City park space with integrated development is Midland Park with Astoria and Soho Brown's. This is a very successful Wellington park, so this presents an opportunity to replicate albeit in differently.

PEDESTRIAN SAFETY

In consultation with WCC traffic engineer's we understand it is their desire to reduce the southern end of the former Post Office site to improve visibility and driver sightlines. The current footpath configuration at the intersection of Manners Street and Victoria Street is a 'pinch point'. The narrow footpath and pedestrian waiting for the lights create a frustrated pedestrian flow. The changes will widen the footpath to alleviate this issue. CSPL is willing to accept this modification to the site as part of the redevelopment with an exchange of land to ameliorate its effects.

OTHER BENEFITS

The CSPL development

- Will remove a seismic prone building
- Provide continuous overhead cover at the Manners- Victoria intersection
- Remove the unsightly timber verandah structure of the Victoria Street pocket park

EXCHANGE OF LAND

We have commenced discussions with the WCC property team about the prospect of an exchange of land for the Victoria Street pocket park and amalgamate these two park spaces to one and provide an improved Denton Park.

In addition to this is the pedestrian safety modification to the Manners Street end of the site. This will alter the CSPL property and be addressed in the reconciliation of the land swap.

Who is Cook Strait Properties Limited (CSPL)

CSPL have invested significantly in the lower Cuba / Manners precinct. These include the Kate Sylvester retail development and the Weltec Cordon Bleu cooking school. The former was a positive conversion of an oddly shaped and longstanding empty site with a strong piece of architecture. The Cordon Bleu school was to create a new life for the aging Regent Cinema and bring the life and activity of hundreds of students into the Cuba Precinct.

In addition to these developments, CSPL own numerous retail properties in the lower Cuba and Manners Street area. There is an explicit interest in the development and progress of this precinct.

Attachments: Lombard lane Presentation

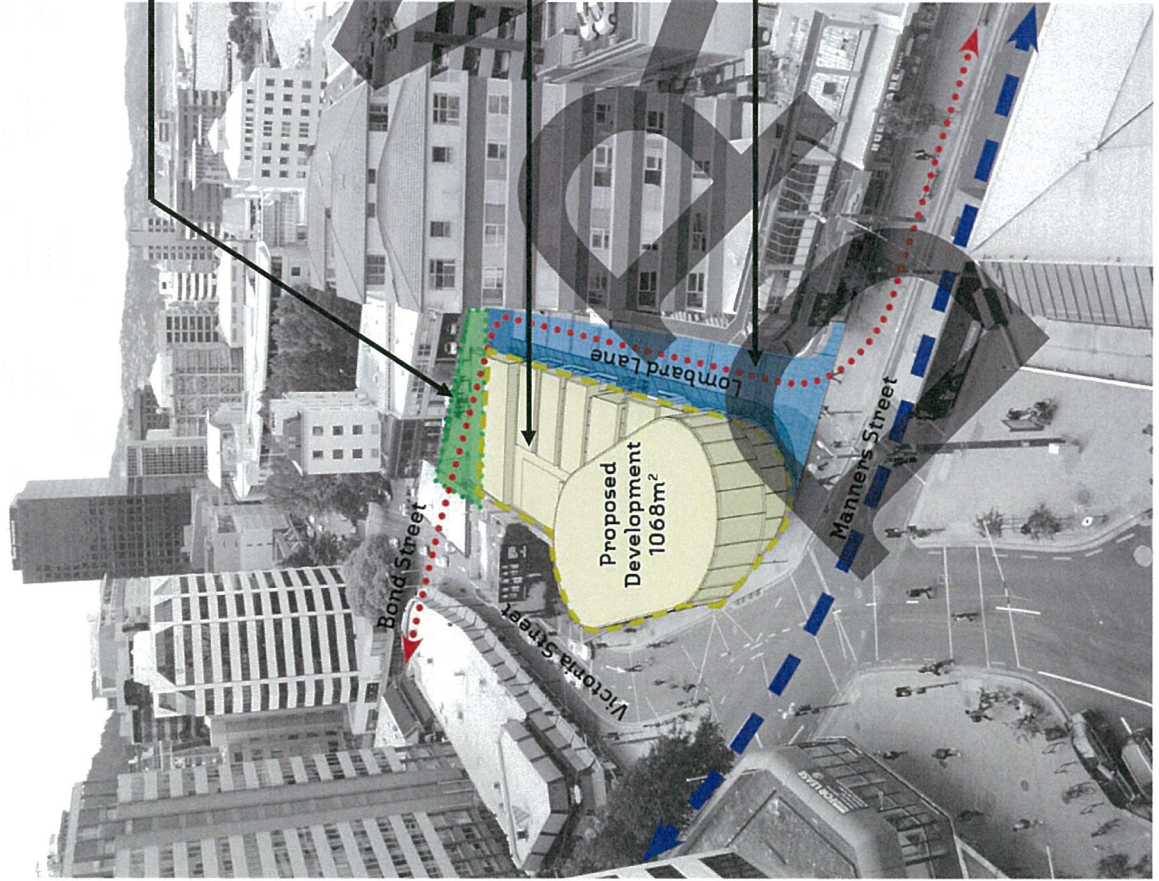
Lombard Lane Proposal

-by Cook Strait Properties Ltd

DRAFT



An Urban Transformation



Denton Park - Public

- Upgrade existing park

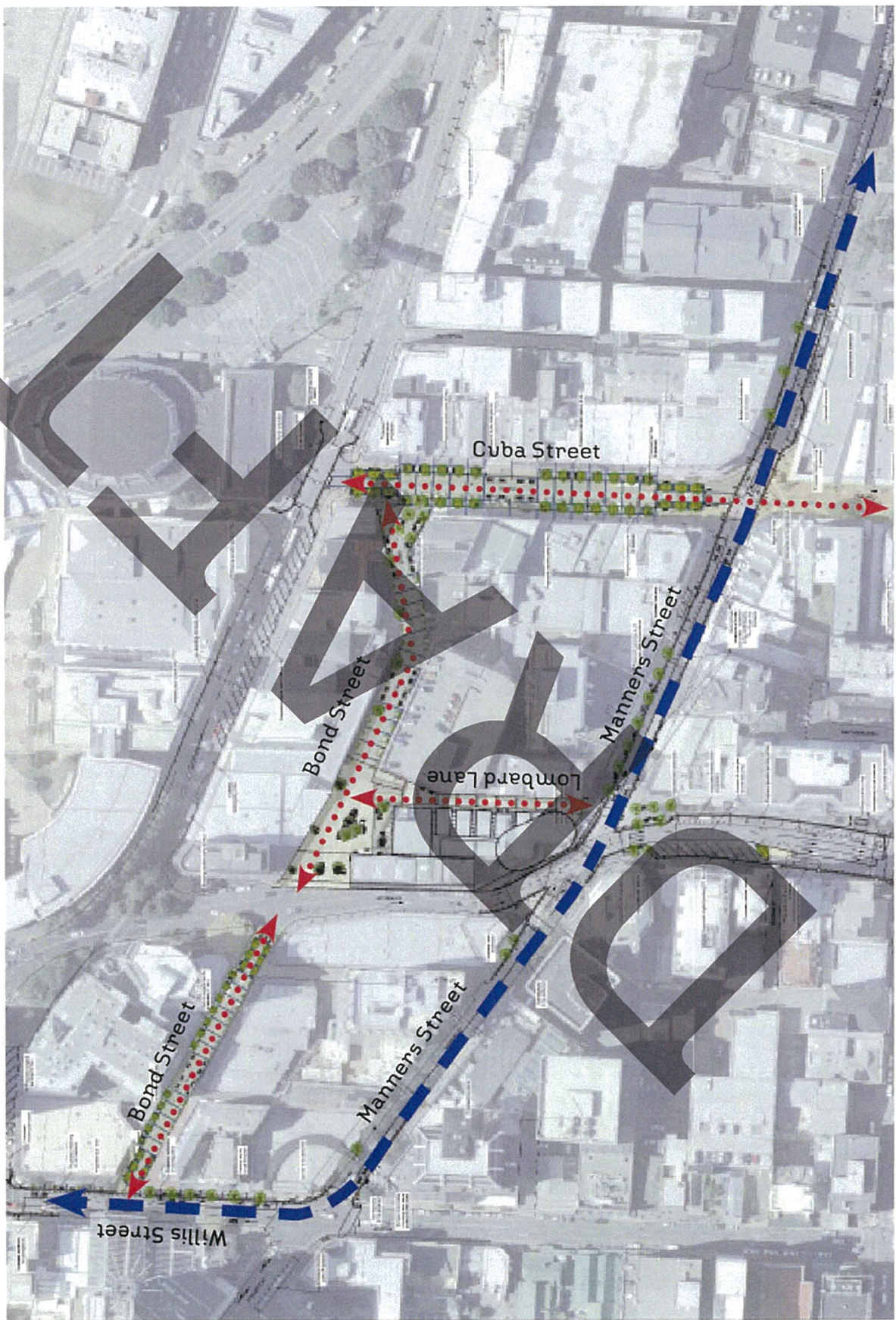
Proposed Development - Private

- 1068m² site
- High Street Retail
- Boutique Retail – Lombard Lane
- Food and Beverage Tenancies
- Max 2 Storeys (DP 75m height limit)
- Enhance street level pedestrian experience

Lombard Lane - Public

- Upgrade service lane in line with WGTN 2040 Laneways Concept

Site Context



WCC 2040 Laneway Concept

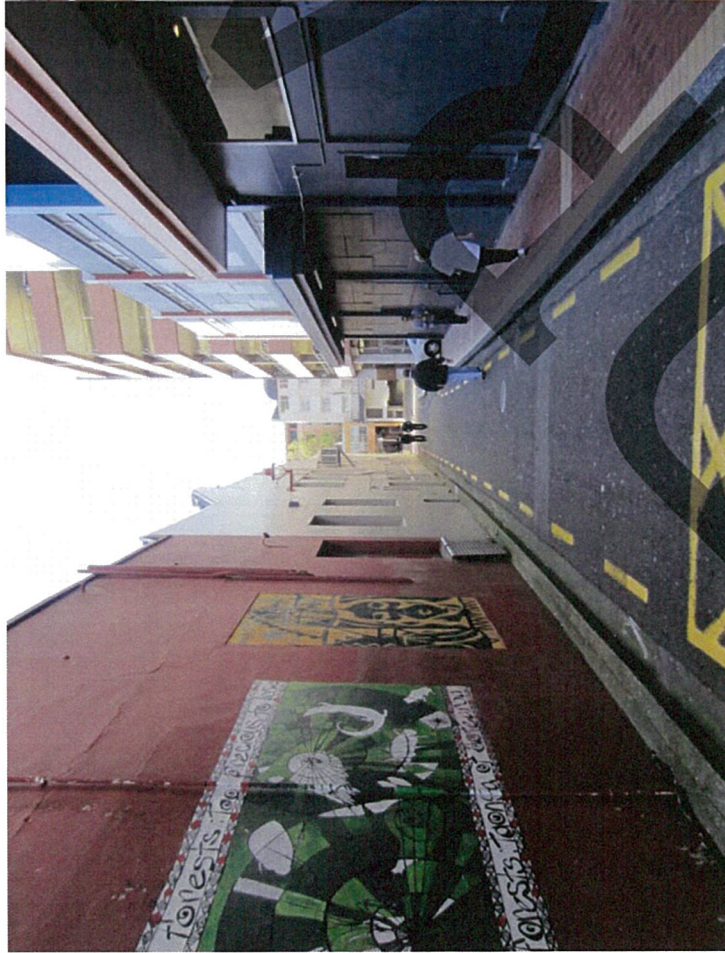


- Alternative routes through larger street blocks
- Pedestrian friendly
- Safe
- Economically active
- Opportunities for retail and other economic activities
- Working with property owners and developers



Lombard Lane

Development Opportunities



before



after

Key Benefits:

- Improved connections – Bond St, Willis St, Manners
- Activation
- Vibrancy and atmosphere

Denton Park



before



after

Key Benefits:

- Enlarge Park
- Active Edges
- Increased amenity

Other Benefits



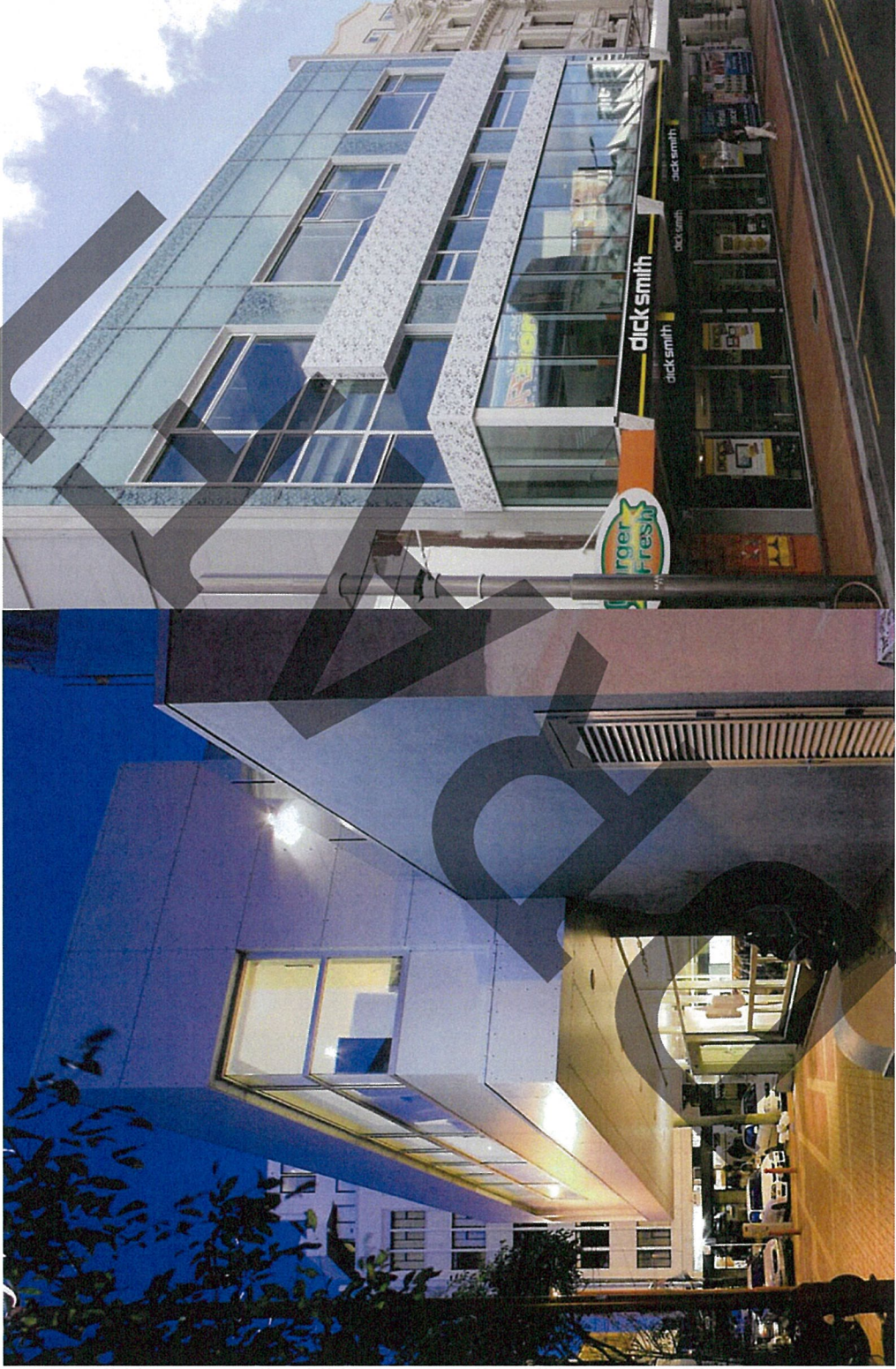
before



after

- Removal of seismic prone building
- Replace existing timber verandah with new continuous overhead cover at the Manners- Victoria intersection
- Improved sightlines for bus drivers

Cook Strait Properties Ltd



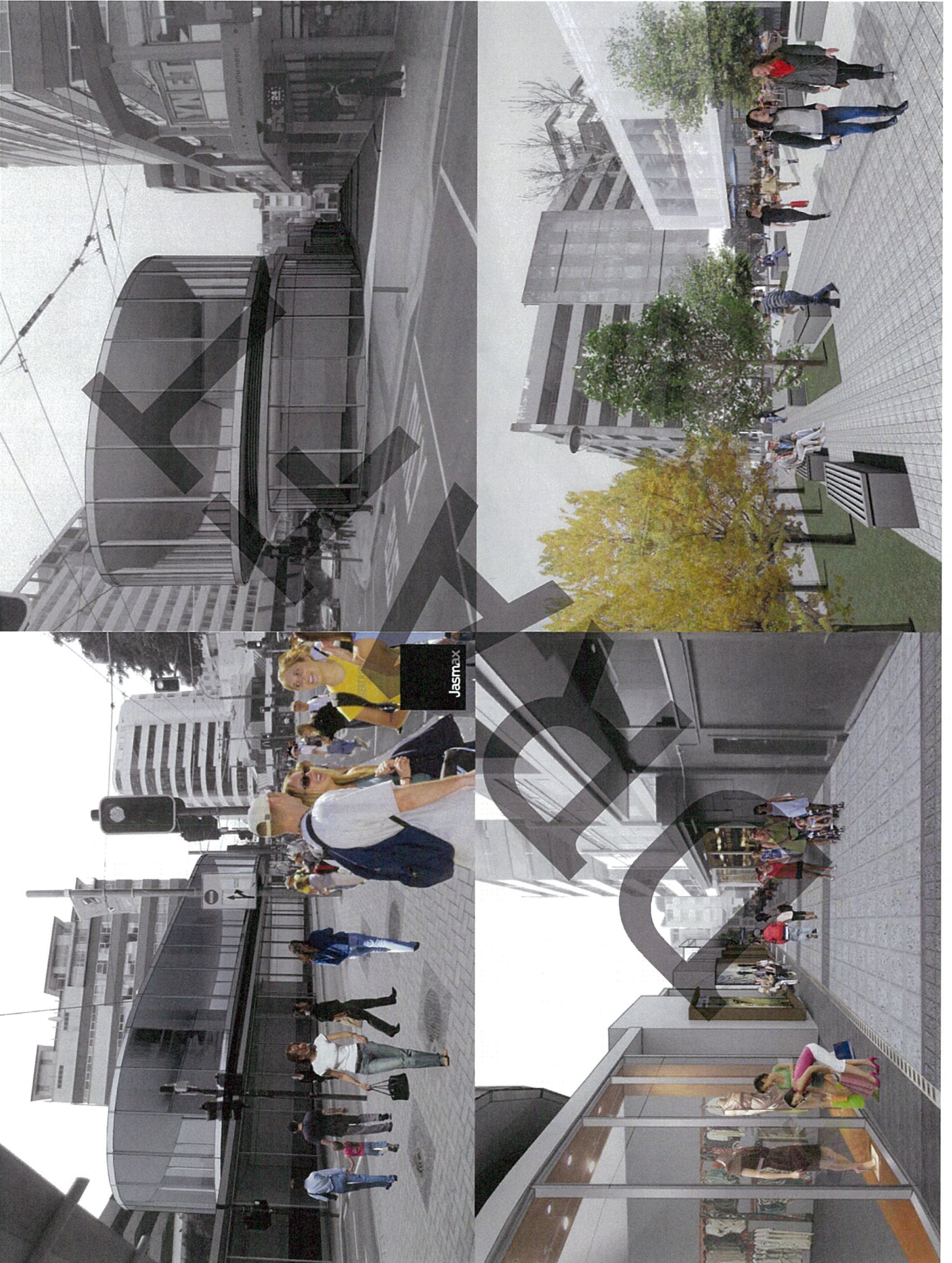
Kate Sylvester – Lower Cuba

Weltec Corden Bleu – Manners St

Key Benefits

Why should WCC make this investment?

- WGTN 2040 Laneways Strategy
- An improved Denton Park
- Improved Pedestrian Safety
- Other benefits





15th May 2013

Wellington City Council

Re. Submission to Annual Plan 2013-2014

This paper is being submitted as part of the Annual Plan 2013-2014 discussions on behalf of Surf Life Saving New Zealand for the provision of Regional Lifeguard Services at Oriental Bay, Lyall Bay and Scorching Bay during the peak summer holiday period. We wish to thank the council for the partnership and ensure there is continued funding for the Lifeguard service at these Beaches over the summer holiday period.

There are a number of key areas this service will link into Council strategies and priorities these are the following:

- People Centred City – Providing a safe environment for our community and a valuable resource in the event of an emergency.
- Eco-City – Enabling people to use the City's aquatic environment in a safe healthy manner.
- Dynamic Central City – Providing safety for events that make the City dynamic.

The budgets within the attached documents show the main costs associated with the Regional Lifeguard Service within Wellington over the next three summer seasons. Please note these are subject to change but are provided to give a likely estimate to assist in long term budget planning.

- 2013-14: \$ 76,771.34 (+GST)
- 2014-15: \$ 80,438.35 (+GST)
- 2015-16: \$ 84,185.45 (+GST)

It is important to note that these costs do not include the training, skill development programmes and majority of administration that this programme requires.

Surf Life Saving New Zealand understands that council are obliged to apply annual inflation to these annual budgets as per the CPI adjustment and appreciates this consideration as our costs continually to incrementally increase.

We would like to take the opportunity to present our submission and answer any questions the councillors may have regarding the Provision of a Regional Lifeguard Service within the Wellington area.

SLSNZ acknowledges and values the on-going support of Wellington City Council and is proud of the collaborative relationship shared both with the council and the Lifeguard Services which provides positive impact to those who live and choose to recreate at Beaches and within the wider community.

Yours Sincerely,





SURF LIFE SAVING
NEW ZEALAND

Tim Marsden
Regional Manager – Central Region
Surf Life Saving New Zealand

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e tim.marsden@surflifesaving.org.nz



Lottery Grants Board
Te Puna Tahua
LOTTO FUNDS FOR YOUR COMMUNITY



SURF LIFE SAVING
NEW ZEALAND

Provision of a Regional Lifeguard Service Wellington City

May 2013

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1. Background

1.1 Introduction

The purpose of our organisation is Protecting our Community in the Water. In the summer of 2010/11 we celebrated our centenary of 100 years of Surf Life Saving in New Zealand. The summer celebrated the developments in rescue and education throughout those 100 years, as well as the 50,000 people saved and also the stories of the people who have volunteered and built the organisation to what it is today. We are excited about moving into the next centenary of volunteering, education, and delivering programmes and services in our communities.

Our current focuses are

- To be New Zealand's leading aquatic essential service.
- To be recognised as the #1 authority in drowning and prevention.
- Have effective partnerships in the aquatic sector.
- Be flexible and responsive to community needs in water safety.
- Have Clubs and the national association functioning effectively and will be vibrant and well resourced.
- Have a 'one organisation' view to drowning prevention and our sport.
- Have members who do better in life than non-members.
- Ensure all stakeholders reflect positively on their relationship with SLS.

We have a range of activities, services and programmes that enable us towards achieving our purpose including:

- Lifesaving – all levels of support to the 73 active voluntary lifeguard services throughout the country which last year alone provided 199,000 hours of patrolling on our beaches; managing and administering the Regional Lifeguard patrols – Monday to Friday throughout the main school holiday period.
- Education – Beach Education, City Nippers and Surf to Schools programmes to over 40,000 children nationwide. Education pathways for membership from junior through to masters level.
- Sport – from junior surf to high performance and everything in between: full events, coach development, athlete and membership opportunities.
- Volunteer support – full or heavily subsidised first aid, radio operators, Inflatable Rescue Boats, Instructor, National Lifeguard School. Coaching and other courses available for our 16,000+ members. Fulltime, paid professional support with the provision of Club Development Officers throughout the country to support the sustainable development of our volunteer lifeguard services and their members.
- Community – all of our programmes and services focus on enhancing the community wellbeing of our members and those that benefit from the services we provide – both on and off the beach (workplaces, events, pools, research and education forums, rescue emergency services collaboration etc).
- Event Safety – provision of highly qualified event safety services to community events.

1.2 Wellington City

In Wellington City there has been a service contract for Regional Lifeguard Services at Lyall Bay and Oriental Bay Beaches. The Regional Lifeguard Service is only a part of the overall supervision of the public while on beaches. There are a great deal more volunteer hours put in by the SLS membership in Wellington that provide the same service, these volunteer hours are not part of the Regional Lifeguard Service.

One of the key safety interventions as defined by the Coastal Public Safety Assessment (CPSA); surf lifeguards on beaches; has been subject to additional risk modelling. The recommendations provided are based on analysis of the following data:

- Beach morphology and physical hazard rating.
- Visitation profile.

- User demographic.
- Activity profile.
- Projected population growth/trends (Census Data, Statistic New Zealand).

The risk modelling has yielded the following with regards to surf lifeguarding servicing within the Wellington Area (assessed sites only):

Extend existing surf lifeguarding service (or satellite):

- Lyall Bay
- Oriental Bay
- Scorching Bay

The professional lifeguarding service should continue to run from Late December to the end of January (to cover the summer school holidays) at Lyall Bay Beach and Oriental Bay Beach extending by one hour each day. Further extension into February is also suggested for these sites in year four. This service would operate during weekday afternoons (e.g. 4:00 pm – 7:00 pm) during February. This has not been included in the request for funds at this stage.

A minimum of three lifeguards should be stationed at all sites due to the nature of the beach and wave conditions. This is the minimum number required to safely utilise an inflatable rescue boat (IRB) in the lifeguarding operation, and thus 3 lifeguards are necessary as an IRB should be utilised at all sites. Further lifeguards are required over peak periods due to greater beach use.

Refer appendix A) for more detail on the Coastal Public Safety Assessment.

2. Community Needs Identified

2.1 Objectives

The main objective of the service is to prevent death and injury at Wellington Beaches. Funding will provide the means to have patrolled beach areas during the busiest weeks.

A regional lifeguard service provides a safe swimming area for beach users during the summer holiday period. Qualified surf lifeguards assess the safety of the conditions, and establish a patrolled area if conditions are suitable. Swimmers who follow the directions of lifeguards and swim between the flags can enjoy the beach safely. Lifeguards also monitor areas outside the flags and perform preventative actions to reduce the risk of drowning and injury.

A key objective is to reduce the number of rescues required by performing preventative actions. This may include advising against swimming in a designated area because of:

- Sea conditions such as rips, holes, strong undertows, the size of the surf and force of waves which may be considered dangerous.
- Presence of stingers in the water such as jellyfish and stingrays.
- Presence of dangerous/high risk sea life such as sharks.
- Pollution problems.
- Inappropriate or incorrect use of surfboards, boogie boards or other floatation devices used in the water.
- Warning swimmers who are venturing past safe limits in relation to their swimming abilities.

Proactive preventative actions aim to prevent beach users from getting into danger while at the beach and educate them in ways to enjoy the sea environment safely through interaction with the surf lifeguards. If conditions are deemed unsafe for swimming, the lifeguards remain on duty to advise the public against swimming, and perform any preventative actions or rescues as required throughout the day.

Should people become endangered, the safe return of people to the beach, without drowning or injury, is a surf lifeguard's main objective.

Regional surf lifeguards also provide the following services to the public and emergency services should the need arise:

- Administer first aid.

- Carry out searches (shore or sea based).
- Call emergency services should the seriousness of an incident require it.
- Work with the Coastguard and Police as required.
- Provide important information to the public.
- Deliver public education messages proactively and directly to beach users.

2.2 Who Will Benefit

- People of all ages, gender and cultural backgrounds.
- Local residents.
- Beach going public.
- Visitors to the Region.
- Will provide employment for local youth.
- Local businesses.

Patrol Statistics 2011 / 2012

Location	Rescues	First Aids	Searches	Preventative Actions	No of People involved in Preventatives
Lyll Bay	2	0	0	20	51
Oriental Bay	0	2	0	21	45
Totals	2	2	0	41	96

Patrol Statistics 2012 / 2013

Location	Rescues	First Aids	Searches	Preventative Actions	No of People involved in Preventatives
Lyll Bay	1	4	0	99	146
Oriental Bay	3	2	0	143	312
Totals	4	6	0	242	548

2.3 Link to Council Priorities

There are a number of key areas this service will link into Council strategies and priorities these are the following:

- People Centred City – Providing a safe environment for our community and a valuable resource in the event of an emergency.
- Eco-City – Enabling people to use the City's aquatic environment in a safe healthy manner.
- Dynamic Central City – Providing safety for events that make the City dynamic.

3. Service Provision

3.1 Current Service Provided

Location	Total Number Days	No of Lifeguards	Days per Week	Hours Per Day
Lyll Bay	30	3	5	7.5

Oriental Bay	30	3	5	7.5
Scorching Bay	Nil	Nil	Nil	Nil

3.2 Recommended Service

The coastal public safety assessment has yielded the following with regards to surf lifeguarding services within Wellington City (assessed sites only):

Extend surf lifeguarding service (or satellite):

- Lyall Bay
- Oriental Bay
- Scorching Bay

Location	Total Number Days			No of Lifeguards	Days per Week	Hours Per Day
	2012-13	2013-14	2014-15			
Lyall Bay (Dec-Jan)	30	30	30	3	5	8
(Feb)	10	10	10	3	5	3
Oriental Bay (Dec-Jan)	30	30	30	3	5	8
(Feb)	10	10	10	3	5	3
Scorching Bay (Dec-Jan)	30	30	30	3	5	8
(Feb)	10	10	10	3	5	3

4. Funding and Resources

4.1 Current Funding Provided

- Wellington City Council \$40,000.00 (+GST)

4.2 Funding Requested from Wellington City Council

- 2013-14: \$ 76,771.34 (+GST)
- 2014-15: \$ 80,438.35 (+GST)
- 2015-16: \$ 84,185.45 (+GST)

4.3 Total Cost to Deliver Recommended Service

Expenditure	2013 / 2014	2014 / 2015	2015 / 2016
Uniforms	\$ 3,600.00	\$ 3,600.00	\$ 3,600.00
Fuel	\$ 1,920.00	\$ 1,920.00	\$ 1,920.00
Equipment / Repairs	\$ 4,500.00	\$ 4,500.00	\$ 4,500.00
SLSNZ Insurance	\$ 360.00	\$ 360.00	\$ 360.00
ACC	\$ 1,200.30	\$ 1,266.98	\$ 1,333.67
Wages	\$ 58,838.17	\$ 62,106.96	\$ 65,375.75
Supervision	\$ 1,826.86	\$ 1,906.95	\$ 2,067.13
Management	\$ 4,526.01	\$ 4,777.46	\$ 5,028.90
TOTAL EXPENDITURE	\$ 76,771.34 (+GST)	\$ 80,438.35 (+GST)	\$ 84,185.45 (+GST)

4.4 Wellington City Council

The Councils will be responsible for the

- Funding of the Regional Lifeguard service to the level recommended in the Coastal Public Survey for the expenses identified by SLSNZ.

4.5 Surf Life Saving New Zealand

Surf Life Saving New Zealand will be responsible for and supply the following:

- Recruitment, appointment and human resource management related to this service along with any transportation of personnel and equipment.
- Supply of rescue and first aid equipment, IRB's (inflatable rescue boats), communication equipment at locations where a SLSNZ affiliated Club is located.
- Supply of Clubrooms for administering first aid, storage of all equipment, and staff requirements at locations where a SLSNZ affiliated Club is located.

5. Reporting

Surf Life Saving New Zealand will undertake a full review of the service on completion of the services provided. This review along with a written report will be completed and reported back to the Council on contract completion.

Report provided to each Council will include:

- Summary of patrol statistics
- Type of rescues performed, equipment used
- Details on types of first aids performed and cause

- Detail of any influences on the delivery of the service, e.g. weather conditions, king tides, events occurring in the area.
- Any other information that will assist in the delivery of the service now and in the future.
- Any recommendations to improve the service, or the safety of beach goers.

Long Term Drowning & Injury Prevention Planning: Wellington City

This paper serves to provide an overview of the resources and services recommended for Wellington City over the next 10 years to help prevent drowning and injury on the coast. The recommendations are derived from risk assessments conducted at sites on the Wellington City coastline.

Drowning is the third highest cause of unintentional death in New Zealand. Since 2002, 17 people have drowned on the greater Wellington coastline. On the Wellington City coastline 215 people have been saved by surf lifeguards, 144 injured have been treated, 14 searches have been conducted and 10,500 people have been removed from danger prior to getting into difficulty. In response to these alarming figures Surf Life Saving New Zealand (SLSNZ) developed a Coastal Public Safety Strategy to provide a framework for evidence-based drowning and injury prevention. Essential to this strategy was the instigation of a risk assessment programme (referred to as Coastal Public Safety Assessments) to enable the water safety sector to make informed decisions, based on quality evidence, to ensure high risk coastal locations are identified and resourced accordingly.

1. Coastal Public Safety Assessment (CPSA)

Each CPSA involves a thorough analysis of the coastal environment (beach and surrounding dunes, surf zone, and offshore environment) and the interaction of people with this environment. The process includes identifying, logging and analysing numerous contributory factors, including:

- Hazards (i.e. shifting sand bars, deep holes, rip currents, large waves, submerged rocks etc.).
- Beach structures, facilities or existing infrastructure.
- Tourist attractions and other visitation drivers.
- Access points.
- Site usage trends.
- Demographic profiles.
- Activity profiles.
- Existing rescue/incident profile (to identify trouble spots).
- Existing emergency response to the site.

This data was collected using a range of critical sources including local community members, local coastal users (e.g. surfers), existing surf lifesaving services, police, ambulance, fire service, coastguard, iwi, and territorial authorities.

As each site and surrounding community is unique, a thorough risk assessment is required to ensure the factors contributing to incidents at particular sites are fully understood, ensuring the formulation of a comprehensive risk mitigation plan, which is effective and sustainable.

Surf Life Saving New Zealand will collate the data, consider the input from all data sources, and develop a ten year implementation plan to enhance public safety at the site. For example, this may include, but is not limited to, the installation of water safety signage, instigation of beach education programmes, or extension of lifeguarding services. Surf Life Saving New Zealand will work with the community and other key stakeholders to ensure that the initiatives required for

the site are implemented and the safety of the public is enhanced to enable people to enjoy the marine environment safely.

2. Wellington Coastal Public Safety Assessments

Coastal Public Safety Assessments were conducted at eight sites on the Wellington City coastline (Figure 1). The sites assessed included, Oriental Bay, Balaena Bay, Scorching Bay, Worser Bay, Breaker Bay, Lyall Bay, Houghton Bay and Island Bay. These sites were selected based on their perceived level of risk and the presence of existing surf lifesaving services.



Figure 1: Sites subject to Coastal Public Safety Assessments in Wellington City.

3. Summary of findings

- There is a high level of risk of drowning and injury at Lyall Bay and a moderate level at Oriental Bay, Balaena Bay, Scorching Bay, Worser Bay, Breaker Bay, Houghton Bay and Island Bay. Drowning prevention measures have been implemented in varying forms and capacities at the assessed sites. Additional measures are still required to mitigate the level of risk further.
- Oriental Bay, Balaena Bay, Scorching Bay, Worser Bay, Breaker Bay, Lyall Bay and Island Bay have no water safety signage. The signage at Houghton Bay is unsuitable and needs to be replaced.
- There is an absence of easily accessible emergency communications devices at some sites. This could have an adverse impact on the timely response of emergency services in the event of an incident.
- The Wellington coastline is well used by local residents and tourist alike for a range of recreational purposes, particularly during the summer season.

- Car parking and basic facilities (e.g. public toilets) are provided at popular beaches on the Wellington City coastline.
- Volunteer and professional surf lifesaving services are effective at reducing drowning and injury over the peak summer period. On average approximately 35 people have been saved, 21 injured have been treated, two searches have been conducted and 1,690 people have been removed from dangerous situations by surf lifeguards every year (over the past five years).
- Surf lifesaving clubs in Wellington City provide a call-out service, responding to nearshore water emergencies. Availability and the time of response of this service vary from club to club.
- Beach safety programmes (Beach Education) are run at surf lifesaving clubs in Wellington City, teaching children how to stay safe in the surf.

4. Summary of recommendations

- Water safety signage which meets the requirements of the combined Australian/New Zealand Standard (AS/NZS 2416:2010) should be installed at Oriental Bay, Balaena Bay, Scorching Bay, Worser Bay, Breaker Bay, Lyall Bay, Houghton Bay and Island Bay. Highest risk sites should be prioritised. SLSNZ can provide the specific signage requirements, as detailed in the Coastal Public Safety Reports.
- The provision of lifeguarding services should be extended beyond their current capacity (as detailed in section 4.1). In addition, Coastal Public Safety Assessments should be conducted at other sites, to investigate the requirement for lifeguarding services in popular yet unpatrolled locations.
- An integrated approach to coastal callouts and/or emergencies should be established between all relevant stakeholders at this site. A prioritized first step should be a meeting between surf lifesaving, coastguard, fire service, and police.
- A network of permanent emergency response beacons (ERB) should be installed at all assessed sites in Wellington City to enable prompt, direct, two-way communication with emergency services. As a result, an effective, timely response can be executed in an effort to minimise the consequences when an incident occurs.
- Coastal safety material should be provided by all accommodation venues relevant to the sites assessed. This will expose domestic and international visitors to some water safety education prior to entering the coastal environment.
- Beach safety information specific to the coastal sites should be incorporated on the websites of territorial authorities and applicable tourism companies. These websites should link to Surf Life Saving New Zealand's www.findabeach.co.nz website.
- Daily information signage should be displayed at main entry points throughout the year with local community members trained, by SLSNZ, regarding how to display this information.
- A holistic approach regarding coastal public safety should be incorporated into all future planning at coastal sites on the Wellington City coastline. This will likely see the introduction of other drowning prevention initiatives. SLSNZ should be consulted regarding any future development of beach access and/or infrastructure in an effort to ensure public safety is appropriately considered.

4.1 Surf Lifeguard Service Extension

One of the key safety interventions as defined by the CPSA, surf lifeguards on beaches, has been subject to additional risk modelling. The recommendations provided are based on analysis of the following data:

- Beach morphology and physical hazard rating.
- Visitation profile.
- User demographic.
- Activity profile.
- Projected population growth/trends (Census Data, Statistics New Zealand).

The risk modelling has yielded the following results with regards to (professional) surf lifeguarding servicing within Wellington City (assessed sites only):

Maintain existing surf lifeguarding service:

n/a

Extend existing surf lifeguarding service (or satellite):

- Oriental Bay, Lyall Bay.

Investigate potential surf lifeguarding service extension and/or satellite patrol:

- Scorching Bay, Worser Bay and Island Bay.

The professional lifeguard service should be extended to run from late December to the end of January (to cover the summer school holidays) at Lyall Bay and Oriental Bay. Further extension into February should be investigated for these two sites, such as a service that operates during weekday afternoons (e.g. 4:00 pm - 7:30 pm) during this month.

A professional lifeguarding service should be established at Scorching Bay and run from early January to late January. As required the length of this service may change to fulfil the risk profile of this site. In addition, professional lifeguarding services should be investigated to run over the peak summer period at Worser Bay and Island Bay. This may operate from late December to early January. These latter services should be investigated further prior to instigation.

A minimum of two lifeguards should be stationed at beaches in Wellington Harbour. An inflatable rescue boat (IRB) should be utilised along much of the south coast due to the beach and wave conditions. This requires a minimum of three lifeguards at each site. The actual number of lifeguards may be greater than the minimum requirements in many cases.

The success of a professional lifeguarding service should be evaluated annually. Any evaluation should take into account the quality of weather experienced during any given summer, as well as other factors which may influence the use of this service by members of the public.

In addition, investment in a support service (mobile water unit) should be investigated. This service could provide mobile surveillance along the Wellington City coastline over the peak summer period.

5. Future research: Coastal Public Safety Assessments

As only eight sites have been assessed in Wellington City it is essential to conduct additional Coastal Public Safety Assessments to identify the need for lifeguarding services in other popular, yet unpatrolled locations.

Recommendations:

- An additional two sites should be assessed in the next two years. A methodological approach should be taken in selecting the site, with comprehensive reasoning to support the perceived highest risk site to undergo a risk assessment.
- The safety interventions recommended for the site following a Coastal Public Safety Assessment be implemented.

6. Conclusion

- A range of safety interventions (including water safety signage, lifeguard service extension, emergency response beacons, and education programmes) are required to reduce the risk of drowning and injury on the Wellington City coastline.
- The provision of these safety interventions should be incorporated into future plans for the coastal environment by the Wellington City Council and other water safety stakeholders.

7. Further details

This paper provides a brief summary of the results of the Coastal Public Safety Assessments conducted in Wellington City. Extensive information on each individual beach and their recommended safety interventions is detailed within their Coastal Public Safety Reports. These reports will be available online via a freely accessible web database, known as CodeBlue (www.codeblue.org.nz). Please note these recommendations are subject to change following consultation with stakeholders at each site and/or changing situations for a particular site.

16 May 2013

Submissions: Draft Annual Plan 2013-14
P O Box 2199
WELLINGTON

Kia Ora

I am writing with regard a number of issues I believe should be a priority for our City Council. I wish to make an oral submission and can be contacted on 04-2102012, 022-0987330 or by email, graham_hwl@yahoo.co.nz

They are:

1. Free public transport for school children
2. Support for the Living Wage for all council employees and contracted workers
3. A ratio of 3 to 1 between the minimum hourly rate of any employee and the top paid employee.
4. Maintain Monday evening hours at Brooklyn Library, but compensate with later starting time.

1 Free public transport for school children

Or many years Councilors may recall I have submitted on free public transport for all. (I have made similar requests to the Greater Regional Council.) Both Councils have either said it is too expensive or beyond their area of authority. No cost-benefit analysis has ever been published to indicate whether or not the City/Region would gain by this spending. My request for 2013/14 is for free public transport for school children only, and in particular in relation to school sponsored visits to places such as sporting and art activities, Te Papa, Zealandia, pools, the zoo etc.

I am well aware cost is a barrier to many activities for children. And just as moves are under-way to feed those who would otherwise be hungry, so to does the state in its broadest definition need to assist in reducing the barriers caused by limited incomes.

Having Council pay for the use of buses by school children for the types of activities summarised above remove one further cost barrier from the families of the children affected. And in so doing, all children will have improved opportunities along the lines envisaged by Peter Fraser and CC Beeby, when as Minister and Director-General of Education in 1936 when universal access to secondary school became possible due to increased funding. That is, each boy and girl would have access to the education that best suited them.

2 Support for Living Wage

I was privileged to be part of the delegation of workers, unionists, church leaders and people from various congregations and community group representatives in a presentation of a submission of the need for the Living Wage. This is estimated to be \$18.40/hour based on a two-adult/two-child household working a total of 60-hours paid work.

The delegation presented a clear case for the Living Wage. While this will add to the costs of individual employers with the increased wages will be a huge boost to the local economy.

While I do not often quote Mr Key it may even provide a boost and take the city off its life support.

- ❖ The additional wages will allow families to reduce debt or not have to borrow from finance companies, loan sharks or trading banks.
- ❖ For others it will mean more spending in local shops.

- ❖ International evidence also shows reduced staff turnover and therefore reduced staff training costs, less absenteeism.
- ❖ Further, with increased turnover comes the prospect of more employment for others.
- ❖ And an advantage for central Government is increased income tax and reduced Working For Families spending which in turn must be boost for the it and the economy at large.
- ❖ And this is before the social costs of reduced stresses caused by poverty.

3 3 to 1 ratio

I am unclear what the least paid council employee (or employee of firm contracted to the WCC) but I am sure the ratio between that person and the chief executive is much higher than 3 to 1, and currently may be as high as 20 to 1. The 3 to 1 ratio indicates a commitment to greater equality of all workers without demanding an absolute system of evenness. It recognises a different form of value of a street cleaner and head officer worker. Based on \$18.40/hour and a 40/hour week one would arrive at the highest paid worker at \$115,000 per annum.

4 Brooklyn Library

Finally, I am a Brooklyn resident. While a volunteer I know the difficulty I would have getting to the Brooklyn Library by 5pm on week-days. I suggest maintaining its 8pm Monday closing time, and if budget constraints require reduced hours elsewhere, so-be-it. Perhaps the reduction could be with when the library opens at the start of the day.



Graham Howell
 F 30 Harrison St
 Brooklyn
 022-0987330
 04-2102012
 graham_hwill@yahoo.co.nz

2013/14 DRAFT ANNUAL PLAN SUBMISSION FORM



ENTER YOUR NAME AND CONTACT DETAILS

Mr / Mrs / Ms Miss / Dr (Please circle which applies)

First name: Heather Marion

Last name: SMITH

Street address: 8 Darwin Rd,

Suburb: Kaiti

City: GISBORNE

Phone: 06/867-6668

Email: <hasmith1933@gmail.com>

Would like to speak at a submission hearing yes no

I am making this submission as an individual organisation

Name of organisation: Democrats for SOCIAL CREDIT

Note: all submissions (including name and contact details) are published and made available to elected members and the public. Personal information will be used for the administration of the consultation process. All information will be held by Wellington City Council, 101 Wakefield Street, and submitters have the right to access and correct personal information.

Democrats for Social Credit

www.democrats.org.nz

SUBMISSION ON DRAFT ANNUAL PLAN - APRIL 2013- WELLINGTON CITY COUNCIL

"...we will always seek to support and promote policies that strengthen local democracies and communities, regardless of the party putting them forward." - Eugene Bowen, CEO, Local Government New Zealand (letter to Justice and Electoral Committee, Parliament House, 6th September, 2007)

Local Government New Zealand holds its 2013 Conference this July in Hamilton. The chosen theme is "Transforming Communities - building a successful New Zealand". Undoubtedly there will be much discussion on proposed mergers and boundary changes - but if these are expected to result in significantly reduced costs, ratepayers are likely to be disappointed. LGNZ must take an honest, in-depth look at council debt, and who profits from it, if progress is really on the agenda.

Around the globe there are more and more voices from academic economists demanding that sovereign governments fund essential capital works from their own credit-creation rather than from private financial institutions. In this country we can not only cite historical precedence for central bank funding but also empowering legislation in Part 6 of the Public Finance Act and elsewhere. We refer to the state houses, bridges and roads constructed by the first Labour (Savage) Government plus the multi-billion dollar facility provided to the major banks to ease them through their liquidity crisis following the 2008 meltdown. We note that the Minister of Finance has very wide discretionary powers in the Public Finance Act, provided they are used in the public interest.

Last December Rodney Hide's Local Government Funding Agency (LGFA) was established after unanimous support from all parties currently in Parliament. Ostensibly, the purpose of the Agency is to assist councils to borrow at a slightly reduced rate of interest. The real intention is to "deepen the capital markets" - surely not the responsibility of territorial local authorities and certainly not a way to fulfil the "sustainability" objectives espoused by most councils - when a sustainable method of capital funding is available by law.

Although councils valiantly attempt to keep rate increases within inflation, their advisers avoid explaining that rising rates themselves add to cost-push inflation. Better for councils to pursue actual rate reductions (a) by refusing to collect the GST and (b) by insisting on credit-lines being opened with the Reserve Bank of New Zealand. With the resultant increase in disposable income communities would have the ability to invest in and purchase from locally and nationally owned businesses and farms, instead of the dangerous dependence we are experiencing on foreign investors in land an industry.

DEMOCRATS FOR SOCIAL CREDIT therefore urge councillors to instruct their delegates to Conference to call on Local Government NZ to charge the Minister of Finance to arrange interest-free credit-lines (or loans) with our sovereign bank, the Reserve Bank of New Zealand for the purpose of funding essential capital works (e.g. the provision of potable water and environmental protection) - with repayment schedules negotiated according to the socio-economic profiles of the communities involved.

Secondly, we ask LGNZ to advise Government that the Goods and Services Tax on rates is unfair and unnecessary. Instead there should be a small turnover tax (say 1%) on the Stock Exchange (NZX) and the debt market (NZDX), a move which would have the salutary effect of reducing the volatility of those markets.

Written for Democrats for Social Credit by Heather Marion Smith B.A., Dip.Soc.Sci.[Econ.]
<hasmith1933@gmail.com>

Heather Marion Smith

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ORAL HEARINGS – DRAFT ANNUAL PLAN 2013/14

WEDNESDAY 22 MAY 2013

Time	Name	Organisation	Submission Number	Page
9.20am	Howard Markland		87	161
9.25am	Allan Probert	Enterprise Miramar Peninsula	196	163
9.35am	Alastair Smith		356	164
9.40am				
9.45am	Patricia Reesby		74	170
9.50am	Nick Kelly	PSA - SUBMISSION COMING MONDAY		
10.00am	John Randal	Makara Peak Supporters	348	176
10.10am	Eleanor Meechan	Cycle Aware Wellington	402	179
10.20	Chris Renwick		79	181
10.25	Patrick Morgan		340	187
10.30am	Morning Tea			
10.45am	Lyn Jordan		424	189
10.55am am	Deb Gully	International Weston A Price foundation	397	234
11.05am	Mary Byrne	Fluoride Action Network NZ (Inc)	425	236
11.15am	Jill Ford		295	280
11.20am	Priscilla Williams		376	286
11.25am	Muriel Tunoho	Health Care Aotearoa	399	292
11.35am	Peter Hunt	Forest and Bird	452	295
11.45am	Luke Allen	NZ Institute of Architects	453	301
11.55	Barry Bryant		362	302
12.00	Richard Edwards and Nick Wilson	Department of Public Health	461	308
12.10	John Ryall	Service & Food Workers Union	310	314

12.20	Fleur Fitzsimons	Save Capital E	297	326
12.30	FINISH			

0087

Marianne Cavanagh

From: Howard Markland [happen@hotmail.co.nz]
Sent: Wednesday, 8 May 2013 7:53 p.m.
To: Info at WCC; BUS: Annual Plan
Subject: Annual Plan Submission
Follow Up Flag: Follow up
Flag Status: Red

I have just used your online form to make a submission on the draft annual plan, but after a load of generic ranking questions, I did not appear to have the opportunity to make any specific submission (and when I clicked 'back' the webpage had expired). I would therefore be obliged if you would consider the following as my submission:

Neither the Transport or Public Safety parts of the draft Annual Plan acknowledge the growing safety risk posed by more and more large vehicles on our road. Remember that our existing roads are more or less fixed in their width, so as the vehicle size increases, the amount of safe passing space on our roads decreases.

I appreciate that car purchase is not something that the Council can regulate, but the consequence is that roads are significantly more hazardous for cyclists, as these cars take up a greater proportion of available carriageway width (whether they are parked or moving). More importantly, where large moving cars are passing large parked cars (on both sides of the road), available lane width is significantly reduced. Although this presents a minor hazard to motor vehicles (broken wing mirrors, increased panel beating bills), it presents a significant risk to cyclists, particularly where on-street parking is allowed on narrow or winding roads. Additionally, larger cars have larger doors, further reducing effective lane width (remember the Range Rover door-opening fatality around the Auckland bays of late).

I am a cycle commuter living in the Western Suburbs, and often encounter dangerous situations on roads around Northland, Wilton and Kelburn. This problem has grown significantly over the last 5 years, and is exacerbated with Go Wellington insisting on using triple axle buses on these routes (as they need to swing out wide to negotiate obstacles).

I note that the council has recently done road widening work on Northland Road, and this has eased the situation along a 30m stretch of road. However, a large number of other problem areas remain, that present a genuine danger to cyclists (note that cyclist numbers are growing markedly in Wellington, despite the City having the reputation as the most hazardous city for cyclists in New Zealand). If the Council is genuinely committed to increasing uptake of sustainable modes of transport, it is important to address this issue as a priority.

So what can the Council do via the Annual Plan? Possible options include:

1. Define an accepted minimum carriageway width (does NZTA specify such a thing?)
2. Research the growth of vehicle dimensions in recent years, to plot the rate of change, and attempt to predict how this may continue into the future.
3. Widen roads or restrict parking where effective carriageway width falls below the accepted safe minimum.

4. Regulate the use of parking spaces more strictly (e.g. allow parking officers to issue infringement fines for vehicles that exceed the width of the parking boxes painted on the road, or cause undue obstruction to free passage of vehicles).
5. Restricted access for large vehicles on narrow or winding roads (e.g. Old Northland Road, Garden Road).
6. Work with NZTA to look at ways of discouraging the future import of wider and wider vehicles.
7. Require new property developments to have off-street parking where on-street parking may cause a hazard to other road users.

However, the Council should not be tempted to extend the width of parking boxes.

I am happy to present this as an oral submission.

Regards

Howard Markland (027 258 6612, happen@hotmail.co.nz)

0196

Marianne Cavanagh

From: petone [petone@wellingtonvets.co.nz]
Sent: Tuesday, 7 May 2013 4:16 p.m.
To: BUS: Annual Plan
Cc: enterprise@miramarpeninsula.org.nz; proberts@gasp.co.nz
Subject: re. 2013 annual plan
Importance: High
Follow Up Flag: Follow up
Flag Status: Red

On behalf of Enterprise Miramar Peninsula; we would like our support noted for the proposed Miramar Peninsula Framework; listed under new initiatives in this years annual plan. The Miramar Peninsula faces a number of challenges and this proposed initiative supports our view for the need for a 10-20 year strategic plan that gives some consistency for businesses to plan and coordinate their growth and development. Our list of initiatives include;

1. Lack of commercial land: we have tried to
 - encourage Centerport to consider developing their land along shelly bay road and including burnham wharf to include office and business park facilities.
 - Encourage IT cluster development at the top end of Park Rd in Miramar North Road
 - Look at the possibility of a business park in the old Miramar South School site
 - Liaise to find sites for new businesses who want space on the Peninsula
2. Work with affected parties;
 - Seatoun Wharf
 - Arts trail organizers
 - Initiatives for Shelly Bay- Port Nicholson Trust and local businesses and proposals to renovate the air force base buildings
 - Initiatives for the Defence land; through the formation of Watts Peninsula Coalition
3. Worked in partnership with council officers developing the Miramar Township upgrade proposal
4. Had talks with PWT with regard to signage and promotion of the Peninsula- we want to explore a gateway project of entry signage and roll out our branding across the Peninsula.
5. We have begun work on a BIDs proposal with Wellington City Council Officers

There are others but the main thing is that this proposal is supported strongly as a sensible way forward and is a recognition that the Miramar Peninsula plays a big part in the Wellington economy and deserves this investment. We look forward to being involved and would welcome the chance to speak on the proposals behalf.

Allan Probert

Chair- Enterprise Miramar Peninsula
www.miramarpeninsula.org.nz

0272414393

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Thursday, 16 May 2013 9:54 a.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Alastair
 Last Name: Smith
 Street Address: 5 Durham Crescent
 Suburb: Aro Valley
 City: Wellington
 Phone: 0210364443044635785
 Email: alastair.smith@vuw.ac.nz

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 0210364443044635785

I am giving this feedback: as an individual Organisation name:

Type of organisation:

Details:

PAGE 2 Questions / Comments:

What: Smart Energy Capital – a programme of government and business partnerships

Why: To create smart, healthy and energy-efficient homes, increase energy efficiency in the commercial sector and increase renewable generation

When: Two-year programme to be re-evaluated in 2015

Cost: \$250,000 in 2013/14 and 2014/15

Leave in plan (high priority)

What: Proactive management of Built Heritage Incentive Fund

Why: Target buildings that would benefit most from earthquake strengthening

Cost: \$40,000 per annum

Leave in plan (high priority)

PAGE 3 Questions / Comments:

What: Greening of Taranaki Street

Why: Redesign street to prioritise pedestrians as part of processional route from Memorial Park to Parliament

Cost: \$150,000 in 2013/14
Leave in plan (high priority)

What: Civic Square co-ordination
Why: Co-ordinate a range of work to help achieve our design objectives for the central city
Cost: \$150,000 in 2013/14
Leave in plan (low priority)

What: Miramar Peninsula Framework
Why: To guide future development in the area
Cost: \$50,000 in 2013/14
Leave in plan (high priority)

What: Capital Education Initiative
Why: Increase school visits to key institutions to promote educational opportunities
Cost: \$60,000 in 2013/14
Leave in plan (low priority)

PAGE 4 Questions / Comments:

What: Increase the operating grant to Zealandia
Why: To support the work of the new board, provide Zealandia with a higher level of financial security and enable the Trust to focus on implementing strategies for improvement.
Cost: \$175,000 in 2013/14 and 2014/15
Leave in plan (high priority)

What: Reduce speed limits to 30km/h or 40km/h across the central city
Why: To make streets safer for pedestrians
Cost: \$40,000 in 2013/14 for consultation, and \$250,000 in 2014/15 for implementation
Leave in plan (high priority)

What: Playground access
Why: Assess our existing playgrounds for their suitability for children with disabilities
Cost: To be decided
Leave in plan (high priority)

What: Clyde Quay Marina
Why: Feasibility funding for a wave study, geotechnical investigations and assessment of the harbour floor for the proposed marina upgrade
Cost: \$205,000 in 2013/14
Take out of plan (not a priority)

What: To upgrade the children's playground at the north end of Frank Kitts Park
Why: This work was planned as part of the Frank Kitts Park upgrade that is

budgeted for in 2016/17. Bringing this stage forward will enable an extension to the playground and the replacement of play equipment that has been removed, and tie in with necessary repair work on the lighthouse.

Cost: \$1 million in 2013/14

Leave in plan (high priority)

What: To modify office space at the north end of Shed 6

Why: To provide a base for the Crocodile Bikes currently operating from a temporary location on Clyde Quay Wharf, and enable more recreation activity providers to be based in the area

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

PAGE 5 Questions / Comments:

What: Installation of swimming lanes and other initiatives

Why: To improve water-based recreational opportunities around the Queens Wharf area

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?
Yes

Your comments:

PAGE 6 Questions / Comments:

Q. Do you agree we should be looking at changing levels of service and introducing charges in order to keep the rates increase down?

Disagree

Proposed reductions in expenditures

Libraries

Q. Do you agree with the proposed changes to levels in library services?

What: Libraries to have consistent closing times – Brooklyn, Cummings Park Ngaio, Wadestown and Island Bay are to close at 5pm on weekdays.

Savings: \$30,800 each year

Savings in the first year: \$22,600

Strongly Disagree

What: Opening hours at Khandallah Library to be reduced to between 1.30pm and 5.30pm weekdays.

Savings: \$31,200 each year

Savings in the first year: \$23,400

Disagree

PAGE 7 Questions / Comments:

Other services

Q. Do you agree with the following proposed changes to services?

What: Leisure Card – the Council would no longer help develop tailored programmes and services for card holders. The card itself would still be provided.

Savings: \$75,000 each year

Disagree

What: Reduce funding for hazardous tree removal – service levels should remain the same.

Savings: \$100,000 each year

Disagree

What: Remove funding for the demolition of the Patent Slip Jetty.

Savings: \$100,000

Don't Know

What: Introducing a full cost-recovery model for the WRAC crèche. This would require users to pay between \$3 and \$4 per hour for the service.

Savings: \$53,000 each year

Savings in the first year: \$40,000

Disagree

PAGE 8 Questions / Comments:

Proposed changes to Council-controlled organisation grants

Q. Do you agree with the proposed changes to CCO grants?

What: 3% reduction in the Zoo Trusts grant – no negative impact expected on services in 2013/14. But if lower funding levels continue the Zoo may have to reduce services.

Savings: \$84,000

Disagree

What: 3% reduction in Positively Wellington Tourism's grant. This may impact on the ability to raise partner funding.

Savings: \$140,000

Agree

Proposed increases in income

Q. Do you agree with the following proposed charges being introduced?

What: Introduce \$2 per hour parking charges at Wellington Botanic Gardens 10am - 4pm weekdays.

Revenue: \$32,400 per annum

Capital cost: \$95,000

Agree

What: Introduce \$1.50 per hour parking charges at Freyberg Pool 8am - 6pm Mondays to Thursdays and 8am - 8pm Fridays.

Revenue: \$72,000 per annum

Capital cost: \$20,000

Agree

What: Introduce permits for taxis to use taxi stands – starting at \$200 and rising to \$400 per taxi per year.

Revenue: \$400,000 per annum

Revenue in the first year: \$200,000

Revenue in second year: \$300,000

Agree

PAGE 9 Questions / Comments:

Proposed changes in capital expenditure

Q. Do you agree with the following proposed changes being introduced?

What: Southern landfill improvement. Moving our programmed spend out by two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

Agree

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Agree

Q. Do you agree with our approach to reducing our budget?

Neutral

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

Q. Any other comments you would like us to take into consideration before we make decisions?

I would like to make the following comments on cycling in Wellington, and its place in the Annual Plan.

1. I support the Cycle Aware Wellington submission

2. I support the proposed reduction in speed limits, p.10 of the Plan overview.

3. The council should be promoting active transport, particularly cycling. This will have benefits not just to cyclists, but to people who need to use cars for transport, by reducing congestion in the city. Cycling allocation of the roading budget should be increased significantly.

4. There needs to be consistent cycling input into changes in roading. We've had too many projects (for example the reorganisation of the John St/Adelaide Rd/ Riddiford St intersection) where there has been no benefit to cyclists. Having cycling input into all projects can result in improvements to cycling at relatively low cost. There is an urgent need for a cycling coordinator on the Council staff.

5. The Council should be working towards the development of cycle network, of quiet streets and separated bike routes. While this may not be completed in the short term, there needs to be an overall plan.

6. The Council should be installing separated cycle routes on key routes, e.g. Victoria Street, Hutt Road, Adelaide Road. A possible model might be the two way separated bicycle lanes in Vancouver: <http://vancouver.ca/streets-transportation/separated-bicycle-lanes.aspx>

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Friday, 10 May 2013 3:47 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Patricia
 Last Name: Reesby
 Street Address: 49 Box Hill
 Suburb: Khandallah
 City: Wellington
 Phone: 049380550
 Email: waimea@clear.net.nz

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Phone number:

I am giving this feedback: as an individual Organisation name:

Type of organisation:

Details:

PAGE 2 Questions / Comments:

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Why: To create smart, healthy and energy-efficient homes, increase energy efficiency in the commercial sector and increase renewable generation

When: Two-year programme to be re-evaluated in 2015

Cost: \$250,000 in 2013/14 and 2014/15

Leave in plan (low priority)

What: Proactive management of Built Heritage Incentive Fund

Why: Target buildings that would benefit most from earthquake strengthening

Cost: \$40,000 per annum

Leave in plan (low priority)

PAGE 3 Questions / Comments:

What: Greening of Taranaki Street

Why: Redesign street to prioritise pedestrians as part of processional route from Memorial Park to Parliament

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

What: Civic Square co-ordination

Why: Co-ordinate a range of work to help achieve our design objectives for the central city

Cost: \$150,000 in 2013/14

Take out of plan (not a priority)

What: Miramar Peninsula Framework

Why: To guide future development in the area

Cost: \$50,000 in 2013/14

Take out of plan (not a priority)

What: Capital Education Initiative

Why: Increase school visits to key institutions to promote educational opportunities

Cost: \$60,000 in 2013/14

Leave in plan (low priority)

PAGE 4 Questions / Comments:

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Why: To support the work of the new board, provide Zealandia with a higher level of financial security and enable the Trust to focus on implementing strategies for improvement.

Cost: \$175,000 in 2013/14 and 2014/15

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What: Reduce speed limits to 30km/h or 40km/h across the central city

Why: To make streets safer for pedestrians

Cost: \$40,000 in 2013/14 for consultation, and \$250,000 in 2014/15 for implementation

Leave in plan (low priority)

What: Playground access

Why: Assess our existing playgrounds for their suitability for children with disabilities

Cost: To be decided

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Why: Feasibility funding for a wave study, geotechnical investigations and assessment of the harbour floor for the proposed marina upgrade

Cost: \$205,000 in 2013/14

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Why: This work was planned as part of the Frank Kitts Park upgrade that is budgeted for in 2016/17. Bringing this stage forward will enable an extension to

the playground and the replacement of play equipment that has been removed, and tie in with necessary repair work on the lighthouse.

Cost: \$1 million in 2013/14

Leave in plan (low priority)

What: To modify office space at the north end of Shed 6

Why: To provide a base for the Crocodile Bikes currently operating from a temporary location on Clyde Quay Wharf, and enable more recreation activity providers to be based in the area

Cost: \$150,000 in 2013/14

Take out of plan (not a priority)

PAGE 5 Questions / Comments:

What: Installation of swimming lanes and other initiatives

Why: To improve water-based recreational opportunities around the Queens Wharf area

Cost: \$150,000 in 2013/14

Take out of plan (not a priority)

Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?
Unsure

Your comments:

I have already sent in a postal submission but did this in rather a hurry as the only issue that concerned me was the possible axing of Khandallah library's morning hours. I've been thinking since, and have decided that since I definitely don't want the library's hours cut back, I should be giving some consideration to where the council COULD save money. Incidentally, I marked 'unsure' above as it is unclear whether you are talking about the initiatives as originally proposed or my assessment of them.

PAGE 6 Questions / Comments:

Q. Do you agree we should be looking at changing levels of service and introducing charges in order to keep the rates increase down?

Agree

Proposed reductions in expenditures

Libraries

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Agree

What: Reduce funding for hazardous tree removal – service levels should remain the same.

Savings: \$100,000 each year
Agree

What: Remove funding for the demolition of the Patent Slip Jetty.

Savings: \$100,000
Agree

What: Introducing a full cost-recovery model for the WRAC crèche. This would require users to pay between \$3 and \$4 per hour for the service.

Savings: \$53,000 each year
Savings in the first year: \$40,000
Agree

PAGE 8 Questions / Comments:

Proposed changes to Council-controlled organisation grants

Q. Do you agree with the proposed changes to CCO grants?

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Savings: \$84,000
Strongly Agree

What: 3% reduction in Positively Wellington Tourism's grant. This may impact on the ability to raise partner funding.

Savings: \$140,000
Strongly Agree

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10am - 4pm weekdays.
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Revenue: \$72,000 per annum
Capital cost: \$20,000
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What: Introduce permits for taxis to use taxi stands – starting at \$200 and rising
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Revenue: \$400,000 per annum
Revenue in the first year: \$200,000
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What: Southern landfill improvement. Moving our programmed spend out by
two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

Don't Know

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to
align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Disagree

Q. Do you agree with our approach to reducing our budget?

Disagree

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there
services we provide that you think are not our responsibility and therefore
should stop providing?

Your comments on balancing the budget:

I don't think the council should prop up Zealandia. I thought its original purpose
was simply to erect a predator proof fence and provide a wildlife sanctuary. This
was a fine purpose - but surely there was no need for an expensive visitor
centre and so on. I haven't been there for many years.

Q. Any other comments you would like us to take into consideration before we
make decisions?

Yes, please keep the Khandallah library's opening hours - and extend them if
anything! I have written to the Mayor and councillors, and two of the latter say

they have forwarded my email to be presented along with submissions, for which I am grateful.

**Makara Peak Mountain Bike Park Supporters Inc.
Submission to
WCC 2013/14 Draft Annual Plan**

Introduction:

Makara Peak Mountain Bike Park occupies 250 Hectares of WCC land west of Karori. It has a network of almost 40 kilometres of tracks that are visited around 100,000 times per annum. These tracks have been built and are maintained by the Makara Peak Supporters Inc, with support from WCC since 1998. **In the 2012/13 year WCC support was initially scheduled to be \$10,000** (plus some ranger time) but that **was increased to \$20,000** once it was agreed that \$10,000 would be completely insufficient to maintain an asset of this size and popularity.

Towards the end of the current financial year, additional funds were forthcoming for the surface renewal of parts of a few tracks in the park (i.e. \$14,000 for gravelling, and timber for structures).

The **\$34,000 eventually granted** to the Makara Peak Supporters in the 2012/13 year has been supplemented by the Makara Peak Supporters to the tune of \$14,000 (through fundraising and drawing down cash reserves) and **4500 hours of volunteer time** (with an estimated value of over \$67,500).

Makara Peak is also a Key Native Ecosystem area and generates income for WCC as part of the permanent forest sink initiative. The Makara Peak Supporters help the park function as a carbon sink through its maintenance of over 120 possum bait stations and Timms traps, and planting of over a thousand native seedlings each year.

A Model of Unsustainable Park Management

The goal of the Makara Peak Supporters is to develop a world-class mountain bike park with dual-use tracks in a restored native forest. Over the last 15 years the group has transformed Makara Peak from a sad, failed farm into one of the best mountain bike parks in New Zealand, winning NZ Recreation Association's 'Best Park' award (twice). It is now facing the prospect of becoming a victim of its own success. Given the current level of use, WCC funding is insufficient to maintain the park, and the huge volunteer effort is unsustainable. In the 2012/13 year the Makara Peak Supporters will draw down on their funds and the committee will organise over 75 volunteer work parties, as well as managing several contractors and completing fundraising applications, marketing and council liaison. The workload is shared by a committee of six people.

In the 2013/14 year the Supporters anticipate the following budget for works not covered by existing grants (to be confirmed at the AGM, in August):

– Weed control and mowing	\$18,600
– Track surface maintenance	\$23,800
– Structure maintenance	\$5,900
– Conservation	\$3,500
– Track renewals & upgrades	\$20,000
– New park signage (50% share)	\$6,000
– 1,000 m of new track	\$20,000
– Park manager	\$20,000
– TOTAL	\$117,800

This is the level of expenditure expected per annum, for the next three years, at least. While the Makara Peak Supporters can continue to bear much of the park's management, it can not continue to complete the majority of the work for much longer. To do so would be to risk the burn out of the committee. The alternative to the current crew is likely to be a committee with great enthusiasm for building new tracks, but far less interest in maintaining the existing network.

Makara Peak acts as a sports facility in the same way as many parks – it hosts many competitive events, but is mainly used by individuals for casual recreation. Its high level of volunteer community involvement adds to its value.

We submit that an adjustment be made to the budget '2.1 Parks, Gardens and Open Spaces' so that Makara Peak Mountain Bike Park funding is based on the same 75% subsidy model as used for sports fields. That is, **we submit that Makara Peak Mountain Bike Park receive around \$88,000 of WCC funding in the 2013/14 year.**

We would see this money invested in:

- Park management (of contractors and volunteers)
- Track renewals and upgrades
- Track surface maintenance
- Structure maintenance
- Weed control and mowing

Without a significant increase in funding, the Makara Peak Supporters are likely to suffer burnout and a rapid decline in productivity leading to a marked drop in the quality of experience (and safety) of the tracks at the park.

If you have any queries, please don't hesitate to contact John Randal (siftyjohn@gmail.com), Karl Yager (karlyager@hotmail.co), or Simon Kennett (simon@kennett.co.nz).

Kind regards.

John Randal
Chair,
Makara Peak Mountain Bike Park Supporters Inc.

Summary of Volunteer Input in 2012/13:

Volunteer working bees (track work, planting and plant care) – 2600 hours

Pest control volunteers (possum bait stations and mustelid traps) – 450 hours

Committee time (meetings, submissions, planning & design, funding applications, contractor management, event management, etc) – 700 hours

Individual volunteer efforts (line trimming, scrub clearance, structure repairs, track design & maintenance, etc) – 750 hours

Breakdown of Draft 2013/14 Makara Peak Supporters Budget:

– Weed control and mowing:	
- Trimming & spraying details @ www.tinyurl.com/Makara-Peak-Vege-Budget	\$16150
- Pruning of woody vege	\$2000
- Mowing of picnic area	\$450
– Track surface maintenance:	
- Gravel refresh of 1500m of track	\$15,000
- Clearing drains, de-berming track edge, removing rocks, roots, etc	\$8,800
– Structure maintenance:	
- Repairing bridges	\$5,000
- Replacing aged retaining warratahs	\$400
- Repairing skills area structures	\$500
– Conservation:	
- Plant purchase	\$1,000
- Weed control	\$1,000
- Plant guards, fertiliser tablets	\$1,500
– Track renewals & upgrades:	
- Widen tracks where the edge has decayed	\$5,000
- Widen switchbacks where they are do not fit track standards	\$10,000
- Upgrade or re-route sections of track that are below current standards	\$5,000
– New park signage Implementing Massey design (50% share)	\$6,000
– 1,000 m of new track	
- Progress intermediate loop with low-gradient route track Sally Alley and JFK	\$20,000
– Park manager Contractor averaging two days per week	\$20,000
– TOTAL	\$117,800



**Cycle Aware
Wellington**

Cycle Aware Wellington
Inc.
PO Box 27 120, Wellington
Tel: 04-463 5785
info@caw.org.nz
http://www.caw.org.nz

Submission to Wellington City Council – DRAFT ANNUAL PLAN 2013/214

Cycle Aware Wellington (CAW) represents 600 members and supporters.

www.caw.org.nz <http://www.facebook.com/groups/166036183455868/> @CycleAwareWgtn

We wish to speak to our submission, please contact Eleanor Meecham on 027 6624 200 or eleanor.meecham@gmail.com to arrange our oral submission.

Our submission:

- We support WCC's recognition that cycling is a key part of the network, and offers a solution to most of the transport challenges Wellington faces.
- WCC's proposed investment in cycling, however, is not adequate to satisfy the public's demand for a safe and connected bicycle network. Furthermore, it will not be sufficient to significantly increase the cycling levels around the city or to achieve the council's cycle safety goals. In fact, Wellington has recently been trending downwards, and is now being described as the most dangerous city in New Zealand for riding a bike.
- While CAW supports the Tawa Stream Path, it should not be the **only** major improvement to the network taking place as it will not affect the majority of Wellington cyclists.
- Prioritising road-space for cyclists over on-street parking on key arterial routes is a low-cost way to improve cycle safety.
- Improved cycle facilities are urgently needed on:
 1. Southern Bypass, Island Bay to CBD – This heavily used route has some of Wellington's worst conditions for cyclists with virtually no facilities provided. Removing on-street parking on Adelaide Road, even just in the uphill direction, would allow cyclists to take the climb the hill at their own pace without holding up vehicles and angering motorists. Furthermore, vehicles would not be tempted to swerve into opposing traffic to overtake slow moving cyclists, a very hazardous manoeuvre.
 2. Jerois/Customhouse/Waterloo Quay from Taranaki St to Bunny St – the current designated cycle route is the shared path along the waterfront, but commuter cyclists tend to avoid this route in peak times due to the high volumes of pedestrians. The reasonable alternative, Jerois/Customhouse Quay, could easily be made attractive for these commuter cyclists by simply painting on a 1.5-metre wide cycle lane or sharrows (cycling symbols) to the far left of the road. We believe the carriageway is wide enough that this could be added without narrowing the lanes below the Austroads minimum lane width for cars.

3. Hutt Rd shared path – another heavily used route which is dangerous and unappealing, shared, as it is, between cyclists, pedestrians and vehicles parking and pulling into and out of businesses along the roadside.
 - Lower speeds are another low-cost way to improve the safety of all road users, especially cyclists.
 - A dedicated bicycle coordinator person would help the council gain traction in this area, progress projects, find low-cost wins by collaborating with other areas of council, and liaise with the community.
 - WCC should continue to be a constructive partner in the Great Harbour Way project, contributing where possible to get positive outcomes.

Where could the money come from?

While many low-cost improvements to the cycle network could be made, an increased budget is required to advance cycle infrastructure to the level that meets public demand and allow more people the freedom to travel by bicycle.

CAW recognised that cuts are being made in many areas and that the budget is limited. However, the potential for cycling to *saves* ratepayers money by giving them a cheap transport option in the city makes it a worthwhile spend. Instead of spending money at the pump, they will spend it at Wellington businesses and contribute to the city's economy.

Perhaps we could review the road maintenance budget to see if reprioritising projects would free up budget for cycling. Another option is to deprioritise artificial sports grounds in favour of increasing the cycling budget

Alignment with Council activities

We believe there are huge gains to be made by aligning other council activities with improving cycling e.g. suburban centre development, parks and recreation, parking. If cycling improvements can be made in conjunction with these other activities, the cost of improvements will be less, due to economies of scale.

Suburban centre developments should include installing bicycle corals in front of retail stores and allowing efficient movement of cyclists from the street to these corrals by **lowering the curb** in places. Similarly, parks and recreational facilities need sufficient signage and lowered curbs to allow cyclists to move between the street to park pathways with ease. Furthermore, storing private vehicles on public roads restricts the space available to move traffic. Removing such parking from just one side of the road would free up road space for a cycle lane in EACH direction, and encourage people to make more trips by bicycle instead of private car. This could easily be done in conjunction with standard road maintenance activities to save costs.

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Tuesday, 7 May 2013 10:28 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Chris
 Last Name: Renwick
 Street Address: 4/4 Frederick St
 Suburb: Te Aro
 City: Ponoke
 Phone:
 Email: chris.renwick@gmail.com

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 021511593

I am giving this feedback: as an individual Organisation name:

Type of organisation:

Details:

PAGE 2 Questions / Comments:

What: Smart Energy Capital – a programme of government and business partnerships
Why: To create smart, healthy and energy-efficient homes, increase energy efficiency in the commercial sector and increase renewable generation
When: Two-year programme to be re-evaluated in 2015
Cost: \$250,000 in 2013/14 and 2014/15
 Leave in plan (high priority)

What: Proactive management of Built Heritage Incentive Fund
Why: Target buildings that would benefit most from earthquake strengthening
Cost: \$40,000 per annum
 Leave in plan (high priority)

PAGE 3 Questions / Comments:

What: Greening of Taranaki Street
Why: Redesign street to prioritise pedestrians as part of processional route from Memorial Park to Parliament
Cost: \$150,000 in 2013/14

Take out of plan (not a priority)

What: Civic Square co-ordination

Why: Co-ordinate a range of work to help achieve our design objectives for the central city

Cost: \$150,000 in 2013/14

Leave in plan (high priority)

What: Miramar Peninsula Framework

Why: To guide future development in the area

Cost: \$50,000 in 2013/14

Leave in plan (high priority)

What: Capital Education Initiative

Why: Increase school visits to key institutions to promote educational opportunities

Cost: \$60,000 in 2013/14

Leave in plan (high priority)

PAGE 4 Questions / Comments:

What: Increase the operating grant to Zealandia

Why: To support the work of the new board, provide Zealandia with a higher level of financial security and enable the Trust to focus on implementing strategies for improvement.

Cost: \$175,000 in 2013/14 and 2014/15

Leave in plan (low priority)

What: Reduce speed limits to 30km/h or 40km/h across the central city

Why: To make streets safer for pedestrians

Cost: \$40,000 in 2013/14 for consultation, and \$250,000 in 2014/15 for implementation

Take out of plan (not a priority)

What: Playground access

Why: Assess our existing playgrounds for their suitability for children with disabilities

Cost: To be decided

Leave in plan (high priority)

What: Clyde Quay Marina

Why: Feasibility funding for a wave study, geotechnical investigations and assessment of the harbour floor for the proposed marina upgrade

Cost: \$205,000 in 2013/14

Leave in plan (high priority)

What: To upgrade the children's playground at the north end of Frank Kitts Park

Why: This work was planned as part of the Frank Kitts Park upgrade that is budgeted for in 2016/17. Bringing this stage forward will enable an extension to

the playground and the replacement of play equipment that has been removed, and tie in with necessary repair work on the lighthouse.

Cost: \$1 million in 2013/14

Leave in plan (low priority)

What: To modify office space at the north end of Shed 6

Why: To provide a base for the Crocodile Bikes currently operating from a temporary location on Clyde Quay Wharf, and enable more recreation activity providers to be based in the area

Cost: \$150,000 in 2013/14

Leave in plan (high priority)

PAGE 5 Questions / Comments:

What: Installation of swimming lanes and other initiatives

Why: To improve water-based recreational opportunities around the Queens Wharf area

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?

Yes

Your comments:

Some of these expenses such as the Waterfront Playground look like they have been developed by the same bunch of earthquake engineers who have lead to Capital E and other's - far too expensive and unnecessary. Zealandia it appears is always costing us more and while it is a special place will it ever be cost effective.

PAGE 6 Questions / Comments:

Q. Do you agree we should be looking at changing levels of service and introducing charges in order to keep the rates increase down?

Strongly Disagree

Proposed reductions in expenditures

Libraries

Q. Do you agree with the proposed changes to levels in library services?

What: Libraries to have consistent closing times – Brooklyn, Cummings Park Ngaio, Wadestown and Island Bay are to close at 5pm on weekdays.

Savings: \$30,800 each year

Savings in the first year: \$22,600

Neutral

What: Opening hours at Khandallah Library to be reduced to between 1.30pm and 5.30pm weekdays.

Savings: \$31,200 each year

Savings in the first year: \$23,400
Neutral

PAGE 7 Questions / Comments:

Other services

Q. Do you agree with the following proposed changes to services?

What: Leisure Card – the Council would no longer help develop tailored programmes and services for card holders. The card itself would still be provided.

Savings: \$75,000 each year

Disagree

What: Reduce funding for hazardous tree removal – service levels should remain the same.

Savings: \$100,000 each year

Neutral

What: Remove funding for the demolition of the Patent Slip Jetty.

Savings: \$100,000

Agree

What: Introducing a full cost-recovery model for the WRAC crèche. This would require users to pay between \$3 and \$4 per hour for the service.

Savings: \$53,000 each year

Savings in the first year: \$40,000

Agree

PAGE 8 Questions / Comments:

Proposed changes to Council-controlled organisation grants

Q. Do you agree with the proposed changes to CCO grants?

What: 3% reduction in the Zoo Trusts grant – no negative impact expected on services in 2013/14. But if lower funding levels continue the Zoo may have to reduce services.

Savings: \$84,000

Neutral

What: 3% reduction in Positively Wellington Tourism's grant. This may impact on the ability to raise partner funding.

Savings: \$140,000

Disagree

Proposed increases in income

Q. Do you agree with the following proposed charges being introduced?

What: Introduce \$2 per hour parking charges at Wellington Botanic Gardens 10am - 4pm weekdays.

Revenue: \$32,400 per annum

Capital cost: \$95,000
Neutral

What: Introduce \$1.50 per hour parking charges at Freyberg Pool 8am - 6pm Mondays to Thursdays and 8am - 8pm Fridays.
Revenue: \$72,000 per annum
Capital cost: \$20,000
Agree

What: Introduce permits for taxis to use taxi stands – starting at \$200 and rising to \$400 per taxi per year.
Revenue: \$400,000 per annum
Revenue in the first year: \$200,000
Revenue in second year: \$300,000
Strongly Agree

PAGE 9 Questions / Comments:

Proposed changes in capital expenditure

Q. Do you agree with the following proposed changes being introduced?

What: Southern landfill improvement. Moving our programmed spend out by two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

Agree

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Agree

Q. Do you agree with our approach to reducing our budget?

Strongly Disagree

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

As I have previously said Council Rates are set in the wrong rate with an artificial mechanism being used in terms of an upper pre-set rates figure. In many areas there is no fat left to cut and things that should still be in Council such as Citi-Ops get cut.

Q. Any other comments you would like us to take into consideration before we make decisions?

The Earthquake Strengthening that is happening throughout Wellington is Criminal. Not only are places like the Gordon Wilson Flats left to deteriorate, many churches and Social Service buildings around Wellington are going to be evacuated, demolished or replaced over the next few years. Initiatives such as

the proposed new Homeless policy may never be able to get funded and existing longtime Social Service Providers must be at risk of losing funding. Council needs to look at how much money they are spending with their proposed physical moves and they are really needed.

Submission to Wellington City Council – DRAFT ANNUAL PLAN 2013



Coming soon to Adelaide Rd?

Why investing in cycling is the 'best buy' in the transport budget

Faced with the need to control debt, provide for earthquake strengthening, and meet the expectations of all Wellington residents, why should the Council increase spending on cycling from \$1.3 to \$5 million?

Safety

Wellington has fallen from third-worst to the bottom of the NZTA safety league table. We need to lift our game to reverse this disgrace. Business as usual will not deliver an improvement.

Liveability

Roughly 1 in 3 people rides a bike, so that's 70,000 Wellington residents. Plus commuters from Hutt etc.

But there are benefits for everyone in Wellington, not just those who ride: cleaner air, quieter streets, less traffic congestion, more disposable cash for local businesses, healthier people, more liveable neighbourhoods, easier to park, supports bike-related businesses (shops, repair, hire, bike tourism, bike skills training, events etc).

Value for money

NZTA contributes 50 cents in the dollar for approved projects, so the cost to ratepayers is halved. That's a smart business decision.

Regardless of Council's spending priorities, there are no- and low-cost options.

Safer speeds

Multiple benefits: safety, liveability, good for retail. Popular. In line with Council policies. Costs very little.

Aligning Council projects with cycling

There are many ways to improve cycling across Council: e.g. Parks and Recreation projects, encouraging developers to provide cycle parking, leading by example, fleet bikes, suburban centre development, parking. If cycling improvements can be made in conjunction with these other activities, the cost of improvements will be less.

Good for business

There's good evidence that building protected bike lanes boosts business, e.g.

Want To Make Money? Build A Business On A Bike Lane

Research from New York City and Portland shows that protected bike lanes do more than keep bikers safe--they raise the income of the stores they are in front of.

<http://www.fastcoexist.com/1682022/want-to-make-money-build-a-business-on-a-bike-lane>

Summary

We all win when more people ride bikes, more often:

- lower fuel bills means more money is spent locally = good for local business and jobs.
- less congestion = more efficient transport system
- easier car parking for those who need it
- quieter streets = pleasant public spaces
- halves your risk of heart disease, lowers risk of cancer, diabetes, depression
- cycling gets safer when more people bike (safety in numbers effect)
- voters love quality cycling routes. That's why John Key is backing cycling tourism.
- kids - and their mums and dads, love biking. All they need is a decent place to ride.

We've heard a lot of talk from the Council about improving cycling. 180 people and 9 councillors attended the recent WCC Cycling Forum. But as they say in the Game of Thrones, 'words are wind'. Now is the time for action.

You can count on the support of thousands of Wellington people who ride bikes.

I wish to speak to my submission.

Patrick Morgan

7 Regent St, Wellington

027 563 4733

Fluoridation Submission 2013 Lynn Jordan (B.A.)

I would like to request speaking time for this submission as a representative of over one hundred Doctors, Dentists and other health professionals from Wellington and around New Zealand who want to stop Water Fluoridation.

This submission includes these items:

- 1) List of **OVER ONE HUNDRED DOCTORS, DENTISTS, NURSES** and other health professionals from Wellington and around New Zealand who want an end to water fluoridation.
- 2) List of over 4,000 international names on the Fluoride Action Network's Professionals Statement to End Water Fluoridation.
- 3) Authorized statements & quotes to me from New Zealand Doctors and Dentists who oppose water fluoridation.
- 4) List of statements from the majority of countries who reject fluoridation.
- 5) The story of how I incurred fluoride poisoning through skin absorption as described to you in the past two years' submissions.
- 6) Highlighted copy of the published position paper on Fluoridation from the **International Academy of Oral Medicine and Toxicology**. The published paper and its 20 pages of peer-reviewed journal references can be viewed in its original PDF format at <http://iaomt.org/iaomt-position-fluoridation/>

My name is Lynn Jordan, I'm a Cranio-Sacral & Neuro Muscular treatment therapist specializing in the treatment of migraines & chronic pain.

Last year at the Wellington City Council oral submissions, my colleague Deb Gully and I showed a list of 42 names of Wellington health professionals who were calling for an end to fluoridation. We collected that list of 42 names over a period of two days, by phoning and emailing our colleagues around Wellington.

Mayor Wade-Brown asked if there were any GPs on that list. I've now spent the last month collecting more names, specifically focussing on doctors and dentists, and to date, this is the updated list of over one hundred names:

NZ health professionals who are calling for a stop to fluoridation

Wellington Doctors, Dentists and Nurses

1. **Dr. Kevin Baker, GP.** MA MB BChir DipAcTCM PGDipCouns DipPsych MRCP FRCSEd, Integrative Health Physician
2. **Dr. Greg Brown GP.** BA(Hons) MBChB(Hons) MRCGP DRCOG Paraparaumu
3. **Dr. Tralee Sugrue, GP.** BSc, MBChB, FRNZCGP, and Homeopath
4. **Dr. Mark Austin GP.** Petone
5. **Dr. Tessa Jones GP.** Newtown, Wellington
6. **Dr. Matt Shelton, GP.** Plimmerton

7. **Dr. Ralph Brock-Smith: GP. Lower Hutt:**
8. **Dr. Mike Simon DENTIST** Lower Hutt
9. **Dr. Prue King former Wellington DENTIST**, now practicing in Sydney
10. **Dr. Sarena Syphers, DC, Chiropractor**
11. **Dr. Richard Cheyne, Chiropractor, Porirua**
12. **Dr. David Comely, Chiropractor, Cert GAPS Pract. Miramar**
13. **Dr. Gareth Rapson, Chiropractor**
14. **Dr. Jane Federle, DC, Chiropractor**
15. **Dr. Antonio Palmero, BSc Med TCM**
16. **Tia Minnoch, Nurse Specialist in Youth Health and Manager of a child health programme for Capital Coast District Health Board, Wellington**
17. **Sue Hamill, former SCHOOL DENTAL NURSE**
18. **Janet Richardson, Registered Nurse, Karanga Health Newtown**
19. **Kathy Glasgow, Practice Nurse, Kapiti**
20. **Annette Davidson, former nurse, nutrition coach & colon hydrotherapist**

Osteopaths, Naturopaths, Nutritionists and other Wellington health professionals

1. **Will Aitken BScOst Med. MSc BioAeronautics. BScBiological Sciences. DO ND (Naturopathic Doctor), CPD. Reg. Osteopath**
2. **Scott Pender D.O. Masters Ost BAppSc**
3. **Katy Teasdale B.Sc. (Hons) Ost, B.Sc. (Hons) Psych. Sc, Reg. Osteopath**
4. **Melanie Young, Registered Osteopath, Director at City Osteopaths**
5. **Phillip Beach D.O.; DAC**
6. **Lawrence Cartmell DO BSc (Hons) ND (Naturopathic Doctor), CHEK**
7. **Nicola Cranfield, nutrition and health coach**
8. **Jude Lloyd D.O. Reg Osteopath**
9. **Jacquey Noone BA Counselling, Masters Social Work. Youth and Family Alcohol and Drug counselling. NLP Master Pract.**
10. **Brenda Larkin BA, Dip Teaching. Teaching children with learning difficulties, specialising in dyslexia.**
11. **Mark Jolley TCM Acupuncture Dip. Kinesiologist Stokes Valley**
12. **Erin Young naturopath, nutritionist, and medical herbalist**
13. **Marion Pawson BA (Hons) VUW Advanced Practitioner, Neuro Structural Integration Technique Registered School Instructor, International Kinesiology College, Diploma of Neuro Linguistic Kinesiology,**
14. **Richard P. Rust, clinic & school director, instructor & therapist. Radiant Health Centre and the Wellington School of Massage therapy**
15. **Jane Brenan, director of Radiant Health and the Wellington School of Massage Therapy, Bach Flower therapist and Instructor**
16. **Deb Gully, WAPF chapter leader, Nutrition consultant & Chartered Natural Health practitioner**
18. **Gary Moller, DipPhEd, PGDipRehab, PGDipSportMed (Otago), FCE certified**
17. **Helen Padarin, naturopath and nutritionist with clinics in Wellington and Sydney Registered Member, Natural Therapies Practitioners of NZ**
18. **Megan Savage, Neuro Muscular Therapist, Advanced Diploma in Therapeutic Massage and Related Therapies, Supplement and Nutritional advisor**
19. **Lynn Jordan, Cranio-Sacral Therapist & Neuro Muscular specializing in migraines & chronic pain**
20. **Gerry Blair, Fitness professional**
21. **Catherine Caldwell, Mannatech consultant**
22. **Victoria Ewen, Massage Therapist**
23. **Catherine Fleming, Natural Health Practitioner**
24. **Annie Frame Dip Nat, Dip BRT (Naturopath and Bio Resonance Therapy)**
25. **Deb Gilbertson, health and education professional, specialist in ADHD children**
26. **Grace Howells, Massage Therapist**
19027. **Callum Jones, kinesiologist and fitness professional**

28. **Cherry King, Librarian: NZCLS, RMT, OBS, Dip WSMT, Bach Flower Consultant.**
29. **Femke Koene, Exercise kinesiologist, specialising in rehabilitation**
30. **Alofa Kosena, massage therapist specialising in chronic pain & aiding recovery from injury.**
31. **Christine Balzer-Gibbs Qualified Primary Teacher; Registered Naturopath; TFH Instructor; kinesiologist**
32. **Ben Lind, Chinese Medicine Practitioner**
33. **Pip Martin, QSM for work on toxicity in the workplace, scenar therapist, nutritional advisor**
34. **Tracy Nation, Massage Therapist**
35. **Nicky Owers, EFT practitioner & nutrition advisor**
36. **Emma Leavens, Nutritionist**
37. **Christine Keno, Homeopath**
38. **Geoffrey Pitt DO Doctor of Osteopathy, Iris Enar & Sceanr Therapist**
39. **Gloria Hettige BSc., M.Sc(Hons) PH.D(Microbiology) Live Blood Screening, Nutrition Therapeutic Centre**

NZ Doctors, Dentists & Nurses from outside the Wellington region

1. **Dr. Mike Godfrey: GP Godfrey Medical MBBSm MRCS, Dip ABCT, LRP, EAV BOP Tauranga**
2. **Dr. Susan Oldfield GP Women's Health, Children IV/IM Vit & Minerals & Chelation, New Plymouth**
3. **Dr. Joseph Rozencwajg, MD, PhD, ND, HMD, DAcup, DIHom, DHerbMed, DNutr, HbT, FBIH, NIMH, MCPP, RCHom, (surgeon), MNZNMA. Taranaki**
4. **Dr. Debbie Fewtrell GP Auckland**
5. **Dr Kamal Karl GP. Hawkes Bay**
6. **Dr Avani Karl GP. Hawkes Bay**
7. **Dr. Damian Wojcik: GP Whangarei.**
8. **Dr. David Ritchie, GP Christchurch**
9. **Dr. Richard Haythornthwaite GP, Christchurch**
10. **Dr. Helen Smith GP, Auckland**
11. **Dr. Tim Ewer, GP Nelson**
12. **Dr. Paul Butler, GP Christchurch**
13. **Anonymous support: One additional North Island GP felt unable to add his name publicly, but believes fluoridation must stop.**
14. **Dr. Vernon Kruger, ORTHODONTIST Cambridge, Waikato**
15. **Dr. Lawrence Brett, DENTIST, Whangarei**
16. **Dr. John Jukes DENTIST Waipukurau**
17. **Dr. Russel McLean, Dunedin DENTIST**
18. **Dr. Gary Marks, DENTIST, Dunedin**
19. **Dr. Jacques Imbeau D.M.D., NZDREX, FACNEM. NZ general DENTAL practitioner. Registrar of NZNMA**
20. **Dr. Jocelyn McIntosh, DENTIST, Napier**
21. **Wendy Derrett, Former SCHOOL DENTAL NURSE, Institute of Medical Reps, Taranaki**
22. **Dr. Bruce Spittle, Dunedin MB ChB Bachelor of Medicine, Bachelor of Surgery, DPM Diploma in Psychological Medicine, FRANZCP Fellow of the Royal Australian & New Zealand College of Psychiatrists.**
23. **Dr. Stuart Jeanne Bramhall retired doctor and child psychiatrist specialising in child development**
24. **Dr. Georgina Compton, Chiropractor, Auckland**
25. **Eugenie Rozencwajg, RN Registered Nurse, New Plymouth**

Additional NZ Health practitioners outside the Wellington Region

1. **Alison White, MPH (Masters in Public Health) MA (Hons), Dip Tchg, Certified Adult Educator.**
2. **Tracy Livingston B.Applied Science (Osteopathy) Applied Kinesiologist Tauranga**
3. **Maria Middlestead, Reg. Clinical Nutritionist Award Winning Nutritionist, Writer, Educator, Speaker**

4. **Rosanne Sullivan Dip Nat, Dip Herbal Med, Digestive Health Specialist**
5. **Kevin Tinker naturopathic consultant & herbalist using reflexology, iridology, Hawkes Bay**
6. **Leigh Spencer Homeopath, Havloc North**
7. **Paul Cohen B.Ac, Cert,ZB, NZRA Bachelor of Acupuncturist** and Certified Zero Balancing Practitioner, New Zealand Register of Acupuncture, Member of the Zero Balancing Association New Zealand/Australia.
8. **Angela Hair, Homeopath, Concordia Health, Havelock North**
9. **Ben Warren BA (hons) CHEK Muscular-Skeletal Therapist, CHEK Nutritionist. Hawkes Bay**
10. **Craig Love BSc Eng, NLP Master Pract., Feldenkrais Pract., ConTact C.A.R.E**
11. **Elizabeth Hart MA EFT Expert Practitioner Certifed EFT Trainer NZ Representative of AAMET**
12. **Claire Williams Naturopath, Bachelor of Naturopathy**
13. **Martin Harris BPharmSc Bachelor of Pharmacy. Post Grad Diploma Nutrition Medicine**

Science and Environment Ph.D professionals

1. **Dr. Dorota Starzak PhD** Marine Biology (Victoria University), BSc Biological Science cum laude BSc Hons Biological Science summa cum laude, MSc Biological Science.
2. **Dr. Anne Wietheger PhD** Marine Biology (Victoria University)
3. **Dr. Betsan Martin PhD**

Following is the list of over 4000 international professionals who have signed the Fluoride Action Network's Professionals Statement to End Water Fluoridation. I've highlighted some of the Doctors, Dentists and Ministers.

From: <http://www.fluoridealert.org/researchers/professionals-statement/>

4,396 Signers listed by professional degree as of March 30, 2013:

FAN's Professionals Statement to End Water Fluoridation has been signed by over 4,000 medical, dental, scientific, and environmental professionals.

Signatories Include:

- **Magda Aelvoet, MD, Former Minister of Public Health, Belgium**
- Rosalie Bertell, PhD, Regent of the Board, International Physicians for Humanitarian Medicine, Geneva, Switzerland
- **Arvid Carlsson, Nobel Laureate for Physiology or Medicine, 2000.**
- Theo Colborn, PhD, co-author, Our Stolen Future
- Ken Cook, President, Environmental Working Group (EWG)
- Pat Costner, PhD, retired Senior Scientist, Greenpeace International
- **Ingrid Eckerman, MD, MPH, President, Swedish Doctors for the Environment (LFM), Stockholm, Sweden**
- Sam Epstein, MD, author, "Politics of Cancer" and Chairman, Cancer Prevention Coalition
- **Doug Everingham, former Federal Health Minister, Australia**
- Lois Gibbs, Executive Director, Center for Health, Environment, and Justice, Goldman Prize Winner (1990), Falls Church, VA
- Andy Harris, MD, former national president, Physicians for Social Responsibility, Salem, Oregon
- **Vyvyan Howard, MD, PhD, Past President, International Society of Doctors for the Environment**
- Robert Isaacson, PhD, Distinguished Professor of Psychology Emeritus, State University of New York at Binghamton
- Stephen Lester, Science Director, Center for Health, Environment, and Justice

- Hardy Limeback, PhD, DDS, Former President, Canadian Association of Dental Research
 - William Marcus, PhD, Former chief toxicologist of the EPA Water Division, Boyds, MD
 - Peter Montague, PhD, Director of Environmental Health Foundation
 - Raul Montenegro, PhD, Right Livelihood Award 2004 (known as the Alternative Nobel Prize), President of FUNAM, Professor of Evolutionary Biology, National University of Cordoba, Argentina
 - Ted Schettler, MD, Science Director, Science and Environmental Health Network
 - Kathleen M. Thiessen, PhD, Senior Scientist. SENES Oak Ridge, Inc.
-
- 765 Nurses (RN, MSN, BSN, ARNP, APRN, LNC, RGON)
 - 594 DC's (Doctor of Chiropractic, includes M Chiro)
 - 547 MD's (includes MBBS)
 - 512 PhD's – includes DSc, Doctor of Science; EdD (Doctor of Education); DrPH (Doctor of Public Health)
 - 349 Dentists (DDS, DMD, BDS) DMD DDS Doctor of Dental Medicine DDS is Doctor Dental Surgery
 - 170 ND's (Doctor of Naturopathic Medicine)
 - 113 RDHs (Registered Dental Hygienist); also DH, RDHAP, EFDA, RDAEF, and RDN
 - 99 Lawyers (JD, LLB, Avvocato)
 - 95 Pharmacists (Pharm.D, B. Pharm, DPh, RPH)
 - 70 Acupuncturists (LAc – Licensed Acupuncturist, and, MAc -Master Acupuncturist)
 - 45 DO's (Doctor of Osteopathic Medicine)
 - 28 Veterinarians (DMV, VMD, BVMS)
 - 18 OD (Doctor of Optometry)
 - 20 PA-C (Physician Assistant – Certified); also MPAS and RPA-C

Also attached to this submission is a list of countries, and quotes from their various health and political representatives, as to why they don't fluoridate water. Here is an example from three countries on that list:

Austria:

“Toxic fluorides have never been added to the public water supplies in Austria.” (M. Eisenhut, Head of Water Department, Osterreichische Yereinigung fur das Gas-und Wasserfach Schuberting 14, A-1015 Wien, Austria, February 17, 2000).

France:

“Fluoride chemicals are not included in the list [of ‘chemicals for drinking water treatment’]. This is due to ethical as well as medical considerations.” (Louis Sanchez, Directeur de la Protection de l’Environnement, August 25, 2000).

India:

Naturally high levels of fluorides in groundwater have affected at least tens of millions with skeletal fluorosis, often resulting in crippling skeletal fluorosis. The Indian government has been working to remove the fluorides from drinking water sources to alleviate this crisis. In India, 17 of its 32 states have been identified as “endemic” areas, with an estimated 66 million people at risk from crippling skeletal fluorosis and 6 million people seriously afflicted.

Please also see recent news article about the Israeli Health Minister stopping mandatory fluoridation: <http://www.jpost.com/Health-and-Science/New-regulations-drop-water-fluoridation-requirement-309593>

Below are quotes from the various NZ doctors and dentist with whom I spoke about adding their names to our list. Following that is a list of statements from the majority of countries who reject fluoridation. Please see my highlighted referenced copy of a submission from Dr. Bruce Spittle, MB ChB (with distinction), DPM (Otago), FRANZCP at the end of this submission. His extensive research citations are highlighted in grey and my highlights are in yellow.

Lastly, I would like to ask every Councillor to respond to this question: Please can you send me the scientific evidence on which you rely, that fluoridated water is absolutely safe to drink? My email address is jordanelynn@yahoo.co.uk. Thank you.

Quotes from NZ Doctors and Dentist who oppose water fluoridation

Dr. Kamal Karl GP

"Mass Fluoridation of drinking water may be harmful to certain individuals. It certainly accentuates the currently prevalent Iodine Deficiency and its multiple ramifications for health. Any generalised public measure in this regard is not a satisfactory option for all individuals."

Dr. Jacques Imbeau D.M.D., NZDREX, FACNEM.

"NZ general DENTAL PRACTITIONER and as a natural medicine practitioner that does not support water fluoridation. I am also the registrar of the New Zealand Natural Medicine Association. The NZNMA does not support water fluoridation and supports the position on fluoridation of the International Academy of Oral Medicine and toxicology (IAOMT)."

Dr. Ralph Brock-Smith GP Lower Hutt:

Talked at length with me on the phone about his concerns about young children ingesting fluoridated toothpaste in addition to the unregulated dosage of fluoride in the water supply.

Dr. Stuart Jeanne Bramhall

American Board Certification in Psychiatry and Neurology, with subspecialisation in child development
Child and Adolescent Psychiatrist Taranaki DHB 2005-2010
Former Clinical Assistant Professor (Department of Psychiatry and Behavioral Sciences) University of Washington Medical School

"Water fluoridation is a 70 year old controversy regarded by most academic researchers as a political, rather than medical or scientific, controversy. Ninety-eight percent of Europe has banned fluoridation, owing to fluoride's extremely low margin of safety and hundreds of peer reviewed studies linking it to serious health problems. All New Zealand studies suggesting that ingesting fluoridated water (as opposed to topical application directly to teeth) reduces tooth decay are flawed, owing to lack of randomization and other design problems. Infants, children, the elderly and patients with kidney failure are at special risk for chronic low grade fluoride poisoning from the levels used to fluoridate public water supplies. According to the National Research Council of the (US) National Academy of Science, this is most likely to manifest as thyroid disease, brain damage, bone cancer and skeletal problems such as arthritis, osteoporosis and fractures.

"I remain deeply concerned about the intentional bias in informational materials that the Minister of Health disseminates to dentists, doctors, district health boards, district councils and the public. In their dismissal of the massive body of peer-reviewed research pointing to fluoride-linked health problems, the MOH deviates sharply from regulatory bodies in other countries. The EU Scientific Committee on Health and Environmental Risks (SCHER), the Australian National Health Medical Research Council (NHMRC), and the National Research Council (of the US National Academy of Sciences) all take the position that the research raises serious concerns about the health risks of long term exposure to artificially fluoridated

water. The National Research Council (NRC) has concluded that the risk of harm from fluoride is substantial enough that the US Environmental Protection Agency (EPA) should ban it until manufacturers can guarantee its safety.”

Most Countries Reject Water Fluoridation

Statements from European and other countries’ Health, Water, & Environment Authorities on Water Fluoridation

Austria:

“Toxic fluorides have never been added to the public water supplies in Austria.” (M. Eisenhut, Head of Water Department, Osterreichische Yereinigung fur das Gas-und Wasserfach Schuberting 14, A-1015 Wien, Austria, February 17, 2000).

Belgium:

“This water treatment has never been of use in Belgium and will never be (we hope so) into the future. The main reason for that is the fundamental position of the drinking water sector that it is not its task to deliver medicinal treatment to people. This is the sole responsibility of health services.” (Chr. Legros, Directeur, Belgaqua, Brussels, Belgium, February 28, 2000).

China:

Fluoridation is banned: “not allowed”

Naturally high fluoride levels in water are a serious problem in China.

“Bartram said there were many other ‘silent threats,’ including excessive fluoride in the water supply in China, India and the Rift Valley in Africa. In China alone, 30 million people suffer crippling skeletal fluorosis.” (Jamie Bartram, Coordinator of the WHO’s Water, Sanitation and Health Program, March 22, 2002)

The Chinese government now considers any water supply containing over 1 ppm fluoride a risk for skeletal fluorosis. (Bo Z, et al. (2003). Distribution and risk assessment of fluoride in drinking water in the West Plain region of Jilin Province, China. Environmental Geochemistry and Health 25: 421-431.)

In China, the World Health Organization has estimated that 2.7 million people have the crippling form of skeletal fluorosis.

Czech Republic:

“Since 1993, drinking water has not been treated with fluoride in public water supplies throughout the Czech Republic. Although fluoridation of drinking water has not actually been proscribed it is not under consideration because this form of supplementation is considered: uneconomical (only 0.54% of water suitable for drinking is used as such; the remainder is employed for hygiene etc. Furthermore, an increasing amount of consumers (particularly children) are using bottled water for drinking (underground water usually with fluor) unecological (environmental load by a foreign substance) unethical (“forced medication”) toxicologically and physiologically debateable (fluoridation represents an untargeted form of supplementation which disregards actual individual intake and requirements and may lead to excessive health-threatening intake in certain population groups; [and] complexation of fluor in water into non biological active forms of fluor.” (Dr. B. Havlik, Ministerstvo Zdravotnictvi Ceske Republiky, October 14, 1999).

Denmark:

“We are pleased to inform you that according to the Danish Ministry of Environment and Energy, toxic fluorides have never been added to the public water supplies. Consequently, no Danish city has ever been fluoridated.” (Klaus Werner, Royal Danish Embassy, Washington DC, December 22, 1999).

Finland:

“We do not favor or recommend fluoridation of drinking water. There are better ways of providing the fluoride our teeth need.” (Paavo Poteri, Acting Managing Director, Helsinki Water, Finland, February 7, 2000).

“Artificial fluoridation of drinking water supplies has been practiced in Finland only in one town, Kuopio, situated in eastern Finland and with a population of about 80,000 people (1.6% of the Finnish population). Fluoridation started in 1959 and finished in 1992 as a result of the resistance of local population. The most usual grounds for the resistance presented in this context were an individual’s right to drinking water without additional chemicals used for the medication of limited population groups. A concept of “force-feeding” was also mentioned.

Drinking water fluoridation is not prohibited in Finland but no municipalities have turned out to be willing to practice it. Water suppliers, naturally, have always been against dosing of fluoride chemicals into water.” (Leena Hiisvirta, M.Sc., Chief Engineer, Ministry of Social Affairs and Health, Finland, January 12, 1996.)

France:

“Fluoride chemicals are not included in the list [of ‘chemicals for drinking water treatment’]. This is due to ethical as well as medical considerations.” (Louis Sanchez, Directeur de la Protection de l’Environnement, August 25, 2000).

Germany:

“Generally, in Germany fluoridation of drinking water is forbidden. The relevant German law allows exceptions to the fluoridation ban on application. The argumentation of the Federal Ministry of Health against a general permission of fluoridation of drinking water is the problematic nature of compuls[ory] medication.” (Gerda Hankel-Khan, Embassy of Federal Republic of Germany, September 16, 1999).

Hungary:

Stopped fluoridating for technical reasons in the 1960s. However, despite technological advances, Hungary has chosen to remain unfluoridated.

India:

Naturally high levels of fluorides in groundwater have affected at least tens of millions with skeletal fluorosis, often resulting in crippling skeletal fluorosis. The Indian government has been working to remove the fluorides from drinking water sources to alleviate this crisis. In India, 17 of its 32 states have been identified as “endemic” areas, with an estimated 66 million people at risk from crippling skeletal fluorosis and 6 million people seriously afflicted.

Israel:

Recently suspended mandatory fluoridation until the issue is reexamined from all aspects: medical, environmental, ethical and legal. “From our experience in Israel and the world **WHEN THE FLUORIDE ISSUE IS STUDIED FROM ALL ASPECTS IT IS REJECTED.**” (Representative Shimon Tsuk, Israeli Parliament)

June 21, 2006: The labor, welfare and health Knesset (Israeli Parliament) committee called on the ministry of health to freeze the extension of the fluoridation of drinking water in Israel and to study the issue in depth in order to determine whether to continue with the project or to cancel it completely. Conclusions are to be expected within a year. Until then, municipalities and Mekorot (Israel national water company) are not required to build new fluoride installations.

Committee Chairman MK (Member of Knesset) Moshe Sharoni and MKs Ran Cohen and David Tal claimed during the investigation that the potential damage to public health and environment from fluoridation may be greater than the benefits from decreased dental cavities.

Japan:

Rejected fluoridation: "...may cause health problems...." The 0.8 -1.5 mg regulated level is for calcium-fluoride, not the hazardous waste by-product which is added with artificial fluoridation.

Luxembourg:

"Fluoride has never been added to the public water supplies in Luxembourg. In our views, the drinking water isn't the suitable way for medicinal treatment and that people needing an addition of fluoride can decide by their own to use the most appropriate way, like the intake of fluoride tablets, to cover their [daily] needs." (Jean-Marie RIES, Head, Water Department, Administration De L'Environment, May 3, 2000).

Netherlands:

"From the end of the 1960s until the beginning of the 1970s drinking water in various places in the Netherlands was fluoridated to prevent caries. However, in its judgement of 22 June 1973 in case No. 10683 (Budding and co. versus the City of Amsterdam) the Supreme Court (Hoge Road) ruled there was no legal basis for fluoridation. After that judgement, amendment to the Water Supply Act was prepared to provide a legal basis for fluoridation. During the process it became clear that there was not enough support from Parliament [sic] for this amendment and the proposal was withdrawn." (Wilfred Reinhold, Legal Advisor, Directorate Drinking Water, Netherlands, January 15, 2000).

Northern Ireland:

"The water supply in Northern Ireland has never been artificially fluoridated except in 2 small localities where fluoride was added to the water for about 30 years up to last year. Fluoridation ceased at these locations for operational reasons. At this time, there are no plans to commence fluoridation of water supplies in Northern Ireland." (C.J. Grimes, Department for Regional Development, Belfast, November 6, 2000).

Norway:

"In Norway we had a rather intense discussion on this subject some 20 years ago, and the conclusion was that drinking water should not be fluoridated." (Truls Krogh & Toril Hofshagen, Folkehelse Statens institutt for folkeheise (National Institute of Public Health) Oslo, Norway, March 1, 2000).

Scotland:

In November 2004, after months of consultation, Scotland - which had been unfluoridated - rejected plans to add fluoride to the nation's water.

Sweden:

"Drinking water fluoridation is not allowed in Sweden...New scientific documentation or changes in dental health situation that could alter the conclusions of the Commission have not been shown." (Gunnar Guzikowski, Chief Government Inspector, Livsmedels Verket -- National Food Administration Drinking Water Division, Sweden, February 28, 2000).

Switzerland:

In April 9, 2003, the City Parliament of Basel, Switzerland voted 73 to 23 to stop Basel's 41 year water fluoridation program. Basel was the only city in Switzerland to fluoridate its water, and the only city in continental western Europe, outside of a few areas in Spain.

Fluoride poisoning through bathing- my story- Lynn Jordan

For many years I recommended that my patients take long hot soaking baths whenever possible for detoxification and relaxing muscles. When I moved to a house with a bath I was able to start taking regular long soaking baths for my own health, between two and three hours per week. About 6 months later, I started experiencing severe joint pain & dysfunction. I had specialist treatment and had to wear braces on my thumbs & wrists. This was very seriously affecting my work and threatening my livelihood for more than a year. Then the symptoms of fluoride poisoning were brought to my attention and I recognized that I had them. I was not drinking fluoridated water, but this information led me to stop taking fluoridated water baths. The severe joint pain & dysfunction vanished in less than a month.

Thyroid Dysfunction:

Many people are sensitive or allergic to Fluoride. But even people who aren't can become sensitized with over-dosing exposure as we get in the water supply. Symptoms of thyroid dysfunction are often diagnosed as other conditions, but have their origin in thyroid dysfunction. These include: dental fluorosis (bone degeneration), goiter, lowered intellectual performance, body temperature regulation problems, weight gain.
<http://www.fluoridealert.org/health/thyroid/>

"Fluoride's potential to impair thyroid function is perhaps best illustrated by the fact that -- up until the 1970s -- European doctors used fluoride as a thyroid-suppressing medication for patients with HYPER-thyroidism (over-active thyroid). Fluoride was utilized because it was found to be effective at reducing the activity of the thyroid gland - even at doses as low as 2 mg/day." <http://www.fluoridealert.org/health/thyroid/>

"...premature ageing, arthritis, mental retardation, and infertility... Autoimmune diseases... Musculo Skeletal damage... Rheumatoid illness, osteoporosis and deformation of bones..."
<http://www.rense.com/general57/FLUR.HTM>

The list of fluoride poisoning symptoms is long, but in my case the joint pain and dysfunction and generalized muscle pain are absolutely without a doubt, due to the fluoride baths. There are no other variables in that equation. And I'm glad the pain is gone.

I have personally experienced a clear cause and effect relationship between fluoridation in bath water and joint stiffness and pain which vanished once I stopped baths in fluoridated water. I know of other people who have had the same experience. Many children soak in fluoridated water baths for several hours per week. I'd like to be able to recommend safe long baths again, without having to caution against the dangers of fluoride poisoning.

Below is the published position paper on Fluoridation from:

International Academy of Oral Medicine and Toxicology

The highlights are from me, Lynn Jordan: **Green and Yellow are the salient points,** grey are references. The published paper and its 20 pages of peer-reviewed journal references can be viewed in its original PDF format at <http://iaomt.org/iaomt-position-fluoridation/>



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Documentation and discussion

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Discussions of fluoride and fluoridation over the last 50-plus years by the general public or casual observer have often been complicated by the lack of discernment concerning the differences between effects caused by systemic exposures and topical applications. Scientific discussions have been further complicated by providing undue weight to claims of effectiveness that have resulted in the abandonment of margins of safety that are essential to any toxicological profile and establishment of public policy.

In IAOMT's ongoing examination of the toxicological data on fluoride, the Academy has made several preliminary determinations over the last 18 years, each concluding that fluoride added to the public water supply, or prescribed as controlled-dose supplements, delivers no discernible health benefit, and causes a higher incidence of adverse health effects.

This current policy position by IAOMT confirms those earlier assessments and asserts that there is no discernible health benefit derived from ingested fluoride and that the preponderance of evidence shows that ingested fluoride in dosages now prevalent in public exposures aggravates existing illnesses, and causes a greater

incidence of adverse health effects.

Ingested fluoride is hereby recognized as unsafe, and ineffective for the purposes of reducing tooth decay.

EFFECTIVENESS

This analysis was achieved after exhaustive review of the peer-reviewed literature available. The Academy's previous conclusions of ineffectiveness differed with long-held conclusions by the American Dental Association and other trade associations based on tenets of scientific integrity and reliability in study design; however, as is noted below, the journals for the ADA and other trade associations have now revised their stance.

Upon examination of studies espoused by promoters of fluoridation as proof of effectiveness, the Academy was able to ascertain that there are no epidemiological studies indicating effectiveness of ingested fluoride that conform to scientific standards for broad-based or random selection, blinded examinations, and appropriate controls.

While this may appear to be a bold statement, the cover story of the July 2000 Journal of the American Dental Association (JADA) has confirmed for the rest of the dental community that the mechanism by which fluoride may have a meaningful impact on the reduction of dental caries is by topical application, not ingestion; thus supporting

the contention that the claimed study-results of large scale reduction in tooth decay are results obtained by study-design bias.

To further clarify, examination of the physiological method by which fluoride was assumed to affect the incidence of tooth decay reveals that the theory that fluoride incorporated into dental enamel during the formative process would cause the tooth to be more resistant to acid dissolution has been finally recognized as false.

In addition, the entire body of epidemiological studies used to support the contention that ingested fluoride reduces tooth decay neglected to control for essential factors. To name only a few: 1) the fact that greater than 85% of tooth decay occurs on pits and fissures of the tooth where fluoride has always been recognized to be ineffective (this is widely disseminated as support for the need for protective sealants); 2) the amount of water that the subjects consumed, or even whether the subjects drank fluoridated water; and 3) the variability in total exposure to fluoride from all other sources, meaning that at no point was the actual dosage of fluoride ever determined.

After fifty years of controversy, the test that eluded the spotlight on this subject is simple: a healthy bicuspid, extracted during preparation for orthodontics, is measured for fluoride concentration in the enamel; is immersed in a substance that will rapidly de-mineralize the tooth (Coca Cola will do fine); then is measured for its resistance to acid dissolution relative to the concentration of fluoride in the enamel.

The result? As described by Featherstone in JADA, July 2000, "The fluoride incorporated into the tooth developmentally -- meaning systemically, in the normal tooth mineral -- is insufficient to have a measurable effect on acid dissolution."

"Importantly, this means that fluoride incorporated during tooth mineral development at normal levels of 20 to 100 ppm (even in areas that have fluoridated drinking water or with the use of fluoride supplements) does not measurably alter the solubility of the mineral," writes Featherstone. "Even when the outer enamel has higher fluoride levels, such as 1000 ppm, it does not measurably withstand acid-induced dissolution any better than enamel with lower levels of fluoride." {Author's parentheses }

More recently, the Center for Disease Control, which strongly supports water fluoridation, acknowledge in their long awaited report of August 17, 2001, "The prevalence of dental caries in a population is not

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inversely related to the concentration of fluoride in enamel (37), and a higher concentration of enamel fluoride is not necessarily more efficacious in preventing dental caries (38)." {CDC references }

Concerning whether fluoride present in saliva due to ingestion will have any beneficial impact, CDC further states, "The concentration of fluoride in ductal saliva, as it is secreted from salivary glands, is low -- approximately 0.016 parts per million (ppm) in areas where drinking water is fluoridated and 0.006 in nonfluoridated area. This concentration of fluoride is not likely to affect cariogenic activity." 1

These results concur with the findings of the November, 1997 Canadian Dental Association Consensus Conference on prescription fluoride drops and tablets which found, "no reliable scientific evidence of significant dental benefit from ingested fluoride."

In addition, carefully controlled studies have found increased tooth decay in vulnerable subsets of the population when exposed to fluoride in drinking water.2 3 4

Safety and Adverse Health Effects

In our quest for more information on ingested fluoride the Academy sought the input from both sides of the fluoridation issue and ultimately heard from more than 13 different experts, both in favor and opposed to fluoridation, and in 1998 conducted an extensive scientific risk assessment on the health effects of ingested fluoride.

This conference resulted in the publication of a Public Health Goal

(PHG) in the journal Fluoride that applied standard US EPA protocols to current studies. The risk assessment used four studies where daily dose could be calculated and applied the standard EPA Global 86 program to establish the minimum risk level of 0.0001 mg/L for ingested fluoride. This level is well below our current exposure levels and should be of concern to everyone.⁵

Furthermore, otherwise unaware members of IAOMT were shocked to learn that the chemical widely used in the artificial fluoridation schemes is untreated hydrofluosilicic acid waste from the phosphate fertilizer mining industry that has not been tested, much less been proven safe or effective.⁶

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This product, along with its salt form used in 91% of the fluoridation schemes, contains numerous contaminants, including arsenic and lead, which have never been factored in to any risk assessment.

Since no benefit can be determined from ingested fluoride and numerous risks are apparent, the appropriate PHG has been established by the IAOMT as zero. This risk assessment raises serious concerns about the pervasive over-exposure to fluoridated drinking water and fluorine-containing foods, beverages, pharmaceuticals, oral care products, and time-release dental fillings.

It is the position of this Academy that from a toxicological point of view fluoride proposes unacceptable health risks. IAOMT has determined that fluoride is not an approved dental material and should not be taken internally.

IAOMT has adopted criteria for establishing a Public Health Goal from the California Office of Environmental Health Hazards Assessment, and has applied these criteria toward establishment of a Patient Health Goal for purposes of dissemination to IAOMT membership and other interested parties.

A discussion of the criteria used in establishing a Public Health Goal, and an IAOMT Patient Health Goal, which are herein used interchangeably, and criticism of the California OEHHA establishment of a PHG for Fluoride, in which they defy their own criteria, are presented below for purposes of understanding the science and policy questions inherent in the fluoride discussion.

This report concludes with a comprehensive bibliography of the peer reviewed scientific literature, and other sources concerning fluoride that were consulted while establishing this Patient Health Goal.

Public Health Goal (PHG) for Ingested Fluoride

The International Academy of Oral Medicine and Toxicology (IAOMT) has received input for this public health goal (PHG) from more than a

dozen sources and co-hosted a scientific symposium on the health effects of ingested fluoride as a final step in developing this PHG. Adverse health effects demonstrated were: fluorosis; cancers; genetic damage; bone pathology; trans placental and brain transport; histological brain, artery, and kidney damage; and neurological impairment.

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International Academy of Oral Medicine and Toxicology
Standards of Care

Review of Health Effects of Ingested Fluoride and
Applications in Dentistry

Preface

Patient Health Goal (PHG) and the suitability of Fluoride for use in dentistry with respect to adverse health effects and biocompatibility:

This IAOMT Technical Support Document (TSD) provides a review of the health effects and the currently available scientific literature. It also describes our methodology of analysis. This TSD was developed utilizing the best available toxicological data in the scientific literature. These documents and the analyses contained in them provide estimates of the levels of exposure that pose minimal risk levels (MRL) through chronic exposure over a lifetime.

We have adopted an MRL for the purpose of implementation in our standards of care in dentistry as a guide to our members in selecting suitable dental treatment and materials for their patients.

We have incorporated the following guidelines.

1. The PHG for acutely toxic substances shall be set at levels at which scientific evidence indicates that no known or anticipated adverse effects on health will occur, plus an adequate margin-of-safety.
2. PHG's for carcinogens or other substances which can cause chronic disease shall be based solely on health effects without regard to cost impacts and shall be set at levels which the IAOMT has determined do not pose any significant risk to health.
3. To the extent the information is available the IAOMT shall consider possible synergistic effects resulting from exposure to two or more compounds.
4. IAOMT shall consider the existence of sub groups in the population that are more susceptible to adverse effects of the compound than a normal healthy adult.

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5. IAOMT shall consider the compound exposure and body burden levels that alter physiological function or structure in a manner that may significantly increase the risk of illness.
6. In cases where scientific ambiguity exists, the IAOMT shall use the criteria most protective of public health and shall incorporate uncertainty factors of non-carcinogenic substances for which scientific research indicates a safe dose-response threshold.
7. In cases where scientific evidence demonstrates that a safe dose-response threshold for a substance exists, then the PHG should be set at that threshold.
8. The PHG may be set at zero if necessary to satisfy the requirements listed above.
9. IAOMT shall consider exposure to compounds in media other than dental products, including drinking water, food, and air and the resulting body burden.
10. PHGs adopted by IAOMT shall be reviewed periodically and revised as necessary based on the availability of new scientific data.

Chemical Profile

In the free state, fluorine is a pale yellow diatomic gas. Fluorine is never found in this form in nature, because it is very chemically reactive and combines with every other element except the inert gases. It is the 13th most abundant element, commonly occurring in the minerals fluorspar..., cryolite ...and fluorapatite ... 7 8

Fluorine is the ninth element on the periodic table. It has an atomic weight of 18.9984. It is the most reactive of all of the elements and forms strong electro negative bonds. It is particularly attracted to the divalent cations of Calcium and magnesium. It is the lightest and most reactive member of the halogen family. Fluorine reacts with other elements to produce such ionic compounds as hydrogen fluoride (HF), sodium fluoride (NaF) and many others. When these ionic compounds are dissolved in water, the ions dissociate and fluorine is present as the negatively charged ion fluoride. Fluoride, usually as the sodium salt, is added to drinking water. The most common form of fluoride added to drinking water are sodium fluoride (9% of water systems) and Hydrofluosilicic acid and silicofluoride (91% of water systems). Fluoride salts are also naturally occurring in geological formations, and therefore are found as contaminants in some sources of drinking water.

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Uses

Fluorine is used in aluminum, steel, glass, enamel, brick, tile, pottery and cement manufacturing; fluorinated chemical and phosphate fertilizer production; and metal casting, welding and brazing.9 10

Sodium fluoride... is used in various pesticide formulations,

including insecticides and wood preservatives. 11

Sodium aluminum fluoride cryolite ...is widely used as a pesticide and is found in substantial quantities as residue on most non-organically grown fruits and vegetables. Fluoride-containing compounds, primarily silicofluorides, are employed in the artificial fluoridation of drinking water allegedly for the prevention of dental caries.12

Fluoride-containing dental products are now widely available, including toothpaste, supplements, mouth rinses and professionally applied gels and varnishes. 13

Fluoride (primarily as NaF) has also been used unsuccessfully in the treatment of osteoporosis. 14 Treatment of people with osteoporosis with fluoride resulted in increased radiographic bone density and a dramatic increase in hip fracture. 15 No fluoride containing substance for the purpose of treating or preventing either osteoporosis or tooth decay intended for ingestion has been approved by the US Food and Drug Administration. 16

Both natural and anthropogenic sources can contribute fluoride to soil, air, water and food. About 23 500 tons of inorganic fluorides are released from anthropogenic sources in Canada each year, 4 whereas global volcanic sources are estimated to release 60-6000 kt annually.17

Fluoride can occur naturally in surface waters as a result of the deposition of particulates from the atmosphere and the weathering of fluoride-containing rocks and soils. Groundwater can also contain high concentrations of fluoride owing to leaching from rocks. Chemical manufacturing plants and waste ponds can contribute fluoride to raw water sources directly through effluents or indirectly through volatilization. 3, 18

Free fluoride ions predominate in aqueous solutions, but both ionic (i.e., inorganic) and nonionic forms of fluoride can be present in plant and animal tissues. 19

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Exposure

Elevated levels of naturally occurring fluoride in drinking water are found in every state except Alaska, District of Columbia, Tennessee, Rhode Island, and Vermont. Some states (Colorado, Kansas, Oklahoma, Arkansas and Texas) have areas with high endemic fluoride contamination. 20

Elevated levels of endemic fluoride contamination in drinking water are relatively infrequent in Canada, although communities in Quebec, Saskatchewan and Alberta have recorded concentrations as high as 2.5 to 4.3 ppm. 21

20 or more years ago the typical fluoride concentrations in fresh and cooked foods from Canada and the United States include 0.01 to 0.80 ug/g for dairy products; 0.01 to 0.58 ug/g for fruit; 0.04 to 4.57 ug/g for meats, fish and eggs; 0.05 to 0.13 ug/g for fats; and 0.02 to 0.86 ug/g for sugar-based foods. 22 23

Since that time the standards for pesticide residue on foods and the maximum contaminant levels of fluoride in drinking water have been greatly relaxed. A mean fluoride concentration of 0.54 ug/g (543 ug/L) (<0.05 to 5.85 ug/g or 0.5 ppm) was recorded in a 1990 survey of 172 bottled waters obtained across Canada. 24

The fluoride concentration of water used to reconstitute or prepare beverages and dry concentrates can greatly influence their fluoride content. 25 26 27

In the United States, fluoride concentrations in infant formulas were found to range from 0.127 mg/L for ready-to-use milk-based formulas to 0.854 mg/L for soy-based powdered formula prepared using water containing a fluoride concentration of 1.0 mg/L. 28

A Canadian survey found that women consuming non-fluoridated drinking water (<0.16 ppm (mg/L) fluoride) produced milk with a mean fluoride concentration of 4.4 ng/g (ug/L), whereas breast milk from women consuming fluoridated drinking water (1 ppm fluoride) contained .0098 ppm. 29

No Canadian data are available on fluoride concentrations in indoor air. Average monthly ambient air concentrations (gaseous and particulate) reported for a residential area of Toronto (Ontario) in 1981 ranged from 0.01 to 0.05 ug/m³, with a mean of 0.03 ug/m. 30

Canadian estimates of mean soil fluoride concentrations range from 6 ppm (ug/g) for a forest in Newfoundland (depth and range not specified) to 309 ppm (63 to 1000 ppm at depths of 0 to 130 cm) for 23 Canadian Soil Survey Committee (CSSC) reference samples. 31 32

The most commonly used fluoride-containing dental product is toothpaste. At least 95% of the toothpastes sold in North America

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contain fluoride as NaF and/or disodium monofluorophosphate, with an effective fluoride concentration of approximately 1000 ppm (ug/g). 33 34 35 36 37

The mean amount of toothpaste ingested per brushing by children 1 to 4 years of age ranges from 0.13 to 0.39 g. In contrast, adults 20 to 35 years of age ingest an average of 0.04 g toothpaste per brushing. 38

Other fluoride-containing dental products include fluoride supplements (NaF tablets or drops) for infants and children, fluoride mouth rinses and topical fluoride gels (12,000 to 15,000 ppm) applied by dentists and dental hygienists. 39 40

Some countries in the European Common Market have quietly removed systemic fluoride tablets from the market and others have placed an outright ban on the sale of such products based upon their concern for the health and safety of the citizens. 41

The estimated daily intake of fluoride from drinking water, air, soil, food and toothpaste for two age groups (7 months to 4 years and 20+ years) in the general Canadian population is shown in Table 1.

Daily fluoride intakes from supplements, mouth rinses and gels were not estimated, as the available data on the proportion of the general population using these products or the amount of fluoride ingested from them were considered inadequate. However, regular supplement use in accordance with either Canadian Pediatric Society or Canadian Dental Association recommendations could add as much as 19 to 76 ug/kg bw/day to the daily fluoride intakes of preschool children. Although supplements are not recommended for children who are already ingesting fluoride from toothpaste and or drinking water many physicians continue to dispense supplements in areas where they are clearly never indicated.

For children less than 6 months of age with a body weight (bw) of 7 kg and a daily consumption of 0.75 L of breast milk, daily fluoride intake can be estimated to be less than from 0.47 to 1.05 ug/kg bw per day. For the child using 1 ppm tap water based formula the daily dose would range from 250 to 91.5 ug/kg bw or approximately 250 to 500 times more fluoride than the breast fed infant.

The US EPA has established 60 ug/kg bw as the minimum risk level for excess fluoride exposure in children. It is clear from the current exposure levels that some children who brush their teeth and live in a non-fluoridated area already exceed this level.

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Executive Summary Response to CA OEHHA setting of PHG of 1 ppm

J. William Hirzy, Ph.D., Senior Vice President of the union that consists of and represents all of the scientists and other professionals at the U.S. Environmental Protection Agency, Washington, D.C. submitted references for neurological impairment and behavioral change, carcinogenicity, updated science concerning fluoride's topical effects versus ingestion effects, hip fracture studies, correction of errors in computing total daily intake necessary to cause crippling skeletal fluorosis and other phases of skeletal fluorosis, and high incidence of abnormal dental occlusion; as well as a statement from the union outlining their scientific reasons for concluding that the health and welfare of the public is not served by addition of fluoride to the public water supply. 42

In addition, Dr. Hirzy requested that congress review the raw data of the NTP carcinogenicity study rather rely than the disputed United States public Health Service's review that downgraded classifications two standards from "probable" to "equivocal" without adequate justification. On June 29, 2000 before the Subcommittee on Wildlife, Fisheries and Drinking Water of the United States Senate Doctor Hirzy called for an immediate moratorium on all water fluoridation schemes in the United States. 43

California Occupational Environmental Health Hazard Assessment presents a table of Estimated Total Daily Intake in the Draft and

acknowledges the necessity of taking all factors into account, yet ignores all other sources in arriving at a PHG that guarantees over-exposure.

OEHHA establishes a PHG even higher than a still-disputed-as-excessive "Estimated Safe and Adequate Daily Dietary Intakes (ESADDI)" for fluoride in the 1989 Recommended Dietary Allowance publication of the National Research Council, which recommends 0.1 to 0.5 mg Total Daily Intake for younger infants (0-0.5 yr.)

After recommending a PHG that supports a higher level of fluoride in the public water supply than an infant should receive from their entire diet, OEHHA has the gall to warn that "Excessive exposure to fluoride should also be avoided by pregnant women, especially in the latter weeks of pregnancy when the teeth of the fetus are beginning to form" (Pg. 18), yet fails to mention that in California and the US there are no labeling requirements for foods, beverages, or bottled waters to disclose fluoride content.

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Fluoride is so ubiquitous that no diet can be constructed for man that is deficient or lacking in fluoride. Never once mentioned in the OEHHA Draft is the fact that fluoride cannot be removed by carbon or other screening filtration, nor boiled away. Distillation, which does remove fluoride, is not commercially viable for all products, or accessible to the majority of the population, much less the highly susceptible or indigent.

In 1979 the FDA required the deletion of all government references previously classifying fluoride as "essential or probably essential" (Federal Register, March 16, 1979, pg. 16006).

25 countries, representing 98% of Europe's population, with bodies of health professionals, scientists and public health agencies of their own, reject fluoridation, some with outright bans. Like our European counterparts, 83% of Californians remain non-fluoridated, despite attempts by promoters to force the ingestion of increased levels of fluoride upon us for more than 50 years. A major difference between fluoridation status in Europe and California that must be noted is that California citizens have had to act on their own to protect the public safety when public agencies abandon their scientific integrity and social ethics in order to promote a political agenda, as has happened in the recent OEHHA report.

While promoters tout thousands of studies espousing the effectiveness of fluoridation, they have yet to reveal the existence of even one study that conforms to normal standards of scientific credibility. (Sutton)

Fluorides are used in general anesthetics and many psychotropic drugs such as Prozac (fluoxetine). Millions of Americans are exposed to these drugs that are intended to inhibit serotonin, a chemical in the brain.

The two diet drugs just removed from the market by the FDA for damage to the heart and lungs, with mood altering effects, Phen-Fen

(fenfluramine) and Redux (dexfenfluramine), are both fluoride products that are obviously not prescribed to improve dental health.

OEHHA as do all of the promoters of ingested fluoride makes no attempt to address that fluoride is employed to impact other areas of the body other than teeth, much less identify what role fluoride plays.

OEHHA blatantly and negligently omits all reference to fluoride's neurological effects. Within the prescribed time period for inclusion in the November Draft of the PHG, William Hirzy, Ph.D., Senior Vice President of National Federation of Federal Employees, local 2050, which represents

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all of the scientists, attorneys, statisticians, and engineers at U.S. EPA headquarters in Washington, D.C., presented OEHHA with a rat study by Mullenix, et al. which shows fluoride causes neurological impairment and behavioral changes. This study is supported by two epidemiological studies from China that show a correlation between fluoride and lower IQ in children. All three studies are enclosed and referenced later in this critique.

Within the prescribed time period for inclusion in the November Draft, Maureen Jones appeared before the OEHHA and presented an oral description and supportive documents outlining the mathematical error that has universally been utilized by promoters of fluoridation to justify their claim that it would take 20 to 80 mg/day for 10 to 20 years to cause skeletal fluorosis.

The mathematical error was corrected in Health Effects of Ingested Fluoride, NAS/NRC, 1993 to 10 to 20 mg/day for 10 to 20 years.

That same accumulation over 10 to 20 years requires only 2.5 to 5 mg/day over a 40 to 80 year period, which is a level of Total Fluoride Intake already surpassed by both children and adults.

However, this calculation is an estimate of the exposure to fluoride which would cause Phase III crippling skeletal fluorosis. Phase I and Phase II occur at much earlier stages of exposure, which causes suffering first from sporadic pain and stiffness of joints, and then arthritic symptoms, slight calcification of ligaments, with or without osteoporosis.

Even residents of non fluoridated communities will have to reduce their fluoride intake from other sources than water to avoid the devastating long term effects.

The most obvious manipulation of fact by the OEHHA is the establishment of a NOAEL of 1 mg/L. The NOAEL x BW in the formula is intended to represent the no-observed-adverse-effect-level of Total Daily Intake. The draft leaps to the 1 mg/L with the explanation that other source contribution is considered in all of the studies at 1 mg/L when in fact the original establishment of 1 mg/L (Dean, 1942), which was disputed at the time and is still disputed today as too high, assumed only 1 liter of

consumption and no other significant source of contribution. Thus the disputed original no-observed-adverse-effect-level Total Daily Intake was established at 1 mg/day.

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It should be apparent to any reader of this Draft that fluoride toothpaste, fluoride mouth rinse, fluoride floss, and fluoride supplements were not available at that time. Mechanically de-boned chicken with high-fluoride content was not a food staple for the general population in the 1940's. Fluoride based disinfectants currently used on chickens and other poultry were not prevalent in the 1940's. Nor was any other part of the general food supply exposed to increased levels of fluoride from the public water systems as they are today.

Exposure to high levels of fluorine-based pesticides in the food supply was not as prevalent in 1942. Baby foods and packaged juices of today frequently use white grape juice (high in fluoride from pesticide residue) as sweetener, which was not the practice in 1942.

Other sources of fluoride in fruit juices made from concentrate, and other beverages, raisins, grains, cereals, general anesthetics, psychotropic drugs, children's vitamins, dental materials, and dental topical applications were also not prevalent in 1942.

OEHHA presents a graph (Fig. 1) showing an increase in dental fluorosis relative to ppm fluoride in the water, when in fact this is another distortion. The effect includes all sources of fluoride intake. Applying Table 1 of Estimated Total Daily Intake to this graph indicates how 8 to 51% of children in fluoridated communities suffer from dental fluorosis, and how 3 to 26% of children in non fluoridated communities suffer from dental fluorosis.

If the OEHHA chart is to be believed, it is clear that those children consuming as much as 4 mg/day Total Daily Intake are at ever-increasing risk of severe dental fluorosis, and that children in non fluoridated communities at the upper range of the OEHHA Estimate of Total Daily Intake are not immune to severe dental fluorosis either.

OEHHA selectively chooses to report a mean prevalence in four fluoridated cities of a 22% incidence of dental fluorosis, in order to minimize the incidence of fluoridation.

It should be noted that the examination process to determine the presence of dental fluorosis entails identifying dental fluorosis only when at least two teeth are damaged, and the severity is classified as the least effected; so in reality the severity is always understated. A classification of mild dental fluorosis indicates that up to fifty percent of the least effected tooth is damaged, while moderate fluorosis indicates that more than 50% of the least of two effected teeth is damaged.¹⁴

At the Canadian Conference on Fluoride Supplements on November 29, 1997, reports estimated dental fluorosis in Canada effects 30% to 65% of

Canada's children.

With dental fluorosis admittedly on the rise, the OEHHA refusal to recognize overdose, even in non fluoridated communities, is scientifically bewildering.

Although the OEHHA Draft gives lip service to the need to consider all sources of intake, even supplying a Fluoride Intake table, OEHHA evades a mathematical computation considering total intake, in favor of an end result amenable to the pro-fluoridation projection of safety. Using the still-disputed-as-excessive 1 mg/day as a NOAEL and a Relative Source Contribution of 21.6% from 1 mg's representation of Table 1's estimated 4.6 mg Total Daily Intake for children (pg. 4), leaving all other factors constant, would result in a PHG of .216 mg/L ___ but of course this does not support the pro-fluoridation agenda.

OEHHA admits that the PHG provides little or no margin-of-safety, but never attempts to address any of the subsets of the population that are identified as unusually susceptible (ATSDR, 1993). OEHHA sloughs off the requirement to consider the most sensitive individuals (Pg. 17), stating that they, indicating only ("i.e. children"), were included in the study population.

The populations identified as unusually susceptible include the elderly (age 50+, Hanhijarvi, 1974), people with deficiencies of calcium, magnesium, and/or vitamin C, and people with cardiovascular and kidney problems. Impaired renal clearance of fluoride has also been found in people with diabetes mellitus.

These individuals are not included in the study base, nor considered in any formulation. Nor are outdoor laborers, athletes, people with excessive thirst or diabetes insipidus, and individuals who drink more than the average amount of water for purposes of detoxification.

Adults with diabetes insipidus routinely drink 8 to 12 liters of water per day. Children similarly afflicted are assumed to drink approximately half that amount -- 4 to 6 liters/day. Using the still-disputed-as-excessive NOAEL of 1 mg/day (no NOAEL has ever been established by any scientific standard for more than 1 mg/day) and a Relative Source Contribution of 0.62, representing 6 mg of fluoride from the 6 liters of water of the 9.6 mg Total Daily Intake for children (Table 1, Pg. 4, 4.6

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mg+ 5 additional mgs), dividing by 6 liters, without adjusting for Uncertainty Factor, would result in an OEHHA fluoride PHG of .103 mg/L.

Using Mullenix's Rat study showing neurological impairment and behavioral changes as an end-point, Mullenix's study produced a no-observed-adverse-effect-level in a 6 week sub-chronic test that used 75 mg to produce a 0.12 F serum level that is producible in humans with 4 to 8 mg F. OEHHA could have calculated the PHG with neurological

impairment as the endpoint as follows; 4 mg x 100% RSC divided by Uncertainty Factor of 100 for animal extrapolation and severity, equaling a PHG of 0.04 mg/L.

Crippling skeletal fluorosis can be produced at 2.5 to 5 mg/ day for 40 to 80 years. A quick check of Table 1, Estimated Total Intake, reveals that both children and adults in fluoridated communities are already being overdosed, with some children in non fluoridated communities at risk. Phase I and Phase II appear to be inevitable to some degree for almost everyone unless a reduction in exposure prevails. The severity dictates a PHG of 0.00.

Scientific Critique

Summary of Criticisms:

The recommendation for ingested fluoride is extremely flawed and decidedly biased. In order to be accurate a review of the literature must be comprehensive, yet advocates for drinking water fluoridation repeatedly ignore much of the available scientific information and utilizes out-of-date flawed research studies that are not valid by today's standards.

In addition, they rely almost entirely on reviews of fluoride rather than upon original scientific experiments. The reviews themselves have been frequently attacked in the scientific literature. In some cases scientific fraud was alleged for preparing favorable pseudoscientific reviews. The review papers often have changed the results to fit their pro-fluoridation perspective and thus deceive the readers into believing that valid science actually exists.

The subject under review is the safety of ingested fluoride; therefore, it is not reasonable to include biased remarks regarding the alleged beneficial effects of water fluoridation upon the dental health of children. The pro-fluoride rhetoric and illogical bias displays the mindset of the reviewers
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and partially explains why they have opted to defy the established scientific guidelines for the scientific review.

While topical fluoride may reduce tooth decay in children, ingested fluoride does not. All of the broad based, blinded studies of animals or humans that have either found an increase in decay of permanent teeth at 1 ppm or no difference. There are several studies which have found a delay in tooth eruption for children ingesting fluoride from the drinking water (Sutton 44, Limeback 45, NIDR 1987). The delay in eruption fully accounts for the transient reduction in tooth decay seen in the 5 to 8 year old children (Yiamouyiannis 46). The delay in eruption is not a health benefit, but is indicative of a generalized slow-down in the growth of the child that has enormous implications for the future health of that child.

Mirth et al demonstrated by an animal experiment that animals with oral

F releasing implants had caries inhibition and those with continuous slow release F pump implanted under the skin did not. 47 48 49 50

Fluoride has produced considerable delay in the eruption of children's teeth. 51
Drs. L. Krook and G. A. Maylin describe a mechanism that produces marked delay in the eruption of teeth (1.5 to 3.0 years) in cattle crippled with fluorosis (fluoride damage to bone), due to atmospheric fluoride pollution.

Krook et. al. found that exposure to fluoride had produced a great decrease in the number of certain cells in bone (resorbing osteocytes) which play a major role in the resorption of the roots of the deciduous (first) teeth and of bone; both of which processes are necessary before permanent teeth can erupt normally. They stated: "The delay in eruption in the permanent teeth has also been reported in children in fluoridated communities." "The cause of the delay in eruption was shown in the present material. Fluoride arrests resorption of deciduous tooth roots and of the supporting bone. By inducing one disease (fluorosis), fluoride delays the manifestations of another (dental caries)." 52

The formula for establishing a safe daily intake of fluoride is blatantly manipulated by proponents of fluoridation. None of the reviews established a scientifically valid NOAEL. OEHHA admits that severe dental fluorosis occurs even at 1 ppm (pg. 15). Purposely substituting a known observed level for a no-observed-level can only lead to observable incidence and no margin-of-safety. Therefore the formula must include an uncertainty factor above 1. The OEHHA review cites positive correlations to severe adverse health effects, then erects inconsistent requirement for proof. Rather than utilizing scientific methodology to compute uncertainty

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factors, OEHHA claims uncertainty factors are a reason for abandoning consideration.

The CDC ATSDR on page 112 described the at-risk populations for fluoride ingestion.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
TP-91/17
HEALTH EFFECTS OF FLUORIDE
2.7 POPULATIONS THAT ARE UNUSUALLY SUSCEPTIBLE

“Existing data indicate that subsets of the population may be unusually susceptible to the toxic effects of fluoride and its compounds. These populations include the elderly, people with deficiencies of calcium, magnesium, and/or vitamin C, and people with cardiovascular and kidney problems.

Because fluoride is excreted through the kidney, people with renal insufficiency would have impaired renal clearance of fluoride (Juncos and Donadio 1972). . . .

People on kidney dialysis are particularly susceptible to the use of fluoridated water in the dialysis machine (Anderson et al. 1980). . . .

Impaired renal clearance of fluoride has also been found in people with diabetes mellitus and cardiac insufficiency (Hanhijarvi 1974). People over the age of 50 often have decreased renal fluoride clearance (Hanhijarvi 1974). This may be because of the decreased rate of accumulation of fluoride in bones or decreased renal function. This decreased clearance of fluoride may indicate that elderly people are more susceptible to fluoride toxicity.

"Recent studies indicate that fluoride may increase the rate of hip fractures in elderly men and women."

The proposed PHG of one PPM protects none of the above populations. Instead, OEHHA chooses to use dental fluorosis as the sole risk factor considered in the PHG. In the case of skeletal fluorosis, OEHHA does not protect against the latent development of stage III severe skeletal fluorosis and virtually assures the development of stages I and II in the majority of the population. Stiff back syndrome is already prevalent in our over-fluoridated society.

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Scientific Summary

In summary, The IAOMT following our previously listed risk assessment guidelines, presents a comprehensive review of the available scientific literature. We find that the present US EPA maximum contaminant level for water (4 ppm) and the recommendation for drinking water fluoridation (1 ppm) will produce a measurable increased risk of cancer, hip fracture, dental fluorosis, and neurological impairment and virtually assures the development of stages I and II skeletal fluorosis in many individuals exposed to these levels of fluoride in their drinking water. The IAOMT PHG for fluoride is appropriately zero. As with all cumulative toxic substances, avoidance of exposure, wherever possible, is the most appropriate public health goal and the only way to completely prevent adverse health effects.

Referencing known science to criteria for Patient Health Goal

The stated goal of the PHG is to protect the most vulnerable segment of society from fluoride related injury and adverse health effects even over a lifetime of exposure utilizing the best available toxicological data. Thus their recommended PHG should offer no significant risk to individuals.

Skeletal fluorosis and dental fluorosis develops in vulnerable populations at very low levels, therefore, the PHG must be supportive of the goal of preventing adverse health effects including the earlier signs and symptoms of fluoride overdose. Early signs of fluoride overdose start with

cartilage and with "vague pains", noted most frequently in the small joints of the spine. These cases are frequent in the endemic (local) areas and may be misdiagnosed as rheumatoid- or osteo-arthritis.

In later stages, there is an obvious stiffness of the spine with limitation of movements, and still later, the development of kyphosis (hunch back).⁵³

Page 57 of the 1993 ATSDR TP 91/17 under Health Effects states, "If this effect is confirmed, it would mean that hip fracture in the elderly replaces dental fluorosis in children as the most sensitive endpoint of fluoride exposure".

It is important to recall that since 1993 when the ATSDR was prepared, additional confirmatory research linking fluoride to hip fracture has been published. ⁵⁴

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Animal and human research linking dental fluorosis to neurological impairment has also been published. ^{55 56 57}

Neither of these developments is referenced in the pro-fluoridation CDC review papers.

Fluoride is a violent protoplasmic poison that accumulates, over a lifetime, in calcium-rich tissues. A presumably toxic dose (PTD) is approximately 5 mg/kg body weight for humans. However, death in susceptible individuals has been reported at 0.3 mg/kg estimated dose. (Hoopers Bay).

Some people with cardiovascular problems may be at increased risk of fluoride toxicity. Fluoride inhibits glycolysis by inhibiting enolase. ^{58 59} It also inhibits energy metabolism through the tricarboxylic acid cycle by blocking the entry of pyruvate and fatty acids and by inhibiting succinic dehydrogenase. ⁶⁰

One of the most susceptible populations would be infants fed entirely tap-water based formula or home-prepared vegetables, rice and other water-absorbing foods. Infants fed baby foods such as mechanically de-boned chicken who have impaired renal function, or diabetes insipidus with poor fluid retention, are at great risk. It is a well established fact that dental fluorosis is linked to a combination of fluoride in the water and the absence of breast milk. Human breast milk usually contains less than 0.01 ppm fluoride. Fluoridated tap water therefore contains 100 times more fluoride than breast milk. When a baby is fed infant formula mixed with tap water it receives a daily dose 100 times greater than the infant on breast milk.

The latest Academy of Pediatrics guideline for infant-feeding recommends breast feeding for as long as mutually agreeable, and for at least one year. They note that an infant's failure to nurse is linked to numerous adverse health effects, including cancers and sudden-infant-death syndrome. Sudden-infant-death syndrome has been linked to water

fluoridation in at least one study 61.

The vulnerable, sick infant segments of the population are not mentioned in the PHG. Some infants do not have completely formed kidneys. Approximately 50% of ingested fluoride is excreted through the kidneys. Since some infants are born with impaired kidney function and little is known about how a normal newborn's kidney handles fluoride, the uncertainty factor must be increased in the formulation of a PHG.

The dose of fluoride necessary to cause dental fluorosis is 0.04 mg/kg. An infant that weighs 8.8 pounds or 4 kg who drinks one liter per day of

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water-based formula would receive a daily dose of 0.25 mg/kg or roughly 6 times the lowest dose necessary to cause dental fluorosis. Dental fluorosis has increased steadily since the introduction of fluoride into the community drinking water of this country, and now affects 8 to 51% of the children in fluoridated communities (NRC, 1993). Some underprivileged fluoridated communities such as Augusta, Georgia are reporting dental fluorosis rates as high as 80%. 62

California has traditionally experienced less dental fluorosis since water fluoridation has been rejected by the majority of communities. Dental fluorosis is known to occur in non fluoridated communities (3%-26%, NRC, 1993). Therefore, even if the PHG were set at 0.0 ppm it would not fully protect our children from dental fluorosis.

This is particularly important since the full nature and extent of other health effects of dental fluorosis is not fully known. Some authors have identified adverse psychological impact in children who suffer from the unsightly defects of dental fluorosis. OEHHA attempts to minimize the social impact by characterizing dental fluorosis as a cosmetic defect; however, in 1986 the California Department of Health rejected the US EPA contention that dental fluorosis is only cosmetic and ruled that dental fluorosis is an adverse health effect.

Dental fluorosis is caused by fluoride damage to the cells (ameloblasts) making tooth enamel during tooth formation. At the same time enamel is forming, many other tissues in young children are also growing. Brain damage and bone damage have now both been linked to dental fluorosis. 63 64

Additional research is badly needed to determine the full extent of the harm caused by fluoride; however, it is clear that the daily dose for many children in non fluoridated areas, from sources other than water, already exceeds the tolerable safe intake of fluoride.

The PHG's for acutely toxic substances should be set at levels which scientific evidence indicates has no known or anticipated adverse effects on health, plus an adequate margin of safety. 65

It is within the scope of OEHHA to establish a PHG of 0.0 mg/L for fluoride and this is supportable by the science available.

Item 2 of the Preface: The PHG for carcinogens is to be based solely on health effects without regard to cost impact and shall not pose any significant risk to health.

One of the first positive findings of carcinogenicity of fluorides in humans was the Burke-Yiamouyiannis 1975 study that linked drinking water fluoridation to increased cancers in the general population. Congressman

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Fountain explained to the public after extensive hearings that he could not assure the public that fluoride was not a carcinogen. Congress ordered the National Cancer Institute to immediately begin cancer studies and report back to congress no later than 1980. They furnished no report until almost a decade later. The NCI paid Battelle Laboratories to test rats and mice for carcinogenicity. In the words of the Battelle Laboratories Pathologists, the high-dose animals were "awash with disease". They had cancers of the oral cavity, liver, and bone. Their kidneys were damaged and they looked like death was nearly upon them.

This study was turned over the United States Public Health Service for "peer review." In the process of preparing the draft report for peer review, every cancer was downgraded, not one level but two. The rare cancers of the liver (hepatocholangiocarcinomas) were downgraded to hepatomas, a common benign tumor frequently found in animals. The review committee used studies from other NCI experiments as controls in order to lower the significance of the osteosarcomas. These outside studies had no control of fluoride in their diet, and analysis of their bone fluoride levels more accurately places them at the mid-range dose animals.

It is unprecedented in research to give a mid-range dose of the suspected carcinogen to a control group and then claim that these animals' cancer rate can be used to lower the significance of the cancers found in the study subjects. This is exactly what occurred in the NTP fluoride/cancer peer review process. The low-dose animals had no osteosarcomas. The historical control group (mid-range dose) experienced a relatively high bone cancer rate of 0.6%. The fact that there are over 6,000 animals in the historical controls makes these findings very significant.

This OEHHA Draft relies heavily upon the US PHS version of the NTP data for it's claim that fluoride is not a carcinogen. OEHHA also includes as supporting evidence of lack of mutagenicity the Ames Salmonella assays in-vitro study. 66

Dr. Ames himself has clearly stated that his bioassay is not suitable for a material like fluoride. It is an inappropriate test and yields no significant information. Why, then, was it included except to give the PHG the appearance of scientific validity. The NTP also investigated fluoride mutagenicity in-vitro. In every test except the Ames test, fluoride produced mutations. 67

Both the NTP and OEHHA are

suppose to take into consideration disturbing results such as these. Instead the authors chose to rely upon the biased reviews, rather than upon the research itself.

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Following the revelation of male rat osteosarcomas in a dose-dependent fashion from the NTP study, Dr. Cohn of the New Jersey Department of Health surveyed the prevalence of osteosarcoma in young males of the state. He found a dramatic increase in osteosarcomas in fluoridated areas of New Jersey. The National Cancer Institute surveyed the entire United States population and concluded there was no increase in osteosarcomas, yet the data published in their study indicated that there is a 68% greater chance of developing osteosarcomas in fluoridated communities than non fluoridated communities. This is not the first time the NCI has been caught in producing misleading information with regard to the carcinogenicity of fluoride, including the use of erroneous data and giving false testimony under oath. 68

And of course the osteosarcoma did not go unnoticed in the TP 91/17 ATSDR 1993:

"A large study of fluoride conducted by the National Toxicology Program with both rats and mice found that a small number of male rats developed bone cancer (osteosarcoma) after drinking water with high levels of fluoride in it throughout their lives. . . . The bone cancer seen in the rat study is rare in humans, although its frequency has recently increased among males in countries with fluoridated water."

"The osteosarcoma rate in males living in fluoridated areas has increased markedly in recent years . . ." (Page 123)

The NTP study is far too extensive to go into in its entirety here, however, the rare form of liver cancer found in both the rats and mice is significant by itself. Dr. Mel Ruber, the pathologist who originally described this cancer has confirmed that the rats did suffer from hepatocholangiocarcinomas despite the claims of the US PHS to the contrary.

FLUORIDE LINKED TO INCREASE IN
HEPATOCHOLANGIOCARCINOMAS

FLUORIDE LINKED TO INCREASE IN HEPATOCHOLANGIOMAS

Fluoride in drinking water	Percent of animals with hepatocholangiocarcinomas and total number of animals examined	
	Males	Females
0 ppm	0% (0/79)	0% (0/79)
11 ppm	2% (1/50)	2% (1/52)
45 ppm	2% (1/51)	0% (0/50)
79 ppm	4% (3/80)	4% (3/80)

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Dr. William Marcus blew the whistle on the Public Health Service for alterations to the data of the NTP study. He had consulted with numerous cancer experts and is a specialist in osteosarcoma himself. He states that the changes to the hepatocholangiocarcinomas and oral cancers were not appropriate. He called for an independent review of the NTP changes. He was subsequently fired and then won his whistle-blower lawsuit with punitive damages. The US PHS service has arrogantly refused to answer a single criticism of their obvious scientific fraud.

Studies of cancerous animals indicate that fluoride is a cancer promoter. The tumors grow faster and better in animals exposed to fluoride. No consideration was given to those segments of our population who are already battling cancer, who now may lose that battle for life, due to this failed and thoroughly discredited public policy of drinking water fluoridation. 69

In Kennedy versus Lungren, Sacramento Superior Court, 1997, The California Legislative Analysts Office acknowledged that high doses of fluoride do cause cancer.

Item #3 To the extent the information is available, we shall consider possible synergistic effects resulting from exposure to two or more contaminants.

The synergistic actions of fluoride would fill most libraries, and much is still to be learned about this very aggressive poison. Fluoride is the most reactive element in the periodic chart, therefore it interacts with everything. It will etch asbestos, glass, concrete, and any other substance.

In a soft water system such as is found throughout Northern California, fluoride will etch the pipes and deteriorate the city plumbing. In the process it will release asbestos from the concrete water lines and leach lead out of solder joints. In 1992 Tacoma, Washington had to shut down the fluoridation equipment due to the fact that fluoride had eaten the pipes. The municipal water had approximately 32 parts per billion (ppb)

lead at the time of the breakdown. After the breakdown, the lead level dropped to 17 ppb. When the equipment was fixed, the lead level shot

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right back up to 32 ppb. The city fathers decided to discontinue the use of fluoride, and the lead level again dropped. Over the next several years the lead level continued to drop, and today it is about 5 ppb.

Thurmont, Maryland had an identical experience with fluoride raising lead levels in their municipal water system. The EPA Maximum Contaminant Level for lead is 15 ppb. The Federal MCLG for lead is 0. Adding fluoride to the water supply in soft water areas will unquestionably increase the users exposure to lead.

Literally tons of other neutralizing chemicals, such as lime, must be added to counteract the addition of fluoride.

Calcium, Magnesium, Boron, Selenium, and Vitamin C have been found to mitigate fluoride poisoning. Undernourished and underprivileged children, and adults with deficiencies of these mitigating factors, will suffer increased rates and more severe damage from ingested fluoride. No assessment of the impact of fluoride on individuals of different nutritional status, or the possibility of co-carcinogenicity is addressed.

Fluoride readily replaces the other elements of the halogen group: chlorine, bromine, and iodine. OEHHA considers no association with these elements, or any deficiencies in other chemicals due to over-exposure to fluoride.

Item #4 The IAOMT shall consider the existence of groups in the population that are more susceptible to adverse effects of the contaminants than a normal healthy adult.

The 1993 ATSDR to find the following scientifically established facts (page 112),

"Existing data indicate that subsets of the population may be unusually susceptible to the toxic effects of fluoride and its compounds. These populations include the elderly, people with deficiencies of calcium, magnesium, and/or vitamin C, and people with cardiovascular and kidney problems.

Because fluoride is excreted through the kidney, people with renal insufficiency would have impaired renal clearance of fluoride (Juncos and Donadio 1972). . . .

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Item #5 The IAOMT shall consider the contaminant exposure and body burden levels that alter physiological function or structure in a manner that may significantly increase risk of illness.

Storage of fluoride in bone is a progressive process. 70 Small ingested amounts of fluoride, such as from fluoridated water, beverages, food sources or swallowing fluoride toothpaste, accumulate in the bone.

Approximately 50% of each fluoride dose accumulates in the hard tissues of the body, primarily the bones. The toxic effects of fluoride in bone have been established for over 60 years. In classical empirical experiments, Kaj Roholm measured the bone burden of cryolite workers who developed skeletal fluorosis. From these experiments it was determined that the body bone burden of fluoride sufficient to cause crippling stage III skeletal fluorosis in adult males was 36,525 to 146,100 mg or 10 to 20 mg per day for 10 to 20 years.

Fluoridation of the public water supplies forces whole communities and whole generations in to a lifetime of exposure. The OEHHA PHG Draft Table 1, page 4, clearly shows that an adult high average daily consumption of fluoride from all sources is 7 mg/day. $7 \text{ mg/day} \times 365 \times 75 \text{ years of life}$ in fluoridated communities divided by 2 for 50% retention yields a body burden estimate of 95,812 mg/body burden. Thus, even simple arithmetic, not even considering excessive thirst, pre-existing diseases, or renal pathology, demonstrates body burden levels three times higher than Kaj Roholm found in cases of crippling stage III skeletal fluorosis. Stages I and II would occur at a much earlier point in the progressive poisoning from drinking water with 1 ppm fluoride.

A recent study by Sowers (1997) found that women 35 to 50 already have the same amount of aches and pains as their parents. The great fluoridation experiment has apparently induced more rapid aging of the bones, ligaments and back. This is exactly what was predicted before the experiment began in the 1940's.

Dr. Marcus expressed the concern for bone burden of fluoride from the NTP study very well in his May Day Memo (Marcus 1990);

This is an important consideration because as the document reports on page 9, the levels of fluoride in bone are linearly dependent upon dose and length of exposure ("depend upon total intake") in people. The level of fluoride in ashed samples of bone of 20-30 year old people is 200 - 800 mg/kg compared to 70 to 80 year old people of 1,000 - 2,500 mg/kg. In the document, the authors cited

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Zipkin⁷¹ who reported on bone fluoride concentrations in four groups of individuals with average ages of 56 to 76 who lived in areas with fluoride concentrations in water of 0.1, 1, 2, 6, or 4 ppm. The relationship to bone fluoride concentrations and water fluoride content was linear; bone fluoride ranged from about 800 to 7,000 ppm ash with increasing water fluoride."

In the animal studies the levels of fluoride (Appendix 1) found in the bones of the animals were the same as or lower than those

found in people. The highest dosed level of rats had lower levels of fluoride in their bones (5,470 ppm) compared to people (7,000 ppm) at the MCL of 4 ppm. This can be interpreted as people who ingest drinking water at the MCL have 1.3 times more fluoride in their bones than male rats who get osteosarcoma This is the first time in my memory that animals have lower concentrations of the carcinogen at the sight of adverse effect than do humans. An important toxicologic consideration is that a toxic substance stores at the same place it exerts its toxic activity. This is true of benzene and now for fluoride. Fluoride, however, is at twice the concentration in human bones compared to benzene which is 10 to 100 greater in animal marrow. This portends a very serious problem. One would expect to be able to discern a carcinogenic effect in the exposed population when compared to the unexposed population especially if data exist on the populations before fluoridation.

Investigators found that water fluoridation increased the bone burden substantially after only 15 years and that people who had impaired kidney function had double the level of fluoride in their bones as compared to those with good function. 72

Normal bone ash has only 500 to 1,000 ,mg F/kg. 73 74 75

In some cases people with impaired kidneys have over 3,800 mg F/kg after only 15 years. Based upon the works of Kaj Roholm stage I skeletal fluorosis could begin in an 80 pound susceptible individual after only 6 years of consuming 5 mg/day.

The PHG does not protect the public from a body burden of fluoride which is known to cause adverse health effects. It utterly fails to address susceptible subsets of the population to life-long exposure to this cumulative poison.

Item # 6 In cases of scientific ambiguity, IAOMT shall use criteria most protective of public health and shall incorporate uncertainty factors of non carcinogenic substances for which scientific research indicates a safe dose-response threshold.

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Criteria has been established for the use of the uncertainty factors for drinking water by the National Academy of Sciences. Documentation is submitted with this position paper.

"A number that reflects the degree or amount of uncertainty that must be considered when experimental data in animals are extrapolated to man. When quality and quantity of data are high the uncertainty factor is low and when data are inadequate or equivocal, the uncertainty factor must be larger.

The following general guidelines have been adopted in establishing

the uncertainty factors.

1. Valid experimental results from studies on prolonged ingestion by man, with no indication of carcinogenicity.

Uncertainty factor = 10

2. Experimental results of studies of human ingestion not available or scanty (e.g., acute exposure only). Valid results of long-term feeding studies on experimental animals or in the absence of human studies, valid animal studies on one or more species. No indication of carcinogenicity.

Uncertainty Factor = 100

3. No long-term or acute human data. Scanty results on experimental animals. No indication of carcinogenicity.

Uncertainty Factor = 1,000.

These uncertainty factors are used in every case as a divisor of the highest reported long-term dose which is observed not to produce any adverse effect.

Since the US PHS altered the data on the NTP rat/mouse study without good reason it cannot be relied upon for determination of fluoride's potential as a carcinogen. However, since the peer review refused to say there was no evidence of carcinogenicity and chose instead to list fluoride as an EQUIVOCAL carcinogen. Clearly a UF above 1,000 is indicated.

OEHHA remarks on page 18, "Individual variability might lead to a wide range of exposures not accounted for in the development of the PHG" This statement indicates the necessity of a higher Uncertainty Factor.

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OEHHA and the pro-fluoridation dentists often dismiss many of the relevant scientific studies by alleging that the adverse health effects are not yet proven or that the study did not adjust properly for some unspecified variable. There is no requirement of a PHG to have absolute proof positive of an adverse health effect.

Freni (1994) reported that reproductivity of humans declined with increasing fluoride, and his study is supported by animal studies. 76
OEHHA dismissed this study as a preliminary study, which it was not. Again scientific methods of establishing Uncertainty Factors should be employed.

"Another source of uncertainty is the added exposure to fluoride from other sources (estimates in the range of 20 to 80%) including diet, toothpaste, mouthwash, and dental supplements."

Item #7 In cases where scientific evidence demonstrates a safe dose-

response threshold for a contaminant exists, then the PHG should be set at that threshold.

Proponents have expressed the belief in a threshold for fluorosis since the early days of water fluoridation. Anyone familiar with threshold would recognize that the 1942 graph of dental fluorosis clearly indicates there is no threshold for fluorosis but that fluorosis is a cumulative dose-dependent disease.

Item #8 The PHG may be set at zero if necessary to satisfy the requirements listed above.

The PHG for lead is zero. Lead is less toxic than fluoride and like fluoride accumulates in bone. The PHG for fluoride should also be zero. There are already too many sources of exposure to fluoride that cannot be controlled. The effect of fluoride on tooth decay germs is topical. The adverse health effects from ingested fluoride are systemic. Therefore, water should not contain fluoride since almost all, if not all, of the fluoride contained in water will be ingested, and produce nothing but adverse health effects.

Item #9. IAOMT shall consider exposure to contaminants in media other than drinking water, including food and air and the resulting body burden.

In 1996, and again in 1997, the California Legislative Analysts Office acknowledged that dental fluorosis will increase with water fluoridation.

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However, any reasonable PHG must take into consideration that fluoridating public drinking water contaminates other food sources as well. Total Daily Intake from all sources must be considered to establish full body burden and to arrive at a protective PHG with an adequate margin-of-safety.

Looking at the 1942 table of dental fluorosis, it is clear that 0.8 ppm, even in 1942 when fluoride was not found in beverages, tooth pastes, mouth rinses, vitamins, and many pesticides, was not a low enough concentration to protect the public.

Item #10 PHG's adopted by IAOMT shall be reviewed periodically and revised as necessary based upon new scientific data. We are actively pursuing new research in this field including experiments with a goal of determining how to improve human health through defluoridation of the public drinking water.

Fluoride Risks

RISK #1 Fluoridation is cancer-causing, cancer-promoting, and is linked to increased cancer rates in rats, mice, and humans. 77

RISK #2 Hip fracture rates are substantially higher in people residing in fluoridated communities. 78

RISK #3 Dental fluorosis, the first visible sign of fluoride poisoning, affects from 8% to 51% of the children drinking fluoridated water and has substantially increased over the last 40 years.⁷⁹

RISK #4 All of the recent large-scale studies on fluoridation and tooth decay show that fluoridation does not reduce tooth decay.⁸⁰

RISK #5 Fluoride drops and tablets are not approved by the U.S. Food and Drug Administration as safe or effective.⁸¹

RISK #6 Fluoride exposure and dental fluorosis are linked to lower IQ and neurological impairment.⁸²

RISK #7 The citizens of America are already overdosed with fluoride.⁸³

Children during growth accumulate fluoride more rapidly in their bones than adults. Systemic exposure to fluoride during tooth

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formation will cause fluoride to accumulate in the teeth also. The primary route of excretion is through the kidneys and secondarily the liver.

Systemic exposure to water fluoride during tooth development causes dental fluorosis and does not affect the tooth decay rate of the permanent teeth. It does affect the bone metabolism and calcification. It does increase cancers at the epiphysis. Life-long exposure to low levels of fluoride will increase hip fracture.

Cancer:

In 1977 an epidemiological study found a slight increase in all cancers was linked to fluoridated community water supplies.⁸⁴

Subsequent to that original paper several other studies have published research linking fluoride to cancer and genetic damage. Subsequent studies have failed to produce black and white answers and as a result the controversy continued.⁸⁵

Pursuant to congressional order the National Cancer Institute through the National Toxicological Program (NTP) researched the fluoride cancer question in rats and mice. The two year study was conducted by the Battelle Columbus Laboratory.⁸⁶

Preliminary results, published in 1989,

found a dramatic increase in bone cancers in only the male rats exposed to fluoride, and no bone cancers in the female rats, male and female mice. They also found an increase in oral cancers and dysplasias. The high dose rats drank 79 ppm fluoride and developed lip, cheek, throat cancers and dysplasias. Thus, the cancer and dysplasias appear to be due to the topical effect of fluoride. Since toothpaste is 1000 to 1500 parts per million, anyone brushing with fluoridated toothpaste would be exposed to considerably higher concentrations than the high dose rats which, in the words of the Battelle report were, “awash with disease . . . “

Dr. Cohn, at the New Jersey Department of Health, reported a significant association of bone cancer (osteosarcoma) rates of young men living in fluoridated cities compared to young men in unfluoridated communities 87. and was confirmed by Yiamouyiannis in a larger study. 88

Dr. Yiamouyiannis also linked fluoride to oral cancers as did the NTP study. It should be remembered that residents of unfluoridated communities will also have a great deal of fluoride exposure from other sources, such as beverages high in fluoride, soft drinks, tea, and reconstituted juices made with fluoridated water. In addition, very high levels of fluoride found in most commercial tooth paste, available in the United States, are ingested by small children who may swallow as much as 100% of the substance. It
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is estimated that residents of unfluoridated communities have about 50% of the exposure to fluoride as residents of fluoridated communities.

Dr. Cohn’s study can be criticized for all the same reasons as almost every single dental decay study. It is an epidemiological study with confounding variables. Decay studies that have not adjusted for confounding variables are useless in answering the question of effectiveness. Never-the-less, Peebles’, 1974, badly flawed study of fluoride supplementation effects on tooth decay can be relied upon to discover the prevalence of dental fluorosis. The fluorosis was mostly mild to very mild from “optimal” controlled doses. 89

Mahoney (1991) found that in the United States bone cancers in males had increased significantly since 1955. They concluded that water was not the source of the increase, but since their study had no unexposed controls, this conclusion does not seem justified. The largest study of osteosarcoma in young males to date was conducted by the Center for Disease Control. They concluded that nationwide osteosarcoma is not increased by water fluoridation. By correcting the CDC data for age, the results indicated a 68% greater incidence of osteosarcoma in young men in fluoridated communities than unfluoridated ones. 90

In the case of bone and oral cancers the research appears to bear out the thesis that chronic exposure to fluoride causes sex related cancer in young men and oral cancers in both men and women.

The Battelle Columbus Laboratory NTP report on fluoride found that the

high dose rats and mice both developed hepatocholangiocarcinomas. Dr. Mel Ruber, the pathologist credited with originally describing hepatocholangiocarcinomas, reviewed the Battelle pathological slides and confirmed the correct diagnosis of liver cancer. According to sworn testimony, Dr. William Marcus Senior Science Advisor at the Environmental Protection Agency, Office of Drinking Water, this rare form of liver cancer alone is significant, and “This changes the equivocal findings of the board (US PHS) to at least some evidence or clear evidence of carcinogenicity.”

The liver cancer diagnosis was downgraded by the U. S. Public Health Department “Peer Review” of the Battelle study. According to Dr. Marcus the downgrade was not justified. 91

In addition, three of the four in-vitro studies were positive for carcinogenesis. The laboratory studies, combined with in-vitro studies indicating carcinogenesis and epidemiological studies, indicate that fluoride, in all probability, is a cancer producing substance.

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The alteration of the board certified pathologists interpretation of the slides and the refusal of the U.S. PHS to allow “peer review committee” to view the slides in order to make their determination, is why it is best to review the data personally and arrive at reasonable decisions.

Hip Fracture

In 1990, Bailey et al. concluded, as have three other U. S. studies, that fluoride “therapy” (40 to 60 mg/daily) may be implicated in the pathogenesis of hip fractures which may occur in treated patients despite a rapid, marked increase in bone mass. 92 93 94 95

Eight other studies have found a positive correlation to hip fracture and water fluoridation (Ref. #2).

The progression of research published in the Journal of the American Medical Association from 1990 to 1995 is remarkable. The first study to appear was a statistical analysis of the entire U.S. by county, which found a significant positive correlation to water fluoride levels and hip fracture. 96

Cooper initially in 1990 did not find a correlation to water fluoride levels and hip fracture rates. 97 Later, when weighted for population size, he did find an increase.98

The third study is a carefully designed study that uses age, sex and religion to minimize confounding variables. 99 70% of the experimental subjects in both the test city and control cities were of the Mormon religion which forbids smoking and drinking. The study, although small in actual numbers of subjects, produces a very clear picture of gradual increase in hip fracture in both male and females over time. Older women appeared unaffected. (Figure 1)

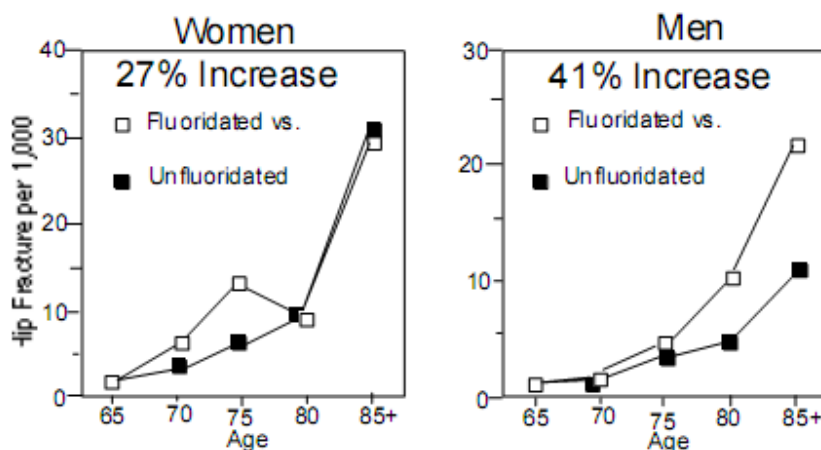
What is even more interesting about the study is the dramatic increase in hip fracture in women after 26 years of exposure who were pre menopausal at the time of fluoridation. This study, although by itself would mean little, when combined with the other studies of hip fracture, appears to accurately present a picture which should be of concern to everyone. Advocates of fluoridation point to only three hip fracture study as proof of fluoride safety for the elderly. 100 101 102

All three of these are small studies of elderly women with limited exposure time (6 years).

For example, Cauley's study looked at 1,878 white women aged 65-93 years (mean age =70.9), only 73% of whom had exposure to public drinking water, with a mean exposure time of only 6.0 years. Since bone turnover (remodeling) rate is relatively rapid before menopause and slow

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after menopause, fluoride's major effect on bone is most likely to occur during the years before menopause (i.e., before age 45-50), as was clearly shown in Danielson's study. Therefore, these studies may, in fact, be accurate but only for elderly women with very limited exposure time. (See following graph from Danielson et. al JAMA 1992)



All the subjects of the Danielson study were born before fluoridation was introduced and therefore, drank unfluoridated water, breathed unfluoridated air and brushed with unfluoridated toothpaste for the first 40 years of life. Due to the wide spread use of fluoride in the United States, all children raised in this country today will be exposed to much more fluoride than these experimental subjects. All sources of fluoride exposure are cumulative.

Dental Fluorosis

In the 1930's and 1940's H. Trendley Dean surveyed 65 cities for the prevalence of dental fluorosis. He reported on 21 of the survey cities and concluded that dental fluorosis would not occur in cities fluoridated at 1 part per million (ppm). No modern research has been able to confirm this optimistic view. To test the effectiveness of fluoride tablets, children were given 1 milligram tablets. This dose was selected because it provides the

same dose of fluoride found in a glass of water. The research found that 67% of the children developed dental fluorosis.

Research clearly indicates that minority children and the undernourished will suffer dental fluorosis at, and below, the 1 ppm fluoride level. 103 104

The National Research Council studied the prevalence of dental fluorosis and found that it has increased dramatically over the last 50 years that this country has experimented with fluoridation. 105

Presently, the incidence of fluorosis in fluoridated communities varies between 8% and 51%, and has risen in poverty areas to as much as 80%. In unfluoridated communities, between 3 and 26% of the children will display the first outwardly visible signs of fluoride poisoning. This is clear evidence that

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fluoride exposure has increased all over this country, both in fluoridated and unfluoridated communities, and has in many children exceeded the toxic effect level.

Dental fluorosis is symptomatic of an over-exposure to fluoride throughout the body. Its visible characteristics are the discoloration or pitting of the teeth. White flecks in the teeth may also occur. Fluorosis can lead to tooth decay. FDA's claim that fluorosis is only a "cosmetic" effect is unsubstantiated. It effects all age groups with both long and short-term harmful health consequences.

Most fluoride proponents are preoccupied with fluoride as a "cosmetic effect" of no consequence to health. They are oblivious to the fact that fluorosis connotes fluoride toxicity far more important than mere dental disfigurement. According to Dr. J. Colquhoun, former Chief Dental Officer of Auckland, N.Z.: the claim that only tooth-forming cells are damaged by fluoride is extremely implausible, contrary to common sense, and can be disputed on scientific grounds. There is evidence of more general harm."

The hip fracture is most likely due to fluorosis of the bone. We don't as yet know how high the hip fracture rate will be for children who suffer dental fluorosis, and who will be exposed to a lifetime of highly variable amounts of fluoride. Presumably it will be much higher than their unfluoridated predecessors.

Tooth Decay: (Not a Determining Factor for Safety of PHG)

All of the recent large-scale studies on the relationship between drinking water fluoridation and tooth decay show that **fluoridation does not affect tooth decay.** 106

A careful review of the available literature failed to find even one random blinded tooth decay study of humans or animals where water fluoridated at 1 ppm significantly reduced caries incidence.

On the contrary, there are several large studies of humans that have reported no significant difference in decay rates of adult teeth. "When the

socioeconomic variable is allowed for, child dental health appears to be better in the unfluoridated areas. 107

“Survey results in British Columbia with only 11% of the population using fluoridated water show lower DMFT rates than provinces with 40-70% of the population drinking fluoridated water.” 108 and “school districts recently reporting the highest caries-free rates in the province were totally unfluoridated.” 109
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The largest study of tooth decay in North America was done in 1986-1987 by the worlds greatest proponents of drinking water fluoridation, the National Institute of Dental Research, who has lobbied continuously for the last fifty years for total drinking water fluoridation in the United States. 39,000 children between the ages of 5 to 17 from 84 cities were surveyed. Three types of communities were selected for study; fluoridated, partially fluoridated, and unfluoridated. No statistically significant difference was found in decayed, missing and filled permanent teeth (DMFT). 110

(Figure 2)

Fig. 1. Tooth decay in fluoridated (F), partially fluoridated (PF), and nonfluoridated (NF) areas: permanent teeth

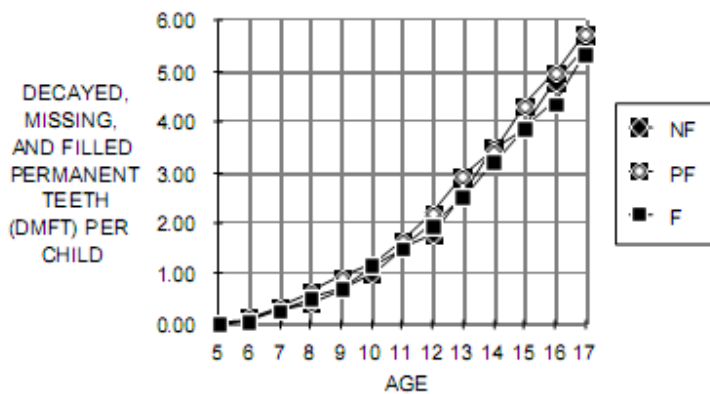
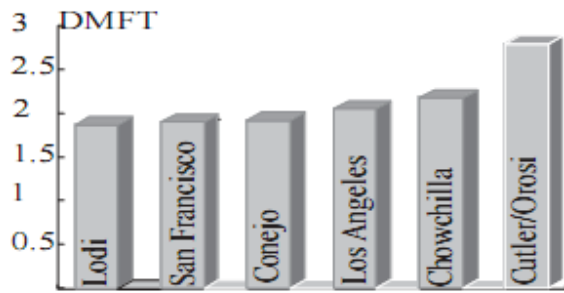


Figure 2

The data from the six cities of California that were studied in the previous survey, when analyzed separately, shows that after 44 years of water fluoridation there is no statistically significant difference in the DMFT rate for the two largest California cities. (Figure 3) The highest decay rate is seen in low income areas such as Cutler/Orsi. San Francisco, fluoridated since 1952, fared no better than non fluoridated Lodi. non fluoridated Los Angeles is not statistically different from affluent San Francisco.

Figure 3



2

In the largest study of tooth decay and water fluoridation, Dr. Colquhoun, former New Zealand dental officer and past President of the Fluoridation Society, compared the decay rate of 30,000 children in New Zealand. Official statistics showed no difference in the dental status of children in fluoridated and unfluoridated communities.¹¹¹

Tooth decay is known to be an infection of the tooth caused by the bacteria strep mutans. Tooth decay has declined throughout the United States since the 1940's both in fluoridated and non fluoridated areas. It varies with nutrition, parental education, family income, oral bacteria, oral hygiene and several other factors. Consequently, the DMFT rate will vary in the United States from one community to another. Accurate comparison of decay rates must therefore be adjusted for these confounding factors.

In order to determine if there is an economic benefits of water fluoridation to the government of California, we analyzed California dental cost data for welfare recipients. The study represents two equal socioeconomic groups since participation in the program is dependent upon family income and monitored by the welfare eligibility rules. Welfare dental fees are also the same in all areas of the state. The 1994 weighted average annual cost of dental care in the fluoridated communities of California (90% or more drinking fluoridated water) was \$120.01 per eligible recipient and \$108.48 in the non fluoridated (0% fluoridated drinking water). The 1995 weighted average annual cost of dental care in the fluoridated communities of California (90% or more drinking fluoridated water) was \$125.27 per eligible recipient and \$110.06 in the non fluoridated (0% fluoridated drinking water).¹¹²

Proponents of water fluoridation argue that the reason no benefit was found is because fluoride is available from many other sources such as beverages bottled in fluoridated communities and tooth paste. If this explanation were true, it is also a reason to not fluoridate drinking water.

Dr. Yiamouyiannis reported that the NIDR data showed a 42% lower decayed, missing, and filled rate for baby teeth (dmft) of children 5 years old but, the difference soon disappeared as the children grew older. By

age 8 there was no difference in DMFT score. Further examination of the results indicates that drinking water fluoridation may have produced a statistically significant effect by delaying the eruption of the permanent teeth. 113

Teachers have reported that children with early eruption of their permanent dentition are the most advanced in their grade level. Brain development and tooth development appear to be parallel. This fact appears to fit disturbingly well with the research reported in 1994 at the International Society for Fluoride Research (ISFR) XX Conference in Beijing which linked dental fluorosis to lower IQ;

Mullinax, Co-founder of the toxicology department at the Harvard Forsyth Dental Research Institute, published a study in neurotoxicology that found fluoride more potent than lead in damage to behavior of experimental animals. 114
The research is further corroborated by the well- established psychopharmacology of fluoride. 115

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Delaying the eruption of permanent teeth may provide transient protection from decay bacteria but the damage to the growth and development of the child does not justify the use of water fluoridation.

Conclusion of Report

The IAOMT performed the task of reviewing fluoride in a comprehensive, scientific and unbiased manner in accordance with criteria established to assure the protection of the public safety. The International Academy of Oral Medicine and Toxicology review of fluoride and resulting PHG of zero is the only acceptable systemic exposure level to this common xenobiotic.

Submitted by,

David C. Kennedy, DDS

copyright IAOMT, January 2003

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References from the original PDF are pages 43-62 please see <http://iaomt.org/iaomt-position-fluoridation/> for those references.

0397

Marianne Cavanagh

From: Deb Gully, DietNet [deb@frot.co.nz]
Sent: Thursday, 16 May 2013 10:57 a.m.
To: BUS: Annual Plan
Subject: Submission to Wellington City Council 2013 annual plan

I currently have no comment on other aspects of the draft plan.

But I am once again submitting to you, opposing the use of fluoride in our drinking water.

As a nutrition consultant and natural health practitioner, the first step for all of my clients is building a strong base using unprocessed whole foods and clean, chemical free drinking water. As Wellington chapter leader for the international Weston A Price foundation, my primary responsibility is to help the Greater Wellington population source these things.

This means water with no chlorine and no fluoride. Please note that we are not objecting to chlorine being put in the drinking water, as we understand why this is done, and it can be fairly easily removed just before drinking. But there is no good reason to put fluoride in the water, and it is very difficult to take out.

The twelve reasons we oppose fluoride in the water supply

1. The form of fluoride being used is a toxic industry by product, not a natural nutritional element
2. It doesn't address the true causes of tooth decay, which are nutritional. This is of course beyond the scope of council to address. Through my websites and in my practice, I work every day to educate people on how to eat to maintain dental, physical & mental health, as do many of my colleagues.
3. It doesn't work. Levels of tooth decay are very similar in non-fluoridated and fluoridated countries and the weight of genuine scientific evidence fails to show any benefit from fluoridation.
4. It damages dental, physical and mental health. The health issues it's implicated in include:
 - o Dental fluorosis
 - o Osteoporosis, especially hip fractures
 - o Joint & muscle pain, which may then be diagnosed as arthritis or fibromyalgia
 - o Endocrine system dysfunction, including hypothyroidism
 - o Many other physical diseases including cancer, diabetes and chronic fatigue
 - o Lowered IQ, depression and inability to concentrate.
5. Long term fluoride exposure on the skin is as dangerous, if not more so, than drinking it.
6. Even if it was effective and safe, it's dangerous to dispense any medication in such a way as to not be able to control the dosage
7. It's unethical to mass medicate the population without their consent
8. For those members of the public who wish to avoid fluoride exposure, the current policy is expensive – in terms of both time and money. We are appreciative that we can go to Petone and get clean water for drinking, but not everybody is able to do that. For bathing, the options are whole house filtration at an approximate cost of \$4000 or putting in a rain water tank at a cost of about \$1000. When we're paying rates in order to have good quality water, we shouldn't have to do either of those.

9. It's wasteful - Only 0.5% of the fluoridated water is ingested. The other 99.5% is used for washing or other uses, and literally goes straight down the drain. So even if fluoride was beneficial, at a cost of around \$130k a year, this would be an expensive, wasteful way to use it. There are much cheaper options that could cater for those who want it.
10. Potential contamination of the environment and damage to wildlife from the huge amount of it going into the sewage system.
11. Most other countries have banned fluoride from their water supplies because they know it's dangerous. NZ is one of only a handful of developed nations who fluoridate. (I will expand on this further in my oral submission). Despite the US being one of those, even the American Dental Association has recommended that baby formula is made up with non fluoridated water, thus admitting the risks involved.
12. Danger to NZ exports. The European Court of Justice has ruled that fluoridated water must be treated as a medicine, and cannot be used to prepare foods. The Court stated that even if a functional food product is legally marketed as a food in one member state, it cannot be exported to any other member state unless it has a medicinal licence. So EC countries could refuse to import food that's been prepared with fluoridated water. Fluoride in our water supply is damaging NZ's to clean, green image and could potentially have a very negative effect on our export markets.

We have been asked by council, how we do educate people who just don't want to know about this issue? We can't. Everybody has a busy life, and most people don't have the time to learn about this. They just want to continue to believe what they've always known, and to trust their elected officials to make the right decisions on their behalves.

So we now call on the Wellington City Council to halt this exceedingly dangerous policy immediately. We ask that you:

- Admit that there is overwhelming evidence for the dangers of fluoride, or at the very least admit that there are doubts about it's safety
- Agree that until it's proven safe (which it never has been), fluoride must not be put into our water
- Ask Greater Wellington to stop fluoridating Wellington water immediately (Greater Wellington has previously stated that if any council asks for fluoride to be taken out of their water supply, they will comply.)

I would like the opportunity to present an oral submission to the council.

Regards,

Deb Gully

Nutrition consultant and Chartered Natural Health practitioner

Wellington chapter leader of the Weston A Price foundation

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Submission on Annual Plan

This submission is from a group, on behalf of its members in your region. We wish to be heard on this submission.

Fluoride Action Network NZ (Inc)
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Featherston

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Endorsed by:

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Whangarei

Dr Mike Godfrey MB BS
Tauranga

Dr John Jukes BDS
Waipukurau

Dr David Smith BDS
Te Aroha

23rd April 2013

Dear Mayor and Councillors,

Wellington residents have never been consulted on this issue and it has now been 20 years since the Regional Council undertook any review. We therefore propose:

- Recommends to Wellington Regional Council that a district wide Review on Fluoridation be undertaken once the new council structure is in place
- a warning be sent to all residents alerting them to the advice by the Centers for Disease Control that fluoridated tap water not be used to make up infant formula. Bottle fed babies in most Wellington suburbs are being over exposed to fluoride today and are therefore at high risk of developing irreversible damage to their teeth and perhaps other parts of their body.

We also suggest that Councillors watch the Hamilton City Council Fluoridation Tribunal which will be live streamed on the 28th, 29th and 30th of May. This is an ideal opportunity for councillors to hear both sides and become fully informed on this most important topic.

The Basis for our Submission

Our group has been researching this subject for many years, some members even since the inception in the 1950s. We have endeavoured to provide you with the most up-to-date and accurate information possible and provide a reference for the many facets of this issue.

Our Submission will expand on the following:

1. Fluoridation in Wellington
2. Recent Council Decisions in New Zealand
3. Legal Action
4. Risk to Bottle Fed Infants
5. Ethnic minority advocates in the USA call for an end to fluoridation
6. Fluoridation Chemicals are classified as Hazardous Waste
7. Increased lead uptake with silicofluorides
8. Neurotoxicity
9. Premature Births
10. Heart Disease
11. Osteosarcoma
12. Accumulation in Pineal Gland
13. Dental Health
14. Promoters agree – Fluoride's primary benefit is topical
15. New Zealand Studies
16. Significant Reviews

1. Fluoridation in Wellington

Considering:

- Wellington has the best dental health in the country. As socio-economic status is the biggest predictor of dental health, this finding is not surprising. Therefore comparison with any other community (fluoridated or not) will show Wellington has better dental health
- It is actually now well established that the primary benefit from fluoride (if there is any) is from applying fluoride to the teeth not swallowing.
- The Ministry of Health no longer even recommend fluoride tablets¹.
- According to Dr Robin Whyman, Regional Public Health, "It is generally accepted that the principal caries protective effect from fluoride is topical"²..
- In a recent Herald on Sunday article, dental researcher Kanagarathnam admits "fluoride works best when applied topically. However, fluoride in water washes over the teeth, working as a topical solution to the teeth and roots."³ [Question how does fluoridation help babies?]
- there is no significant difference in decay rates between children living in the nonfluoridated areas compared to the children living in non-fluoridated areas
- fluoride is linked to a growing number of adverse health effects including:
 - lowered IQ
 - attention deficit and hyperactivity disorder
 - bone cancer in young males
 - an increase in cancer rates generally
 - arthritis
 - thyroid dysfunction
 - heart disease and related death
 - Increased premature births, with associated increased infant mortality
- Dental fluorosis (the first outward sign of chronic fluoride poisoning).
- a large section of the population does not want any fluoride chemicals added to their water. As a high level of people in Wellington are well educated many do not drink the fluoridated tap water but instead go to Petone for their water (250,000 litres are taken from the fountain every week), or buy bottled water or have a special filter to remove the fluoride

¹ <http://www.stuff.co.nz/taranaki-daily-news/news/5826420/Taranaki-residents-buy-up-fluoride-tabs>

² <http://www.huttvalleydhb.org.nz/RPH/Resource.aspx?ID=36345> (bottom of page 9 – pdf has now been removed from NFIS site but can be supplied on demand)

³ http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10874523

- adding fluoride chemicals to the community water supply removes choice since there are only so many steps people can take to avoid it. For instance people may drink non-fluoridated water but they still have to bathe in it.
- providing dental health services is not the Council's responsibility
- there are plenty of effective measures the DHB could do to reduce dental decay in the population
- dental decay is rampant in the poorer areas of Wellington where children often develop baby bottle tooth decay and are then required to have general anaesthetics

Money spent on fluoridation should be spent on truly helping the families that need it rather than wasting precious resources supposedly trying to help everyone but, in reality, not helping anyone.

2. Recent Council decisions in New Zealand

The Hamilton City Council are holding a Tribunal style Hearing on fluoridation on the 28th, 29th and 30th of May. This will be live streamed on their site. Councils who want to know more about this subject can either watch this online or, considering the proximity of Hamilton, actually attend the Hearing. Particularly, councillors may be interested in the Primary presentations of 1.5 hours each on the first morning.

Hastings and Whakatane District Councils are holding referenda in conjunction with this year's local body elections. The referendum in Hastings is binding.

Last year Central Hawke's Bay District Council stopped fluoridation after 95% of the submissions on fluoridation from residents said they wanted it stopped.

Also last year, the South Taranaki District Council undertook a consultation with the residents in the two small towns of Patea and Waverley. The result was that 85% of and 75%, respectively; of submissions from residents said they did not want fluoridation. Despite this, the council decided to vote in favour of starting. STDC are now asking the Ministry of Health, the local DHBs, the Dental Association, Water NZ and Local Government NZ to help fund a legal defence.

3. Legal action

A legal challenge to fluoridation has been lodged with the New Plymouth High Court, by way of judicial review against the South Taranaki District Council's decision in December 2012 to fluoridate Patea and Waverley.

The claim is that the Council has no express or implied power under the Local Government Act 2002, or any other Act, to fluoridate the public water supply.

The last time fluoridation was challenged in court was 1963, which led to the Privy Council decision in 1964, on which councils have relied ever since. The wording on which the Privy Council ruled was changed in the 2002 Act, creating the opening for a new challenge.

4. Risk to Bottle Fed Infants

The New Hampshire State Legislature has mandated that a warning be placed on all residential water billing systems if the water is fluoridated.

"Your public water supply is fluoridated. According to the Centers for Disease Control and Prevention, if your child under the age of 6 months is exclusively consuming

infant formula reconstituted with fluoridated water, there may be an increased chance of dental fluorosis. Consult your child's health care provider for more information"⁴.

Risks to bottle fed infants confirmed by NZ research

Research by Peter Cressey⁵ of Environmental and Scientific Research estimated that infants up to 6 months old and fed with formula made from water fluoridated at 0.7ppm had a 30% likelihood of exceeding the specified upper limit of 0.7 mg/day. At 1ppm, exceeding this limit was virtually certain.

It should be noted that there is no scientific basis for claiming that 0.7 mg/day is safe for infants as no studies on infants have been done – it is just pro-rata'd from adult levels on a body weight basis, which is invalid as infants are biologically different from adults. In particular, the blood-brain barrier is not fully formed, making infants especially susceptible to neurological/ brain damage.

Cressey notes that with formula made with unfluoridated water the daily fluoride intake is less than 1/10th the upper limit. Breast-fed infants get about 1/200th the daily upper limit.

US Research⁶ concluded in 2010 also confirms the increased risk of fluorosis from infant formula reconstituted with fluoridated water.

Children in fluoridated communities are experiencing twice as much dental fluorosis as children in non-fluoridated communities (roughly 30% compared to 15%). This makes each fluoridating council responsible for causing 15% of the children in the community to develop dental fluorosis.

At the very least, we believe NZ councils should do the same as the New Hampshire Legislature and issue information/warnings with rates notices.

5. Ethnic minority advocates in the USA call for an end to fluoridation.

African Americans and Latin Americans are harmed by fluoridation more than white Americans for the same reasons that Maori and Pacific Peoples are most disadvantaged by fluoridation in NZ:

- Higher incidence of diabetes
- Higher incidence of kidney disease

⁴ <http://www.gencourt.state.nh.us/legislation/2012/HB1416.html>

⁵ Peter Cressey, BSc(Hons), Food Safety Programme, Institute of Environmental Science and Research "Dietary fluoride intake for fully formula-fed infants in New Zealand: impact of formula and water fluoride" *Ltd Journal of Public Health Dentistry 2010. ISSN 0022-4006*

⁶ Levy SM, Broffitt B, Marshall TA, Eichenberger-Gilmore JM, Warren JJ. 2010. Associations between fluorosis of permanent incisors and fluoride intake from infant formula, other dietary sources and dentifrice during early childhood. *Journal of the American Dental Association* 141(10): 1190-1201.

- Lower average socio-economic status
- Lower Vitamin D levels causing lessened calcium metabolism (calcium protects the body from fluoride's toxicity).

First, Dr Andrew Young called for an end to fluoridation on behalf of African Americans. Dr Young is a former Mayor of Atlanta, former US ambassador to the UN, highly decorated by many countries, former close associate of the late Dr Martin Luther King Jnr, and leading black civil rights leader. Dr. Young was then joined by fellow civil rights leaders Reverend Dr. Gerald Durley, and Dr. Martin Luther King Jr.'s daughter, Dr. Bernice King, and niece, Dr. Alveda King.

The League of United Latin American Citizens (LULAC) also joined in the chorus. It is worth noting their last demand, as it reflects the situation with the NZ Ministry of Health:

“LULAC demands to know why government agencies entrusted with protecting the public health are more protective of the policy of fluoridation than they are of public health.”

LULAC's resolution is attached.

6. Fluoridation Chemicals are classified as Hazardous Waste

The chemicals used to fluoridate the water are not pharmaceutical grade compounds but have been scrubbed from the chimneys of the phosphate fertiliser industry. In New Zealand these compounds are Silicofluorides, either sodium silicofluoride Na_2SiF_6 (usually imported from Belgium) or Hydrofluorosilicic acid H_2SiF_6 sourced from Orica, we think from the Waikato.

Both of these substances are classified as hazardous waste with various warnings such as “Avoid contact with skin and eyes”, “Repeated or prolonged exposure may result in fluorosis” and “Avoid contaminating waterways”. Material Safety Data Sheets attached.

These compounds are not the same as naturally occurring fluoride. Naturally occurring fluoride is usually accompanied with high levels of calcium and or magnesium which help to detoxify the fluoride.

It is also noteworthy that the New Plymouth District Council acknowledged that the only way it could dispose of its remaining fluoride was to feed it into the water supply until expended – it could not legally dump it anywhere else as it is too toxic!⁷

It is disingenuous for Ministry of Health to consistently claim that the fluoride ion is the same no matter how it gets there.

⁷ <http://www.stuff.co.nz/taranaki-daily-news/news/5783079/Beginning-of-the-end-for-fluoridation>

7. Increased lead uptake with silicofluorides

Researchers⁸. Sawan et al, in 2010 confirmed findings of previous studies by Masters and Coplan^{9,10}, which found that the use of silicofluorides increased the uptake of lead into the blood.

The authors concluded: "These findings show that fluoride consistently increases blood lead and calcified tissues lead concentrations in animals exposed to low levels of lead and suggest that a biological effect not yet recognized may underlie the epidemiological association between increased blood lead levels in children living in water-fluoridated communities."

Probably anticipating the usual criticism levelled against animal studies of this type, the authors carefully address the issue of the concentrations of both lead and fluoride used in this experiment. They write:

"The concentration of lead was chosen because it produces plasma fluoride levels that are comparable with those commonly found in humans chronically exposed to 8mg/L of fluoride in the drinking water, which is a concentration known to cause severe fluorosis."

"Since this study was based on a hypothesis derived from epidemiological evidence from thousands of children (that fluoride from the water might increase blood-lead levels), we felt that we had to maximize fluoride concentrations to observe its influence on lead levels in this proof-of-concept animal study. Children are frequently exposed to high levels of fluoride during their first years because of the many sources of fluoride available to them. Therefore, it is likely that young children may experience episodes of exposure to high levels of fluoride, which may cause their blood lead levels to increase and produce more lead toxicity."

"A reason for major concern is the fact that exposure to increased amounts of lead and fluoride occurs at about the same age (1-3 years)."

⁸ <http://www.sciencedirect.com/science/article/pii/S0300483X10000351>

⁹ Coplan MJ, Patch SC, Masters RD, Bachman MS. *Neurotoxicology*. 2007 Sep;28(5):1032-42

¹⁰ Masters RD, Coplan MJ, Hone BT, Dykes JE. *Neurotoxicology*. 2000 Dec;21(6):1091-100

8. Neurotoxicity

Last year (2012) a meta-analysis of all the IQ studies was published in the prestigious Environmental Health Perspectives Journal by a group of Harvard researchers¹¹. Based on the findings, the authors say that this risk should not be ignored, and that more research on fluoride's impact on the developing brain is warranted.

In 1995 Mullinex et al¹² found that newborn rats exposed to fluoride exhibit either ADD/ADHD symptoms, or lethargy, depending on whether they are exposed to fluoride before or following birth.

In 1998¹³ Varner et al show that fluoride increases the incidence of amyloid deposits in the brain, typical of Alzheimer's Dementia.

In 2004 Guan et al¹⁴ show fluoride reduces the number of nicotinic acetylcholine receptors in the brain. Acetylcholine is the body's main neurotransmitter. Earlier research showed that this effect resulted in a raft of neurological disorders, including ADD, epilepsy, Parkinson's, Turette's Syndrome, lowered IQ, etc.

2008 19 studies from China (translated from Chinese) show a direct correlation between fluoride in drinking water and lowered IQ – by up to 5 IQ points.

In 2011¹⁵ a study found a direct relationship between dental fluorosis and lowered IQ.

Scientific Consensus Statement on Neurodevelopmental Disorders identified that children are more susceptible to neurotoxic damage as the brain is still developing. It identified fluoride as posing a greater risk than could be justified by claims of reduced tooth decay.

Also in 2007 the prestigious medical journal *Lancet* identified fluoride as “an emerging neurotoxin” in this context.

¹¹ <http://www.hsph.harvard.edu/news/features/fluoride-childrens-health-grandjean-choi/>

¹² <http://www.ncbi.nlm.nih.gov/pubmed/7760776>

¹³ <http://www.ncbi.nlm.nih.gov/pubmed/9518651>

¹⁴ Ke-Ren Shana, Xiao-Lan Qia, Yi-Guo Longb, Agneta Nordbergc and Zhi-Zhong Guan, *Toxicology*, Volume 200, Issues 2-3, 5 August 2004, Pages 169-177

¹⁵ <http://www.jisppd.com/article.asp?issn=0970-4388;year=2011;volume=29;issue=2;spage=117;epage=120;auiast=Shivaprakash>

9. Increase in Premature Births

Latest research¹⁶ from one of the world's leading fluoride researchers, Dr Shusheela, found that reducing fluoride intake during pregnancy reduces premature birth rates and increases birth weights.

The benefits of avoiding fluoride, while taking iron and Folic Acid supplements, during pregnancy were described as “extraordinary” by the research team. The study showed that fluoride inhibits uptake of iron and Folic Acid supplements, presumably because it is known to damage the intestinal tract, reducing nutrient uptake.

The effect of avoiding fluoride, with or without supplements, was to increase haemoglobin levels, thus reducing anaemia, a major cause of premature and underweight births. Low iron anaemia also increases the risk of brain and thyroid damage to the baby, reflected in lowered IQ and increased neurological disorders shown by other studies since 1995.

State University of New York researchers¹⁷ found that fluoridation causes more premature births, one of the top causes of infant death in the USA. It poses the greatest risk to poor non-white mothers and babies. They used data spanning from 1993 to 2002.

A baby born at least 3 weeks early is classified as premature – accounting for about 12 percent of US births.

To ensure fluoridation was the culprit, and not some other factor, the researchers recorded fluoridation residence status (under or over 1 ppm) and adjusted for age, race/ethnicity, neighbourhood poverty level, hypertension and diabetes.

The data came from the NY Statewide Planning and Research Cooperative System, which collects comprehensive information on patient characteristics and treatment history. The research was conducted within the university's Department of Epidemiology and Biostatistics, School of Public Health.

Research in Chile in the 1970s also showed fluoridation caused an increase in infant death rates. Chile stopped fluoridation as a result.

¹⁶ A. K. Susheela, N. K. Mondal, Rashmi Gupta, Kamla Ganesh, Shashikant Brahmanekar, Shammi Bhasin and G. Gupta “Effective interventional approach to control anaemia in pregnant women” *Current Science*, Vol. 98, No. 10, 25 May 2010, p1320

¹⁷ presentation made at the 2009 American Public Health Association's annual meeting.

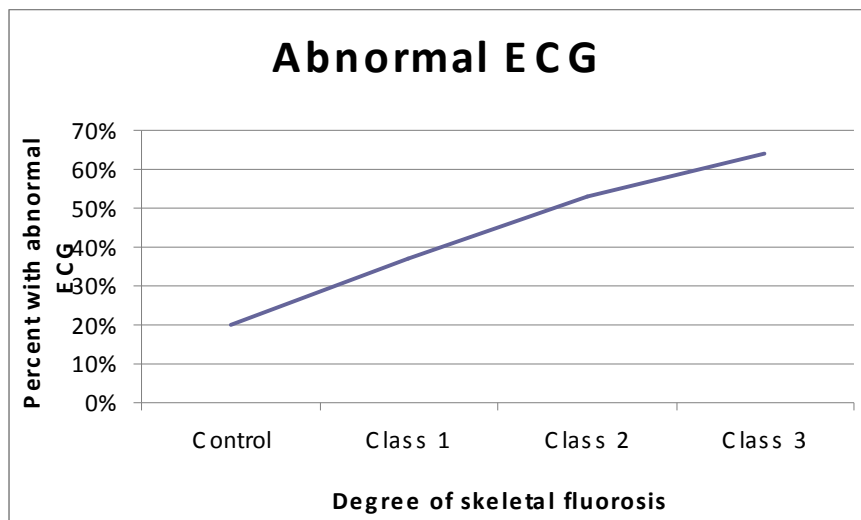
10. Fluoride and Heart Disease.

Research published in January 2012¹⁸ concluded that there was a direct correlation between the fluoride level in arteries, including coronary arteries, and atherosclerosis, such that the scanning for the fluoride level could be used to diagnose the level of disease.

It found a direct relationship between the fluoride level and the patient's history of heart disease, and concluded that "[a]n increased fluoride uptake in coronary arteries may be associated with an increased cardiovascular risk."

Research published in February¹⁹ and May²⁰ 2010 shows fluoride affects the aorta (main artery) and heart in ways that lead to increased heart attacks.

Previous research^{21 22} had shown that the heart beat rate slows, and heart rate abnormalities increase, in direct proportion to increasing fluoride levels. Fluoride accumulates over a period of 20 to 40 years to reach the "Class 1" level (that has this effect), shown in the chart below. Arsenic and fluoride (both high in the water supplies under study) were seen to be able to exert toxic effects independently. Fluoride's effects were evident at water at levels of 0.2 mg/L or more of fluoride.



¹⁸ Li, Yuxin; Berenji, Gholam R.; Shaba, Wisam F.; Tafti, Bashir; Yevdayev, Ella; Dadparvar, Simin "Association of vascular fluoride uptake with vascular calcification and coronary artery disease" *Nuclear Medicine Communications*: January 2012, Volume 33, Issue 1; p 14–20

¹⁹ Ercan Varol *et al*, *Biological Trace Element Research*, Volume 133, Number 2 / February, 2010

²⁰ Ercan Varol *et al*, *Science of the Total Environment*, Volume 408, Issue 11, 1 May 2010, Pages 2295-2298

²¹ Wang *et al*, "Toxicity From Water Containing Arsenic and Fluoride in Xinjiang" *Fluoride* Vol. 30 No. 2 81-84 1997

²² Teitz N., *Clinical Chemistry*, W B Saunders, Philadelphia. 1976

In laboratory studies, cultured myocardial cells of mice were adversely affected by fluoride.²³ Statistically significant increases in the concentrations of sodium and potassium, and decreases in calcium and phosphorus concentrations were observed in rats given fluoride.²⁴

While many studies quoted here were conducted in areas with high fluoride levels in drinking water, total fluoride exposure today is at a similar level. Further, since fluoride is a cumulative poison, lower levels of fluoride will have a more subtle long-term effect, thus increasing heart problems – still the number one killer in our society.

Japanese researchers found that children with dental fluorosis have a higher incidence of heart damage than those without fluorosis.²⁵ Chinese researchers showed an increase in abnormal heart rhythm in patients with dental fluorosis.²⁶

It also unquestionably proves that fluoride does accumulate in soft tissue – something fluoridation promoters had always denied emphatically, claiming it all goes to the bones or teeth, and never the soft tissues.

11. Osteosarcoma

Blood-fluoride levels are significantly higher in patients with osteosarcoma (bone cancer), according to research published in *Biological Trace Element Research* (April 2009²⁷). Osteosarcoma patients were compared with those with other types of bone tumours, and patients with musculo-skeletal pain. Those with osteosarcoma specifically showed increased blood-fluoride levels.

The researchers concluded "This report **proves** a link between raised fluoride levels in serum and osteosarcoma," (our emphasis)

2006 – Bassin²⁸ demonstrated that boys, but not girls, exposed to fluoridated water between the ages of 6 and 10 have a 500-700% increased risk of developing

²³ Qin CD et al "Effect of fluoride on spontaneous electrical activity of cultured myocardial cells" *Chinese Journal of Endemiology* 7, 1988, (5) 270-273

²⁴ R. J. Verma and D. M. Guna Sherlin "Hypocalcaemia in parental and F₁ generation rats treated with sodium fluoride" *Food and Chemical Toxicology* Volume 40, Issue 4, April 2002, Pages 551-554

²⁵ *The Lancet*, Jan. 28, 1961, p. 197, Tokushima J. *Exper., Med.* 3-50-53, 1956

²⁶ Wang et al, "Toxicity From Water Containing Arsenic and Fluoride in Xinjiang" *Fluoride* Vol. 30 No. 2 81-84 1997

²⁷ Serum Fluoride and Sialic Acid Levels in Osteosarcoma.

Sandhu R, Lal H, Kundu ZS, Kharb S. *Biol Trace Elem Res.* 2009 Apr 24.

²⁸ Age-specific fluoride exposure in drinking water and osteosarcoma (United States).

Bassin EB, Wypij D, Davis RB, Mittleman MA. *Cancer Causes Control.* 2006 May;17(4):421-8.

osteosarcoma (a usually fatal form of bone cancer) in their teenage years. This confirmed an earlier study by the New Jersey Department of Health²⁹ (1992)

No research has ever contradicted Bassin's findings.

Approximately six NZ teenage males die each year from osteosarcoma. On the weight of evidence, it appears the majority could easily be due to fluoridation. The Ministry of Health is not concerned since they have not seen a cluster of these cancers. However, the fact that being exposed between ages 6 and 8 is the likely risk time and that diagnosis does not occur until late teens no one would expect to find a cluster unless they found out where these boys living when they were younger . Careful research is needed.

12. Accumulation in the pineal gland

In 2001, Luke³⁰ showed that fluoride accumulates in the pineal gland (up to 21,000 ppm). She had previously shown, in 1997, that such accumulation reduces melatonin production by the gland, resulting in earlier onset of puberty. For girls, this increases the risk of breast cancer, as the risk is related to the time period between first menstruation and first pregnancy.

Earlier onset of menstruation in girls was also identified in fluoridated Newburgh compared with non-fluoridated Kingston (by 5 months) in the original 1945-1955 trial³¹.

Melatonin is also involved in sleep cycles. Disrupted sleep causes reduced immunity to disease.

13. Allergy and Intolerance

It has also been demonstrated that approximately 1 percent of the population has a chemical intolerance to fluoride. This equates to approximately 340 people in Gisborne. A letter to the Kapiti Coast Mayor from an individual so diagnosed by his doctor is attached.

We have also become aware of two Wellington men who have suffered severe chronic fatigue and only recovered once they switched to non-fluoridated Petone water for drinking and cooking. In both of these cases the affect on these men was debilitating and was not recognised by any doctor. See Herald on Sunday for Stephen Hiscock's story.³²

²⁹ SOURCE: Cohn PD. (1992). A Brief Report On The Association Of Drinking Water Fluoridation And The Incidence of Osteosarcoma Among Young Males. New Jersey Department of Health: Environmental Health Service: 1- 17.

³⁰ J Luke "Fluoride Deposition in the Aged Human Pineal Gland" (2001) 35 *Caries Res* 128.

³¹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1620388/pdf/amjphnation00373-0054.pdf>

³² http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10874527

How many others in the Council's territory are still suffering as a result of fluoridation?

Individuals in Australia and the USA have been similarly diagnosed, as has one of FANNZ' committee members. Typical symptoms have been documented for over 50 years, including in Hastings residents following fluoridation in 1954, and in Windsor, Canada, even though fluoridation had begun without public knowledge.

14. Dental Health

All large scale studies prove fluoridation is ineffective

Children's cavity rates are similar whether water is fluoridated or not, according to data published in the July 2009 Journal of the American Dental Association by dentist J.V. Kumar³³ of the New York State Health Department.

The data was from 30,000 children, first analysed in 1990. Kumar confirms the analysis of John Yiammouyanis, who showed then that there was no benefit from fluoridation. Errors in the official Government analysis at the time incorrectly claimed an 18% reduction in tooth decay from fluoridation; errors Yiammouyanis exposed.

The last large scale study was carried out in Australia in 2004, by Armfield and Spencer³⁴. It showed no difference in dental decay between 12-year-old children who had been receiving fluoridated water, and those who had not. It also found that even mild dental fluorosis caused embarrassment to children and psychological problems and psychological problems equal to that caused by "overbite" and crooked teeth.

The largest study³⁵ ever conducted in the US found no difference in decay rates between fluoridated and non-fluoridated areas.

Decay rates decline after fluoridation stopped

- "No increase in caries (cavities) was found in Kuopio (Finland) 3 years after the discontinuation of water fluoridation," according to Caries Research³⁶. In fact, when Kuopio was compared to a similar never fluoridated Finnish town, cavity rates in both towns either remained the same or decreased six years after fluoridation was stopped in Kuopio.

³³ "The Association Between Enamel Fluorosis and Dental Caries in U.S. Schoolchildren," Kumar & Iida *Journal of the American Dental Association*, July 2009 (Table 1)

³⁴ Consumption of nonpublic water: implications for children's caries experience - Jason M. Armfield and A. John Spencer, *Community Dentistry And Oral Epidemiology* Volume 32 Issue 4 Page 283 - August 2004

³⁵ **Water Fluoridation & Tooth Decay: Results from the 1986-1987 National Survey of US Schoolchildren** *Fluoride: Journal of the International Society for Fluoride Research* April 1990 (Volume 23, Issue 2, Pages 55-67)

³⁶ Caries trends 1992-1998 in two low-fluoride Finnish towns formerly with and without fluoridation,`` Caries Research, Nov-Dec 2000

- Seven years after fluoridation ended in LaSalud, Cuba, cavities remained low in 6 to 9 year olds, decreased in 10 to 11 year-olds, significantly decreased in 12 to 13 year olds, while caries-free children increased dramatically, reports Caries Research³⁷.
- East German scientists report, "following the cessation of water fluoridation in the cities Chemnitz (formerly Karl-Marx-Stadt) and Plauen, a significant fall in caries prevalence was observed," according to Community Dentistry and Oral Epidemiology³⁸. Additional surveys in the formerly-fluoridated towns of Spremberg and Zittau found. "Caries levels for the 12-year-olds of both towns significantly decreased... following the cessation of water fluoridation."
- Not only did decay rates remain stable during an 11-month fluoridation break in Durham, NC, between September, 1990, and August, 1991 but dental fluorosis declined in children born during that period, according to the Journal of Dental Research.³⁹
- In British Columbia, Canada, "the prevalence of caries decreased over time in the fluoridation-ended community while remaining unchanged in the fluoridated community," reported in Community Dentistry and Oral Epidemiology⁴⁰.
- In 1973, the Dutch town of Tiel stopped fluoridation. Researchers counted drilled, missing, and filled tooth surfaces (DMFS) of Tiel's 15-year olds, then collected identical data from never-fluoridated Culemborg. DMFS initially increased in Tiel then dipped to 11% of baseline from 1968/69 to 1987/88 while never-fluoridated Culemborg's 15-year-olds had 72% less cavities over the same period, reports Caries Research.⁴¹

Dental fluorosis

Dental fluorosis is a defect in tooth enamel caused by fluoride poisoning of the body cells that make the tooth enamel. It appears as discolouration of the tooth, from white flecks to brown or black staining in advanced cases. It is the first sign of fluoride poisoning of children while their teeth are forming. The US National Research Council's 2006 report identified a number of studies linking dental fluorosis with other more serious adverse health effects.

³⁷ Caries prevalence after cessation of water fluoridation in LaSalud, Cuba, `` Caries Research Jan-Feb. 2000

³⁸ Decline of caries prevalence after the cessation of water fluoridation in the former East Germany, `` Community Dentistry and Oral Epidemiology, October 2000

³⁹ The effects of a break in water fluoridation on the development of dental caries and fluorosis, `` Journal of Dental Research, Feb. 2000

⁴⁰ ``Patterns of dental caries following the cessation of water fluoridation,`` Community Dentistry and Oral Epidemiology, February 2001

⁴¹ Caries experience of 15-year-old children in The Netherlands after discontinuation of water fluoridation, `` Caries Research, 1993

Two studies have been conducted in NZ since 2000 which found no difference in decay rates between fluoridated and non-fluoridated communities but twice as much dental fluorosis in the fluoridated areas. See NZ Studies below.

A 2006 study⁴² conducted in Hong Kong records that even small changes in fluoridation levels cause measurable changes in dental fluorosis rates. As levels were dropped from 1ppm to 0.7ppm and then to 0.5ppm, dental fluorosis levels dropped similarly.

Dental fluorosis and bone abnormality and fracture

1993 - Polish pediatricians found abnormal bone changes in 11 to 15 year-olds exhibiting dental fluorosis.⁴³

2001 - A Mexican study also links dental fluorosis to increased bone fractures.⁴⁴

2006 - Wrist x-rays reveal that 96% of Tibetan children with dental fluorosis had "developmental skeletal abnormalities" including carpal bone hardening or thickening⁴⁵.

The Ministry of Health continue to claim that dental fluorosis is only cosmetic. But that claim highlights a complete lack of serious thought. If the cells in the tooth have been damaged, then any thinking person would wonder what damage had been done to other parts of the body, particularly the bones.

No benefit to adults.

2007 - A review by Griffin et al,⁴⁶ commissioned by the US Centers for Disease Control, found no reliable research to support the claim that fluoridation benefits adults.

The review was of the existing (unreliable) research; not research itself. Griffin's opening statement is "To date, no systematic reviews have found fluoride to be effective in preventing dental caries in adults."

Echoing the York Review it continues: "There is a clear need for further well designed studies on the effectiveness of fluoride among adults."

⁴² Association between Developmental Defects of Enamel and Different Concentrations of Fluoride in the Public Water Supply. *Caries Research* 2006;40:481:486

⁴³ Chlebna-Sokol D, Czerwinski E, "Bone structure assessment on radiographs of distal radial metaphysis in children with dental fluorosis," *Fluoride*, 1993 26:1, 37-44.

⁴⁴ M Teresa Allarcon-Herrera et al, "Wellwater Fluoride Dental Fluorosis And Bone Fractures In the Guadiana Valley of Mexico" *Fluoride* 2001 Vol.34 No.2 139-149

⁴⁵ Jin Cao, Yan Zhao, Yi Li, Hui Jun Deng, Juan Yi and Jian Wei Liu, "Fluoride levels in various black tea commodities:

⁴⁶ (S O Griffin, E Regnier, P M Griffin, V Huntley (2007) "Effectiveness of Fluoride in Preventing Caries in Adults", *Journal of Dental Research* 86(5): 410 - 415)

15. Promoters agree – Fluoride’s primary benefit is topical

Featherstone has been one of the world’s leading authorities on fluoride and fluoridation.

His 1999 research⁴⁷ published in the Centers for Disease Control’s Morbidity and Mortality 1999 has been a watershed moment for fluoridation as it then became “official” that fluoride does not work by being swallowed.

Fluoridation was based on the theory that fluoride needed to be incorporated into the tooth enamel as a child was growing to make the enamel more resistant to decay.

That theory has now been discredited even by the fluoridation promoters.

Featherstone states “The laboratory and epidemiologic research that has led to the better understanding of how fluoride prevents dental caries indicates that fluoride’s predominant effect is post eruptive and topical” i.e. works when the teeth have come into the mouth so that the fluoride can be applied to the teeth

On page 11 of his study “The concentration of fluoride in ductal saliva, as it is secreted from salivary glands, is low — approximately 0.016 parts per million (ppm) in areas where drinking water is fluoridated and 0.006 ppm in nonfluoridated areas. This concentration of fluoride is not likely to affect cariogenic activity.”

Likewise, as stated above, Dr Whyman, arguably one of New Zealand’s leading fluoridation promoter’s states. “It is generally accepted that the principal caries protective effect from fluoride is topical”.

17. New Zealand studies.

In 2009 the MoH published Our Oral Health⁴⁸. The online “key findings” say that water fluoridation reduced dental decay and did not increase dental fluorosis rates. However, this survey did not consider where people were residing at different times in their life which makes their finding irrelevant. Dental fluorosis can only be caused if children are exposed to fluoride while their permanent teeth are forming.

The survey also quotes four studies to support their claim that water fluoridation reduces dental decay. These were:

1. Enamel defects and dental caries among Southland children 2005
2. Prevalence of enamel defects and dental caries among 9-year-old Auckland children 2008
3. Enamel defects and dental caries in 9-year-old children living in fluoridated and non-fluoridated areas of Auckland 2009

⁴⁷ <http://www.cdc.gov/mmwr/pdf/rr/rr5014.pdf>

⁴⁸ <http://www.health.govt.nz/publication/our-oral-health-key-findings-2009-new-zealand-oral-health-survey>

4.. The Wellington-Canterbury study 2004

However, under closer examination, none of these studies did show that fluoridation reduced dental decay.

*Enamel defects and dental caries among Southland children*⁴⁹

Pg 38 shows that 32% of children living all their life in a fluoridated area had diffuse opacities and 19% of children who had lived either none of their life, or some of their life in a fluoridated area had diffuse opacities.

Summary pg 35 – “The benefits of water fluoridation as a public health measure remain, with children continuously exposed to fluoridated water during their life having half the caries experience of those who have not”.

The Summary is in contrast to the detail on pg 39: “There were no significant differences in deciduous caries prevalence or severity (or in permanent caries prevalence) by sociodemographic characteristics or length of residence in fluoridated areas”.

Actual data on Table V page 40 shows that children who lived continuously in a fluoridated area had, on average, 1.22 DMFS and children who never lived in a fluoridated area had 0.70 DMFS – a difference of 0.52 DMFS i.e half a tooth surface.

*Prevalence of enamel defects and dental caries among 9-year-old Auckland children.*⁵⁰

Pg. 147: “Children living in fluoridated areas had a higher prevalence of diffuse opacities than their counterparts living in non-fluoridated areas”.

29.1% of children in fluoridated areas had dental fluorosis, compared to 14.7% in non-fluoridated areas.

Pg 149: “While means dmfs scores were lower in fluoridated areas than in non-fluoridated areas, no statistically significant difference was observed (due to the higher variability associated with this measure”.

Pg 150: “In addition, no significant association was found between residential fluoridation history and dental caries in the permanent dentition”.

⁴⁹ Mackay TD, Thomson WM NZ Dent J. 2005 Jun; 101(2):35-43
<http://www.ncbi.nlm.nih.gov/pubmed/1601/08>

⁵⁰ Schluter, Philip J., Kangaratnam, S., Durward, C.S. and Mahood, R. (2008-12)
New Zealand Dental Journal, 104 4: 145-152. www.espace.library.uq.edu.au/view/UQ:172582

*Enamel defects and dental caries in 9-year-old children living in fluoridated and nonfluoridated areas of Auckland, New Zealand.*⁵¹

RESULTS:

“...After adjustment for covariates, a strong dose-response relationship between diffuse opacity and fluoridation status was found, with children who lived continuously in fluoridated areas being 4.17 times as likely to have diffuse opacities as children who lived continuously in nonfluoridated areas ($P < 0.001$). Conversely, a strong protective dose-response relationship between caries experience and fluoridation status was seen, with children who lived continuously in fluoridated areas being 0.42 times as likely to have dental caries as children who lived continuously in nonfluoridated areas ($P < 0.001$).

CONCLUSIONS:

Reticulated water fluoridation in Auckland reduces the risk of dental caries but increases the risk of diffuse opacities in 9-year-old children. Guidelines and health-promotion strategies that enable children to minimize their risk to diffuse opacities yet reduce their risk of dental caries should be reviewed.

2004 - Wellington-Canterbury study

Lee and Dennison published the “Wellington-Canterbury study”, which claimed to show benefit from fluoridation. However the use of Wellington invalidates the study as Wellington has less decay than any other NZ community, fluoridated or not. The study actually has about 12 critical design flaws, and has never been accepted for publication in an international peer-reviewed journal.

The authors did not use random data, but selected which data they would use, knowing which were from fluoridated or non-fluoridated children. They then destroyed the raw data, so no one can check their analysis. (Note: this was published at the same time as the internationally published Armfield and Spencer study, which showed no benefit).

The Ministry of Health continue to refer to this study as proof that that fluoridation works.

See our site http://www.fannz.org.nz/lee_study.php for full critique of this study.

⁵¹ Kanagaratnam S, Schluter P, Durward C, Mahood R, Mackay T. Community Dent Oral Epidemiol. 2009 Jun;37(3):250-9. doi: 10.1111/j.1600-0528.2009.00465.x. Epub 2009 Mar 19. <http://www.ncbi.nlm.nih.gov/pubmed/19302574>

17. The Two Most Significant Scientific Reviews since 1992

The York Review 2000

The review was funded by the UK Health Department, to “prove once and for all that fluoridation is safe and effective”. It was not allowed to examine laboratory studies or medical case histories – only population studies. It limited its study of adverse health effects to cancer, hip fracture, and dental fluorosis.

It examined over 3000 studies – every fluoridation study that could be found. It rejected over 90% as scientifically worthless. The remainder were of only “moderate reliability”. There were no “A Grade” studies.

It found no evidence that fluoridation improved social equity in dental health.

Of the studies on benefit; 1 showed more decay with fluoridation, 10 showed no difference, and 19 claimed widely varying levels of benefit. The review concluded that to quote the numeric average (of 14.7%) as if it were a proved benefit was scientifically invalid due to the poor quality and wide range of results. Nevertheless, this is exactly what fluoridation proponents continue to do.

The Chair made the following comments:

"The review team was surprised that in spite of the large number of studies carried out over several decades there is a dearth of reliable evidence with which to inform policy. Until high quality studies are undertaken...there will continue to be legitimate scientific controversy over the likely effects and costs of water fluoridation".

"The review did not show water fluoridation to be safe. The quality of the research was too poor to establish with confidence whether or not there are potentially important adverse effects in addition to the high levels of fluorosis. The report recommended that more research was needed. The review found water fluoridation to be significantly associated with high levels of dental fluorosis, which was not characterised as just a 'cosmetic issue'."

An article in the British Medical Journal stated that fluoridation promoters continue to misrepresent the York Review findings, and to selectively quote unreliable studies in support of their claims.

US National Research Council (NRC) 2006

A 3 year review by the US National Research Council (NRC) could find no level of fluoride exposure that was safe. The panel comprised 12 respected scientists from a range of disciplines including dentistry and toxicology. It was sponsored by the US Public Health Service's, National Academy of Science.

Its purview was to determine if the maximum contaminant level was safe, so was not designed to look at fluoridation per se, but its comprehensive review of the scientific literature included studies with low levels of fluoride.

The NRC advised that the following groups were at special risk:

- Infants
- Diabetics
- Those on dialysis
- Those with impaired kidney function, including the elderly
- Those with high water consumption, such as outdoor workers and sports people

These 'high risk' groups comprised over 40% of the NZ population in the 2006 census. Three of the panel members have since been outspoken in their opposition to fluoridation.

Attachments:

- 1) Report on the British Medical Journal article
- 2) Letter from Chairman of York Review (NZ officials cite the York Review as evidence in support of fluoridation)
- 3) Address by Lord Baldwin, of the advisory committee to the York Review Board
- 4) Excerpts from "Second Thoughts about Fluoride", *Scientific American*, including statement by the Chair of the National Research Council Review Board.
- 5) Consensus statement on harm to children (summarised).
- 6) South Island data.
- 7) "Fluoride-Gate" article – law suits.
- 8) Dr Kathleen Theissen, NRC Review Panel member, on the applicability of the NRC Review to fluoridation in New Zealand.
- 9) Southampton Council Report 2008 – (summarised).
- 10) League of United Latin American Citizens.
- 11) Christchurch Press article on the "Lift the Lip" programme, reducing tooth decay without fluoridation
- 12) Letter from Kapiti resident with doctor-certified chemical intolerance to fluoride.

1). Government selectively uses unreliable evidence to promote water fluoridation - senior UK doctors state

British Medical Journal, October 5, 2007

In the British Medical Journal, Sir Iain Chalmers, editor of the James Lind Library (set up to help people understand the evidence base of medicine), KK Cheng, professor of epidemiology at Birmingham University, and Dr Trevor Sheldon, professor and pro-vice-chancellor at York University (and Chair of the York Review Board), accuse the government of "one-sided handling of the evidence". They add that "the Department of Health's objectivity is questionable", pointing out that until 2006 it funded the widely reviled British Fluoridation Society, set up in 1969 to politically push for fluoridation.

It should be noted that the NZ Ministry of Health conducts no independent research on fluoridation, and bases its position on that of other pro-fluoridation governments such as the British Government. In fact it sends representatives to meet with such governments to ensure consistent quoting of "supporting" science, and consistent spin in denying opposing science.

In 1999, the Department of Health commissioned a systematic review of the evidence by York University. "The reviewers were surprised by the poor quality of the evidence and the uncertainty surrounding the beneficial and adverse effects," they write.

But the Department of Health used the York findings "selectively", they advise, "to give an over-optimistic assessment of the evidence in favour of fluoridation." The Department commissioned research on the effects of water in which fluoride naturally occurred, but on only 20 people. This, together with the selective use of the York review, formed the basis of the government's safety claims, they say. Even the studies attempting to show benefits to teeth were few and inconsistent. The rate of dental caries caused by tooth decay has dropped substantially both in countries which have added fluoride and those which have not.

Studies on the side-effects of fluoride in water were low-quality and it is hard to estimate how many people would suffer mottled teeth, and not possible to reach conclusions on other alleged harm, such as bladder cancer and bone fracture, they say. "There is no such thing as absolute certainty on safety," they write.

FANNZ' notes: It is important to note that the York Board was instructed only to examine epidemiological (population) studies. The US National Research Council's 3 year Review, published in 2006, examined laboratory studies also, and established risks from fluoridation to a range of population sub-groups (comprising at least 40% of the population in NZ).

In 2007 The Lancet the oldest and highly respected independent medical journal, described fluoride as "an emerging neurotoxin" along with the rocket fuel, perchlorate.

2). Chair of York Review

DEPARTMENT OF HEALTH STUDIES

Innovation Centre
York Science Park
University Road
York YO10 5DG

Professor Trevor A. Sheldon
Head of Department

In my capacity of chair of the Advisory Group for the systematic review on the effects of water fluoridation recently conducted by the NHS Centre for Reviews and Dissemination the University of York and as its founding director, I am concerned that the results of the review have been widely misrepresented. The review was exceptional in this field in that it was conducted by an independent group to the highest international scientific standards and a summary has been published in the British Medical Journal. It is particularly worrying then that statements which mislead the public about the review's findings have been made in press releases and briefings by the British Dental Association, the British Medical Association, the National Alliance for Equity in Dental Health and the British Fluoridation Society. I should like to correct some of these errors.

1 Whilst there is evidence that water fluoridation is effective at reducing caries, the quality of the studies was generally moderate and the size of the estimated benefit, only of the order of 15%, is far from "massive". (*Editor's note: This is saying the studies were not classified as "reliable" – see 7 below. Also, the studies did not allow for the 1 year delay in tooth eruption caused by fluoridation, giving a false impression of "benefit". The 15% difference equates to 1 person in 2 having 1 less filling.*)

2 The review found water fluoridation to be significantly associated with high levels of dental fluorosis which was not characterised as "just a cosmetic issue".

3 The review did not show water fluoridation to be safe. The quality of the research was too poor to establish with confidence whether or not there are potentially important adverse effects in addition to the high levels of fluorosis. The report recommended that more research was needed.

4 There was little evidence to show that water fluoridation has reduced social inequalities in dental health.

5 The review could come to no conclusion as to the cost-effectiveness of water fluoridation or whether there are different effects between natural or artificial fluoridation.

6 Probably because of the rigour with which this review was conducted, these findings are more cautious and less conclusive than in most previous reviews.

7 The review team was surprised that in spite of the large number of studies carried out over several decades there is a dearth of reliable evidence with which to inform policy. **Until high quality studies are undertaken providing more definite evidence, there will continue to be legitimate scientific controversy over the likely effects and costs of water fluoridation.** (*Emphasis added – Ed*)

(Signed) T.A. Sheldon,
Professor Trevor Sheldon, MSc, MSc, DSc, FMedSci.

3). British Lord Criticizes Dental Authorities for Misinforming Public about York Review

Note: The following transcript can be accessed at <http://www.parliament.uk/>

House of Lords Debate on the Queen's Speech:

Earl Baldwin's statement, 13-12-2000.

Earl Baldwin of Bewdley: 6.35 p.m. 13 Dec 2000 : **Column 427**..... I turn lastly to the vexed matter of water fluoridation. In the 1999 White Paper, Saving Lives: Our Healthier Nation, the Government announced that they were setting in motion an

"up-to-date expert scientific review of fluoride and health".

Possible legislation was foreshadowed. Partly because of the many questions I had tabled on this topic, and the debate in my name in December 1998, I found myself on the advisory board to the review team at the NHS Centre for Reviews and Dissemination at York, in close contact with the scientific process from the summer of 1999 to the publication of the [final report](#) on 6th October this year.

The expectation of the dental and medical authorities, and it is fair to say of the Government also, was that the safety and effectiveness of fluoridation would be confirmed. That expectation was disappointed. In addressing the five principal questions that were asked, the report is studded with phrases such as "limited quantity", "moderate quality", "a small number of studies", "needs further clarification", "surprising to find that little high quality research has been undertaken", "insufficient quality to allow confident statements", "not...enough good quality evidence...to reach conclusions". Important gaps in the evidence base were identified.

I pay tribute to the Government for having agreed to institute a high-quality scientific review--the first and only systematic, that is unbiased, assessment of the evidence in half a century of water fluoridation. I pay tribute to them for now taking steps, through the Medical Research Council, to put some much-needed research in hand, not before time. I cannot, however, pay tribute to the dental lobby in the aftermath of the York report.

I am aware that many of your Lordships have had briefings from the British Dental Association, the British Fluoridation Society and/or the National Association for Equity in Dental Health. I am aware, as we all are, that briefings by professional bodies, including professors of dentistry, carry weight with the public, are likely to be believed and therefore bear a particular responsibility for accuracy. These briefings and press releases are little short of extraordinary.

I have collated four pages of statements culled from these documents, with alongside them for comparison quotations from the text of the report itself. I can give the flavour of them in two or three short examples. I have placed copies in the Library for those who would like to read more.

The British Dental Association says,

"The report confirms that there is clear evidence that fluoridation reduces [decay]";

the report says,

"To have clear confidence in the ability to answer [this] question...the quality of the evidence would need to be higher".

Column 428

The British Dental Association says,

"There is no evidence that...fluoridation is linked to cancer, bone disease or any other adverse effect"; and, "The report confirms that fluoridation reduces dental health inequalities";

the report says,

"The research evidence is of insufficient quality to allow confident statements about other potential harms [than dental fluorosis] or whether there is an impact on social inequalities".

The British Fluoridation Society says,

"If there were any adverse effects...it is inconceivable that the York review would have missed them";

the York review says,

"Some possible adverse effects...may take years to develop and so...the relationship may go undetected", and, "High quality research [into adverse effects]...is needed".

One might have thought, if one did not know that fluoridation had been an article of dental faith for fifty years, that this was simply carelessness. Such a thought is dispelled when one finds a wrong figure quoted for seriously mottled teeth, which could only be cited by the author having read, and misinterpreted, some of the very small print.

This is an important public health issue. It is not the Government who are likely to be misled by such inaccurate statements--at least I hope not--so much as local councils, the public and, dare I say it, Members of Parliament, who have even been urged to put down Questions on this false basis. It is essential to put the record straight. Anyone in doubt about the facts should, as always, go to primary sources. The York report is a long one, but the summary and conclusions are only four pages each and are not hard to understand. I would urge any noble Lord who is thinking of tabling Questions not to rely on briefings, whether from dentists or opponents, but to go to the report itself.

Because I am known to oppose the fluoridation of water, I have taken the greatest care to keep in step with the leading scientists at York and to write and say nothing in interpretation of their report which goes beyond the evidence. I have the permission of Professor Sheldon, the founding director of the NHS Centre for Reviews and

Dissemination at York, who chaired the advisory board which oversaw the whole review process, to quote him as follows.

"It is particularly worrying...that statements which mislead the public about the review's findings have been made in press releases and briefings by the British Dental Association, the National Alliance for Equity in Dental Health and the British Fluoridation Society. I should like to correct some of these errors".

He continues:

"1. Whilst there is evidence that water fluoridation is effective at reducing caries, the quality of the studies was generally moderate and the size of the estimated benefit, only of the order of 15%, is far from 'massive'.

"2. The review found water fluoridation to be significantly associated with high levels of dental fluorosis, which was not characterised as just a 'cosmetic issue'.

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"3. The review did not show water fluoridation to be safe. The quality of the research was too poor to establish with confidence whether or not there are potentially important adverse effects in addition to the high levels of fluorosis. The report recommended that more research was needed.

"4. There was little evidence to show that water fluoridation has reduced social inequalities in dental health".

I shall skip most of what follows and just give Professor Sheldon's final point. He states:

"The review team was surprised that in spite of the large number of studies carried out over several decades there is a dearth of reliable evidence with which to inform policy. Until high quality studies are undertaken...there will continue to be legitimate scientific controversy over the likely effects and costs of water fluoridation".

My only questions to the Minister, in the light of the state of the evidence as set out by one of the two principal scientists involved in the review and of these extraordinary briefing papers, are whether the Government still think it appropriate, first, to go on making financial contributions to the British Fluoridation Society, and, secondly, to encourage certain health authorities, as they have said that they would, to consider water fluoridation schemes. The noble Lord would also do me a good turn if he could secure for me a reply from his colleague the Secretary of State to the personal letter I wrote to him on this matter on 5th August, repeated on 7th October, and reminded again on 14th November. With fluoridation, things tend to take a long time.

Lord Colwyn: 8.47 p.m. **Column 459-460** (i.e. much later)

Perhaps I may touch briefly on fluoridation. I am well aware that the noble Earl, Lord Baldwin, will have given an opposite view to mine. The recent York Review has confirmed that fluoridation is safe and effective in reducing levels of tooth decay and is essential in the fight to reduce inequalities in dental health.

4). Excerpts from “**Second Thoughts about Fluoride**”, *Scientific American*, January 2008, pages 74–81

“What the committee found is that we’ve gone with the status quo regarding fluoride for many years—for too long, really—and now we need to take a fresh look. In the scientific community, people tend to think this is settled. I mean, when the U.S. surgeon general comes out and says this is one of the 10 greatest achievements of the 20th century, that’s a hard hurdle to get over. But when we looked at the studies that have been done, we found that many of these questions are unsettled and we have much less information than we should, considering how long this [fluoridation] has been going on. I think that’s why fluoridation is still being challenged so many years after it began.”

John Doull, chairman, National Research Council Review Board (pp80-81)

Page 75: Most fluoridated water contains much less fluoride than the EPA limit, but the situation is worrisome because there is so much uncertainty over how much additional fluoride we ingest from food, beverages and dental products. What is more, the NRC panel noted that fluoride may also trigger more serious health problems, including bone cancer and damage to the brain and thyroid gland. Although these effects are still unproved, the panel argued that they deserve further study.

*Page 75: **TOO MUCH OF A GOOD THING:*** Fluoride is in many foods, beverages and dental products. The ubiquity of the cavity-fighting chemical can result in overconsumption, particularly among young children.

*Page 78: **Scientific attitudes toward fluoridation may be starting to shift in the country where the practice began.***

Page 79: But enamel fluorosis, except in the severest cases, has no health impact beyond lowered self-esteem: the tooth marks are unattractive and do not go away (although there are masking treatments). The much more important question is whether fluoride’s effects extend beyond altering the biochemistry of tooth enamel formation. Says longtime fluoride researcher Pamela DenBesten of the University of California, San Francisco, School of Dentistry: “We certainly can see that fluoride impacts the way proteins interact with mineralized tissue, so what effect is it having elsewhere at the cellular level? Fluoride is very powerful, and it needs to be treated respectfully.”

Page 80: Clashes over the possible neurological effects of fluoride have been just as intense. Phyllis Mullenix, then at the Forsyth Institute in Boston, set off a firestorm in the early 1990s when she reported that experiments on lab rats showed that sodium fluoride can accumulate in brain tissue and affect animal behavior. Prenatal exposures, she reported, correlated with hyperactivity in young rats, especially males, whereas exposures after birth had the opposite effect, turning female rats into what Mullenix later described as “couch potatoes.” Although her research was eventually published in *Neurotoxicology and Teratology*, it was attacked by other scientists who said that her methodology was flawed and that she had used unrealistically high dosages. Since then, however, a series of epidemiological studies in China have associated high fluoride exposures with lower IQ, and research has also suggested a possible mechanism: the

formation of aluminum fluoride complexes—small inorganic molecules that mimic the structure of phosphates and thus influence enzyme activity in the brain. There is also some evidence that the silicofluorides used in water fluoridation may enhance the uptake of lead into the brain.

Page 80: The NRC committee concluded that fluoride can subtly alter endocrine function, especially in the thyroid—the gland that produces hormones regulating growth and metabolism. Although researchers do not know how fluoride consumption can influence the thyroid, the effects appear to be strongly influenced by diet and genetics. Says John Doull, professor emeritus of pharmacology and toxicology at the University of Kansas Medical Center, who chaired the NRC committee: “The thyroid changes do worry me. There are some things there that need to be explored.”

5). Summary of: Scientific Consensus Statement on Environmental Agents Associated with Neurodevelopmental Disorders, November 2007

The consensus statement outlines the current scientific understanding of the links between environmental factors and learning and development disabilities. It was developed by the Collaborative on Health and the Environment's Learning and Developmental Disabilities Initiative.

The statement concludes:

"Given the serious consequences of learning and developmental disabilities, a precautionary approach is warranted to protect the most vulnerable of our society."

Children at heightened risk

The development of the human brain begins in utero. The long and complex development of the brain and nervous system leaves it susceptible to the adverse effects of chemical exposure.

For their body weight, children eat and breathe more than adults, thus a small exposure translates into a big dose.

Even very low doses of some biologically active contaminants can alter gene expression important to learning and developmental function.

Variations in individual susceptibility

Due to genetic variation people differ in susceptibility to exposures. Not identifying and studying susceptible subgroups can result in failure to protect those at high risk.

Children are often more susceptible than adults to the effects of exposure to environmental agents.

Children lacking certain nutrients are more vulnerable to toxicants. For example iron and/or calcium deficiency affects absorption of heavy metals such as lead and manganese. (Fluoridating agents contain significant levels of heavy metals, including lead.

As our testing methods have become more sophisticated, the recognition of individual sensitivity and, in particular, the sensitivity of the developing nervous system to the effects of environmental agents has grown.

Recent biomonitoring studies reveal the range of compounds we are exposed to and that accumulate in our bodies. Experiments with single chemicals can underestimate the effects of these chemicals in mixtures.

Where science meets the roadblock of policy

“[Despite 2000 years of knowledge that lead affected the mind, it] was added to paint and gasoline, removed only following considerable research that confirmed what was already known.”

(Similarly, fluoride’s toxicity has been known since the 1800s, yet promoters still deny this in the face of overwhelming scientific evidence.)

“Lead is probably the most studied of environmental contaminants. Its effects on development and learning are undisputed. Recent research indicates there is no safe level of lead exposure for children. Lead exposure impairs overall intelligence ... and is associated with ADHD, even at minute exposures. Efforts to prevent lead exposure provide an outstanding example of the struggle when science meets policy. The US CDC has not adjusted the blood-lead action level since 1990 despite scientific evidence of behavioural effects well below [this level]” (FANNZ would suggest that fluoridation provides an equally outstanding example, especially in light of the NRC Review findings).

Low dose effects can differ completely from high dose effects

The very low-dose effects of endocrine disruptors cannot be predicted from high dose studies, which contradicts the standard “dose makes the poison” rule of toxicology”. (Dr Albert Schatz identified this some decades ago; that low-dose effects can be quite different from high dose effects and begin to appear only below the level where high-dose toxicity reduces to near zero.)

Fluoride:

“The question is what level of exposure results in harmful effects to children. The primary concern is that multiple routes of exposure, from drinking water, food and dental care products, may result in a high enough cumulative exposure to fluoride to cause developmental effects. It is not clear that the benefits of adding fluoride to drinking water outweigh risks of neurodevelopment or other effects such as dental fluorosis.” It is important to note here that the consensus is that dental fluorosis is considered an adverse effect to be considered against fluoridation within a toxicological analysis; not just cosmetic as proponents claim.

6). 2001 School Dental Services Data for 5-year-olds (South Island):

An official indicator of the oral health status of NZ 5-year-old children is provided within the table prepared by Sunitha Gowda, (Oral Health Promotion – Fluoridation Advocacy) on behalf of the Ministry of Health (MoH). A copy of this table is enclosed. Please note that “year 8” means the same as “12-year-old”.

This table is very helpful in that it compares decay rates with percentage fluoridated and with socio-economic status (SES). It is impossible to find any convincing benefit of fluoridation from this table. It is even more relevant to compare just the South Island areas as the population mix of the South Island is more coherent. Thus:-

(mft = missing decayed filled deciduous teeth)
(MFT = missing decayed filled permanent teeth)
(SES = socio-economic status)

District	Percent of Low SES	Percent Fluoridated	Percent Caries-Free at 5 yrs	Mean mft at 5 yrs	Percent Caries-free at 12 yrs	Mean MFT at 12 yrs
Otago	9	47	60	1.4	39	2.0
Nelson-Marlb.	11	0	50	2.2	51	1.3
Canterbury	15	4	49	1.8	39	1.9
Southland	24	41	48	2.3	29	2.0
West Coast	13	0	40	2.6	38	1.9

This illustration is revealing.. For example:-

- The 2 areas that are highly fluoridated (Otago and Southland) show generally the worst decay results by year 12.
- Otago (fluoridated) shows the best results for 5-year-olds but the worst results for 12-year-olds. Note also that Otago has the lowest percent of children classified as “low socio-economic status”. This data well illustrates the contention that fluoridation temporarily delays decay (by delaying tooth eruption) but that the temporary “benefit” disappears by the time such children become 12-year-olds.
- Nelson-Marlborough area, though totally non-fluoridated and with a slightly poorer socio economic status than Otago, is average in the decay statistics for 5-year-olds, but has the least decay for 12-year-olds.for the whole South Island.
- Even the West Coast, though totally non-fluoridated, has less decay (MFT) in 12-year-olds than for fluoridated areas of Otago and Southland.
- The presentation to Ashburton Council by Drs Williams and Lee that claimed an mft (missing filled teeth) figure for Ashburton 6-year-olds of **5.1** for 2004 and **5.21** for 2005 is simply not credible when compared to the official statistics for 5-year-olds (enclosed) as provided by the Sunitha Gowda table.

7). “Fluoride-Gate” article

The article below on the CDC, "Fluoride-Gate," published on January 15 2008 in the Juneau Empire, Alaska, has been picked up by US Water News. U.S. Water News is a monthly publication mailed throughout the country to water and wastewater treatment professionals and organizations. The San Francisco Chronicle has called U.S. Water News "the 'Wall Street Journal' of water publications."

We do not have the Water News version of this article as it is not available online.

Juneau Empire, January 15, 2008

www.juneauempire.com/stories/011508/opi_20080115024.shtml

Fluoride-Gate, naming names at Centers for Disease Control

DANIEL G. STOCKIN

Americans' distrust of societal institutions continues to grow, and now comes evidence of yet another burgeoning scandal: Fluoride-Gate. A torrent of recent bad news about the safety of fluorides has brought key names to the surface from the murky alphabet soup of players in the fluoride game at EPA, CDC, FDA, NIDCR, USDA, ADA, and AMA. The inevitable questions have begun about who knew what, when, and why was certain information kept quiet.

The first ominous drumbeats started in 2006, when a National Research Council committee recommended that the Environmental Protection Agency lower the allowable amount of fluoride in drinking water - to an unspecified level. As if that wasn't unnerving enough, the committee specifically stated that kidney patients, diabetics, seniors, infants, and outdoor workers were susceptible populations especially vulnerable to harm from fluoride ingestion.

Centers for Disease Control officials strove mightily to dismiss NRC's report as irrelevant, but in August of 2007 CDC's ethics committees received a formal ethics complaint about CDC's activities in promoting fluoridation. The complaint circled the globe via the Internet. A Kentucky attorney began assembling a list of "potentially responsible parties." After having been contacted by angry kidney patients, in September he formally notified the National Kidney Foundation that the organization may be held liable for failure to warn its constituents that kidney patients are particularly susceptible to harm from fluorides. The issue was immediately put on the agenda of the next meeting of the foundation's national board and the foundation's former position statement about fluoridated water has been retracted and the issue is now undergoing review.

The ethics complaint became a hot potato. How would CDC explain why its own data showed blacks to be disproportionately harmed by moderate and severe "dental fluorosis" teeth damage, yet CDC had not felt it necessary to openly show photos of the conditions to the black community? What would be the response of CDC's Chief of Public Health Practice, Dr. Stephanie Bailey, an African American woman who witnessed the presentation of the complaint? The complaint embarrassingly documented that Bailey had acknowledged earlier that a CDC-funded and nationally distributed public health ethics policy was not being implemented internally by CDC.

Apparently Bailey's concern about public health ethics did not extend to fluoridation. A 2007 Tennessee water agency report describes how the Harpeth Valley Utility District had accidentally introduced so much fluoride into its water that the concentration reached 18 times the amount generally in the water. The report describes how HVUD contacted Bailey, who told the district she believed "there was no health threat to HVUD's customers." This statement would be welcome news to a nervous HVUD, but is highly suspect, since Bailey could not possibly know how much of the tainted water individuals had consumed, the body weight of those who drank it (babies, children, etc), or individuals' prior health status (such as end-stage kidney disease). How could such a remarkably convenient statement come from a physician whose job description calls for her to be the "conscience of public health practice" at CDC?

Instead of having its ethics committee comprised of external ethicists look into the matter, CDC decided that the ethics charges against Director Dr. Julie Louise Gerberding and Oral Health Director William Maas would be handled internally by Dr. James Stephens, who works for Chief Science Officer Dr. Popovic, who reports to Dr. Gerberding. Without addressing many of the specifics in the complaint, Dr. Stephens predictably concluded that he had "found no evidence" that CDC managers had acted inappropriately. But the proverbial holes in the fluoridation dike can no longer be contained. This month's edition of the journal *Scientific American* has an article entitled "Second Thoughts about Fluoride." The cat is out of the bag that the Department of Agriculture has voiced concern about fluoride exposures.

Bailey's job description calls for her to address emerging and cross-cutting issues. Dr. Popovic's job is to ensure timely translation of science into practice by CDC. Citizens, attorneys and political leaders now have these officials' names and job descriptions. They should be the first, but not the only parties brought into court and into congressional hearings. Now that the "Fluoride-Gate" has swung wide open, it's time for names to be named.

8). Dr Kathleen Theissen on NRC Review.

Endorsed by Dr Hardy Limeback, Review Panel member, and former head of Preventative Dentistry, University of Toronto.

“The NRC committee put together a very thorough evaluation of fluoride exposure in the US, much of which would be applicable also for NZ.

The NRC committee said, unanimously, that 4 ppm (4 mg/L) of fluoride is not protective of human health and should be lowered. We did not attempt to provide a recommendation for what a safe level would be. To allow anything resembling a margin of safety, various unofficial estimates of a suitable new standard range from 0-0.4 ppm, depending on several considerations, including how best to handle the question of carcinogenicity.

The NRC committee did not, in any way shape or form, conclude that fluoridation is beneficial or safe.

We did look at several issues that pertain just to fluoridated water, primarily the concerns about silicofluoride usage. There is too much that is not known about the chemistry (water chemistry as well as biochemistry) of silicofluorides to say that they are safe for indiscriminate administration through the water supply.

For some endpoints [showing harm], many or most of the studies already involve fluoridated water [at 0.7 – 1 ppm] (osteosarcoma, Down syndrome, bone fracture).

Although promoters insist that dental fluorosis is not adverse or a health effect, the NRC reviewed at least 8 papers reporting an association between dental fluorosis and an increased risk of several adverse effects.”

9). South Hampshire Council Fluoridation Review Panel

Hampshire County Council
Report of the Water Fluoridation Panel

November 2008

Aim of the Review Panel: To provide an informed, considered opinion to Full Council for debate regarding the suitability of the proposed fluoridation scheme which affects Hampshire residents.

Approach:

- Written evidence was gathered, from national and international sources, regarding the fluoridation issue.
- Key experts and local stakeholders were invited to provide written and oral evidence
- The proposals and how they may impact on the population affected were considered
- The Review Panel weighed up the case and came to a conclusion regarding the suitability/desirability of the scheme

Conclusions:

- **Most significantly the Review Panel has been persuaded not to support the proposal [to fluoridate the water supply] by the lack of robust and reliable scientific evidence produced to support this proposal.**
- **It is clear that scientists and health professionals recognise that there are ‘unknowns’ with regard to the need to understand the effect of fluoride on the body (not just teeth). This work has simply not taken place.**
- **In the absence of scientific evidence of sufficient quality the Review Panel based its evaluation on the findings of the York Review informed by the work of the Nuffield Council on Bioethics.**
- Overall, fluoride (as opposed to fluoridation) does have a beneficial impact on the prevalence of caries and improves oral health. In particular there is wide ranging evidence that the topical (surface) application of fluoride is beneficial (but that ingested fluoride is not particularly effective in controlling decay on all tooth surfaces, such as pits and fissures).
- The Review Panel is not however of the view that the case put forward in the SHA consultation document is convincing in its argument that adding fluoride to drinking water is the only way to improve the oral health of .. communities in
- Southampton City. In particular the Review Panel is concerned that:
 - There is little evidence of suitable quality to support the assertion that this action will reduce health inequalities.
 - Alternatives exist that are less intrusive and coercive.
 - The total exposure to fluoride in the population has not been evaluated and taken into account. The importance of this point has been emphasised by all the authoritative reference documents identified by the Review Panel as well as the WHO.

- The introduction of fluoride to drinking water will result in some children within the population that have otherwise healthy teeth experiencing fluorosis. The extent to which this would be severe enough to be of aesthetic concern is disputed in the evidence, but [the number could be significant]
- The balance of benefit and risk has not been presented in accordance with the findings of authoritative reports such as the York Review and MRC.
- Other less coercive interventions are available to achieve the same goals.
- The availability of other interventions and the inconclusive evidence relating to the impact of fluoridation on individual health requires that a precautionary approach be adopted.
- Adding fluoride to drinking water has the potential to result in an increase in moderate to severe fluorosis in the communities affected.
- The plausibility of other serious health impacts [as well as dental fluorosis] from the fluoridation of water reinforces the view of the Review Panel that a precautionary approach is needed until such time as additional research has been done. It is of serious concern that, despite this point being made repeatedly in the literature, credible research is still not available.
- Effective alternatives to adding fluoride to water do exist, with the potential to target those affected rather than the population as a whole.
- Evidence has not been provided to demonstrate that adding fluoride to water at 1ppm equates to individuals receiving an optimal therapeutic dose. Current daily intake of fluoride from other sources may already exceed the equivalent of 1ppm in water.
- Individual exposure will be affected by the addition of fluoride to drinking water at 1ppm as well as other sources.
- The conflicting information about using fluoridated water to reconstitute infant formula reinforces previous conclusions about the need to adopt a precautionary approach.
- There is not sufficient evidence to show how individuals vary in the way in which they retain and excrete fluoride, or the impact that hard or soft water may have on this.
- There is not sufficient evidence to show that artificial fluoride acts in the same way as natural fluoride.
- The conflicting evidence received makes it difficult to determine if there are additional legal issues that need to be taken into account.
- Overall it is not clear what impact the addition of fluoride to the water will have on people living in Hampshire.
- Other options exist for targeting the most vulnerable populations to improve the oral health of children and experience elsewhere has shown these to be effective.
- The goal of eradicating poor oral health, particularly for children who may suffer significant pain and distress, is laudable. The Review Panel would also agree that the most vulnerable in our society should be protected and understands the notion that, in order to achieve the greatest good for the community as a whole, preferences of individuals may be set to one side in some circumstances. However, where the evidence is unclear or equivocal about the impact of an action on individuals or communities, then those individuals and communities should be able to contribute to the discussion about the way forward in an informed and participative manner.

Summary

The Panel considered the York Review the most authoritative review to date. It also referenced the Australian NHMRC Review 2007, as supporting the conclusions of the York Review, and the 2002 UK Medical Research Council Review as confirming continuing uncertainty surrounding fluoridation, in line with the York findings. The Panel also referred to the US National Research Council Review, though in our view gave it inadequate weight, as it is the only authoritative review on adverse health effects. The lack of emphasis is perhaps due to the Panel mistakenly believing the NRC Review only applied to higher (4ppm) levels than that proposed, and would only become relevant if total fluoride intake were at this level.

On the question of ethics, the Panel considered the report of the Nuffield Council on Bioethics.

It found the British Medical Journal article by Sheldon, Cheng, and Chalmers (October 2007) helpful in identifying discrepancies in the science around fluoridation, providing an update on progress since the York Review, and in identifying issues that need to be considered when assessing fluoridation.

The Panel noted the dangers of being convinced of fluoridation's effectiveness based on personal observations in fluoridated and non-fluoridated areas as this does not allow for consideration of other factors that may be influencing dental health.

The one low point of the Panel's assessment is that the Panel dismisses the Bassin study (on osteosarcoma) on the weight of a hearsay claims by those who have tried to suppress the Bassin study, and are funded by fluoride promoters.

The Panel's report identifies significant reduction in tooth decay (up to 50%) by a number of available means other than fluoridation.

Oral evidence by the Director of the Nuffield Council.

This was the first time the UK Water Act 2003, which required water companies (these are private companies in the UK, unlike NZ) to comply with a request from a Strategic Health Authority (SHA) to fluoridate the water supply, had been used to force fluoridation on a community. The Act required a defined standard of consultation by the SHA, to determine local support, before making such a request, and for the SHA to indemnify the water company against any legal liability resulting from harm to individuals from fluoridation. Consequently, the Council considered it appropriate to conduct as thorough review as possible in the time available to it.

The proposal to fluoridate was based on an average differential of 0.29 dmft in 5 year olds (1.47 national average against 1.76 in Southampton); that is, a theoretical saving of between 1/4 and 1/3 of a filling! Figures for 12 year olds were not mentioned.

The Panel relied heavily on the York Review as the most authoritative information available, and noted the continuing misrepresentation of the York Review by the British Fluoridation Society and the Strategic Health Authority (similar to NZ's DHBs).

The Panel received submissions and oral presentations from both promoters and opponents of fluoridation. In particular, the Panel was fortunate in having input from Dr Iain Chalmers, former director of the UK Cochrane Institute for Evidence-based Medicine.

The Panel was concerned at the dismissive attitude of promoters when confronted with real health issues, such as the risk of use of fluoridated water in infant formula. It noted the statement of Dr John Doull, Chair of the US National Research Council Review Panel, that there was much that was still unknown about fluoride's health effects. In fact Panel considered the extent of "known unknowns" was considered the most striking aspect of the debate.

The Panel particularly noted that in relation to the NRC Review, "the dismissive way in which questions related to this research were dealt with by the SHA ... was cavalier and inappropriate".

Reflecting the practice in Clutha and Central Otago by Public Health South, the Panel expressed concern that the SHA's public consultation document lack balanced information. It was particularly concerned about reference to old studies considered of such poor quality as to be rejected by the York Review, and that similar concerns had been raised by Lord Edward Baldwin, a member of the York Review Advisory Panel. The Panel was also concerned that promotional information focused on 5 year olds. It did not include figures for 8, 12, or 15 year olds which, the Panel observed, gave a very different picture. It also omitted discussion of oral health problems not affected by fluoridated water, such as pit and fissure tooth decay.

The Panel noted the increase in total fluoride intake since the early days of fluoridation, when fluoridated water was the primary source of fluoride. It also m It agreed with the noted the Medical Research Council's acknowledgement that the effects of fluorides are related to total intake, and that there is very little research on health effects from total fluoride exposure. (There is no research at all in NZ). It also noted the York Review's recommendation that any future study be based on total fluoride exposure; not just the level in the water.

The Panel noted that individual exposure varies significantly from the average, such that some individuals received excessive doses of fluoride in so-called "optimally fluoridated" communities. Indeed, it noted that the term "optimally fluoridated" is meaningless when total exposure is considered.

It noted especially:

- Estimates of the impact of water fluoridation on total exposure to fluoride may otherwise be inaccurate or misleading
- The effects of water fluoridation might be confounded or modified by exposure to fluoride from other sources.

10). League of United Latin American Citizens

WHEREAS, the League of United Latin American Citizens is this nation's oldest and largest Latino organization, founded in Corpus Christi, Texas on February 17, 1929; and

WHEREAS, LULAC throughout its history has committed itself to the principles that Latinos have equal access to opportunities in employment, education, housing and healthcare; and

WHEREAS, LULAC advocates for the well-being of, but not exclusively of, Hispanics throughout our country; and

WHEREAS, safe drinking water is a necessity for life; and

WHEREAS, the purpose of a public water supply is to supply water to the entire community which is composed of people with varying health conditions, in varying stages of life, and of varying economic status; not to forcibly mass medicate the population which is a civil rights violation; and

WHEREAS, fluoridation is mass medication of the public through the public water supply; and

WHEREAS, current science shows that fluoridation chemicals pose increased risk to sensitive subpopulations, including infants, the elderly, diabetics, kidney patients, and people with poor nutritional status; and

WHEREAS, minority communities are more highly impacted by fluorides as they historically experience more diabetes and kidney disease; and

WHEREAS, minorities are disproportionately harmed by fluorides as documented by increased rates of dental fluorosis (disfiguration and discoloration of the teeth); and

WHEREAS, the National Research Council in 2006 established that there are large gaps in the research on fluoride's effects on the whole body; a fact that contradicts previous assurances made by public health officials and by elected officials, that fluorides and fluoridation have been exhaustively researched; and

WHEREAS, a growing number of cities and health professionals have rejected fluoridation based on current science and the recognition of a person's right to choose what goes into his/her body; and

WHEREAS, the CDC now recommends that non-fluoridated water be used for infant formula (if parents want to avoid dental fluorosis – a permanent mottling and staining of teeth), which creates an economic hardship for large numbers of families, minority and otherwise; and

WHEREAS, the League of United Latin American Citizens (LULAC), founded in 1929, has historically been a champion of the disenfranchised and a leader in the fight for social and environmental justice; and

WHEREAS, City Council Districts I-6 of San Antonio (predominantly minority districts) voted overwhelmingly that the public water supply should not be contaminated with fluoridation chemicals; and

WHEREAS, the election to fluoridate the water, essentially disenfranchised the right of these minority Districts to safe drinking water for all; and

WHEREAS, the U.S. Health and Human Services and the EPA (January 2011) have recently affirmed the NRC Study results that citizens may be ingesting too much fluoride and that the exposure is primarily from drinking water; and

WHEREAS, the proponents of fluoridation promised a safe and effective dental health additive, but the San Antonio Water System's (SAWS) contract for fluoridation chemicals proves a "bait and switch"; as SAWS is adding the toxic waste by-product of the phosphate fertilizer industry, that has no warranty for its safety and effectiveness for any purpose from the supplier (PENCCO, Inc.) or the source (Mosaic Chemical); and

THEREFORE, BE IT RESOLVED, that LULAC commends efforts by organizations that oppose forced mass medication of the public drinking supplies using fluorides that are industrial grade, toxic waste by-products which contain contaminants (arsenic, lead, mercury) which further endanger life; and

BE IT FURTHER RESOLVED, that LULAC supports efforts by all citizens working to stop forced medication through the public water system because it violates civil rights; and

BE IT FURTHER RESOLVED, that LULAC opposes the public policy of fluoridation because it fails to meet legislative intent; and

BE IT FURTHER RESOLVED, that LULAC demands to know why government agencies entrusted with protecting the public health are more protective of the policy of fluoridation than they are of public health.

Approved this 1st day of July 2011.

Margaret Moran
LULAC National President

11. Christchurch Press article on reducing tooth decay in Canterbury without fluoridation.

Publication: CPL Date: 01 Apr 2009 Page: A 5

Headline: Scheme puts hole in cavity numbers; PRESCHOOL DENTAL CHECKS

A campaign to get Canterbury preschoolers to the dental nurse has led to a big drop in the number of toddlers with cavities.

A new report from the Canterbury District Health Board's community dental service shows the number of five-year-olds without cavities has increased 14 per cent over the past nine years.

In 2000, about 50 per cent of five-year-olds had at least one cavity, but only 36 per cent now have holes in their teeth. Nationally, about 50 per cent of five-year-olds have cavities.

The Lift the Lip campaign was launched in 2000 by Pegasus Health family practices and the health board's community dental service. It involves GPs enrolling children into dental services at their 15-month immunization check.

Parents are encouraged to take their children for yearly dental checks until they are five. The programme was the first of its type in New Zealand and is being copied in other parts of the country.

The clinical director of the dental programme, Dr Martin Lee, said the results were fantastic.

"This is great news for the long-term oral health of our community. If you have crummy teeth as a child, you are usually doomed to crummy teeth for the rest of your life," he said.

"By seeing children when they are very young we can pick up problems early and talk to parents or caregivers about how best to look after young teeth."

The number of preschoolers accessing oral health services had increased from 12,000, or 53 per cent of that population, to 19,500, or 84 per cent, of one to four-year-olds in the district, he said.

"Increased contact with preschoolers and their parents seems to be paying dividends," he said.

First-time mother Marina Rawiri said her son, Kingston, 16 months, had his teeth checked for the first time a month ago. "I started brushing his teeth as soon as he got them. Lots of my family's children have heaps of fillings and I didn't want Kingston to get them," she said.

Rawiri said it was convenient to combine immunisations with dental checks.

Note: Canterbury is non-fluoridated apart from the small township of Methven.

12). Letter to the Kapiti Mayor by a constituent.

The Mayor Jenny Rowan
Kapiti Coast District Council

9/1/2009

Dear Ms Rowan

A local GP specialising in workplace toxins and allergies has recently confirmed that I have a chemical sensitivity to fluoride. My symptoms of intermittent but persistent eczema, troubling digestive disorders, back pain, muscle soreness and more recently severely itching skin are all consistent with chemical sensitivity. They have been intensifying slowly over the past twenty or so years but have abated completely since the cause was identified three months ago and fluoride ingestion avoided. I do not know how badly my health would eventually have become compromised if I had not made the discovery of my chemical sensitivity but I suspect that I would have succumbed to Chronic Fatigue Syndrome or worse.

In urging the KCDC to reconsider the fluoridation of our tap water, I ask you to consider the following points:

It has been shown that 1% of the population is sensitive to fluoride.ⁱ

The population of the Kapiti Coast is roughly 46,500. Therefore 460 plus residents are likely to be having their health compromised by their water supply. Many may be receiving inappropriate or unnecessary medication through incorrect diagnosis of their symptoms, as I had been for some time.ⁱⁱ

Dental and other health authorities claim that the amount of fluoride specified as safe when introduced into the water supply is too small to have any detrimental effects. (This is despite their ready assertion that the dose administered directly modifies the toughest and most durable parts of the human body, the teeth.) However

- Fluoride cannot be removed by conventional filtering
- Fluoride is intensified – not removed – by boiling and cooking
- Therefore fluoride accumulates in every domestic and commercial process of food and beverage preparation
- Some foods and beverages, especially black and green tea, naturally contain high levels of fluoride, which is enhanced when prepared using fluoridated water.
- While the body gets rid of roughly half the fluoride ingested daily, the rest is stored in the skeleton, tissues, organs and brain.
- Fluoride is the most volatile element. It readily combines with other chemicals to form new compounds which may or may not be safe or advisable for human consumption.ⁱⁱⁱ

Health authorities cannot therefore give any meaningful assurances that the exposure to fluoride of the population through lacing of the water supply is without risk for all individuals.^{iv v}

Fluoride persists in sewage, from which it may infiltrate the air, soil and ground water. It is a component of acid rain.^{vi}

Rising levels of obesity, diabetes, cancer, asthma, allergies and chemical sensitivity, including Chronic Fatigue Syndrome, are making many health professionals and the population at large increasingly aware and concerned about the nature and levels of environmental chemical contaminants in the food chain.

Many local authorities are currently changing the chlorination of swimming pools to safer alternative systems. This is because chlorine has a powerful irritant effect on the human mucus membrane and so is linked to asthma and other related conditions. Chlorine is the second most potent and corrosive irritant on the table of elements. The most potent is fluoride.

It is very unlikely that any local authority today would accept the lacing of the public water supply with fluoride on the grounds that a corporate consortium claimed a marginal health benefit, as happened in the US in the 1940's.^{vii}

With respect, KCDC is currently mass medicating the local population with fluoride – a highly toxic and volatile element - without reference to the age, body weight, health status, or the medication regimes of individuals and without their fully informed consent. This is ethically highly questionable.

The issue of the safety as well as the efficacy of fluoridated public water supplies is a controversial one. However, my own experience has shown me that there really are serious, negative health implications for at least a section of the community. Whether or not the ingestion of fluoride significantly protects teeth from decay, tooth decay is a non-life threatening condition and fluoride can readily be obtained and applied topically through toothpaste and gels.

Surely we should err on the side of caution, as do most of the countries of Western Europe. Fluoride is more poisonous than lead and more corrosive than chlorine. Deliberately putting it in the public water supply simply adds unnecessarily to the burden of environmental chemical exposure we daily face.

Yours sincerely

(Name withheld)

ⁱ US Journal of Dental Medicine Oct 1961 Vol 16:110 – 14 year experiment by Feltman and Kosel.

ⁱⁱ US Agency for Toxic Substances and Disease Registry, (1993) page 112 statement:

"POPULATIONS THAT ARE UNUSUALLY SUSCEPTIBLE. Existing data indicate that subsets of the population may be unusually susceptible to the effects of fluoride and its compounds. These populations

include the elderly, people with deficiencies of calcium, magnesium and vitamin C, and people with cardiovascular and kidney problems . . . Poor nutrition increases the incidence and severity of dental fluorosis and skeletal fluorosis."

ⁱⁱⁱ Fluorine is the most reactive element. It combines easily with every other element except helium, neon, and argon. It reacts with most compounds, often violently. For example, when mixed with water, it reacts explosively. For these reasons, it must be handled with extreme care in the laboratory

www.chemistryexplained.com

^{iv} "Even supposing that low concentrations are safe, there is no way to control how much fluoride different people consume, as some take in a lot more than others. For example, labourers, athletes, diabetics, and those living in hot or dry regions can all be expected to drink more water, and therefore more fluoride (in fluoridated areas) than others.

F. Exner and G. Waldbott, *The American fluoridation experiment*, 1957, p. 43.

^v Due to such wide variations in water consumption, it is impossible to scientifically control what dosage of fluoride a person receives via the water supply. U S Federal Register, 12/24/75.

^{vi} Environmental fate Hydrogen fluoride may enter the air during production, use and transportation. The gas dissolves in clouds, fog, rain or snow. This enters the environment as wet acid deposition ('acid rain'). Australian Government Dept of the Environment / Air Toxins & Indoor Air Quality in Australia: Report 2001.

^{vii} "We would not purposely add arsenic to the water supply. And we would not purposely add lead. But we do add fluoride. The fact is that fluoride is more toxic than lead and just slightly less toxic than arsenic."

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Wednesday, 15 May 2013 7:30 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

Follow Up Flag: Follow up
Flag Status: Completed

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Jill
 Last Name: Ford
 Street Address: 94 Coromandel St, Newtown
 Suburb: Wellington
 City: Wellington
 Phone: 3894496
 Email: jill@fordwardthinking.co.nz

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 021671291

I am giving this feedback: as an individual Organisation name:

Type of organisation:

Details:

PAGE 2 Questions / Comments:

What: Smart Energy Capital – a programme of government and business partnerships
 Why: To create smart, healthy and energy-efficient homes, increase energy efficiency in the commercial sector and increase renewable generation
 When: Two-year programme to be re-evaluated in 2015
 Cost: \$250,000 in 2013/14 and 2014/15
 Leave in plan (high priority)

What: Proactive management of Built Heritage Incentive Fund
 Why: Target buildings that would benefit most from earthquake strengthening
 Cost: \$40,000 per annum
 Don't know

PAGE 3 Questions / Comments:

What: Greening of Taranaki Street

Why: Redesign street to prioritise pedestrians as part of processional route from Memorial Park to Parliament
Cost: \$150,000 in 2013/14
Don't know

What: Civic Square co-ordination
Why: Co-ordinate a range of work to help achieve our design objectives for the central city
Cost: \$150,000 in 2013/14
Don't know

What: Miramar Peninsula Framework
Why: To guide future development in the area
Cost: \$50,000 in 2013/14
Don't know

What: Capital Education Initiative
Why: Increase school visits to key institutions to promote educational opportunities
Cost: \$60,000 in 2013/14
Take out of plan (not a priority)

PAGE 4 Questions / Comments:

What: Increase the operating grant to Zealandia
Why: To support the work of the new board, provide Zealandia with a higher level of financial security and enable the Trust to focus on implementing strategies for improvement.
Cost: \$175,000 in 2013/14 and 2014/15
Take out of plan (not a priority)

What: Reduce speed limits to 30km/h or 40km/h across the central city
Why: To make streets safer for pedestrians
Cost: \$40,000 in 2013/14 for consultation, and \$250,000 in 2014/15 for implementation
Leave in plan (high priority)

What: Playground access
Why: Assess our existing playgrounds for their suitability for children with disabilities
Cost: To be decided
Leave in plan (low priority)

What: Clyde Quay Marina
Why: Feasibility funding for a wave study, geotechnical investigations and assessment of the harbour floor for the proposed marina upgrade
Cost: \$205,000 in 2013/14
Don't know

What: To upgrade the children's playground at the north end of Frank Kitts Park
Why: This work was planned as part of the Frank Kitts Park upgrade that is budgeted for in 2016/17. Bringing this stage forward will enable an extension to the playground and the replacement of play equipment that has been removed, and tie in with necessary repair work on the lighthouse.

Cost: \$1 million in 2013/14

Leave in plan (high priority)

What: To modify office space at the north end of Shed 6

Why: To provide a base for the Crocodile Bikes currently operating from a temporary location on Clyde Quay Wharf, and enable more recreation activity providers to be based in the area

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

PAGE 5 Questions / Comments:

What: Installation of swimming lanes and other initiatives

Why: To improve water-based recreational opportunities around the Queens Wharf area

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?
No

Your comments:

I think you need people in WCC staff who have actually worked in business and understand it whether SME or corporate. Currently many staff are career local govt employees who have no concept of the real world

PAGE 6 Questions / Comments:

Q. Do you agree we should be looking at changing levels of service and introducing charges in order to keep the rates increase down?

Agree

Proposed reductions in expenditures

Libraries

Q. Do you agree with the proposed changes to levels in library services?

What: Libraries to have consistent closing times – Brooklyn, Cummings Park Ngaio, Wadestown and Island Bay are to close at 5pm on weekdays.

Savings: \$30,800 each year

Savings in the first year: \$22,600

Agree

What: Opening hours at Khandallah Library to be reduced to between 1.30pm and 5.30pm weekdays.

Savings: \$31,200 each year
Savings in the first year: \$23,400
Agree

PAGE 7 Questions / Comments:

Other services

Q. Do you agree with the following proposed changes to services?

What: Leisure Card – the Council would no longer help develop tailored programmes and services for card holders. The card itself would still be provided.

Savings: \$75,000 each year

Strongly Agree

What: Reduce funding for hazardous tree removal – service levels should remain the same.

Savings: \$100,000 each year

Neutral

What: Remove funding for the demolition of the Patent Slip Jetty.

Savings: \$100,000

Don't Know

What: Introducing a full cost-recovery model for the WRAC crèche. This would require users to pay between \$3 and \$4 per hour for the service.

Savings: \$53,000 each year

Savings in the first year: \$40,000

Agree

PAGE 8 Questions / Comments:

Proposed changes to Council-controlled organisation grants

Q. Do you agree with the proposed changes to CCO grants?

What: 3% reduction in the Zoo Trusts grant – no negative impact expected on services in 2013/14. But if lower funding levels continue the Zoo may have to reduce services.

Savings: \$84,000

Neutral

What: 3% reduction in Positively Wellington Tourism's grant. This may impact on the ability to raise partner funding.

Savings: \$140,000

Agree

Proposed increases in income

Q. Do you agree with the following proposed charges being introduced?

What: Introduce \$2 per hour parking charges at Wellington Botanic Gardens 10am - 4pm weekdays.

Revenue: \$32,400 per annum
Capital cost: \$95,000
Strongly Disagree

What: Introduce \$1.50 per hour parking charges at Freyberg Pool 8am - 6pm
Mondays to Thursdays and 8am - 8pm Fridays.
Revenue: \$72,000 per annum
Capital cost: \$20,000
Strongly Disagree

What: Introduce permits for taxis to use taxi stands – starting at \$200 and rising
to \$400 per taxi per year.
Revenue: \$400,000 per annum
Revenue in the first year: \$200,000
Revenue in second year: \$300,000
Strongly Disagree

PAGE 9 Questions / Comments:

Proposed changes in capital expenditure

Q. Do you agree with the following proposed changes being introduced?

What: Southern landfill improvement. Moving our programmed spend out by
two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

Neutral

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to
align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Neutral

Q. Do you agree with our approach to reducing our budget?

Agree

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there
services we provide that you think are not our responsibility and therefore
should stop providing?

Your comments on balancing the budget:

Local council should contract more services out such as management of
Recreation centres. The private sector does a much better job.

Q. Any other comments you would like us to take into consideration before we
make decisions?

Increase in funding for cycle facilities both onroad and off road.

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Thursday, 16 May 2013 11:46 a.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Priscilla
 Last Name: Williams
 Street Address: 14 Kinross St
 Suburb: Kelburn
 City: Wellington
 Phone: 049774667
 Email: priscilla.williams@paradise.net.nz

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 049774667

I am giving this feedback: as an individual Organisation name:

Type of organisation:

Details:

PAGE 2 Questions / Comments:

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Why: To create smart, healthy and energy-efficient homes, increase energy efficiency in the commercial sector and increase renewable generation
When: Two-year programme to be re-evaluated in 2015
Cost: \$250,000 in 2013/14 and 2014/15

What: Proactive management of Built Heritage Incentive Fund
Why: Target buildings that would benefit most from earthquake strengthening
Cost: \$40,000 per annum

PAGE 3 Questions / Comments:

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Why: Redesign street to prioritise pedestrians as part of processional route from Memorial Park to Parliament
Cost: \$150,000 in 2013/14

What: Civic Square co-ordination

Why: Co-ordinate a range of work to help achieve our design objectives for the central city

Cost: \$150,000 in 2013/14

What: Miramar Peninsula Framework

Why: To guide future development in the area

Cost: \$50,000 in 2013/14

What: Capital Education Initiative

Why: Increase school visits to key institutions to promote educational opportunities

Cost: \$60,000 in 2013/14

PAGE 4 Questions / Comments:

What: Increase the operating grant to Zealandia

Why: To support the work of the new board, provide Zealandia with a higher level of financial security and enable the Trust to focus on implementing strategies for improvement.

Cost: \$175,000 in 2013/14 and 2014/15

What: Reduce speed limits to 30km/h or 40km/h across the central city

Why: To make streets safer for pedestrians

Cost: \$40,000 in 2013/14 for consultation, and \$250,000 in 2014/15 for implementation

What: Playground access

Why: Assess our existing playgrounds for their suitability for children with disabilities

Cost: To be decided

What: Clyde Quay Marina

Why: Feasibility funding for a wave study, geotechnical investigations and assessment of the harbour floor for the proposed marina upgrade

Cost: \$205,000 in 2013/14

What: To upgrade the children's playground at the north end of Frank Kitts Park

Why: This work was planned as part of the Frank Kitts Park upgrade that is budgeted for in 2016/17. Bringing this stage forward will enable an extension to

the playground and the replacement of play equipment that has been removed, and tie in with necessary repair work on the lighthouse.
Cost: \$1 million in 2013/14

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Why: To provide a base for the Crocodile Bikes currently operating from a temporary location on Clyde Quay Wharf, and enable more recreation activity providers to be based in the area
Cost: \$150,000 in 2013/14

PAGE 5 Questions / Comments:

What: Installation of swimming lanes and other initiatives
Why: To improve water-based recreational opportunities around the Queens Wharf area
Cost: \$150,000 in 2013/14

Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?

Your comments:

PAGE 6 Questions / Comments:

Q. Do you agree we should be looking at changing levels of service and introducing charges in order to keep the rates increase down?
Neutral

Proposed reductions in expenditures

Libraries

Q. Do you agree with the proposed changes to levels in library services?
What: Libraries to have consistent closing times – Brooklyn, Cummings Park Ngaio, Wadestown and Island Bay are to close at 5pm on weekdays.
Savings: \$30,800 each year
Savings in the first year: \$22,600

What: Opening hours at Khandallah Library to be reduced to between 1.30pm and 5.30pm weekdays.
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Savings in the first year: \$23,400

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Other services

Q. Do you agree with the following proposed changes to services?

What: Leisure Card – the Council would no longer help develop tailored programmes and services for card holders. The card itself would still be provided.

Savings: \$75,000 each year

What: Reduce funding for hazardous tree removal – service levels should remain the same.

Savings: \$100,000 each year

What: Remove funding for the demolition of the Patent Slip Jetty.

Savings: \$100,000

What: Introducing a full cost-recovery model for the WRAC crèche. This would require users to pay between \$3 and \$4 per hour for the service.

Savings: \$53,000 each year

Savings in the first year: \$40,000

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Savings: \$84,000

What: 3% reduction in Positively Wellington Tourism's grant. This may impact on the ability to raise partner funding.

Savings: \$140,000

Proposed increases in income

Q. Do you agree with the following proposed charges being introduced?

What: Introduce \$2 per hour parking charges at Wellington Botanic Gardens 10am - 4pm weekdays.

Revenue: \$32,400 per annum

Capital cost: \$95,000

Strongly Disagree

What: Introduce \$1.50 per hour parking charges at Freyberg Pool 8am - 6pm

Mondays to Thursdays and 8am - 8pm Fridays.
Revenue: \$72,000 per annum
Capital cost: \$20,000

What: Introduce permits for taxis to use taxi stands – starting at \$200 and rising to \$400 per taxi per year.
Revenue: \$400,000 per annum
Revenue in the first year: \$200,000
Revenue in second year: \$300,000

PAGE 9 Questions / Comments:

Proposed changes in capital expenditure

Q. Do you agree with the following proposed changes being introduced?

What: Southern landfill improvement. Moving our programmed spend out by two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Q. Do you agree with our approach to reducing our budget?

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

My submission relates only to the parking proposal for the Botanic Gardens. If the proposal is based on a need for revenue, the prospects look uncertain against the capital cost of putting in the parking meters, especially as the park has very few cars on inclement days. If the proposal is intended to stop commuters from parking there all day, there are cheaper ways to do this, such as altering the regulations to allow Parkwise to monitor the area.

Q. Any other comments you would like us to take into consideration before we make decisions?

Submission of

HEALTH CARE AOTEAROA



to the Wellington City Council

DRAFT ANNUAL PLAN

May 2013

Introduction

The New Zealand Primary Health Care Strategy developed in 2001 was based on the Health Care Aotearoa (HCA) members' community based, multidisciplinary approach with capitation-based funding and equity is a cornerstone of this strategy.

The principles underlying the NZ Primary Health Strategy include "Good health and wellbeing for all New Zealanders throughout their lives".

HCA is a national network of primary health care services highly regarded for their innovative community-driven approach focused on serving Maori, Pacific people, refugee and low income individuals and their whanau.

Several HCA members deliver health and social services and support to vulnerable populations in Wellington including Newtown Union Health Service, Oratoa, Evolve and Wellhealth Trust. Many of them see the direct link between low pay and health including prevalence of chronic heart disease, rheumatic fever and respiratory disease and poor access to warm and affordable housing and healthy food.

Poverty and Inequality

New Zealand has gone from one of the most equal countries in the OECD to one of the most unequal in the past 20 years.

It is estimated that 270,000 children are living in poverty – one in 3 are Maori, one in 4 are Pacific children. 40% of poor children come from families where at least one person is in full time work or self employed.

A disproportionate amount of illness, hospitalisations and early deaths occur amongst people on low incomes, and in the Maori and Pacific communities.

Massey University School of Medicine Professor Don Matheson said at the Wellington launch of the Living Wage Movement "this unfairness, in household inequality and access to healthcare will impact on the life chances of poor people and people on low wages. This will mean that people on low incomes will experience more illness, earlier deaths and a higher chance for them not to reach their full potential".

Living Wage

A living wage will mean low income earners will get paid enough to meet their needs, enjoy their lives and to participate in society.

Health Care Aotearoa is a living wage partner. We have joined other community organisations, churches and unions to support the living wage in Aotearoa because we see this is fundamental in eliminating poverty and reducing health inequalities.

Health Care Aotearoa and Newtown Union Health Service were part of the Living Wage delegation that presented to the Wellington City Council and:

We urge the Wellington City Council to show leadership and innovation by committing to the Living Wage and becoming a vibrant, exciting, and proud living wage city.

Health Care Aotearoa would like to make an oral submission.

16 May 2013

2013/14 Draft Annual Plan - Submission

Name and Contact Details	
First name	Peter
Last name	Hunt
Address	Chairperson Wellington Branch Forest and Bird
	P O Box 4183
	Wellington 6140
Phone	04 232 5726
Email	Wellington.branch@forestandbird.co.nz
I would like to speak at a submission hearing	Yes
I am making this submission on behalf of an organisation	Yes
Name of Organisation	Wellington Branch Forest and Bird

INTRODUCTION

Forest and Bird's membership of over 80,000 make it New Zealand's largest independent environmental organisation. The Wellington Branch has 2,027 members plus a further 535 young people in Forest and Bird's Kiwi Conservation Club.

As an environmental organisation Forest and Bird's concern is for the natural environment, the impact of the changing climate on nature, and ultimately our wellbeing. The branch's priorities within its region include the Natural Pathways initiative for ecological connectivity, enhanced biodiversity, a healthy harbour along with a system of public transit and green streets connecting people to open spaces.

The branch's initiatives in these regards enjoy volunteer and community support beyond its membership.

THIS SUBMISSION

The branch recognises that Wellington City Council's (WCC) draft Annual Plan should be considered as a whole. Forest and Bird's mandate from members', however, lies in areas affecting the environment. The two sections of this submission, therefore, each focus primarily on the environmental implications of the draft Annual Plan.

Section 1 is the branch's feedback on the portions of the Overview section of the draft annual plan, included as context, and not covered by WCC's on-line submission form. The branch's key submission hearing interest is raised in this section.

Section 2 is the branch's feedback on the *Our Work in Detail* section of the draft Annual Plan.

SECTION 1 - OVERVIEW

Amending legislation

The branch acknowledges the changed purpose of local government set by the amending legislation¹ now in effect. The overview to the Draft Plan² clearly explains these changes.

Amongst other changes the amending legislation removes the previous four well-being purposes of local government (social, economic, environmental and cultural). The branch commends WCC's early determination that, within the changed legislative provisions it has a community mandate to provide activities in these four well-being areas³. The activities are needed if WCC is to achieve its community mandate and goal of a city protecting, restoring and growing its natural environment.

Significance Policy

Context

The draft Annual Plan explains that the amending legislation gives local authorities the discretion to decide the appropriate level of attention, consideration, disclosure and consultation given to decisions. This discretion is to be based on the relative importance of the decision to the district or region. Consultation and decision-making processes are to be in proportion to the significance of the matters affected by the decision.

Councils are required to adopt a significance policy setting out how the significance of a decision will be determined.

Omission

WCC's **Significance Policy**⁴ is comprehensive and clear however the omission of the environment as a significant factor is of major concern to the branch.

Section 5 of the amending legislation requires that the degree of importance of any issue, decision or matter before a local authority be considered in terms of its likely impact on, and likely consequences for, the district or region and the persons who are likely to be particularly affected by or interested in the issue, proposal, decision, or matter.

¹ Local Government Act 2002 Amending Act 2012

² Draft Plan Page 10

³ Draft Plan page 10

⁴ Draft Plan pages 114/115

Environmental matters are integral to all considerations of likely impact and consequence. They stand in their own right and matter to our members, like minded community groups and to the wider Wellington community.

It is not sufficient to assume that environmental matters will be suitably addressed under the four areas set by section 3.1 of the policy⁵.

Recommendation

This major omission can be addressed by:

- (a) adding **Impact on the Environment** as a fifth area to the four already set by section 3.1 of that policy, and
- (b) amending the concluding paragraph to 3.1 to read “when a high degree of significance is indicated by factors or thresholds under **Impact on the Environment** or under any two or more of the other criteria, the issue is likely to be significant”, and
- (c) adding **Impact on the Environment** as to section 3.2 as 3.2.1 and adjusting the subsequent numbering

Criterion The extent to which decisions are consistent with long-term environmental enhancement

Factors and Thresholds

Factors that would indicate a high degree of significance are:

1. Adverse affects on climate change emission levels and targets.
2. Adverse impacts on biodiversity, ecological corridors and natural environments.
3. Adverse impacts on open space and urban form considerations, and
4. Adverse impacts on water and air quality, energy efficiencies and noise levels.

The branch otherwise commends the scope and clarity of WCC’s **Significance Policy**.

⁵ Community Wellbeing, Community Interest, Consistency with Existing Policy and Strategy, and Impact on Council’s capacity and capability

Key submission hearing interest

The branch's key interest in the draft Annual Plan is with the criteria that WCC has identified for assessing the degree of significance for the areas identified under its **Significance Policy**. Matters relating to the sufficiency of these significance criteria are central to the branch's constituents as will be the future application of these criteria. The significance criteria, therefore, will be the focus of the branch's submission hearing presentation.

We request, therefore, ahead of the hearing, an electronic copy of any additional policy or operational guidelines relating to the development and application of the significance criteria. This prior information is to help the branch constructively focus its presentation and to make the best use of the ensuing discussion.

SECTION 2 - OUR WORK IN DETAIL

Introduction

The branch commends WCC's **One Vision** Statement and supports the four community outcomes, three priorities and seven activity areas identified.

The branch appreciates WCC's explanation, in the amending legislation context, of its approach to developing the draft plan. It recognises that in times of economic recession local authorities must carefully examine their budgets to determine the costs that can be avoided or reduced. It notes, also that a consequence is that previous budget reductions in areas important to the branch, such as pest control, are planned to continue for the coming year⁶.

The following feedback follows the order and uses the sub-headings of WCC's on-line submission form.

Proposals for the next year

The following comments relate to the initiatives within the branch's mandate. The branch supports the initiatives discussed remaining in the plan with high priority.

A potential weakness of the draft plan format is that initiatives are presented in isolation from wider policy and strategy commitments. The key themes and objectives from the relevant planning and strategy documents need to be referenced for each initiative.

⁶ Reference Forest and Bird 2011/12 Draft Annual Plan – Submission, 11 May 2011

Smart Energy Capital

The branch supports this initiative as a significant starting step in the right direction.

Climate change is no longer a future event. The need remains, at national and local government levels, for comprehensive and effective mitigation planning and implementation strategies. Delay and continuing past practices simply make the challenge for future generations more difficult and expensive.

Greening of Taranaki Street

The branch supports this initiative provided that it will enhance the related open spaces, biodiversity, natural corridor, and urban form initiatives covered by other planning and strategy documents.

Miramar Peninsula Framework

The branch supports this initiative. It is a timely opportunity to secure a key addition to the city's open space, natural corridor and biodiversity resources.

Increase the Operating Grant to Zealandia

The branch supports this increase.

Zealandia's critical biodiversity, species protection, natural corridor anchoring, and education roles make its sustainability a high priority for the branch.

Wellington Waterfront Ltd Proposals

The reclaiming by Wellington of public access to its waterfront has been a key factor in the city's recent renaissance. An active, accessible, connected and environmentally enhanced waterfront open space system, and a cleaner harbour from reduced storm-water pollution is a priority for the branch's constituency.

The branch supports the proposed initiatives in this context.

Proposed increases in income

The branch supports the comparatively minor parking change extensions and increases with the proviso raised in its 2011/12 Draft Annual Plan Submission. This proviso is that WCC has evidence that raising parking fees will achieve improved energy efficiency reduce air pollution and reduce carbon emissions. There should be a compensatory increase in the availability and frequency of public transport in any area where parking fees are to be raised.

Conclusion

The branch appreciates the draft Annual Plan's clarity, breadth and full disclosure in relation to the legislative considerations and policy frameworks underlying the plan. It is pleased to have the opportunity to comment.

Draft Annual Plan 2013-14

The New Zealand Institute of Architects (NZIA) welcomes the opportunity to make a submission on the draft Wellington City Council Annual Plan 2013-14. NZIA has been in existence since 1905, and is the professional body, which represents the interests of over 90% of architects in their roles as principals, and as employers and employees. It liaises with kindred professions and industry participants. We look forward to sharing with you our thoughts and ambitions for Wellington and how we can add value to your future investment plans through the oral hearing process.

Firstly, we would like to congratulate the Council on including a diverse range of initiatives targeted at improvements in the built environment. As architects, we are passionate about the quality, design and experience of the built environment. As the nation's Capital, we think you need to prioritise these outcomes in everything that you do. With the experience and capability of our members, we are willing and able to work in partnership with you to make this a reality.

The draft plan contains a number of initiatives, where we think our direct involvement will be influential in the success of these projects. We offer expertise and experience across a diverse range of areas – seismic issues, design competitions, temporary installations, leading edge technologies, links to education, etc.

The key projects we wish to partner with you on are:

- Central City Framework – Parliamentary Precinct (p.59)
- Earthquake Strengthening Council Buildings (p.61)
- Greening Taranaki – Concept Designs (p.49)
- Civic Square Precinct – Concept Designs (p.49)
- Waterfront Development Plan and Frank Kitts Park Playground (p.45)

We would like to congratulate the Council on its plans for Destination Wellington. Whilst we appreciate the importance around jobs, skills and talent, we would urge Council to include the quality of the built environment in your Destination Wellington thinking. The City's ability to attract investment and talent, will be strongly influenced by the quality of the built environment. This budget, which is significant, should clearly identify how and what it will do in relation to the built environment. A compelling Destination Wellington story demands a high quality built environment.

We look forward to working with you, and sharing our ideas with you through the oral hearing process.

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Thursday, 16 May 2013 10:22 a.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Barry
 Last Name: Bryant
 Street Address: 132 Cashmere Ave
 Suburb: Wellington
 City: Wellington
 Phone:
 Email: barry.bryant@gmail.com

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 0276531066

I am giving this feedback: as an individual Organisation name:

Type of organisation:

Details:

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Why: Assess our existing playgrounds for their suitability for children with disabilities

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Unsure

Your comments:

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Savings: \$30,800 each year

Savings in the first year: \$22,600

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Savings: \$100,000 each year

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What: Introducing a full cost-recovery model for the WRAC crèche. This would require users to pay between \$3 and \$4 per hour for the service.

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Revenue: \$32,400 per annum

Capital cost: \$95,000

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Revenue: \$72,000 per annum
Capital cost: \$20,000
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What: Southern landfill improvement. Moving our programmed spend out by two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

Don't Know

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Don't Know

Q. Do you agree with our approach to reducing our budget?

Don't Know

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

Q. Any other comments you would like us to take into consideration before we make decisions?

All I want to say is to urge the council to support a cycleway from Kaiwharawhara up to Crofton Downs through Trelissick Park.

I live in Khandallah and ride to work every day (vis Onslow Rd and the Hutt Rd). I put my bike on the train to return home. However, I'm sure I'm not alone in saying that I'd much prefer to ride home, if only there was a pleasant and safe way to do so.

A Wellington region blogger, Matthew T, has already suggested a suitable route: <http://wellingtoncycleways.wordpress.com/2011/01/30/a-ngaio-gorge-cycleway/>

I don't see that this would need to cost much money, as volunteer track builders could be encouraged to do the spadework. What's really needed is approval and support from the WCC. A cycleway through Trelissick Park would enable tens of thousands of people living in the northern suburbs to return home by bike through one of Wellington's most beautiful parks.

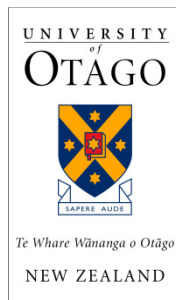
A new gravel track with a gentle gradient, one that doesn't interfere with the existing walking track, would be the simplest approach.

I'd be happy to come and speak to this proposal if you wish.

Kind regards

Barry Bryant

Khandallah



16 May 2013

**Submission to Wellington City Council
on
Draft Annual Plan 2013-14**

From the Department of Public Health, University of Otago, Wellington

Summary

Oral Submission: We wish to present an oral submission to the Draft Annual Plan. Please contact: Mary Anderson, 04 385 5541 ext. 6040 or mary.anderson@otago.ac.nz.

This written submission comments on: reducing alcohol-related harm; expanding smokefree areas and tobacco control; reducing air pollution; greenhouse gas mitigation; climate change preparedness; “Smart Energy” initiatives; parking; transport; housing; public libraries; and children.

Background

1. The Department of Public Health of University of Otago, Wellington, works to improve, promote and protect health and to reduce health inequalities through research, teaching and community service. The Department hosts researchers with expertise in disease prevention and population health, tobacco and alcohol, housing and environmental health, and includes He Kainga Oranga/Housing and Health Research Programme and the New Zealand Centre for Sustainable Cities, which leads a ‘Resilient Urban Futures’ work programme.

Reducing alcohol-related harm

2. To reduce the harm caused by alcohol, we recommend that Council use the existing law to maximise controls on late night alcohol consumption, explore the options for new bylaws to maximise reduction of alcohol-related harm in the CBD area, and prohibit alcohol marketing in the city to the fullest possible extent. We recommend Council to respond strongly and positively to concerns of local communities about alcohol supply in their localities, and to support local community action against expansion of supply.

Department of Public Health, Te Tari Hauora Tūmatanui
University of Otago, Wellington, Te Whare Wānanga o Otāgo, Te Whanga-nui-a-Tara
PO Box 7343, Wellington South 6242, New Zealand
Tel + 64 4 385 5541 Fax 64 4 389 5319 pubh.wsmhs@otago.ac.nz
www.wnmeds.ac.nz/academic/dph

Expanding smokefree areas and tobacco control

3. To protect the health of city residents, the Council should support the Government's Smokefree 2025 goal through a number of measures. These include:
 - Prohibiting via bylaw smoking along the streets that make up the Golden Mile, with the potential to expand throughout the CBD if this intervention was shown to be successful after a year;
 - Prohibiting via bylaw smoking on public beaches (for example, within a certain distance of the flags used by lifeguards or the central half of each beach);
 - Conversion of existing voluntary smokefree policies for parks into bylaws with fines;
 - Provision of adequate signage for all such smokefree areas;
 - Prohibition of street-based restaurant and café seating unless it is smokefree;
 - Enforcement of the existing littering bylaw and increased fines;
 - Prohibition of film-making on Council properties if the film includes smoking;
 - Explicitly marketing the Summer City programme as smokefree; and
 - Acting pro-actively to identify opportunities and support initiatives to prevent young people starting to smoke, assist smokers to quit, and achieve the Smokefree 2025 goal.

Reducing air pollution

4. Parts of Wellington suffer from poor air quality, especially in winter and mainly from domestic fires. This is a health hazard, a nuisance and contributes to greenhouse gas emissions (especially if coal is burnt). We recommend much tighter controls on the quality of fire places and wood burners allowed in Wellington, with strong enforcement. Council could consider maintaining a list of suppliers to guarantee to deliver only dry firewood. We also recommend adding additional air monitoring stations in areas of Wellington with chronic air pollution problems in winter, such as Karori.

Greenhouse gas mitigation

5. We recommend that greenhouse gas mitigation be one of the Council's top priorities. This would include measures and investment to further enhance walking and cycling as commuter options, promote public transport options while discouraging car use and car parking (for example through higher parking fees and fines), and continuing to prevent urban sprawl and increase intensification in the inner city. These measures are further discussed below in the sections on Parking and Transport.

Climate change preparedness

6. We recommend that climate change preparedness be one of Wellington City Council's top priorities. This would include further scenario modelling with different degrees of sea-level rise to inform measures; considering enhanced foreshore protection, especially protecting the CBD area, and expansion of

foreshore park and green space areas in the city to provide a buffer from sea-level rise and storm surges. This extra green space would also have various public health advantages.

“Smart Energy” initiatives

7. We support the funding of “Smart Energy” initiatives. The goals of reducing climate change emissions and improving the health of buildings for residents and workers are important. We recommend that initiatives towards these goals be given high priority for funding.
8. We recommend that the money available goes to those projects where funding will likely provide the most benefit to the city’s residents in terms of outcomes (which might include direct benefits, co-benefits, and learning which policies work best for Wellington) and where projects have the potential for long-term sustainability. This will not necessarily be projects where sponsorship or dollar-for-dollar co-funding is easily available. We suggest that any requirements for co-funding vary across the initiatives, with less required for projects without obvious sponsors but which offer greater benefits to the city and its residents, or which benefit vulnerable people (with consideration of equity when allocating funding).
9. In particular, we support measures to increase the uptake of energy retrofits, both through the existing schemes (2 Healthy Homes projects) and by incentivising retrofits concurrent with earthquake strengthening (7 Energy retrofits as part of earthquake strengthening work). We also support component 3, which seeks to diversify our energy sources through subsidising solar photovoltaics.

Parking

10. Section 7.2 of the Draft Annual Plan states that “[p]arking is important for shoppers, people working in the city, visitors to the city, and people coming in to the city for recreational activities”. However, many shoppers, commuters, and visitors to the city do not come by private car. Compared with the national average, a high proportion of Wellingtonians do not own a car (13.5% of households, 2006 figures) and, according to the Draft Annual Plan, we are enthusiastic users of public transport and a high proportion of us walk and cycle. For these people, parking is not only unnecessary and unimportant, but may also detract from their experience of the city, for example by increasing congestion and air pollution, negatively impacting safety, and occupying valuable public space that could be better utilised. Research and international practice shows that attractive public space designed for people and free of cars is also best for retailers.
11. We support the idea of ‘user pays’ parking put forward in this Draft Annual Plan. Parking is not free to provide and it is fair that people who wish to drive and park at their convenience pay for the privilege, rather than all ratepayers footing the bill. This approach is also fairer to those travelling by other modes such as public transport, cycling and walking. Our following recommendations for parking will provide good policy support for those who travel by other means than driving.

12. We consider it a good policy to charge for parking at the Freyburg Pool car park at a rate equal to nearby on-street parking. This car park would also benefit from a time limit to ensure that it continues to provide for the facility users and not for all-day users.
13. We support charging for parking at the Botanical Gardens. Users of the Botanical Gardens may want to stay longer than two hours, so we would suggest a longer time limit.
14. We support the introduction of a permit system for use of taxi stands around the city. Taxis currently benefit from a service provided by the ratepayer. This cost should be internalised by the commercial taxi industry, which would improve economic efficiency and equity.
15. We recommend that parking should be paid for by users at weekends. The supply of free weekend parking costs the ratepayers \$1.3 million per annum. Additionally, the provision of free parking incentivises driving over other modes, making it difficult for Wellington to meet its carbon reduction targets, as well as perpetuating the public health issues associated with car use. The Draft Annual Plan asks that the Council “manage the transport network so it is sustainable, safe and efficient.” Free on-street parking is not sustainable, safe or efficient.

Transport

16. We would like to praise the Council for supporting safe cycling infrastructure in Tawa. We strongly recommend more such investments in other parts of the city, especially on arterial routes and in the Wellington City centre.
17. We propose that the number of bus lanes continues to be increased, and that buses be prioritised over cars on public roads. These actions are currently lacking in the Draft Annual Plan.

Housing

18. The section of the Draft Annual Plan on “Activity programme: Social and recreation” includes Council’s plans for social housing. We submit that social housing should also be considered as part of the “Urban development” section. We support the Council’s urban planning focus of “a compact, vibrant, attractive and safe city that is built on a human scale and is easy to navigate.” Accessible, affordable, quality housing is a key part of good urban design.
19. Poor quality housing has negative impacts on health.¹ We support Wellington City Council’s target of having “85% of tenants rate the overall condition of

¹ Howden-Chapman P, Matheson A, Viggers H, Crane J, Cunningham M, Blakely T, et al. Retrofitting houses with insulation to reduce health inequalities: results of a clustered, randomised trial in a community setting. *British Medical Journal* 2007;334:460-464. Howden-Chapman P, Pierse N, Nicholls S, Gillespie-Bennett J, Viggers H, Cunningham M, et al. Effects of improved home heating on asthma in community dwelling children: randomised community study. *British Medical Journal* 2008;337:852-855. Baker, M, Telfar-Branard, L, Kvalsvig, A, Verrall, A, Zhang, J, Keall, M, Wilson, N, Wall, T Howden-Chapman, P. Increasing incidence and inequalities in infectious diseases in a developed country. *The Lancet*, February 20, 2012.

their house/apartment as good or very good". It is important that tenants are happy with the quality of their houses. However, we note that the BRANZ survey of housing conditions finds that there is disparity between the condition of a house as reported by an occupant and the actual condition of the house. Occupants are likely to report the house is of better quality than it is.² Therefore, we recommend that the Council include an objective target: that 100% of city housing pass the Healthy Housing Index,³ which is akin to passing a 'warrant of fitness'.

20. We are concerned about the weakness of the Council's target regarding homelessness: "100% of known homeless people are supported by agencies". Given the Council's aim to end homelessness in Wellington by 2020, as stated in *Te Mahana: A draft strategy to end homelessness in Wellington by 2020*, the Annual Plan should include a stated target for reducing homelessness, with funding allocated towards meeting this target. Wellington City Council has a legacy of progressiveness in addressing homelessness, and as such we recommend that actions to reduce homelessness should be included in the Draft Annual Plan.

Public libraries

21. Public institutions which support community development, social contacts and civic life are very important for the wellbeing of the people of Wellington. Public libraries are a key place where residents are able to access local and worldwide information in an atmosphere that is rich in a range of personal, cultural, educational, social and economic possibilities, but also free and open to all.
22. We do not support reductions to library branches and opening hours. Local public libraries are especially significant for people who are not readily able to travel into the central city and who may be at home most of the time, such as older people, young families, people with disabilities and people who are not in paid employment. These groups are amongst the most vulnerable in our city and their wellbeing would be negatively affected by reductions in library service. The proposed reductions in branch library opening hours would also reduce access for workers returning to suburban homes at the end of the working day. Branch libraries also play an important function in attracting people to suburban shopping areas, thus contributing to the local economy (shops and businesses). We note that the savings from proposed cuts in library service would be small compared to the costs to communities.
23. We recommend that library services instead be enlarged and extended, as their role is of increasing importance to Wellington's young people, ageing population and other vulnerable groups at a time of economic uncertainty.

² BRANZ 2010 House Condition Survey - Condition Comparison by Tenure
http://www.branz.co.nz/cms_show_download.php?id=53af2b0c2e5ca5169a0176996bba7ee88de082c0

³ <http://www.healthyhousing.org.nz/research/current-research/healthy-housing-index/>

Children

24. Children and young people make up around one quarter of the residents of the city. They have a major part to play in helping Wellington to achieve its future goals. Council decisions and services have a great impact on children's present wellbeing and their foundations for future success in life. Council, under the United Nations Convention on the Rights of the Child, has a duty to pay special attention to children and to involve them as active participants. We suggest that Council consider adopting the UNICEF Child Friendly Cities initiative, which is a practical tool to assist local authorities to make our city a great place for children, young people and their families to live.

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Wednesday, 15 May 2013 8:21 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: John
 Last Name: Ryall
 Street Address: 7-11 Britannia Street
 Suburb: Petone
 City: Lower Hutt
 Phone: 0275201380
 Email: john.ryall@sfwu.org.nz

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 0275201380

I am giving this feedback: on behalf of an organisation Organisation name: Service and Food Workers Union Nga Ringa Tota

Type of organisation: Other

Details: Trade Union

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Why: Assess our existing playgrounds for their suitability for children with disabilities

Cost: To be decided

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Why: Feasibility funding for a wave study, geotechnical investigations and assessment of the harbour floor for the proposed marina upgrade

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Why: This work was planned as part of the Frank Kitts Park upgrade that is

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Savings: \$84,000

What: 3% reduction in Positively Wellington Tourism's grant. This may impact on the ability to raise partner funding.

Savings: \$140,000

Proposed increases in income

Q. Do you agree with the following proposed charges being introduced?

What: Introduce \$2 per hour parking charges at Wellington Botanic Gardens 10am - 4pm weekdays.

Revenue: \$32,400 per annum

Capital cost: \$95,000

What: Introduce \$1.50 per hour parking charges at Freyberg Pool 8am - 6pm Mondays to Thursdays and 8am - 8pm Fridays.
Revenue: \$72,000 per annum
Capital cost: \$20,000

What: Introduce permits for taxis to use taxi stands – starting at \$200 and rising to \$400 per taxi per year.
Revenue: \$400,000 per annum
Revenue in the first year: \$200,000
Revenue in second year: \$300,000

PAGE 9 Questions / Comments:

Proposed changes in capital expenditure

Q. Do you agree with the following proposed changes being introduced?

What: Southern landfill improvement. Moving our programmed spend out by two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Q. Do you agree with our approach to reducing our budget?

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

Q. Any other comments you would like us to take into consideration before we make decisions?

The submission of the Service Workers Union Nga Ringa Tota is that Wellington City Council:

- Endorses in principle becoming a living wage council
- Commits to taking a lead in creating a living wage city
- Ensures that all staff, including those directly employed and those employed

by contractors, are paid the living wage

- Works with Living Wage Wellington to prepare an implementation plan to achieve this
- Supports and encourages local businesses to become living wage employers

Submission of
The Service and Food Workers Union
Ngā Ringa Tota

To the Wellington City Council

Draft Annual Plan



May 2013

Introduction

The Service and Food Workers Union Ngā Ringa Tota (SFWU) supports the submission of Living Wage Aotearoa New Zealand's Wellington network (Living Wage Wellington).

The SFWU submission to the Wellington City Council draft Annual Plan asks that Wellington City Council takes a leadership role in Wellington becoming a living wage city by:

- Supporting the principle of a living wage
- Committing to paying a living wage to all workers employed directly and by contractors to work for the council
- Working with Living Wage Wellington to prepare an implementation plan to achieve this
- Actively supporting and encouraging Wellington employers to become living wage employers

Adopting the Living Wage fits with Wellington City Council's goals and strategies and its short and long term vision.

Becoming a living wage council and leading other businesses to become living wage businesses will improve the economic prosperity and quality of life of Wellington workers and residents.

Paying staff a living wage will ensure they can participate in the amenities of the city and have access to recreational and community facilities.

It is entirely consistent with the goal identified in Wellington Towards 2040: Smart Capital vision to ensure Wellington is a people-centred city.

About SFWU

The SFWU represents 22,000 New Zealand workers. Our members work as cleaners, caregivers, food workers, security guards and in other areas of service work.

Our members are some of the lowest paid workers in New Zealand and the majority are paid less than \$16 an hour. Maori, Pacific and migrant workers predominate in these sectors, as do women workers. The income of our members is vital to the household income. Many are the sole or principal income earner, providing for a family. Others live in family units with two low income earners.

270,000 children are estimated to live in poverty in New Zealand, and of that demographic, 40 per cent come from families with at least one full-time worker or self employed parent. As the lowest paid workers in New Zealand, many of our members are in this category. They are the working poor, who work in tough jobs, with long and often anti-social hours, for poverty wages.

Just over 2000 of our members work in Wellington, although many live outside of Wellington City, largely because of the cost of housing. Our members work cleaning commercial buildings, in Wellington Hospital and rest homes and other care facilities, as security guards and in a wide range of other service roles. Many of our members are employed by contractors, who have secured contracts for cleaning, security and the provision of other services.

SFWU represents cleaners, catering workers, security guards and parking wardens at Wellington City Council either as direct employees (who are a minority) or working for service contractors (who are the majority). Most of our members are paid close to the minimum wage of \$13.75 an hour.

Living Wage Aotearoa NZ

Living Wage Aotearoa NZ is an alliance of community and faith-based organisations and unions, committed to addressing poverty and inequality in New Zealand by lifting low wages. The living wage movement is modelled on successful overseas living wage movements in cities such as London, where the living wage is well-established and has been implemented by the Greater London Council for over 10 years. There are many living wage cities around the world and the number is rapidly growing. Generally a living wage city is one where the local authority has taken the lead and become a living wage employer, ensuring that all staff, both directly employed and employed by contractors or sub-contractors, are paid the living wage.

Living Wage Aotearoa NZ was launched in May 2012 in Auckland and now has over 150 supporting organisations. (The full list can be found on the Living Wage Aotearoa NZ website www.livingwagenz.org.nz).

The living wage is defined as the income necessary for a worker, not just to survive, but to participate in society.

In February 2013, independent research conducted by Charles Waldegrave and Peter King of the Lower Hutt-based Family Centre's Centre of Research, was released. That research identified the New Zealand living wage as \$18.40 an hour. The research identified this as the income necessary for a worker to lead decent but modest lives in New Zealand. The figure will be reviewed every year. Following this announcement Living Wage Aotearoa NZ called on central and local government, other publicly-funded institutions and large corporates to lead the way by paying the living wage.

Wellington has an active living wage network, which was formally launched in August 2013 at the Taranaki Street Wesley Church.

SFWU is strongly supportive of Living Wage Aotearoa NZ and an active member of the Wellington network. Our union works very closely with other unions, churches, young people, and community organisations in the Wellington Living Wage network. Our network is committed to addressing poverty and inequality in the Wellington region by achieving a living wage Wellington.

Wellington's working poor

The Wellington launch of Living Wage Aotearoa New Zealand was attended by 300 people. Many of these were low-paid workers who are SFWU members from Wellington City and the greater Wellington area.

Sosefina Masoe, a cleaner receiving \$13.85 an hour told her story of struggle on a cleaner's wage. She and her husband are both cleaners, working long hours doing dirty work. They came to New Zealand from Samoa for a better life, but, despite the fact that they are very hard-working, they are very poor. Every day is a struggle to provide for their family.

Sosefina told the gathering that sometimes they turn off the fridge to save power and Sosefina and her husband look after four grandchildren so the children's parents can study "to get ahead in life".

But they don't earn enough to feed those grandchildren properly and bills mount up every day.

If they received a living wage, that money would go into paying for their children's education, or for basics, like better food so that their children and grandchildren don't get sick.



Sosefina Masoe and her grandchildren

The submission of Living Wage Aotearoa New Zealand includes four stories of Wellington workers. Two of those stories are the stories of our members.

Tamara Baddeley lives in Kilbirine and works in Wellington City as a homecare worker. Although Tamara has 12 years experience as a caregiver, and her work involves providing in-home care for some of the most vulnerable in our community, many who have very high health needs, Tamara receives a paltry \$14.83 an hour.

A single parent of a teenager, Tamara struggles to pay every bill and dreams of a modest holiday. Owning a house is simply not a possibility.

Wellington homecare worker, Tamara Baddeley



Maliki Rahman is a cleaner at Wellington City Council. He is employed by a contractor and paid \$13.85 an hour. His wife is a student and it is a constant battle to pay the bills.

Maliki came to New Zealand from Malaysia two years ago with his two young boys. He and his wife have a baby girl. Although they enjoy living in New Zealand, money is tight. A living wage would mean enough money to buy healthy food. "Nutritious food is expensive," said Maliki, "and with Winter around the corner, we need to keep the children warm."

Wellington City Council cleaner, Maliki Rahman

Living Wage Wellington

The living wage is all about being paid enough to participate and lead a decent life. It is all about having time with families, friends, churches and local communities.

But it is also about having good education and health outcomes that are necessary for thriving communities and thriving cities. It is all about being able to afford to use the amenities of the city, and to spend in the local economy.

The advantages to business have been well established. Not only does receiving a living wage result in greater staff loyalty and reduced turnover, but it also enhances the reputation of the business or organisations.

Some Wellington businesses and community organisations are already taking steps to implement the living wage. Wellington printing firm Thames Publications is on record stating that being a living wage employer is good for business. The Catholic NGO Caritas has supported the principle, lifted the lowest pay rates and is working towards achieving payment of the living wage for all staff. The cafe chain Kapai is to be applauded for committing in principle and take steps to implement the living wage.

The national Warehouse retail chain has announced they will pay the living wage to all staff who have completed a certain number of training hours, because, as group chief executive Mark Powell says, it makes good business sense.

Mark Powell says that extensive research has shown people view retail as a very low wage career option and that impacts the brand.

Just as Wellingtonians support fair trade businesses and products, they will support and reward businesses that become living wage business. This has been very successful in cities such as London.

Wellington City Council can lead this process. It will enhance Wellington's reputation to be a living wage city.

Wellington is progressive, vibrant and people-focussed city. Wellington City prides itself on having a heart. It is not acceptable that a significant number of Wellington workers are part of the working poor. The Council can play a vital leadership role in making a difference to address poverty and inequality in Wellington City and lead the country by showing the way.

We are asking Wellington City Council to take this lead and follow other progressive cities around the world, like London and Los Angeles, and commit to beginning the process of becoming New Zealand's first living wage city.

SFWU would like to speak to our submission.

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Wednesday, 15 May 2013 8:45 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Fleur
 Last Name: Fitzsimons
 Street Address: 11 Medway Street
 Suburb: Island Bay
 City: Wellington
 Phone: 0274418209
 Email: fleur.fitzsimons@psa.org.nz

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 0274418209

I am giving this feedback: on behalf of an organisation Organisation name: Save Capital E

Type of organisation: Community

Details:

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Your comments:

We wish to ensure that the Council prioritise finding a new venue for Capital E in the upcoming year.

Capital E is an excellent resource for Wellington families and its closure has been a major loss.

The previous location of Capital E in Civic Square was particularly valuable as it provided a non-commercial child friendly space in the city. This meant that parents had somewhere to take children when attending other events in the city or shopping.

The indoor playground was safe, enclosed and of course, free. This meant it was an excellent venue as parents could relax while their children played.

Many families have commented on our Facebook page about what a valuable

resource Capital E was for them when they had young children and about the importance of the City having both indoor and outdoor spaces which are about children.

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Savings: \$84,000

What: 3% reduction in Positively Wellington Tourism's grant. This may impact on the ability to raise partner funding.

Savings: \$140,000

Proposed increases in income

Q. Do you agree with the following proposed charges being introduced?

What: Introduce \$2 per hour parking charges at Wellington Botanic Gardens 10am - 4pm weekdays.

Revenue: \$32,400 per annum

Capital cost: \$95,000

What: Introduce \$1.50 per hour parking charges at Freyberg Pool 8am - 6pm Mondays to Thursdays and 8am - 8pm Fridays.

Revenue: \$72,000 per annum

Capital cost: \$20,000

What: Introduce permits for taxis to use taxi stands – starting at \$200 and rising to \$400 per taxi per year.

Revenue: \$400,000 per annum

Revenue in the first year: \$200,000

Revenue in second year: \$300,000

PAGE 9 Questions / Comments:

Proposed changes in capital expenditure

Q. Do you agree with the following proposed changes being introduced?

What: Southern landfill improvement. Moving our programmed spend out by two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to

align with the construction of the new synthetic turf.
Increase in expenditure in 2013/14: \$358,000

Q. Do you agree with our approach to reducing our budget?

Q. What factors should we take into consideration in making these decisions?
Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

We urge the Council to consider the children of Wellington when considering the future of Capital E.

Q. Any other comments you would like us to take into consideration before we make decisions?

We consider it is critical that Capital E remains open and central, ideally at its current location.

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ORAL HEARINGS – DRAFT ANNUAL PLAN 2013/14

THURSDAY 23 MAY 2013

Time	Name	Organisation	Submission Number	Page
9.20am	Martin Payne	Friends of Owhiro Stream	406	344
9.30am	Ron England		479	348
9.35am	Yvonne Weeber		405	354
9.40am	Liz Springford	Submission coming Monday		
9.45am	Dean Stanley	Royal Port Nicholson Yacht Club	409	357
9.55am	Jim Burgess		398	358
10.00AM	Eileen Brown	The New Zealand Council of Trade Unions	339	359
10.10AM	Phil Gibbons	Sport Wellington	400	363
10.20am	Alan Bowman		426	367
10.25am	Marie Holgate		420	370
10 .30am	Morning Tea			
10.45am	Martin Payne	WCC Stormwater Consultative Committee	407	376
11.05am	Debbie Leyland and Don Mathieson	UCAN	280	378
11.15am	William Fleischl	Otago Medical School	478	384
11.30am	Catherine Underwood		427	408
11.35am	Stan Andis		451	412
11.40am	Frank Cook	TBC	401	416
11.45am	Michael Gibson		446	420
11.50am	Jack Marshall	Youth Council	404	428
12.00pm	Ron Beernink		403	430
12.05pm				

12.10pm	Vicki Cowan	Beacon Pathway	447	431
12.20	Margaret Mayman	Parish Council of St Andrews on the Terrace	448	440



Friends of Owhiro Stream
Submission for the
Wellington City
Draft Annual Plan 2013-14

First name(s) **Mr**
Last name **Martin**
Street address **Payne**
Phone **160 Washington Ave, Brooklyn Wellington 6021**
Phone **(04) 389 8995**
Email **martin.p@clear.net.nz**

I am writing this submission on behalf of an organisation
Friends of Owhiro Stream

Type of organisation: **Community/Environmental restoration**

Do you wish to speak to a panel of Councillors in support of your submission? **yes**



Friends of Owhiro Stream

Submission for the
Wellington City
Draft Annual Plan 2013-14

Owhiro Stream restoration project

Friends of Owhiro Stream (FOOS) have been working to bring one of Wellington's few remaining streams back to life. Since 2003, the community have planted over 18 thousand plants, removed tens of tonnes of rubbish to enhance and restore habitat for native fish, animals and plants. With our native plant shadehouse at the Vogelmorn Community Hall, we are able to grow 1500 plants a year for this project which augment the 500 plants supplied by WCC. We also strongly advocate for environmental friendly urban and business development within the catchment boundaries.

We make the following recommendations for the Wellington City Annual Plan:

1. Biodiversity action

We strongly support the long-term goals outlined in the WCC Biodiversity Action Plan for environmental restoration and protection.

The integrating approach of the WCC "Our Living City" initiative to environmental, social and economic issues is also valuable. As an urban stream project, we have been working to strengthen our communities understanding of the urban-nature connection. We see a direct synergy between this and some of the work of the WCC "Our Living City" group.

In addition, continuing support for conservation volunteers groups is essential if they are to be encouraged to provide their time, creativity and local knowledge. FOOS specifically appreciates the assistance WCC provides with: Planning, Health and safety, Liaising with local, regional and governmental organisations that have an impact on the local environment. The WCC ranger programme in our view has provided extremely effective (and friendly) guidance and support for our project.

With Greater Wellington Regional Council beginning to terminate support for many of its environmental restoration projects within Wellington City additional funding may be required to keep these projects running.

Recommendation:

1a) Funding is continued for implementation of the WCC Biodiversity Action Plan.

1a) Continuing funding is made available for the WCC Our Living Cities initiative.

1c) WCC continue to provide funding, support and staff assistance to voluntary groups involved in environmental restoration.



Friends of Owhiro Stream

Submission for the Wellington City Draft Annual Plan 2013-14

2. Stormwater

The DAP states that *“The stormwater network keeps people and property safe from flooding.”* Page 47 DAP.

While it is important that the stormwater network protects the city from flood damage, it is also important to recognise the detrimental impact that this network has in concentrating the discharge of large volumes of water, rubbish, pollutants and sediment into Wellington’s freshwater and coastal marine environments. It is clear to FOOS, that stormwater discharge both in volume and contaminants is having negative impacts on the stream environment we are working to restore. Urban infill and climate change are likely to further undermine the streams capability to support sustainable populations of fish and invertebrates

In our work on the Owhiro Stream, we continue to be frustrated by institutional barriers to environmental friendly design principles. The reactive nature of some of these projects, creates bandaid solutions, increasing costs in the long term and further degradation to the natural environment. More integrated planning and operational cooperation is essential between the different divisions of the WCC. Developing partnerships with the wider community could both bring down costs and improve environmental outcomes. We hope that our work with the WCC in some way demonstrates the potential for co-operative action.

To effectively address the sources of stormwater contamination it is also important that the wider community is engaged in understanding and participating in actions that reduce the harmful effects at its source. We support the Stormwater Education Programme required under the WCC Stormwater discharge to coastal marine consent will be an important step in this process.

Recommendation:

- 2a) That operational “environmental objectives” be established for all divisions of the Wellington City Council immediately. Particularly for activities involving town planning, roading, water supply, stormwater and wastewater. Similarly any Council Controlled Organisations (CCO) need to be fully accountable to their community in terms of any plans or actions that may impact on the natural environment.***
- 2b) Provide targeted resources for the WCC planning division to strengthen building/urban design codes to mandate stormwater retention measures in new developments and encourage retrofitting measures in existing buildings/structures.***
- 2c) Adopt a goal of no increase in stormwater flows from consented activities. Review site coverage rules and provisions for all RMA and***



Friends of Owhiro Stream
Submission for the
Wellington City
Draft Annual Plan 2013-14

Building Act consents involving construction, including both “greenfields” and infill housing, to be consistent with this goal.

2d) Provide for the upgrade and maintenance of the stormwater network in order to minimise the effects of stormwater and sediment run-off on the environment

2e) We ask that a budget for staff time and resources be specifically tagged for development and implementation of the Stormwater Education Programme (see WCC Stormwater discharge to coastal marine consent), starting in the 2013-14 year..

Conclusion

Prominent among the objectives of Wellington’s District Plan is the need to “safeguard the natural environment – land, air and water – from pollution and contamination” and to “protect and enhance the natural or ‘green’ areas of the city”.

These objectives are often seen to be balanced against the city’s requirement to develop and provide for a growing population. In our view, providing for people does not need to be in opposition to protection for the natural environment. With informed planning and innovative design, the natural and urban environments can be integrated, benefitting the health and wellbeing of both.

We hope that you are able to give consideration to the issues we have raised and find a way to integrate these into the ongoing plans for this wonderful place. Wellington.

Yours environmentally,

Martin Payne
For Friends of Owhiro Stream restoration project

160 Washington Ave, Brooklyn, Wellington 6021

Phone (04) 389 8995 Fax (04) 389 8992

Email martin.p@clear.net.nz

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Friday, 17 May 2013 1:49 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Ron
 Last Name: England
 Street Address: 8/16a Lyndhurst Rd
 Suburb: Tawa
 City: Wellington
 Phone: 8970583
 Email: r7were@yahoo.co.nz

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number: 8970583

I am giving this feedback: as an individual Organisation name:

Type of organisation:

Details:

PAGE 2 Questions / Comments:

What: Smart Energy Capital – a programme of government and business partnerships
Why: To create smart, healthy and energy-efficient homes, increase energy efficiency in the commercial sector and increase renewable generation
When: Two-year programme to be re-evaluated in 2015
Cost: \$250,000 in 2013/14 and 2014/15
 Leave in plan (high priority)

What: Proactive management of Built Heritage Incentive Fund
Why: Target buildings that would benefit most from earthquake strengthening
Cost: \$40,000 per annum
 Leave in plan (high priority)

PAGE 3 Questions / Comments:

What: Greening of Taranaki Street
Why: Redesign street to prioritise pedestrians as part of processional route from Memorial Park to Parliament
Cost: \$150,000 in 2013/14

Leave in plan (high priority)

What: Civic Square co-ordination

Why: Co-ordinate a range of work to help achieve our design objectives for the central city

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

What: Miramar Peninsula Framework

Why: To guide future development in the area

Cost: \$50,000 in 2013/14

Leave in plan (high priority)

What: Capital Education Initiative

Why: Increase school visits to key institutions to promote educational opportunities

Cost: \$60,000 in 2013/14

Leave in plan (low priority)

PAGE 4 Questions / Comments:

What: Increase the operating grant to Zealandia

Why: To support the work of the new board, provide Zealandia with a higher level of financial security and enable the Trust to focus on implementing strategies for improvement.

Cost: \$175,000 in 2013/14 and 2014/15

Leave in plan (low priority)

What: Reduce speed limits to 30km/h or 40km/h across the central city

Why: To make streets safer for pedestrians

Cost: \$40,000 in 2013/14 for consultation, and \$250,000 in 2014/15 for implementation

Leave in plan (high priority)

What: Playground access

Why: Assess our existing playgrounds for their suitability for children with disabilities

Cost: To be decided

Leave in plan (low priority)

What: Clyde Quay Marina

Why: Feasibility funding for a wave study, geotechnical investigations and assessment of the harbour floor for the proposed marina upgrade

Cost: \$205,000 in 2013/14

Leave in plan (high priority)

What: To upgrade the children's playground at the north end of Frank Kitts Park

Why: This work was planned as part of the Frank Kitts Park upgrade that is budgeted for in 2016/17. Bringing this stage forward will enable an extension to

the playground and the replacement of play equipment that has been removed, and tie in with necessary repair work on the lighthouse.

Cost: \$1 million in 2013/14

Leave in plan (high priority)

What: To modify office space at the north end of Shed 6

Why: To provide a base for the Crocodile Bikes currently operating from a temporary location on Clyde Quay Wharf, and enable more recreation activity providers to be based in the area

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

PAGE 5 Questions / Comments:

What: Installation of swimming lanes and other initiatives

Why: To improve water-based recreational opportunities around the Queens Wharf area

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?

Your comments:

PAGE 6 Questions / Comments:

Q. Do you agree we should be looking at changing levels of service and introducing charges in order to keep the rates increase down?

Neutral

Proposed reductions in expenditures

Libraries

Q. Do you agree with the proposed changes to levels in library services?

What: Libraries to have consistent closing times – Brooklyn, Cummings Park Ngaio, Wadestown and Island Bay are to close at 5pm on weekdays.

Savings: \$30,800 each year

Savings in the first year: \$22,600

What: Opening hours at Khandallah Library to be reduced to between 1.30pm and 5.30pm weekdays.

Savings: \$31,200 each year

Savings in the first year: \$23,400

PAGE 7 Questions / Comments:

Other services

Q. Do you agree with the following proposed changes to services?

What: Leisure Card – the Council would no longer help develop tailored programmes and services for card holders. The card itself would still be provided.

Savings: \$75,000 each year

Agree

What: Reduce funding for hazardous tree removal – service levels should remain the same.

Savings: \$100,000 each year

Agree

What: Remove funding for the demolition of the Patent Slip Jetty.

Savings: \$100,000

Strongly Agree

What: Introducing a full cost-recovery model for the WRAC crèche. This would require users to pay between \$3 and \$4 per hour for the service.

Savings: \$53,000 each year

Savings in the first year: \$40,000

Agree

PAGE 8 Questions / Comments:

Proposed changes to Council-controlled organisation grants

Q. Do you agree with the proposed changes to CCO grants?

What: 3% reduction in the Zoo Trusts grant – no negative impact expected on services in 2013/14. But if lower funding levels continue the Zoo may have to reduce services.

Savings: \$84,000

Agree

What: 3% reduction in Positively Wellington Tourism's grant. This may impact on the ability to raise partner funding.

Savings: \$140,000

Agree

Proposed increases in income

Q. Do you agree with the following proposed charges being introduced?

What: Introduce \$2 per hour parking charges at Wellington Botanic Gardens 10am - 4pm weekdays.

Revenue: \$32,400 per annum

Capital cost: \$95,000

Strongly Agree

What: Introduce \$1.50 per hour parking charges at Freyberg Pool 8am - 6pm

Mondays to Thursdays and 8am - 8pm Fridays.
Revenue: \$72,000 per annum
Capital cost: \$20,000
Strongly Agree

What: Introduce permits for taxis to use taxi stands – starting at \$200 and rising to \$400 per taxi per year.
Revenue: \$400,000 per annum
Revenue in the first year: \$200,000
Revenue in second year: \$300,000
Strongly Agree

PAGE 9 Questions / Comments:

Proposed changes in capital expenditure

Q. Do you agree with the following proposed changes being introduced?

What: Southern landfill improvement. Moving our programmed spend out by two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

Disagree

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Neutral

Q. Do you agree with our approach to reducing our budget?

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

Credit lines from the Reserve Bank - at low interest - should be available for earthquake strengthening and basic infrastructure

Q. Any other comments you would like us to take into consideration before we make decisions?

Libraries: open later, close later; 6pm weekdays

Wellington Draft Annual Plan 2013-14 Submission

ENTER YOUR NAME AND CONTACT DETAILS

Mr

First name: Yvonne

Last name: Weeber

Street address: 143 Queens Drive

Suburb: Lyall Bay

City: Wellington 6022

Phone: 027 222 5390

Email: weebery@paradise.net.nz

I would like to speak at
a submission hearing

Yes

I am making this
submission as an

Individual

Name of organisation:

This submission is an individual submission but I am a member of the Wellington Stormwater Consultative Committee, the Moa Point Community Liasion Group, and Lyall Bay Coast Care Group.

I would like to use this opportunity to stress support for best practice management of Wellington's sewage and stormwater. I wish to advocate for environmental and public health of the freshwater and coastal environments so that all residents can recreate in these environments throughout the year and in all weather conditions.

Wastewater management (Section 2.4)

At present Wellington City does not have a 'good' wastewater treatment system. It has a 'fair' weather wastewater treatment system.

My main concern, is the overflow of untreated wastewater (sewage) network into the coastal marine environment and into the stormwater network after high rainfall events. High rainfall events will increase with climate change and the present wastewater and stormwater infrastructure is not coping. It is extremely doubtful if without significant funding it will cope in future. The untreated sewage discharges that occur at present are unacceptable in terms of public health, public perception and use of the coastal environment and the negative environmental effects of untreated sewage on the intertidal zone and aquatic environment.

- I support significant funding to totally stop stormwater overloading the wastewater infrastructure during heavy rainfall and causing untreated sewage and bypass sewage events from Moa Point Treatment Plant.
- I support significant funding to substantially stop wastewater inundation of stormwater that then flows into Wellington's coastal environment.
- I support funding to reduce of stormwater cross-connection into the wastewater network.
- I request that the number and extent of untreated overflows be reported under the performance measures for the wastewater network in annual reports.
- I request that signage and notification (text and email) of untreated sewage events from the short outfall pipe (which is unconsented) at Moa Point occurs immediately and is published on Wellington City Councils website.

Stormwater management (Section 2.5)

While it is important that the stormwater network protects the city from flood damage, it is also important to recognise the detrimental impact that this network has in concentrating the discharge of large volumes of water, rubbish, pollutants and sediment into Wellington's freshwater and coastal marine environments. To effectively address the sources of this contamination it is important that the wider community is engaged in understanding and participating in actions that reduce the harmful effects.

Stormwater education Programme

I support the development of an effective, outcomes based Stormwater Education Programme (SEP) an important step in this community engagement. The development of a SEP is also one of the current stormwater resource consent conditions.

- I request that a budget for staff time and resources be specifically tagged for development and implementation of the Stormwater Education Programme (as submitted to GWRC), starting in the 2013-14 year.
- I request that be outcomes of the SEP be reported each year in WCC annual reports under performance measures for the stormwater network.

Our Living City initiative

I support the *Our Living City* initiative to strengthen the urban-nature connection, improve Wellingtonian's quality of life and work toward the *Smart Capital* vision. This integrated approach to environmental, social and economic issues could make a valuable contribution to reducing the detrimental effects of stormwater discharges.

Summary

The health of the city's stream, beaches and coastline is impacted by stormwater and wastewater discharges from Wellington city. To reduce the impacts of stormwater on the environment will require both technical improvements to the stormwater and waste water networks and participation from the wider community to avoid the release of contaminants into the network.

I hope that you as councillors can respond to this important environmental issue and focus Council resources on taking action to find lasting solutions for the sake of our precious freshwater and coastal marine environments.

Thank you for the opportunity to submit on the draft Annual Plan.

0409

Marianne Cavanagh

From: Dean Stanley [ceo@rpnyc.org.nz]
Sent: Thursday, 16 May 2013 9:31 a.m.
To: BUS: Annual Plan
Subject: Submission on 2013-2014 annual plan from Royal Port Nicholson Yacht Club regarding
Follow Up Flag: Follow up
Flag Status: Completed

To the Wellington City Councillors

I write on behalf of the Royal Port Nicholson Yacht Club to record our support of the draft 2013-2014 annual plan. In particular we would like the feasibility funding of \$205,000 for a wave study, geotechnical investigations and an assessment of the harbour floor for the proposed Clyde Quay Marina upgrade to remain in the plan as an urgent priority. Not only will the upgrade provide a significant amenity that will enhance the liveability of our city but it will also provide the foundation for activities that will in time contribute around \$20M annually of economic impact.

We would like an opportunity to present our submission in person to councillors.

Dean Stanley | Chief Executive | Royal Port Nicholson Yacht Club

103 Oriental Bay Parade, P O Box 9674, Wellington, NEW ZEALAND

T + 64 4 9397045
F + 64 4 9397031
M + 64 21 332 609
www.rpnyc.org.nz



0398

Marianne Cavanagh

From: James [jim.burgess@gmail.com]
Sent: Thursday, 16 May 2013 10:23 a.m.
To: BUS: Annual Plan
Subject: Submission on the Draft Annual Plan

Hello, here's my submission on the draft plan. I would like to make an oral presentation as well.

I support Cycle Aware Wellington's well-reasoned plan for making Wellington a city fit for cycling: <http://can.org.nz/What%20do%20we%20want>

Additionally I'd like to make two specific comments.

Cycling Forum: backing up the promises with action

I was pleased to be part of the Cycling Forum recently. The Council acknowledged currently there is not enough spending, or activity, to make cycling in Wellington safer and more attractive. I can't see any changes in this draft plan that try to improve over last year. To make a real difference, I think the best investment would be to fund a dedicated 'bicycle transport coordinator' role at WCC. This would take 0.1% of the plan's 'expenditure to improve the level of service' but deliver huge benefits to all Wellingtonians, whether they personally cycle or not.

Johnsonville roading improvements - please cater for bikes

I see that one of the key transport projects is 'Johnsonville roading improvements'. That area includes some well-known dangerous places for cyclists, such as:

- the end of the cycle path at the junction of Johnsonville Rd and Fraser Ave
- the entrance to the supermarket carpark from Johnsonville Rd, where the Mayor was knocked off her bike.

There's heavy traffic in that area, which will increase when the mall is upgraded and as the strategic growth in population in the area occurs. Johnsonville Rd needs safety improvements for cyclists, and there is sufficient road width to add a dedicated cycle lane at low cost as part of these works. Please consider this.

Regards
James Burgess
1 Innes Way
Newlands, Wellington 6037
jim.burgess@gmail.com
021 565633



NEW ZEALAND COUNCIL OF TRADE UNIONS
Te Kauae Kaimahi

The New Zealand Council of Trade Unions
Submission in Support of the Living Wage:
Wellington City Council's Draft Annual Plan

15 May 2013

Introduction

1. This submission is made on behalf of the 37 unions affiliated to the New Zealand Council of Trade Unions Te Kauae Kaimahi (CTU). With 340,000 members, the CTU is one of the largest democratic organisations in New Zealand.
2. The CTU acknowledges Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand and formally acknowledges this through Te Rūnanga o Ngā Kaimahi Māori o Aotearoa (Te Rūnanga), the Māori arm of Te Kauae Kaimahi (CTU) which represents approximately 60,000 Māori workers.
3. The CTU supports the proposal by *Living Wage Aotearoa New Zealand* Wellington Network (Living Wage Wellington) for the Wellington City Council (WCC) to endorse the concept of a Living Wage and for WCC's draft Annual Plan to take steps towards implementing a Living Wage for all Council staff and for Wellington City to become a Living Wage city.
4. The CTU endorses the goals of the Living Wage campaign and we encourage the WCC to:
 - Endorse in principle Wellington City Council becoming a Living Wage council
 - Commit to taking the lead in creating a Living Wage city
 - Ensure that all staff, including those directly employed and those employed by contractors, are paid the Living Wage
 - Work with *Living Wage Wellington* to prepare a Living Wage implementation plan
 - Support and encourage local businesses to become Living Wage employers.
5. The Living Wage campaign was launched last year in New Zealand and currently over 100 community and faith based organisation , unions and some employers have signed up to this campaign. This is an international movement that is growing in

traction and is well established in the UK, US and Canada, among other countries. In London, successive mayors of different political hues have supported the Living Wage movement. In the United Kingdom 20% of local authorities are now Living Wage employers, ensuring that all of their staff are paid a living wage.

6. Goals of the Living Wage campaign are for central and local government to make it policy for their own employees and a requirement of their suppliers to be on a Living Wage. Already a number of New Zealand employers have agreed to commit to a Living Wage. A Wellington printing company, Thames Publications, has committed to paying their staff the Living Wage. Last week the Warehouse committed to putting in place steps to raise the wages of employees who have completed a certain number of training hours to be above the New Zealand Living Wage rate.
7. Councillors will ask whether a Living Wage is affordable. The answer is yes! A Living Wage is not only affordable but it brings widespread benefits.

Why A Living Wage is Necessary and its Widespread Benefits

8. The aim of the Living Wage is to provide for a dignified life. The campaign describes it as:

“A living wage is the income necessary to provide workers and their families with the basic necessities of life. A living wage will enable workers to live with dignity and to participate as active citizens in society.”¹
9. In February 2013, the campaign announced an estimate of the Living Wage. Research by the respected Family Centre Social Policy Research Unit estimated it at \$18.40 per hour. This rate is based on a two-child family with two adults both working on this rate, one half time, the other full time. It takes into account Working for Families, accommodation supplements and tax.
10. Raising wages can raise productivity and studies of where the Living Wage has been introduced confirm this. A study of cleaners at Queen Mary, University of the move to be on a Living Wage and bring the cleaning service in-house “has stimulated improvements in job quality, productivity and service delivery, with very little increase in costs.”²
11. Another UK study showed “significantly lower rates of staff turnover” leading to “substantial cost savings on recruitment and induction training”, lower rates of absenteeism and sick leave, enhanced quality of work, and widespread efficient work reorganisation. It found little or no impact on business performance, sales, profits, prices or output.³

¹ Details are at <http://www.livingwage.org.nz/> along with much more about the Living Wage campaign including the research from the Family Centre Social Policy Research Unit.

² “The business case for the living wage: The story of the cleaning service at Queen Mary, University of London”, by Jane Wills, January 2009, available at <http://www.geog.qmul.ac.uk/docs/staff/8041.pdf>.

³ “An independent study of the business benefits of implementing a Living Wage policy in London: Final Report for GLA Economics”, prepared by London Economics, February 2009, available at http://legacy.london.gov.uk/mayor/economic_unit/docs/living-wage-benefits-report.pdf.

12. These studies reflect broader research findings regarding the benefits of raising wages. Higher wages, if employers respond positively, lead to better motivated employees who put more effort and thought into their work, raising productivity and efficiency. Employers are encouraged to invest more in labour-saving equipment and methods, raising productivity. If wage rises are widespread, the increased spending creates greater demand for employers' products, encouraging them to invest in their firms, raising productivity and employment.
13. New Zealand is characterised among OECD countries as having high income inequality, high levels of child poverty and New Zealanders work some of the longest hours in the OECD. A critical component of the need for a Living Wage is to lift income and thereby reduce poverty.
14. Poverty creates big social costs as well as hardship and everyone in society pays for the problems in health, education, crime, child poverty, debt and gambling that low incomes make much more prevalent. For example, low income is associated with low birth weights, which in turn can lead to health and educational problems, creating another cycle of poverty.
15. The Living Wage addresses a need that goes beyond a minimum wage and beyond wages rising just above a poverty line.
16. While average incomes in Wellington City are higher than the national average, many workers and their families in the Wellington city and region live in poverty and in severe hardship. It cannot be acceptable that families struggle to make ends meet in a city where many enjoy great wealth. It is neither just nor excusable. It is equally true that Wellington's higher incomes make it more affordable to pay a Living Wage.
17. We support the submission and the actions taken by the Living Wage Wellington Network to urge Government and employers to ensure all of their employees are on a Living Wage and to ensure all Council employees are on a Living Wage and create a virtuous cycle of better pay, higher productivity, and a thriving economy.
18. Instead of the question being: "can we afford to pay the Living Wage?" the question posed should be: "is it sustainable *not* to pay at least a Living Wage?"

Wellington Leading the Way

19. This is an opportunity for Wellington City Council to commit to the principle of people being paid enough to meet their, and their family's basic needs, and to be able to participate in their communities. It is also an opportunity to take a step further and lead that work, in collaboration with community groups, faith based groups, unions and employers.
20. We commend the actions taken by Wellington City Council and the support they have so far shown to the Living Wage. We urge this to be taken to the next logical

step: the adoption of the principles of the Living Wage Campaign at the full Council level leading to an implementation plan.

21. The call for a Living Wage city is consistent with the 2013/2014 Draft Annual Plan's commitment to access to social and recreational activities, provision of community support and public health and safety.
22. One of the main goals identified in the *Wellington Towards 2040: Smart Capital* vision is to support Wellington as a people-centred city. Moving toward the Living Wage supports Wellington City Council's commitment to its residents and helps to build a socially just, vibrant and resilient city.

Conclusion

23. The CTU supports the proposal by *Living Wage Aotearoa New Zealand Wellington Network* for the WCC's draft Annual Plan to endorse the concept of a Living Wage in the draft Annual Plan and for it to reflect steps to implement a Living Wage for all Council staff and for Wellington City to become a Living Wage city.
24. A Living Wage is not only affordable but it brings widespread benefits and can raise productivity. Studies of where a Living Wage has been introduced confirm that there have been improvements in job quality, productivity and service delivery, with very little increase in costs.
25. A Living Wage also addresses social problems over which there are high levels of concern: growing income inequality, high levels of child poverty and the long working hours of many low paid workers.
26. Having Wellington becoming a Living Wage city is an opportunity to realise one of the main goals in the *Wellington Towards 2040: Smart Capital*: to be a people-centred city. It is also part of creating a socially just, vibrant and resilient city.
27. We commend this proposal to you.



Sport Wellington
 Level 2, 113 Adelaide Road
 PO Box 24 148, Manners St,
 Wellington, New Zealand
 T. 64 4 380 2070 F. 64 4 801 8976
 www.sportwellington.org.nz

Submission to Wellington City Council Draft Annual Plan 2013/14

SPORT WELLINGTON	<hr/> <p>Sport Wellington is the independent organisation for sport and physical recreation covering the Greater Wellington Regional Council area – working alongside the eight local authorities.</p>
VISION (Draft)	<p>Everyone in the greater Wellington region has a life-long involvement in Sport & Recreation.</p>
PURPOSE (Draft)	<p>To provide Sport & Recreational sector leadership that enables people in the region to have:</p> <ul style="list-style-type: none"> • opportunities to participate whatever their needs • motivation for sustained and regular participation • meaningful experiences at all levels <hr/>
Sportsfields	<p>Sport Wellington would like to thank the Council for the on-going provision and upkeep of sport fields, pools, recreation centres and walking/cycling tracks throughout the city. We would also like to acknowledge the on-going investment in artificial turfs and in particular the next turf at Alex Moore Park.</p> <p>Limiting the impact that existing and or new barriers have on maximising the use of these facilities must continue to be continuously assessed. Ensuring that these facilities remain affordable for everyone in the community is vitally important to ensure maximum participation. There is still further work to be done in order to ensure that user costs across all Council sport and recreation facilities have similar or the same user pay ratios.</p> <p>Sport Wellington look forward to commenting on the draft sportsfield strategy being completed under the leadership of WCC. There has been recognition that partnering with other TLA's (HCC, UHCC, KCDC and PCC) will be part of the solution to reducing the significant demands on existing sportsfields. With continued population growth, changing participation trends and extreme weather conditions; the pressure for sportsfield space will increase in future years.</p>

Future Needs

There is a significant amount of information already available to WCC about what the future needs of the community might be but one publication we would recommend is the review completed by Sport New Zealand 2012 titled *Sport and Recreation in the Lives of Young New Zealanders*. A Wellington region version is expected to be released by Sport NZ later this year based on a survey conducted across a school age population of 1500 students.

To highlight the value add that this information from Sport NZ can provide to TLAs, we have included a commentary below that is drawn from the Young Person Survey and done so against the Census information from 2006. To give the comments context, in Wellington City 5-18 year olds make up 18.4% of the population (Census 2006):

The Young Persons Survey showed that 72.6% of boys and 60.3% of girls like playing sport a lot. Swimming, running, cycling and athletics were the highest featured sports that have been participated in this year by both boys and girls in the 5-18 age group.

In regards to participation in sports clubs 60.8% of boys and 48.6% said they had participated in sports clubs (outside of school) this year and 45.5% of boys and 45.6% of girls have volunteered in some sort of way or another in the past year on a regular basis.

When asked what sports or active things they wanted to try or do more of boys want to try or do more rugby, football, basketball, swimming and tennis; and girls want to try or do more netball, swimming, football, dance and tennis.

(Sport New Zealand, 2012. *Sport and Recreation in the Lives of Young New Zealanders*. Wellington: New Zealand)

Community Support

Sport Wellington supports the on-going provision of the Leisure Card but opposes changes to the scheme in regard to the proactive programme development. As a Charitable Trust, we work alongside Wellington City citizens in their re-engagement into sport and recreation activities. The Leisure Card is a very useful tool (along with the facilities and programmes provided by WCC) to motivate those that may currently be sedentary and on a tight budget.

Sport Wellington continue to encourage the use of sport and recreation as a community development tool in the work that WCC do with tenant communities in social housing. As can be seen below in the references to Canadian research, sport and recreation has a role in contributing to the improvement of social cohesion.

The sport and recreation piece of the social wellbeing jigsaw is an essential component of any solution to improving social behaviour and the youth culture within the community. Listed below are some extracts from a study undertaken in Canada that focussed the decision makers of that country on the benefits of investing in initiatives that create

opportunities for participation in sport and recreation.

- “Sport participation develops a wide range of skills and attitudes, including teamwork, leadership, problem-solving, decision-making, communications, personal management and administrative skills. Sport also builds character and personal qualities, such as courage and the capacity to commit to a goal or purpose, as well as values, such as respect for others, self-discipline, a sense of fair play and honesty. **Young People find sport enables them to channel their energy, competitiveness and aggression in socially beneficial ways.**”
- “Sport improves social cohesion. **Sport participants experience a high degree of interaction with other individuals, which improves interpersonal relationships, establishes the basis for trust and builds teamwork skills that generate gains in social cohesion.** Social cohesion, in turn, is fundamental to building social capital. Sport works by constructing associations of people that constitute social networks with a defined purpose. These networks generate trust and a willingness to interact with others *outside of sport*. This willingness can be harnessed to social and economic advantage.”
- **“Public investment in sport brings many benefits to communities...** It gives individuals *of all ages* good opportunities to be actively involved in their communities, which helps them learn positive lessons about responsibility and respect for others, and gives them the change to give back to their communities.”

(The Conference Board of Canada, 2005. *Strengthening Canada: The Socio-economic Benefits of Sport Participation in Canada.*)

Wellington Waterfront

Sport Wellington supports the improvement of water-based recreation around the Queens Wharf area and would encourage further investigation into their feasibility and funding. Of particular note is the Clyde Quay Marina project which has the potential to add to the opportunities for Wellingtonian’s to participate in sport and recreation activities on the Wellington Harbour. The Wellington Ocean Sports Centre in the marina has the potential to be a hub for ocean sports with Wellingtonian’s being able to discover and experience ocean sports ranging from stand up paddle boarding to sailing.

Regional Coordination

Sport Wellington would like to continue to work in partnership with WCC and the other TLAs in the region in order to increase still further this level of participation in sport and recreation in our region. At first glance this can probably best be achieved through the commitment of additional resources on an annual basis to marketing and promoting events and activities. At a more strategic level however Sport

Wellington believes that this can be furthered through a reinvestment by Sport Wellington into mechanisms that have in the past served a purpose. Mechanisms such as Wellington Regional Recreation Initiatives Group (WRRIG). A group that was originally led by Sport Wellington.

WRRIG was created to discuss initiatives for improving recreation provision across the greater Wellington region. The establishment of WRRIG represented an early step towards achieving a 'working together' sport and recreation agenda across the region. It was further believed that this initiative would assist in meeting national strategies and statutory requirements. Sport Wellington's view in today's environment is that an effective WRRIG but with a wider membership base could go some way towards contributing to the overall regional intent of doing more together at regional level.

WRRIG originally incorporated TAs across the eastern sector of the Wellington region (Upper Hutt City Council, Hutt City Council, Porirua City Council, and Wellington City Council), Greater Wellington Regional Council and Sport Wellington. WRRIG also appears to have worked closely with the Hutt Valley and Capital & Coast District Health Boards and Sport NZ. For it to however benefit the entire region and successfully lead change and influence the recreation space, it needs to be inclusive of all TLAs and Sport Wellington as a minimum.

Due to a lack of leadership WRRIG lost its way about 2-3 years ago. Sport Wellington would like to see the appropriate partners invest/reinvest in the WRRIG concept with a view to delivering greater benefits to the people involved in sport and recreation. This would be achieved through improved leadership and collaboration through the WRRIG or a similar such mechanism.

WCC and Sport Wellington

Sport Wellington would like to conclude its submission by complementing WCC on the commitment to the on-going development of the partnership with Sport Wellington. Over the last 12 months there have been a number of achievements registered because of this commitment to the partnership and because of the strong relationships across all levels in both organisations. Examples of this include the talent development initiative contract, co-hosting of sport and recreation forums in the city, the support from WCC in the delivery of AMI Round the Bays and the award by the NZ Recreation Association of the 2012 Outstanding Event Award and the bringing together of the Hataitai sports community with a view to establishing a shared future.

We would like to speak to our submission.

Original Signed
Phil Gibbons
Chief Executive Officer
Sport Wellington

16 May 2013

ALANA BOWMAN

PO BOX 24332 WELLINGTON AOTEAROA/NEW ZEALAND
64 4 384 4324 ALANA.BOWMAN@MAC.COM

15 May 2013

Wellington City Council
Wellington

RE: Draft Annual Plan 2013/14

I wish to speak to my submission.

Council Controlled Organisations

I suggest that Council take this opportunity to again review the viability of the CCO model for efficient and appropriate performance for a managing the Council's assets.

Positively Wellington Venues and Waterfront Ltd, in particular, could operate more effectively as in-house entities, with direct oversight and day to day management directly within the Council structure.

The arms-length management appears to be ineffective and not achieving the goal of either cost-savings or good business management. The additional costs associated with the CCO boards and management structure could spent on needed Council infrastructure maintenance and necessary Council service, such as the libraries.

The Basin Reserve

I suggest that additional funding be provided to the Trust to improve the buildings at the Basin, and to fund the costs of bringing the Museum Stand up to earthquake safety required.

Library Services

I oppose any changes to library services which either reduce hours or increase costs.

In addition to serving as fundamental instruments to inform and educate residents for effective underpinning of a democracy, libraries serve residents of all ages as a social hub, refuge, and place of study for many children who have no other place for quiet study.

The purchase of new books is too often limited to single copies by New Zealand authors and international best-sellers. The policy of charging \$5 for rental of current and best sellers should be abandoned since this creates a system of privilege for people of means to step ahead of people without.

Suburban libraries should be open more hours in the evenings and weekends.

Leisure Card

I oppose this reduction in support. The paltry savings proposed does not mitigate damage done for those depending on these services.

Built Heritage Fund

I support this initiative. It could make the difference for some owners to protect their properties.

Greening of Taranaki Street

I oppose this proposal. This is a luxury item that should be cut in favour of necessary services, such as libraries. It is a project which can be put off until finances are better in the city.

Transport

I suggest Council examine better systems for transport, including light rail and better planning for bus services, and oppose any further ineffective plans for increasing vehicular traffic, such as that of the flyover proposed by the NZTA, which contradicts Wellington's commitment to improving the environment.

Zealandia

I oppose any increase to the operating grant. The facility continues to cost the city at the expense of other necessary services, and the new board should be required to operate within the generous budget already allocated.

Clyde Quay Marina

I support this funding. This could be an improvement on an attractive facility close to city centre and could increase use by residents.

For the record, I am a member of the Port Nicholson Yacht Club.

Taxi permits

I support this initiative.

Capital Education Initiative

I support this.

Opera House Lane

Although this isn't included in the Draft, I oppose this plan as too expensive for the small improvement it would achieve. Better lighting would vastly improve the appearance and safety of this lane, without the added expense which could be used for improving library services.

Wellington Waterfront

I oppose the projects included in the plan, other than maintenance of the properties and pilings.

The projects listed appear to be "make-work" activities for an entity which could be brought in-house after the Overseas Passenger Terminal project is completed.

In particular, the Chinese Garden, which has been pushed out of Waitangi Park, should be settled in a more suitable environment, like the Botanic Garden. Too little of Frank Kitts park remains open space even now.

Remaining public space on the waterfront should be preserved and protected from further encroachment of business and other non-public uses. With the growing population of CBD residents, and in particular those with children, Wellington needs more open, recreation space, not less.

The area around sites 8 and 9 should remain open, and limited building permitted on site 10.

Sincerely



Alana Bowman

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Thursday, 16 May 2013 4:25 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Marie
 Last Name: Holgate
 Street Address: 23 Everest St
 Suburb: Khandallah
 City: Wellington
 Phone: 4793473
 Email: annual.plan@wcc.govt.nz

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) No Phone number:

I am giving this feedback: as an individual Organisation name:

Type of organisation:

Details:

PAGE 2 Questions / Comments:

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Why: To create smart, healthy and energy-efficient homes, increase energy efficiency in the commercial sector and increase renewable generation
When: Two-year programme to be re-evaluated in 2015
Cost: \$250,000 in 2013/14 and 2014/15

What: Proactive management of Built Heritage Incentive Fund
Why: Target buildings that would benefit most from earthquake strengthening
Cost: \$40,000 per annum
 Leave in plan (low priority)

PAGE 3 Questions / Comments:

What: Greening of Taranaki Street
Why: Redesign street to prioritise pedestrians as part of processional route from Memorial Park to Parliament
Cost: \$150,000 in 2013/14

Leave in plan (low priority)

What: Civic Square co-ordination

Why: Co-ordinate a range of work to help achieve our design objectives for the central city

Cost: \$150,000 in 2013/14

Leave in plan (low priority)

What: Miramar Peninsula Framework

Why: To guide future development in the area

Cost: \$50,000 in 2013/14

Leave in plan (low priority)

What: Capital Education Initiative

Why: Increase school visits to key institutions to promote educational opportunities

Cost: \$60,000 in 2013/14

Leave in plan (high priority)

PAGE 4 Questions / Comments:

What: Increase the operating grant to Zealandia

Why: To support the work of the new board, provide Zealandia with a higher level of financial security and enable the Trust to focus on implementing strategies for improvement.

Cost: \$175,000 in 2013/14 and 2014/15

Leave in plan (high priority)

What: Reduce speed limits to 30km/h or 40km/h across the central city

Why: To make streets safer for pedestrians

Cost: \$40,000 in 2013/14 for consultation, and \$250,000 in 2014/15 for implementation

Leave in plan (high priority)

What: Playground access

Why: Assess our existing playgrounds for their suitability for children with disabilities

Cost: To be decided

Leave in plan (high priority)

What: Clyde Quay Marina

Why: Feasibility funding for a wave study, geotechnical investigations and assessment of the harbour floor for the proposed marina upgrade

Cost: \$205,000 in 2013/14

Leave in plan (low priority)

What: To upgrade the children's playground at the north end of Frank Kitts Park

Why: This work was planned as part of the Frank Kitts Park upgrade that is budgeted for in 2016/17. Bringing this stage forward will enable an extension to

the playground and the replacement of play equipment that has been removed, and tie in with necessary repair work on the lighthouse.
Cost: \$1 million in 2013/14

What: To modify office space at the north end of Shed 6
Why: To provide a base for the Crocodile Bikes currently operating from a temporary location on Clyde Quay Wharf, and enable more recreation activity providers to be based in the area
Cost: \$150,000 in 2013/14
Take out of plan (not a priority)

PAGE 5 Questions / Comments:

What: Installation of swimming lanes and other initiatives
Why: To improve water-based recreational opportunities around the Queens Wharf area
Cost: \$150,000 in 2013/14
Leave in plan (low priority)

Q. Do you think the above initiatives will build on our strengths as a city and help us achieve the strategic vision Wellington Towards 2040: Smart Capital?

Your comments:

PAGE 6 Questions / Comments:

Q. Do you agree we should be looking at changing levels of service and introducing charges in order to keep the rates increase down?

Proposed reductions in expenditures

Libraries

Q. Do you agree with the proposed changes to levels in library services?

What: Libraries to have consistent closing times – Brooklyn, Cummings Park Ngaio, Wadestown and Island Bay are to close at 5pm on weekdays.

Savings: \$30,800 each year

Savings in the first year: \$22,600

Strongly Disagree

What: Opening hours at Khandallah Library to be reduced to between 1.30pm and 5.30pm weekdays.

Savings: \$31,200 each year

Savings in the first year: \$23,400

Strongly Disagree

PAGE 7 Questions / Comments:

Other services

Q. Do you agree with the following proposed changes to services?

What: Leisure Card – the Council would no longer help develop tailored programmes and services for card holders. The card itself would still be provided.

Savings: \$75,000 each year

Don't Know

What: Reduce funding for hazardous tree removal – service levels should remain the same.

Savings: \$100,000 each year

Don't Know

What: Remove funding for the demolition of the Patent Slip Jetty.

Savings: \$100,000

Agree

What: Introducing a full cost-recovery model for the WRAC crèche. This would require users to pay between \$3 and \$4 per hour for the service.

Savings: \$53,000 each year

Savings in the first year: \$40,000

Agree

PAGE 8 Questions / Comments:

Proposed changes to Council-controlled organisation grants

Q. Do you agree with the proposed changes to CCO grants?

What: 3% reduction in the Zoo Trusts grant – no negative impact expected on services in 2013/14. But if lower funding levels continue the Zoo may have to reduce services.

Savings: \$84,000

Strongly Disagree

What: 3% reduction in Positively Wellington Tourism's grant. This may impact on the ability to raise partner funding.

Savings: \$140,000

Neutral

Proposed increases in income

Q. Do you agree with the following proposed charges being introduced?

What: Introduce \$2 per hour parking charges at Wellington Botanic Gardens 10am - 4pm weekdays.

Revenue: \$32,400 per annum

Capital cost: \$95,000

Disagree

What: Introduce \$1.50 per hour parking charges at Freyberg Pool 8am - 6pm

Mondays to Thursdays and 8am - 8pm Fridays.
Revenue: \$72,000 per annum
Capital cost: \$20,000
Neutral

What: Introduce permits for taxis to use taxi stands – starting at \$200 and rising to \$400 per taxi per year.
Revenue: \$400,000 per annum
Revenue in the first year: \$200,000
Revenue in second year: \$300,000
Disagree

PAGE 9 Questions / Comments:

Proposed changes in capital expenditure

Q. Do you agree with the following proposed changes being introduced?

What: Southern landfill improvement. Moving our programmed spend out by two years due to additional work required to obtain resource consent.

Reduce capital expenditure in 2013/14: \$8.2 million

Neutral

What: Plimmer Bequest project: Moving the work at Alex Moore Park forward to align with the construction of the new synthetic turf.

Increase in expenditure in 2013/14: \$358,000

Agree

Q. Do you agree with our approach to reducing our budget?

Q. What factors should we take into consideration in making these decisions?

Are there services we provide that you think could be reduced? Are there services we provide that you think are not our responsibility and therefore should stop providing?

Your comments on balancing the budget:

Q. Any other comments you would like us to take into consideration before we make decisions?

Libraries – Khandallah

1. Proposed changes to libraries would be disastrous for both adults and children. Too many are glued to videos and computers, do not or cannot read, have a poor knowledge of the world around them.

2. Khandallah, though a small library, is vital to many. Closing the library for the mornings would cut out many small children. Small children, toddlers sleep in the afternoon and some elders so too. There is no transport to Ngaio and Johnsonville libraries unless you live next to a railway station. It is too far to

walk if you are elderly or pushing a pram plus toddlers even if weather is fine.

3. One third of the elderly have no computers so no way of getting information that may be needed.

4. Money has to be carefully spent but too much WCC funds seem to be propping up bureaucracy. High wages increases for some of the higher paid staff and similar examples lack of planning for road works etc.

Wellington Draft Annual Plan 2013-14 Submission

ENTER YOUR NAME AND CONTACT DETAILS

Mr

First name: Martin

Last name: Payne

Street address:

Suburb:

City: Wellington

Phone: (04) 389 8995 or 027 4166770

Email: martin.p@clear.net.nz

I would like to speak at a submission hearing	Yes
I am making this submission as an	Organisation
Name of organisation:	Community group members of the Wellington Stormwater Consultative Committee

The Wellington Stormwater Consultative Committee (SCC) was formed as a condition of consents gained by the Wellington City Council for the discharge of stormwater, into the coastal marine area. This committee is made up of representatives from environmental and recreational community groups, regional public health, Department of Conservation, Greater Wellington Regional Council and Wellington City Council. ***This submission is made on behalf of the community group members of the Stormwater Consultative Committee.***

We would like to use this opportunity to stress our support for best practice management of stormwater in Wellington City and to advocate for environmental and public health of the freshwater and coastal environments.

Wastewater management (Section 2.4)

Of immediate concern, are wastewater (sewage) network overflows into the stormwater network and the coastal marine environment. These discharges are unacceptable in terms of public health, public perception and use of the coastal environment and the negative environmental effects of untreated sewage on the intertidal zone and aquatic environment.

- We support priority expenditure being made available for significant reductions in stormwater infiltration and cross-connection into the wastewater network. Investment is required if future overloading events of the wastewater network and treatment plant at Moa point are to be avoided.

- We also ask that the number and extent of untreated overflows to be reported under the performance measures for the wastewater network in annual reports.

Stormwater management (Section 2.5)

While it is important that the stormwater network protects the city from flood damage, it is also important to recognise the detrimental impact that this network has in concentrating the discharge of large volumes of water, rubbish, pollutants and sediment into Wellington's freshwater and coastal marine environments. To effectively address the sources of this contamination it is important that the wider community is engaged in understanding and participating in actions that reduce the harmful effects.

Stormwater education Programme

We consider the development of an effective, outcomes based Stormwater Education Programme (SEP) an important step in this community engagement. The development of a SEP is also one of the current stormwater resource consent conditions.

- We ask that a budget for staff time and resources be specifically tagged for development and implementation of the Stormwater Education Programme (as submitted to GWRC), starting in the 2013-14 year.
- We ask that the outcomes of the SEP be reported each year in WCC annual reports under performance measures for the stormwater network.

Our Living City initiative

We support the *Our Living City* initiative to strengthen the urban-nature connection, improve Wellingtonian's quality of life and work toward the *Smart Capital* vision. This integrated approach to environmental, social and economic issues could make a valuable contribution to reducing the detrimental effects of stormwater discharges.

Summary

The health of the city's stream, beaches and coastline is impacted by stormwater and wastewater discharges from Wellington city. To reduce the impacts of stormwater on the environment will require both technical improvements to the stormwater and waste water networks and participation from the wider community to avoid the release of contaminants into the network.

We hope that you as councillors can respond to this important environmental issue and focus Council resources on taking action to find lasting solutions for the sake of our precious freshwater and coastal marine environments.

Thank you for the opportunity to submit on the draft Annual Plan.

Marianne Cavanagh

From: Wellington City Council [webcentre@wcc.govt.nz]
Sent: Wednesday, 15 May 2013 4:27 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan 2013/14 - Confirmation

Follow Up Flag: Follow up
Flag Status: Completed

The following details have been submitted from the Draft Annual Plan 2013/14 consultation form on the Wellington.govt.nz website:

First Name: Debbie
 Last Name: Leyland
 Street Address: c/o NZNO, Level 3, 57 Willis Street
 Suburb:
 City: Wellington
 Phone: 0226793658
 Email: d.leyland@mail.com

I would like to make an oral submission.(if yes, provide a phone number above so that a submission time can be arranged.) Yes Phone number:
 02267936580274312617

I am giving this feedback: on behalf of an organisation Organisation name:
 UCAN

Type of organisation: Community

Details:

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Your comments:

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should stop providing?

Your comments on balancing the budget:

Q. Any other comments you would like us to take into consideration before we
make decisions?

The United Community Action Network (UCAN) supports the call for Wellington
City Council to endorse the Living Wage and take steps towards implementing
it for all Council staff, including contractors and staff who are indirectly
employed by the Council.

UCAN is a grass roots New Zealand community organisation that opposes health care funding cuts and the inequities and inequalities that contribute to ill-health and poverty in Aoteroa/New Zealand. UCAN represents the many thousands of New Zealanders, especially in Wellington, who do not get the health care they need due to a combination of poverty, inadequate funding for primary health and a lack of commitment by decision-makers to prioritise health for everyone.

UCAN is a part of the Living Wage network. We are involved with the Living Wage campaign because we believe that one of the best ways of eliminating poverty and ill-health is to make sure every family gets a decent living wage.

A Living Wage is the income necessary to provide workers and their families with the basic necessities of life. A Living Wage will enable workers to live with dignity and to participate as active citizens in society. There are many communities in Wellington who would immediately benefit from the Wellington City Council implementing a Living Wage for its workers. We can easily prove John Key's assertion that "Wellington is dying" wrong by making it a Living Wage City!

We call on the Wellington City Council strive for a living wage for all households as a necessary and important step in the reduction of poverty in New Zealand.

We urge the Wellington City Council to show leadership by committing to the Living Wage.

UCAN would like to make a public submission on the draft Annual Plan.

MICN 401 Public Health

Project 2013

Group C1

“Should We Take This Outside?”

Is banning smoking in outdoor areas the next step towards a Smokefree New Zealand?

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Abstract

Introduction

Tobacco is one of the leading causes of preventable death. It is responsible for over 5 million deaths worldwide annually (1). In the 2012 New Zealand (NZ) health survey, 18% of Kiwis identified themselves as smokers. Alarming, rates of smoking were particularly high for certain demographics; women aged 18-24 (30%), men aged 25-34 (30%), Maori (41%) and Pacific (26%) (2). Meta-analysis has shown that smokefree area policies decrease smoking rates through reducing smoking opportunities and denormalising smoking (3).

Smoking is a behaviour which appears to be strongly subjected to certain influences, particularly around social circumstances –such as bars and restaurants. In this milieu, alcohol consumption affects cognitive behaviour and decision-making (4) alongside various ‘social pressures’ (which alone, causes up to 25% of relapse crises) creates a highly susceptible environment for pro-smoking behaviour (5). Social pressures have a significant influence on smoking, with Australian research indicating around a quarter of relapse crises occurring in social settings such as bars and restaurants (5). Shiffman et al. explains that social smoking is caused by being exposed to other smokers, as well as weakening the ability to avoid smoking under the influence of alcohol (6). Also, cigarette smokers in the USA have been shown to drink alcohol more heavily than never smokers (7) and greater alcohol use is associated with decreased odds of smoking cessation (8). Kahler et al. found that even moderate alcohol consumption played a role in smoking relapse after attempted cessation, with over 40% of relapses (of patients undergoing cessation treatment) involving alcohol (9). Furthermore moderate drinking was associated with almost four times greater risk of smoking relapse than non–drinking, with heavy drinking further doubling the risk of lapsing compared with moderate drinking (9).

Denormalisation of smoking refers to creating a perception that smoking is no longer regarded as normal behaviour. There are two markers of denormalisation with regards to smoking – social disapproval of smoking and concerns about passive smoking. In Europe, the latter is strongly associated with support for stricter smoking control measures and therefore ought to be a central focus in developing smoking cessation policies (10).

The government has recently set in place a goal for New Zealand to be smokefree by 2025 (11). In New Zealand the 2003 Smokefree Environments Amendment Act requires school grounds, early childhood centres as well as all indoor public areas and workplaces to be smokefree (12). A number of local authorities, including Wellington, have already introduced smokefree policies for outdoor areas, parks and playgrounds (13).

It has been acknowledge however that further legislation is needed to not only reduce smoking and enable successful quitting, but to denormalise smoking within society and achieve the *smokefree* 2025 goal. In 2012, a national survey indicated that 65% of smokers would support stronger government involvement to achieve a smokefree NZ (15). A number other countries already have smokefree policies for the outside areas of bars and cafes (16), for example, at least four US states, three Canadian provinces and many north American cities (17,18). In Mosman, Sydney, numerous outdoor areas have been made smokefree, including

alfresco (outdoor) dining areas on council land (19). Could smokefree policies for outside bars and cafes be applied to Wellington, and perhaps the whole of New Zealand?

To provide evidence and ideas to help answer this question aim to (i) assess the prevalence of smoking outside bars within the CBD (ii) gain an insight into public opinion regarding smoking outside bars (iii) provide policy options regarding smokefree legislation for outside bar areas.

Methods

Our study design had a three-pronged approach (observational, survey and interview) to explore multiple aspects of smoking in outdoor bars/cafés areas. The observational part of the study was designed to determine the prevalence of smoking in the leased pavement areas of bars/cafés. Different observational times were intended as a proxy for alcohol consumption and different days of the week in order to discern if ‘social smoking’ was reserved for the weekends. Methods were designed to observe at least 1200 individuals to establish *when* smoking was seen to be most prevalent, and possibly affecting the public. In conjunction with the observational data, a survey of the surrounding public was conducted to reveal the ‘social opinion’ of smoking in these areas. Interviews of various policy-makers and smoking authorities were also conducted to gauge expert opinion on the topic and possible policy options. The total of this data was designed to better inform *how* and *what* policy changes could be implemented in order to reduce smoking in public eye.

1. Observational Study

Our observational study design was based on the methods trialled in a previous study (20). We modified these methods to suit the data we wanted to obtain; measuring prevalence at each interval, rather than alternating between the number of smokers and the total number of patrons as was done in the pilot study (20).

Observation time and dates

Data was collected for single 15-minute intervals during two separate time periods on a given day (12-1pm and 7-8pm). Four observational days were conducted (Wednesdays and Fridays) over two consecutive weeks in April 2013 for a total of eight observational periods.

Selection of observation sites

A list of 50 premises that both served alcohol and possessed a pavement lease was obtained from the Wellington City Council (WCC). Sites were included if they were within the defined central business

district (CBD) zone (see Appendix 1) and had a pavement lease serviced area in use between the hours of 11am and 11pm.

Thirty-one out of fifty were excluded as a consequence of the above criteria. Fourteen of the remaining nineteen were then randomly selected (using a random number generator) and assigned to pairs of researchers.

Data collection

Data collectors worked in pairs and recorded the point prevalence of smoking using 30-second scans to count the total number of patrons and total number of people smoking. Sites were observed

either from an unobtrusive place in close proximity to the serviced area, or by walking past the area every five minutes. This was repeated at five-minute intervals for 15 minutes for a total of four measurements. We recorded data using smartphone technology with note-taking apps such as “Note” and “S Memo” (see Appendix 2). This was done to minimise the intrusiveness upon the bar/café environment. Later, data was entered into a template for data analysis (see Appendix 3).

Alongside the smoking prevalence data, information was collected on six binary questions (yes/no):

1. Private outdoor serviced areas in addition to the pavement lease
2. Ashtrays present
3. Signage about smoking
4. Children present
5. Pleasant outdoor environment (see Appendix 3)
6. Foot traffic (see Appendix 3)

2. Survey study

A nine question survey was conducted from 12pm to 9pm between Wednesday 24th and Sunday 28th April 2013 to gauge public opinion on smoking outside bars and cafes. Questions incorporated:

1. Age, gender, current smoking status
2. Opinions about smoking in these areas
3. Possible policy changes and their feelings towards policy regarding smokefree area
4. Whether drinking alcohol or being around smokers affected people’s own likelihood to smoke
5. Whether smokefree policy would reduce rates of smoking in New Zealand

Researchers approached people who appeared to be 18 or over in the immediate vicinity of bars or cafes in the Wellington CBD. We conducted brief face-to-face surveys, taking an average of 3 minutes, and transcribed the results onto a standardised paper survey (see Appendix 4) To ensure data-collector safety, large groups or those who appeared intoxicated were not approached.

3. Interviews with policy-makers etc.

We contacted five people who are either involved in smoking policy development, or are affected by such policy changes in order to scope the issues involved. These included Wellington City Councillors, Smokefree Coalition officials, Restaurant Association CEO, and Cancer Society officials. Interviewees were asked a series of questions regarding issues about smoking outside bars and cafés including future policy change. Phone interviews were roughly five to 15 minutes long (see Appendix 5).

Data analysis

Observational data:

The overall prevalence of smoking was calculated by dividing the sum of the total cigarettes lit by the total number of patrons in the bar area. If there were no patrons present during a data collection period, this was considered missing data, so as not to underestimate the results. We used the Mann-Whitney U test in Microsoft Excel to assess the differences in overall prevalence of smoking

between noon and evening and between Wednesday and Friday, as well as the overall association between prevalence and the six binary questions.

Survey data:

Contingency tables were tested with Fisher's Exact Test (FET) as this works with small sample sizes (p-values are conservative but not estimated) to extrapolate significant results in the survey.

Safety and ethical issues

Ethics approval for this research was obtained from the University of Otago Human Ethics Committee. (see Appendix 6)

Results

Observation data

During the observation period, 2,600 patrons were counted and 412 cigarettes were seen to be lit by patrons in the fourteen café/bar pavement lease areas during the two week observational period. Thus the overall prevalence of smoking we observed was 16%.

Table 1: The effect of time of day, day of week, foot traffic, outdoor environment, children, private outdoor areas and ashtrays had on the prevalence of smoking in the pavement leased areas outside licenced café/bars. * = statistically significant ($p < 0.05$)

Variable	Prevalence		P-value
Time of day	12-1 pm 0.160	7-8 pm 0.278	0.013*
Day of Week	Wednesday 0.243	Friday 0.212	0.12
Foot traffic	Light 0.249	Heavy 0.214	0.62
Outdoor environment	Pleasant 0.371	Unpleasant 0.195	0.025*
Children	Present 0.240	Not present 0.059	0.10
Private outdoor area	Yes 0.200	No 0.250	0.80
Ashtrays	Yes 0.278	No 0.215	0.84

Table 1 displays the point prevalence for each category of interest. The prevalence of smoking in the pavement lease areas was significantly higher between 7 and 8 pm than between 12 and 1 pm ($P=0.013$) and when the outdoor environment was pleasant ($P=0.025$). There was no significant difference between the prevalence on Wednesdays versus Fridays, the presence of a private outdoor serviced area, ashtrays, signage about smoking or children and heaviness of foot traffic outside licenced cafes/bars in the Wellington CBD.

Survey data

Participants of the survey ($n=126$) were broken down to assess the demographics. Our sample included 72 never-smokers (57%), 14 ex-smokers (11%) and 40 current/social smokers (32%).

There were 61 males (48%) and 65 females (52%) which could be further separated into estimated age groups; <30 years old (57% (M) and 55% (F)) or >30 years old (43% (M) and 45% (F)). (see Appendix 7)

Fresh air, sunshine or a break from noise were given as reasons for moving outdoors by 64% of the participants. Being able to smoke, spending time with smokers and no space inside were also important factors (13%, 10% and 5% respectively). Other reasons included people watching, extra space and atmosphere (Table 2). Three participants reported that they did not like these areas.

Table 2: Participants response to reasons for using the outdoor spaces (N.B: total percentage is >100% as multiple answers were permitted).

			Fresh air/Sun/Noise break	Being able to smoke	Spending time with friends who smoke	No space inside	Other
No of responses	92 (64%)	19 (13%)	15 (10%)	7 (5%)	11 (8%)		

Figure 1 shows the responses by participants to smoking in these areas as either ‘positive’, ‘indifferent’ or ‘negative’. The answer chosen was open to the interpretation by the surveyee. A ‘positive’ response may have include ideas that smoking creates an agreeable ambience or it is a good thing that smokers can smoke in those areas, etc. No ex-smokers felt positive with regard to smoking in these outdoor areas. In fact, they primarily felt negative or indifferent (57% and 43% respectively). Never-smokers were commonly negative or indifferent (54% and 31% respectively) while 15% were positive. Current/social smokers primarily felt indifferent or positive (60% and 35% respectively). The opinions between the three groups was statistically significant ($p < 0.05$).

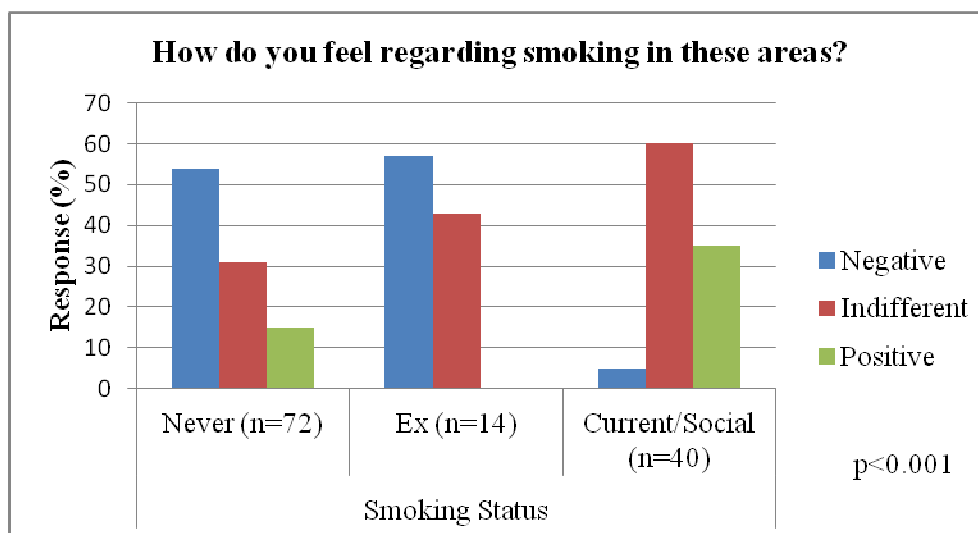


Figure 1: Survey response to the question, ‘How you do you feel about smokers in these areas?’ grouped by smoking status (never, ex, current/social) (n=126)

Of the 37 current/social smokers, 86% reported that when they drink they *do smoke more* (confidence interval between 71%-96%). The remaining 14% reported that drinking does not affect the number of cigarettes they smoke. (Figure 2).

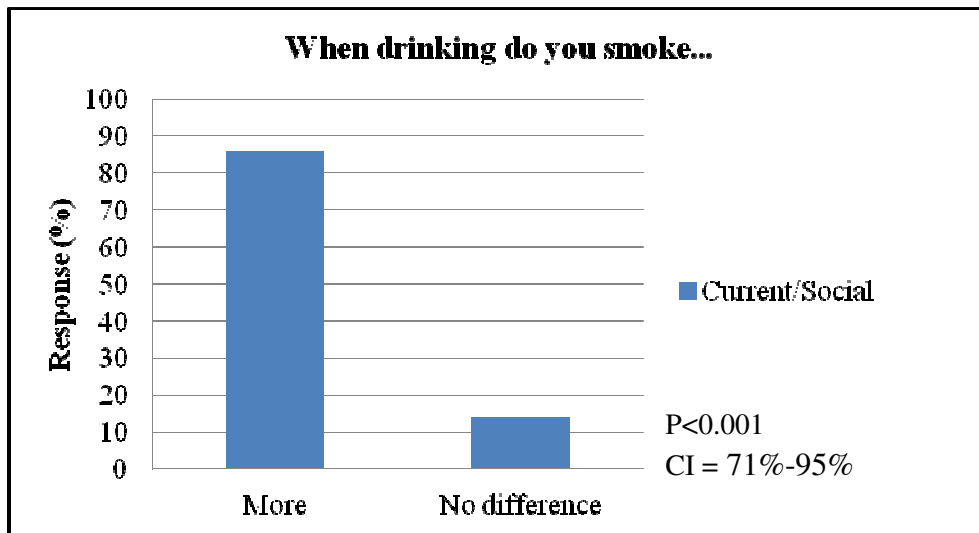


Figure 2: Current/social smokers survey response to the question, ‘When drinking do you drink more, less or no different?’ (n=37)

When asked the question ‘Does smoking around you make you more likely to smoke?’ 51 never-smokers, 7 ex-smokers and 1 current/social smoker either did not answer the question or felt that the question was not applicable to them. Of the current/social and ex-smokers who answered the question 69% and 71% respectively, felt that smoke around them made them more likely to smoke. Of the never-smokers who responded, 67% felt that smoke around them would not make them more likely to smoke. Interestingly however, 29% felt that, despite being never-smokers, the idea of smoking became more appealing when surrounded by smokers. The difference in opinions of these groups was statistically significant compared to each other ($p < 0.05$). (Figure 3)

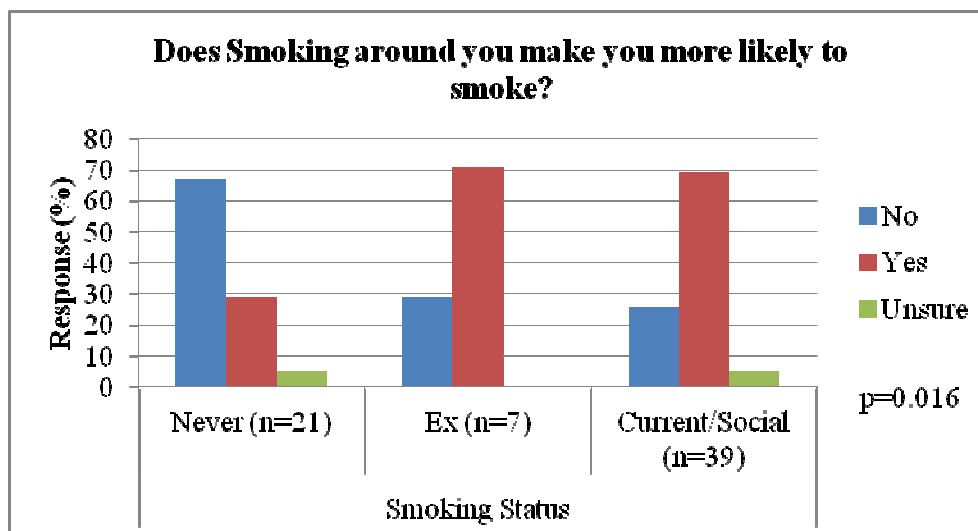


Figure 3: Survey response to the question, ‘Does Smoking around you make you more likely to smoke?’ grouped by smoking status (never/ex/current or social) (n=67).

Figure 4 highlights the difference between the feelings with regard to policy changes across the groups ($p < 0.001$). Never-smokers and ex-smokers are mostly supportive of the potential smokefree policy (68% and 71% respectively), while current/social smokers have mixed views on policy change (support 23%, indifferent 23%, opposed 48%). The difference in feelings between these groups was not statistically significant ($P > 0.05$).

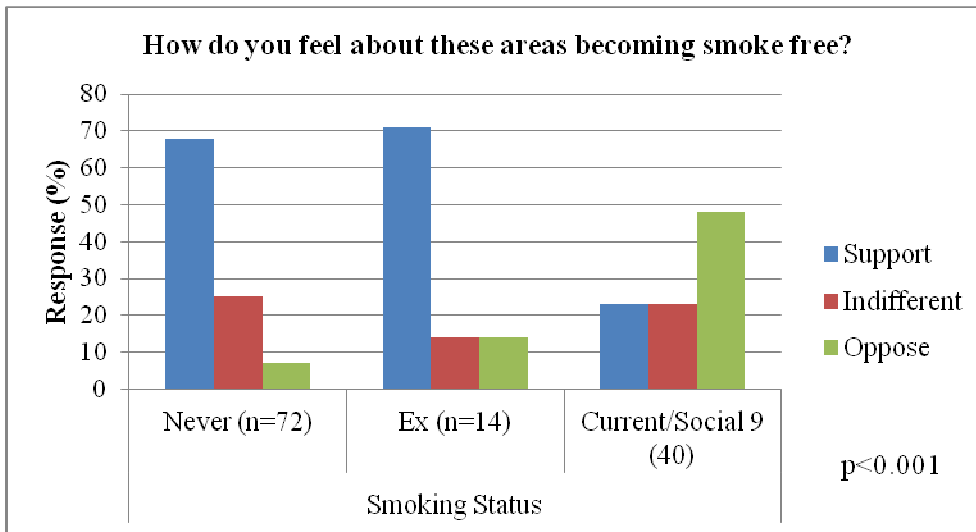


Figure 4: Survey response to the question, ‘How do you feel about these areas becoming smokefree?’ grouped by smoking status (never/ex/current or social) (n=126)

According to opinion on policy with respect to age, there was a wide range of answers. Despite the lack of statistical significance between age groups ($p > 0.05$), the majority of those 30 years or older supported the policy (67%) compared to 48% of those less than 30 who supported the policy. This trend was seen irrespective of smoking status (see Appendix 8). Despite general support for a smokefree policy for these outdoor bar/café areas, only 51% of the participants believed that it would decrease the smoking rates of NZ (see Appendix 9).

In addition to this, the following question on the survey asked the participants if they thought that a smokefree policy in these sorts of areas would consequentially impact the rates of smoking’. Again, irrespective of their smoking status, more than half (51%) of the participants believed that it would indeed *diminish* smoking rates (see Appendix 9).

Interviews

The interviews with the various policy makers and smoking authorities provide expert opinions on the potential for smokefree outdoor area (SFOA) policy. Interviews were driven by the following themes: public opinion, the role of the hospitality industry, the role of central government with respect to ‘Smokefree 2025’ and the concepts of alcohol and normalisation as a trigger for smoking (see Appendix 10). Overall, interviewees believed that central government support of policies was crucial, especially for the provision of financial resources.

The Cancer Society, Smokefree Coalition, and City Councillor all agreed that preventing the normalisation of smoking was an important driver behind policy change. Interestingly however, City Councillor downplayed the importance of alcohol as a trigger. The member from The Restaurant Association disagreed that either smoking or normalisation were a trigger for smoking.

Discussion

One of the objectives of this study was to determine the point prevalence of smoking in bar/café outdoor areas of the Wellington CBD. Understandably, the number we found (16%) is not directly comparable to the overall smoking prevalence in NZ (18%) (2). Nevertheless, the perceived prevalence to passers-by (idea of normalization) in this highly populated area shows a close

correlation. It would be the aim of any potential policy to diminish this public perception of smoking and therefore its normalisation.

This study is one of the first in New Zealand to measure the point prevalence and public opinion of smoking in licenced outdoor areas. Despite the demographics of the survey showing an equal representation between gender and those aged under and over 30, there was a disproportionately high representation of smokers (32%). This may have led to a lack of generalizability due to a stronger representation of smoker sentiment compared to the general public.

Correlation between alcohol and tobacco; impact on health outcomes

Observational data revealed that, the smoking prevalence was greater in the evening period compared to the noon-time period. Based on the assumption that the observational times may be used as a proxy for alcohol consumption, the methods were intended to highlight a potential correlation between smoking prevalence and drinking. This tentatively supports evidence showing an intrinsic relationship between alcohol and smoking (7). Furthermore, **our** data suggests that current/social smokers smoke more when drinking.

In the USA, co-use of alcohol and tobacco is high, especially amongst youths (21). The combination of these risk behaviours creates a greater risk for disease than simply the sum of each (21). With regard to the risk of throat cancer, it is not the addition of the respective independent risks of alcohol and tobacco on this disease, but the product of these risks (21).

Attraction to the outside areas

In the survey, 64% of respondents felt that the appeal of being outdoors was primarily for fresh air. However this air may not actually be 'fresh'. Evidence from New Zealand (22, 23) and the USA show that there are still significant health risks from second-hand smoke in the outside areas of bars. Sitting outside within just half a metre of someone who smokes two cigarettes in an hour, exposes patrons to the equivalent levels of particulates to those found in indoor smoking areas over the same period (24). Therefore, even in well ventilated outdoor areas, smoke levels may be high enough to pose health risk to others in the area (25).

Opinion on smokers in outdoor areas and SFOA by smoking status

Public support for smokefree policies has been increasing over time (26, 27). Reasons for this include; increasing awareness of health outcomes (28), decreasing smoking prevalence (2), greater presence of anti-smoking policies (26), and efforts to denormalise smoking (19).

Support for smoke-free policies was shown to differ by smoking status (Figure 4). Interestingly, this study showed a notable gradient with regard to support for smokefree policy –ex-smokers were the most ardent supporters, followed by never-smokers and least supportive was current/social smokers. This coincides with Bywer et al.'s findings (27). In addition to the aforementioned finding, ex-smokers responded most 'negatively' to smoking in outdoor areas and most positively to policy introduction compared to the other groups. This could reflect a desire to reduce the risk of relapse. This supports research highlighting that exposure to smoke and alcohol weakens a person's resolve to abstain from smoking (5). In this study both ex-smokers and current/social smokers reported they were more likely to smoke in the presence of other smokers. This re-affirms the

powerful social aspect to smoking, and consequentially reveals a potentially salient target for policy change.

Overall, never-smokers responded similarly to ex-smokers with regard to smoking and a potential smokefree policy in these areas. (Worryingly) However a minority of never-smokers reported feeling positive towards smoking in outdoor areas (further study). The majority of smokers responded positively or indifferently to smoking in outdoor areas. This may be due to the idea that outdoor areas are one of the last public spaces in which smokers feel comfortable, amongst a growing social unacceptability of smoking (27). The high prevalence of smoking in outdoor areas may also generate a sense of community, and hence reinforce smoking behaviours. Also, Current/social smokers were most likely to be opposed to SFOA policy. Previously published reasons for such opposition include; the direct effect on smokers behaviour, fear that future policy may go further (29) and cognitive dissonance about the harms of smoking (30, 27).

Survey conclusions

Our study supports existing evidence of increasing public support for smokefree policy (26), and suggests that a majority-backed legislation could extend to the outdoor areas of bars and cafes. Currently these environments expose ex and current smokers to smoking triggers (5) and all outdoor patrons to the harms of second-hand smoke (25).

Smokefree policy thus far has been driven by reducing health risks. This has led to smoking being restricted to outdoor areas, which may have inadvertently increased the normalisation of smoking due to increased public visibility. In addition to addressing the health risks of smoking an important aim of future legislation should be the removal of smoking from public view.

Interview conclusions

Most interviewees considered themselves uninformed when it came to the public's opinion on potential policy around SFOA. With the exception of the Smokefree Coalition representative, every interviewee said they would have liked to have seen more survey/opinion-based research. This illustrates that studies like this and further studies aimed at the opinion of SFOA are relevant and necessary – arming those involved in developing smoking policy with the essential information.

Businesses' support and initiative were identified as important influences on any future policy by four of the five interviewees. In contrast, a member of the Restaurant Association down played the role of business, and instead suggested that the onus ought to be on central government. This deflection of perceived responsibility reveals the controversial nature of policy behind SFOA and its capacity to cause rifts between government and businesses if policy is introduced.

With regard to the implementation of smokefree policy, most interviewees agreed that central government should be involved. However, both the policy advisor *and* the City Councillor, stated that local government must also play a role. This suggests that policy may be best implemented at the local government level with central government financial support.

Strengths

The methods for our observations and surveys were practical given the pilot-nature of this study. Despite collecting observation and survey data over a range of weather conditions, the methods

produced statistically significant results and allowed the observation of over 2500 people. This gave the study sufficient power for the **data** comparison between age and gender.

The narrow criteria used for the selection of bars increased the internal validity of our study and by using a random number generator to select observational sites, reduced selection bias. This study collected both qualitative (interviews and surveys) and quantitative (observational) data this provided a spectrum of information on which to base both further academic and policy recommendations.

Limitations

Firstly, data collection was limited by the small number of data collectors (n=14) and short collection period (5 weeks). Secondly, it was assumed that alcohol consumption was higher in the evening compared to early afternoon, despite a lack of evidence for time of day being used as a proxy for alcohol consumption.

The nature of the observations meant that it was difficult to determine the age and ethnicity of the people observed, and the narrow selection criteria for observation sites reduced the generalizability of the results to areas outside of the Wellington CBD.

The Wellington CBD is anecdotally considered to be more ‘social’ than other areas of the Greater Wellington region **or other areas of New Zealand**. Therefore this study’s reported smoking prevalence may be an overestimation. On the other hand, it may have been an underestimation because of the relatively high socio-economic status (SES) **of users of the Wellington CBD** and higher SES is associated with lower smoking rates (34, 35).

Despite these limitations, this study provides basic insight into the prevalence of smoking in outdoor licenced areas and public opinion with respect to smoking in these areas. Further studies could address these limitations through the following: establishing a causal relationship between the consumption of alcohol and smoking prevalence, assessing the relationship between alcohol consumption and time of day, including all days of the week, more times of day, and possibly throughout the year, collecting more comprehensive ethnicity and age data, and observing and surveying areas outside of the Wellington CBD.

Based on the results of this study, the following questions need to be asked: Would smokefree legislation in outdoor areas be feasible? And would such policy change reduce smoking prevalence in New Zealand?

The 2003 Smokefree Environments Amendments Act, provides a precedence of how policy change can influence both the normalisation of smoking and where smoking occurs. Despite notable resistance to the policy at the time of implementation, it has since become generally accepted by both the hospitality industry and the public. (36,37)

Given the many similarities between the 2003 Act and a potential future SFOA policy including; health issues (second-hand smoke and the environment-induced relapse of ex-smokers), implementation issues (legislative/non-legislative, central vs. local control), and public acceptance - a new smokefree outdoor policy would likely proceed in a similar fashion. Further to this, the social

aspects of smoking highlighted by this study would mean that any future outdoor smokefree policies would have an additional emphasis on its denormalisation effect. **It would seem that the introduction of new outdoor policy in this area is warranted.**

Level of government

New policy can be led by either local or central government, and can be legislative or non-legislative. A possible legislative policy could involve the prohibition of smoking in outdoor areas of bars/cafes and its breach a finable offense. Legislative policy is, however less favoured by councillors for political, financial and legal reasons. Whereas a non-legislative policy would simply involve smokefree signage in these designated areas, similar to the Lower Hutt smokefree outdoor space policy (31). Despite the apparent impotence of no-legislative policy these areas have been shown to be self-policing (38).

With respect to *who* implements the policy, a major theme in the interviews was the need for central government involvement. Interviewees insisted the support of the central government in light of their smokefree 2025 aim. Further reasons mentioned for central government involvement were; the council's reticence to use rate payers' money to fund by-law legislation and, to create consistency across NZ compared to multiple and fragmented council initiated policies.

Business opinion

There was a shared sentiment across the interviewees (excluding the Restaurant Association representative) that the hospitality industry should take a leading role in SFOA policy. However, using a 'champion' business or businesses as a case study to pilot SFOA policy would seem an unlikely option given the potential or perceived competitive disadvantage this would create (33). Therefore to avoid this, any implementation of future smokefree policy should be initiated by government. On the other hand it is worth considering that smokefree policy may conversely create a competitive advantage for businesses as a smokefree outdoor area may attract more patrons.

Public opinion

The results of our survey showed strong public support for both smokefree policy implementation and for the notion that it would be effective in reducing the rates of smoking in New Zealand which has also been shown in previous research (32). One of our interviewees however reported that "councils underestimate what people are ready for" hence taking a more conservative approach. Furthermore a previous study on Wellington city councillors found that "councillors appeared unaware of New Zealand surveys of public attitudes" (16). This highlights an issue that needs addressing if we are to work towards SFOA policy.

We were told by one of the interviewees that to gain support from local city councillors, the presented smokefree policy "needs to be a positive and visible issue" without too much controversy. In order to achieve this there needs to be an emphasis put on presenting the current and future research to businesses, politicians and the public. Achieving this sort of visibility and support potentially outweighs resource and legal constraints.

A central government legislative policy, such as smokefree CBD streets, appears to be the most achievable goal due to improved resource efficiency and a preference by interviewees towards central government policy leadership.

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Appendices

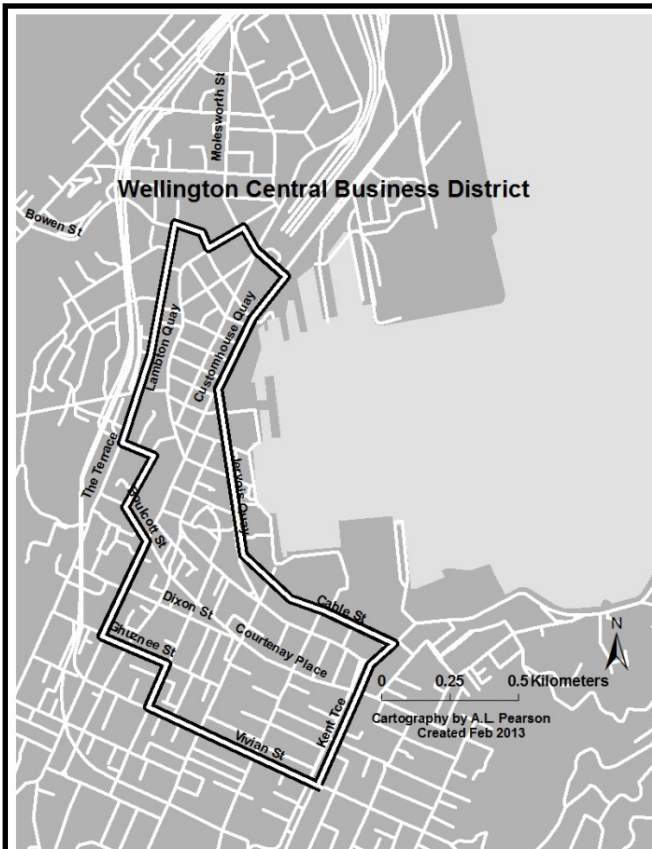


Figure 1: The study area in downtown Wellington

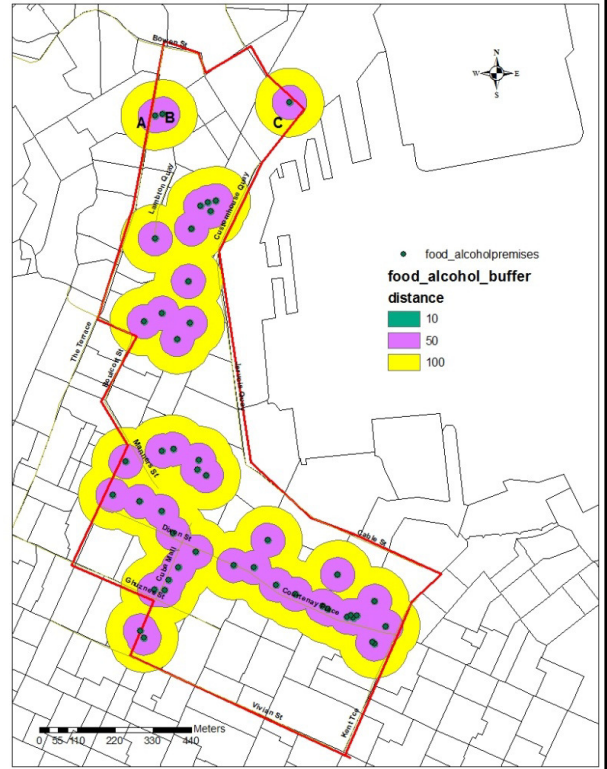
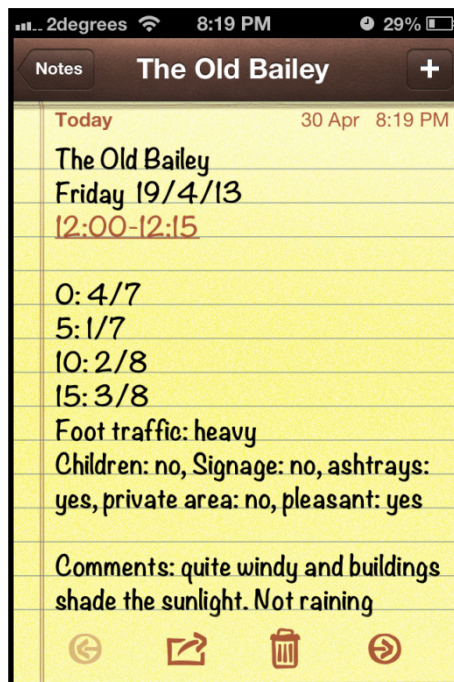


Figure 2: Premises with food, alcohol and pavement leases in the Wellington central business district

Appendix 1



Appendix 2: Example of data recording using smartphone application

Appendix 3: Template for observational data

University of Otago. Wellington School of Medicine. Public Health Research Project. Group C1.

DATA COLLECTORS:

1. _____ 2. _____

VENUE:

DATE: _____ / _____ /2013

START TIME: _____ : _____ pm

END TIME: _____ : _____ pm

Foot traffic: HEAVY/LIGHT

Private outdoor serviced area at venue: YES/NO

Ashtrays Provided: YES /NO

Signage about smoking in the area: YES/NO

Children present at any point during observation period: YES/NO

Pleasant to sit in outside serviced area: YES/NO

Time	Total number of patrons	Number of people with lit tobacco products	Prevalence (%)
0			
5			
10			
15			
Average/min			
Intensity (cigarettes/person/15 mins)			

Comments

Data collectors used their discretion to determine if the area was 'pleasant' or not, based on features such as shelter, wind-blocks, heating and the weather. Foot traffic was defined as "heavy" when more than 10 passers-by in the first two minutes of observation, or "light" when there were less than 10.

Appendix 4: Standardized template for survey data**Smoking outside Bars/Cafés Survey**

For an Otago University study, we would like to ask you 8 short questions about using the outside areas of bars and cafés. This will take about 1-2 minutes.

Age: Under 30 Over 30

Gender: Male Female

1. What do you like/dislike about the outside areas of bars and cafes?

- a. Fresh air/sun/ break from noise
- b. Being able to smoke
- c. Spending time with friends who smoke
- d. No space to sit inside/elsewhere
- e. Other

2. How do you feel about smokers in areas outside bars and cafes?

Positive Indifferent Negative

3. How would you feel if the public spaces outside bars and cafes were made smokefree:

Support Indifferent Oppose

4. If this policy was introduced, would it be effective in decreasing smoking rates in NZ – (“out of sight out of mind”)?

Yes No Unsure

5. Are you:

- a. Non-smoker
- b. Ex-smoker
- c. Current smoker?
- d. Social/occasional smoker?

6. When drinking do you:

Smoke more Smoke less No difference N/A

7. Does smoke around you make you more likely to smoke?

Yes No Unsure

Do you have any other comments?

Appendix 5: Standardized template for interviews**Interview Questions**

- 1) i) Do you think outdoor areas of bars and cafes normalise/encourage smoking from
a) smokers? b) ex-smokers? c) non-smokers?
ii) Do you think alcohol plays a part in this?
- 2) Do you think smoking outside bars and cafes normalises smoking to young people?
- 3) Do you think there are issues around second hand smoke for employees and non-smokers?
- 4) What do you see at the main opposition to smoke free areas outside bars and cafes?
- 5) In your opinion is there public support for a ban?
- 6) Do you think there other options for policy to reduce the harms/normalisation of smoking?
Policies which could be stand alone or used in conjunction with a smokefree outdoors ?
- 7) What information is needed to convince councillors that smoke-free areas outside bars and cafes are important?
- 8) Would you be more inclined to introduce smoke-free changes if other councils had already done so?
- 9) Do you think education and social pressure would sufficiently enforce a ban?
- 10) Is smokefree areas outside bars and cafes the role of local government only or should it involve central government?
- 11) Do you see a role for this type of policy as part of the smokefree 2025 goal?

Appendix 6: Ethics approval

ETHICAL APPROVAL AT DEPARTMENTAL LEVEL OF A PROPOSAL INVOLVING HUMAN PARTICIPANTS (CATEGORY B)

PLEASE read the important notes appended to this form before completing the sections below

NAME OF DEPARTMENT: Department of Public Health, University of Otago

TITLE OF PROJECT: Smoking outside bars and cafes (Project for Fourth Year Medical Students)

PROJECTED START DATE OF PROJECT: April 8th, 2013

STAFF MEMBER RESPONSIBLE FOR PROJECT: George Thomson

NAMES OF OTHER INVESTIGATORS OR INSTRUCTORS: Richard Jaine, Hera Cook

BRIEF DESCRIPTION OF THE PROJECT:

To inform policy development, it is useful for officials, planners and policy makers to know how many smokers are present in particular types of outdoor public places. This helps them determine the options and solutions for denormalising smoking in cities, and for reducing the associated health hazards, litter and pollution from secondhand smoke and discarded butts. In particular, smoking outside bars and restaurants appears to be important for hindering successful quitting and for normalising smoking for young people.

Over the last five years, observational methods have been developed by University of Otago, Wellington researchers to establish the incidence and prevalence of smoking in particular outdoor areas (Parry et al. 2011; Patel et al. 2012; Thomson et al. 2012). A number of similar observation projects by 4th year students have been very successful (Martin et al. 2006; Quedley et al. 2008; Thomson et al. 2008; Parry et al. 2011).

In this project we will observe and map the number and location of smokers on pavements outside a selection of bars and cafés in downtown Wellington. Context for policy options will be developed, partly from documentary material, and from a small survey of bar and café patrons. Recommendations will be made for the options for progress with smokefree policies by local governments

Our specific aims are:

- To better understand the association of smoking and alcohol in public social settings, and the policy context.
- In particular, to:
 - Pilot the observation of areas with smokers (standing, walking and seated) on pavements outside premises licensed to sell alcohol in downtown Wellington.
 - Develop policy options for smokefree pavement areas.

Methods:

This study will use observational methods that are fairly similar to previous studies one of the supervisors has been involved in around the systematic observation of smoking in public outdoor places (Parry et al. 2011; Patel et al. 2012; Thomson et al. 2012). The observation data collection will be non-obtrusive and involve no identifying features of individuals or of the premises involved. Data collection will be on non-obtrusive devices that are commonly used in public places eg, smart phones (rather than using paper and clipboards).

The survey of bar patrons will be conducted by pairs of students. It will use a short structured protocol to explore patron's opinions on smoking outside bars and possible policy options. The survey will be of patrons (of non-observed bars) after they have left the bar; and will be anonymous.

Results: None of the results from this study will contain any identifying features of observed individuals.

DETAILS OF ETHICAL ISSUES INVOLVED:

Potential ethical issues and the ways that we will deal with these are:

1. **Researcher safety:** Observations will only be made in circumstances where the in-field researchers are completely comfortable with the surroundings and activities. The observers and surveyors will work in pairs. The researchers will be making the observations at times when the locations are fairly busy (around lunchtime or early evening), rather than when very few people are around. **No observations or surveys will be done after 10pm.**
2. **Identification:** The in-field researchers will carry (but not display) University of Otago identification, and a letter from the lead supervisor describing and validating their activity.
3. **Observations:** The in-field researchers will take care not to be noticed by engaging in unusual behaviour. All the researchers will be made fully cognisant of the ethical issues involved in this type of observational research by the lead researcher (Petticrew et al. 2007).
4. **Survey:** We will conduct short face-to-face interviews with bar patrons after they have left bars.

ACTION TAKEN

- Approved by Head of Department
- Approved by Departmental Committee
- Referred to University of Otago Human Ethics Committee
- Referred to another Ethics Committee

Please specify:

DATE OF CONSIDERATION:

Signed (Head of Department):

Please attach copies of any Information Sheet and/or Consent Form

Notes concerning Category B Reporting Sheets

1. This form should **only be used** for proposals which are **Category B** as defined in the policy document "Policy on ethical practices in research and teaching involving human participants", and which may therefore be properly considered and approved at departmental level;
2. A proposal can only be classified as Category B if **NONE** of the following is involved:-
 - Personal information - any information about an individual who may be identifiable from the data once it has been recorded in some lasting and usable format, or from any completed research;
(Note: this does not include information such as names, addresses, telephone numbers, or other contact details needed for a limited time for practical purposes but which is unlinked to research data and destroyed once the details are no longer needed)
 - The taking or handling of any form of tissue or fluid sample from humans or cadavers;
 - Any form of physical or psychological stress;
 - Situations which might place the safety of participants or researchers at any risk;
 - The administration or restriction of food, fluid or a drug to a participant;

- A potential conflict between the applicant's activities as a researcher, clinician or teacher and their interests as a professional or private individual;
- The participation of minors or other vulnerable individuals;
- Any form of deception which might threaten an individual's emotional or psychological well-being.

If any of the above is involved, then the proposal is Category A, and must be submitted in full to the University of Otago Human Ethics Committee using the standard Category A application form, and before the teaching or research commences;

3. A separate form should be completed for each teaching or research proposal which involves human participants and for which ethical approval has been considered or given at Departmental level;
4. The completed form, **together with copies of any Information Sheet or Consent Form**, should be returned to the Manager Academic Committees or the Academic Committees Assistant, Registry, **as soon as the proposal has been considered at departmental level**;
5. The Information Sheet and Consent Form should NOT include the statement "This proposal has been reviewed and approved by the University of Otago Human Ethics Committee" as this is inappropriate for Category B proposals. A statement such as statement "This proposal has been reviewed and approved by the Department of, University of Otago" may however be used;
6. Please ensure the Consent Form and the Information Sheet have been carefully proofread; the institution as a whole is likely to be judged by them;
7. A Category B proposal may commence as soon as departmental approval has been obtained. No correspondence will be received back from the University of Otago Human Ethics Committee concerning this Reporting Sheet **unless the Committee has concerns**;
8. This form is available electronically at the following web address:
<http://telperion.otago.ac.nz/acadcomm/categoryb.html>

References (for this proposal)

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differ by area deprivation level: a field study to explore intensive smoking. *Nicotine & Tobacco Research* 10, 927-931.

Appendix 7: Demographic of survey participants

	Non-smoker	Ex-smoker	Current/Social Smoker
No. People	72	14	40

Table 1: Demographic of survey participants grouped by smoking status.

	Male	Female
< 30	35	36
>30	26	29

Table 2: Demographic of survey participants grouped by gender and age.

Appendix 8

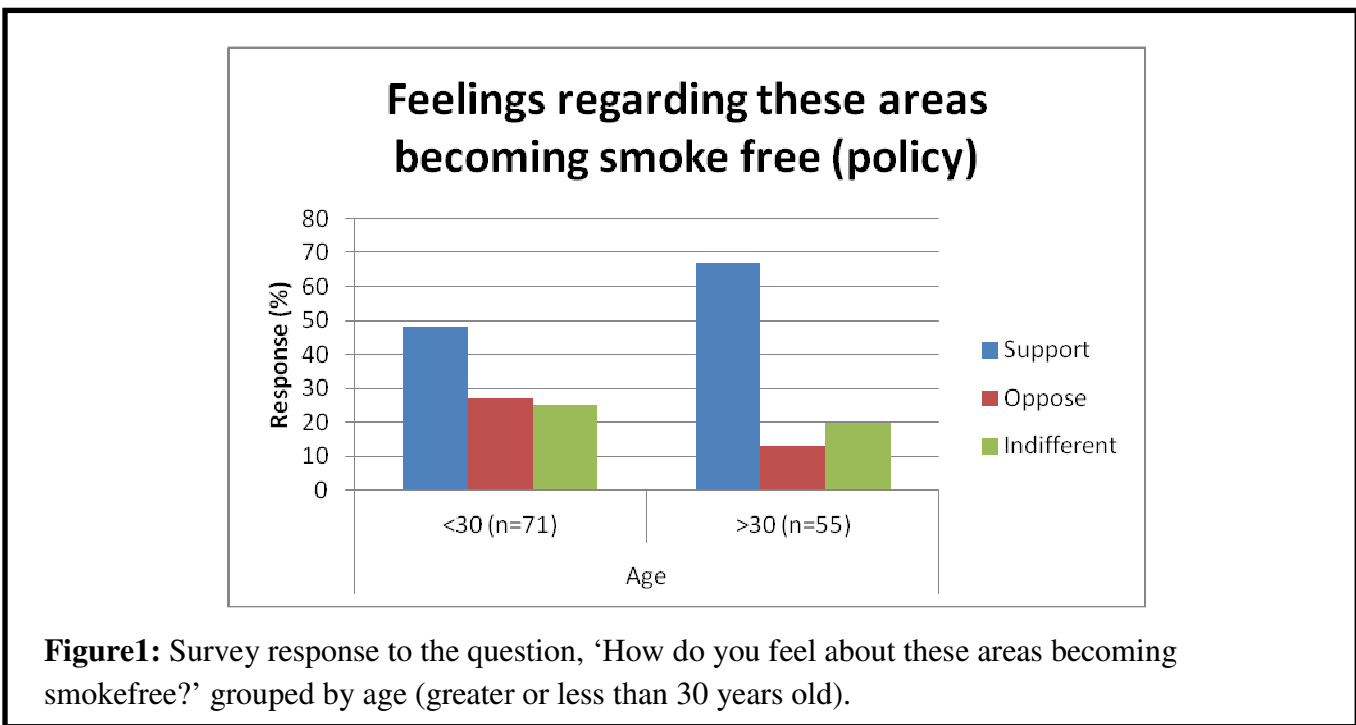


Figure1: Survey response to the question, ‘How do you feel about these areas becoming smokefree?’ grouped by age (greater or less than 30 years old).

Appendix 9

	Ex-smoker	Non-smoker	Current/Social Smoker	Total
No	3	22	14	39 (31%)
Unsure	1	12	8	21 (17%)
Yes	10	38	18	66 (52%)

Figure 1: Survey response to the question, ‘If this policy was introduced, would it be effective in decreasing smoking rates in NZ – (out of sight out of mind)?’ grouped by smoking status.

Appendix 10**Interview Questions**

- 1) Do you think outdoor areas of bars and cafes normalise/encourage smoking from
 - a) smokers? b) ex smokers? c) non smokers?
 - ii) Do you think alcohol plays a part in this?
- 2) Do you think there are issues around second hand smoke for employees and non-smokers?
- 3) What do you see at the main opposition to smoke free areas outside bars and cafes?
- 4) In your opinion is there public support for a ban?
- 5) Do you think there other options for policy to reduce the harms/normalisation of smoking? Policies which could be stand alone or used in conjunction with a smokefree outdoors?
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- 7) Would you be more inclined to introduce smoke-free changes if other councils had already done so?
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- 9) Is smokefree areas outside bars and cafes the role of local government only or should it involve central government?
- 10) Do you see a role for this type of policy as part of the smokefree 2025 goal?

15th May 2013

Freepost 2199
 Draft Annual Plan
 Wellington City Council
 P O Box 2199
 Wellington 6140.

I wish to speak to my submission.

Greening of Taranaki Street

In principle I approve of this spending. However, I would like to see the brief include the use of trees/shrubs/plants native to Wellington or at least New Zealand used in the landscaping. If we can't promote our own plants who will. There are some specifications in the Wellington Biodiversity Plan which would apply here.

Clyde Quay Marina

This is a working boat marina. As such the priority is for boat owners and the ability to get from their sheds to their boats. The council needs to be careful of alienating existing users for the sake of other users that have plenty of other space to recreate on the waterfront. While I am not opposed to the upgrade in principle, boat owners need to have the existing access to their boats from the sheds and be able to keep their boats in the marina.

Wellington Waterfront - New Proposals since the LTP

The crux of these proposals is the sourcing of 'new revenue'. Which can only mean more buildings on the waterfront.

I am totally opposed to the "suggested" project to upgrade the children's playground at the North end of Frank Kitts Park at an estimated cost of \$1 million.

We would refer you to Statement of Intent 2013-14 W.W. Ltd - March 2013 page 18 **4. Performance Measurements – Frank Kitts Park**

Redevelopment –

1. Subject to capital raising, apply for a resource consent for the redeveloped park and complete the installation of a new children's playground (note the word new not upgrade). We would like to refer you here to Lambton Harbour Review 1996 where it is stated "**Frank Kitts park commemorates one of Wellington's longest serving and most popular Mayors, Sir Francis Kitts. The park was built and named after him. Lambton Harbour has doubled the size of the park and added additional facilities to make Frank Kitts Park one of the most used inner city recreational areas in Wellington.** Frank Kitts park is well used, Teddy Bear's picnic, dragon boat races, concerts, 24 Hour Relay for Life, etc and any suggestion of bulldozing down the amphitheatre for a Chinese garden (original design showed the garden

along Jervois Quay) and moving the play area closer to the street should not be considered without further full consultation with the public. Yet again we would refer you to Page 37 The Wellington Waterfront Framework where sites to be considered for the garden, to the east of Te Papa was the preferred location.

2. The Crocodile Bikes need somewhere permanent to operate from. How are guidebooks and tourists supposed to keep up with all the changes when they get moved so often. Why is extra money needed for this when there is already an allocation of 6 million already noted for Shed 6/TSB Arena. Apparently a number of submissions for Kumutoto suggested a site close to the Apartment Block/Campervan Park which would be a further attraction to Cruise Ship passengers, Backpackers hostel and the railway station.

I can see no reason whatsoever for the provision by the council for swimming lanes around Queens wharf. It is well used by canoes, kayaks, rowers and their support boats, dragon boat and the round the world yachts and sailing vessels on a regular basis. There is plenty of space in Oriental bay for recreational sea swimming. Potentially it could be deemed to be visual pollution of an otherwise tranquil water. If the proposed waterfront marine protected area from Taranaki to Kumutoto goes ahead there will be diving opportunities.

With regard to these three new projects, I would refer you to the report of the CCO Performance subcommittee meeting on the 8th April 2013 to the Strategy and Policy Committee on the 11th April where it is says **“State explicitly that the three new public space projects will not proceed until the Waterfront Development Plan has been signed off and, if included in the Waterfront Development Plan, that the necessary commercial proceeds have been realised.”**

In addition to this I would like to make another plea for the campervan park to remain where it is. It is a great asset to the city, campers are staying longer than they would have, it is right by the ferry and campers can walk into town instead of having to drive and park if they were placed further away. A little more ‘landscaping’ would make it a great place for lunchtime picnickers when camper vans are not so frequent.

I would like to see Wellington Waterfront Limited brought back under council control. In the last two years, WWL has lost an environment court appeal and cost ratepayers a lot of money which could be better spent elsewhere. It has built some toilets that people don't know are toilets, and built a dive platform in an area that has high arsenic levels in sediment under the wharf which was well known in a council report commissioned in 1999 when developing the lagoon. The council says that before the diving platform was built it carried out a web based research on the water quality and no significant issues were raised. When the proposal was notified they were asked had OSH been involved in any safety issues and were assured it was.

Queens Wharf precinct In the SOI dated March 2013 there is reference to plans for Sheds 5 and 6 but under Shed 1 “quote” advance long term solution

for Shed 1 and seek WCC approval". What happened to the winning designs for the Blue Skies competition one of which was subsequently presented to the councillors. WWL should be working on this instead of what is has been doing to date.

Public Land Development Agency Again in the SOI March 2012 quote "**Present a proposition regarding a public land development agency to Council for approval**".

Please refer to the CCO report 8th April to the S and P meeting of the 11th April which quotes "**Reflect that Wellington Waterfront Limited will contribute to (not lead) a Council assessment of creating a public land development agency**".

In conclusion refer to the Environment Court decision V11) (page 38 – para 126) The waterfront is predominantly a public area, a place owned by all Wellingtonians. Governance arrangements for the waterfront include a broadly based group consisting of both professional and community representatives. This group will have primary responsibility for the on-going planning and development of the waterfront as well responsibility for monitoring all proposed developments. The group will actively engage the public in waterfront decision making.

Totally support the funding for **Zealandia**.

Built Heritage Incentive Fund

The fund is to help with conserving, restoring and protecting Wellington's built heritage. With this in mind, why is the council hell bent on pulling down bus shelters (so more advertising can be placed) and old brick toilet buildings. These are as much part of the built heritage as an apartment block or town hall. These buildings, though small, deserve money from this fund as much as any other building. Would be interested to know what the \$40,000 is going to get the council in terms of staff resources.

Botanic gardens

If this revenue generated by the parking charges is to be invested directly into the Botanic gardens, is the council going to manage it themselves or outsource it to a parking enforcement company who will take their profit first? What about operating costs which aren't mentioned.

Southern Landfill Improvement

I would like to see more work being done to eliminate the sewerage stench from the landfill. It isn't as frequent as in past years but it is still as bad as it was on some days. It isn't only Brooklyn/Owhiro Bay that is impacted. It can be smelt at Zealandia, down on the Waterfront and along Cambridge Terrace in the right winds and it can also get into the air-conditioning of local businesses. This should be a priority.

Taxis

By all means charge taxis for using the parking areas in town. Perhaps then you can remove the minimum \$1 payment for 15 minutes in the CBD. It

doesn't seem to have stopped the taxis parking in the spaces. Furthermore, I don't see why the \$1 applies in Thorndon where it is only \$3 per hour. That means you have to pay for a 20 minutes minimum. Perhaps bring in a few more 5 minute parks all over town.

Other

Makara Peak Mountain Bike Park

This is an excellent resource for Wellington. It is at the same standard if not better than many of the other publicly funded recreational facilities and should be funded as such. I would like to see Makara Peak Mountain Bike Park, which receives between 80,000 to 100,000 visits per year, have an increase in its allocated operating budget to align it with other sporting facilities.

Catharine Underwood
22 Taft Street
Brooklyn
Wellington 6021
04 8943717
KT@daunat.co.nz

**36 Ahuriri Street
Strathmore Park
Wellington 6022**

15th May 2013

**Draft Annual Plan
Wellington City Council
P.O. Box 2199
Wellington**

SUBMISSION

Further to the above I submit the following for your consideration.

2 - ENVIRONMENT:

2.2: Energy Conservation

I entirely disagree with the NZ Heat Smart Programme. While there are benefits to be gained from home insulation and heating, this programme in my view is not a function that should be supported by local govt – in other words, the ratepayer. It is clearly the responsibility of Central Govt. If the programme is designed to insulate council properties then the proposed expenditure holds some merit.

Solar Energy partnerships are not a function of the council. While there are merits in this form of energy the high capital cost is prohibitive and should remain the function of Central Govt.

2.3: Water

Lessons must be learned from the recent drought experienced nationwide. It is unacceptable the Regional Council undertook a programme of refurbishment of a storage lake in summer. Regardless of the hardships experienced by contractors during winter, that was the period of time for work to be undertaken. Water conservation education programmes should be introduced to educate the public in anticipation of future droughts as a result of climate change.

I fully support the proposed actions of *Emergency preparedness*.

2.4: Wastewater

I strongly disagree with the statement under the heading of Measuring our Performance that “*our sewage network complies with resource consents.*”

Even though my statement is not supported by COMPLAINTS, I strongly challenge the existing regime of sewage odour complaints relating to the Mōa Point Waste Water Treatment Plant. The lack of complaints is seen to be an indication that the Plant is complying with its existing Consent. Currently, the contractor undertakes pro active monitoring once a week at the boundary. Sewage odour continues to be discerned beyond the boundary on the Miramar Golf Course during light southerly conditions and by residents at Mōa Point during light northerlies. The Contractor does not monitor sewage beyond the boundary. It must be noted that a serious odour event took place on February 15th 2013 where an emergency procedure was undertaken due to a mechanical failure.

Foul sewage odour was discerned on the golf course. Technically this was a breach of the Consent Condition but the work was essential. This is a case with the claim that *“our sewage network complies with resource consents”* incorrect.

Investigation work relating to the discharge of gases from the main stack of the main plant has yet to be undertaken since the Venturi was installed many years ago.

It is unclear as to how Fats, oils and Grease are influencing the network. Manual grease traps are a means of ensuring that these substances are collected. The current treatment regime in place is unsuccessful as indicated by the volumes of coagulated fats that are removed from the Plant on a regular basis.

These comments should be considered and included in expenditure of “Key Projects”.

2.5 Stormwater

The deluge of rain experienced over Wellington on Monday 6th May demonstrated once and for all that the stormwater network is in serious state of disrepair.

Flow rates through the Moa Point Waste Water Treatment Plant reached record peaks to the extent where the system for discharges through the long outfall into Lyall Bay could not cope. It must be noted that the increased flows were not additional sewage. This meant that by-pass discharges were directed through the short outfall into Cook Strait, as a non Consented event. Flows through this outfall are strictly limited to occasions where a Civil Emergency has eventuated such as a major earthquake or similar.

As I have not been privy to any technical report relating to this serious event, the Wellington City Council should immediately consider the reasons why such extreme flows impacted upon the Sewage Infrastructure. Normal Dry weather flows through the sewage plant are approx. 800 litres per second, flow rates on this day reached a rate far in excess of 4500 litres per second ultimately requiring an additional outlet, in this case the short outfall.

Currently Capacity on behalf of WCC is undertaking a study of coastal waters to determine the impact of partially treated sewage during wet weather excess flows. The reason for this action being that the proposed UV requirement as stated in the current Resource Consent should not be persevered with. Capital costs let alone operating costs cannot be substantiated.

Instead of treating the symptom, the WCC should be pursuing a path in my view of treating the cause i.e. Cross Connections of stormwater pipes into the sewage system.

Cross Connections between Stormwater and Waste Water seem to be the likely cause and major contributor to excessive flows during times of heavy rainfall flowing toward the Moa Point WWP.

An immediate programme should be established to undertake a study of the whereabouts of the offending cross connections. Once established the property owner and NOT the Wellington City Council should be compelled to put the matter right by installing separate and individual pipes for each flow into each individual infrastructure.

A study on cross connections has been undertaken in the past but its findings, actions and recommendations have not been implemented.

Weather scientists have predicted further weather patterns as experienced in this past summer for Wellington, clearly the time to undertake these actions is now and be included in the Long Term Plan.

Libraries:

I do not agree with the proposals to decrease Library hours. Libraries are a service to the public and school children and should be accessible to all users. Libraries cannot be considered as a return on investment.

'Greening' of Taranaki Street:

I firmly oppose this expenditure on the grounds of being unnecessary. Calabar Road in Miramar leading from Cobham Drive to Wellington Airport is in dire need of a revamp. As the gateway for visitors to Wellington this roadway is the first glimpse of the Capital City that comes into view. Currently it is very 'tired' and should be considered for improvement ahead of Taranaki Street.

Wellington Waterfront:

While projects such as the upgrading of Children's playground equipment at Frank Kitts Park is important, to bring forward the proposed expenditure of an estimated \$1 million is extravagant and places strain on funds destined for other essential projects. I cannot recall a process of public consultation for this proposal.

Clyde Quay Marina:

I disagree with the proposed funding of \$205,000 to undertake a feasibility study. The outcome of any proposed project would benefit a privileged few and not the wider community. I cannot recall a public consultation process to substantiate this proposal.

Speed Limits in Strathmore Avenue and Monorgan Road:

With the merger of Strathmore Park School and Miramar South Schools additional traffic generated by school children will eventuate. It has been observed that pedestrian crossing signs have been erected. In my view this is insufficient as there are two kindergartens at the intersection of Kinghorne Street and Strathmore Ave. WCC discussed the prospect of a roundabout some time ago, this has not eventuated.

I would propose solar powered flashing signs that indicate a 40 kph speed limit during school hours within proximity of the Schools in each road.

Pay and Display Parking at Freyberg Pool:

I firmly oppose the introduction of parking charges at Freyberg pool. Many young children attend this facility as a swimming recreation. A parking fee would penalise parents further after having to fund each individual child to participate. If a parking fee is to be introduced at Freyberg it would introduce a precedent to charge a parking fee at the ASB indoor stadium, at Kilbirnie.

Wellington Airport Barriers – Stewart Duff Drive:

I would draw your attention to the fact that barriers are being erected on Wellington Airport Land. Public opinion does not favour this action. I would seek your indulgence in making provision for

expenditure to be provided for the Wellington City Council to procure land from WIAL so that barrier free access is available to the general public.

I have lodged this submission as an individual.

I wish to appear.

Yours faithfully,

Stan Andis

Submission to Wellington City Council on

Draft Annual Plan 2013

Stormwater

Capacity and WCC both have useful advice to residents to minimise pollution through stormwater.

Capacity has the following tips on their website for residents

Tips for protecting drains at home

Gutters and down pipes - these should connect to stormwater drains. If connected to the wastewater system, sewage overflows can occur.

Building over drains - avoid building over your drains, it may interfere with future maintenance of the drains and cause damage to your building.

Garden beds - design garden beds to minimise water runoff and soil washing into the streets and drains.

Fertilisers and pesticides - minimise your use, these chemicals are easily washed off the garden by rainfall and into our waterways.

Gully trap - make sure your household gully trap is above ground level so rain doesn't flow into it, this can cause sewage overflows.

Footpaths and gutters - avoid putting litter or dog droppings in street gutters and drains, this can cause blockages, pollution problems and even local flooding.

Rubbish bins and recycling containers - make sure items are secure so they don't blow away or fall out and end up in the drains.

Planting trees - locate the position of your drains and identify suitable tree types before planting to avoid future drain blockages from tree roots.

Car cleaning - Wash the car on your lawn so water soaks into the ground or use a commercial car wash facility, which treats its wastewater or drains to the wastewater system.

Impervious surfaces - Discharge stormwater from impervious surfaces to gardens, lawns and rainwater planters.

Wellington City Council has similar Website advice:

What can you do to stop pollution?

You can stop pollution getting into the stormwater system by:

- not hosing waste away, instead sweep it up and disposing of it with your other rubbish
- mopping up any spills immediately and not letting them flow into the stormwater drain
- making sure the gutters are clear of debris including leaves and grass clippings
- making sure the contaminated water used for rinsing equipment such as paint brushes and containers doesn't flow into the stormwater
- putting litter in the rubbish bins, including cigarette butts
- picking up all animal droppings
- disposing of excess paint and chemicals in the hazardous waste area at landfills
- washing your car on the grass or in a commercial car wash – this stops detergent, oils and greases getting into the stormwater system
- regularly servicing your car. This stops leaking oil getting into the stormwater system - it only takes one litre of oil to contaminate a thousand tonnes of water.

I also understand there is currently a committee looking into stormwater which will likely recommend further measures to improve stormwater.

I recommend Council consider the following measures to reduce storm water contamination.

- limiting or discouraging the use of herbicides and pesticides particularly where they may cause storm water contamination
- reducing the hosing of cigarette butts into the storm water and the taking more active steps to encourage putting cigarette butts into rubbish bins.

Use of Pesticides and Herbicides.

I believe the use of herbicides and pesticides is largely unnecessary in an urban garden. It is far better to adopt a permaculture approach, encourage biodiversity and have a growing regime which minimises the likelihood of infestations.

On a personal level our garden is herbicide and pesticide free and produces upwards of 200kg of produce annually.

Not only can the use of herbicides and pesticides affect the stormwater they also have a detrimental effect on pollinators and other beneficial plant and animal life.

Cigarette Butts

It is distressing to see the huge quantity of cigarette butts on our city streets, most of which find their way into the stormwater system. At least one accommodation business in the CBD every morning hoses the butts into the gutter, and there is no receptacle for butts nearby. Presumably this business is unaware of the pollution problems they are causing.

I intend to orally present this submission and enlarge on these points at that time.

Frank Cook

15 Hargreaves St

Mt Cook 6021

0446

Marianne Cavanagh

From: Michael Gibson [michaelpcgibson@hotmail.com]
Sent: Thursday, 16 May 2013 12:36 p.m.
To: BUS: Annual Plan
Subject: Draft Annual Plan submission

Re W.C.C.'s current Annual Plan I SUBMIT that

1/ Very close attention is paid to the submission of Rosamund Averton especially where she gives such thoughtful & constructive thoughts on administrative & organisational matters.

2/ More resources (financed by elected members) are given to the reporting & accountability of, & responsibility for, CCOs. This would normally be done by current Councillors. Examples of the need for this include the following:

a) A very recent criticism of one CCO is given as follows:

"The chief executive's salary – and the comparison with the much smaller amount that was paid before the organisation was created – is revealed in its first annual report, a document which is well hidden on the council website, where it is filed as an "appendix" which puts it beyond the reach of any search engine."

b) Sheer chaos is currently illustrated on the "Stuff" website in the following comments from former Councillors who have served many terms on different Councils:

14. Jack Ruben, 13. May 2013, 0:06



Chris Parkin states that the \$5,444,776 shown in Wellington Venues Annual Report as a 'management fee for venue management' is incorrect and refutes the claim. Then why is it shown as such? Surely he too wants to know?? . He suggests the public should check this or themselves! Rather strange isn't it that he can't be bothered on behalf of his organisation to clarify whether this large sum was paid to his organisation or not?? Is he so disinterested that members of the public are told to research themselves what he is in fact paid to do – as well as those colleagues he informs us are not on the Board for the money. Come on Chris, ask any competent board member of any reputable company, – I have! – and they will tell you that it is your job to ensure the Venues Report is at least accurate. You are paid to safeguard public money.

..

15. Michael Gibson, 14. May 2013, 8:55



As suggested by Chris Parkin, I have asked the Council CFO about the \$5,444.776 Management Fee & here is his (Mr Peter Garty's) response:

"This is correct and represents the management fee paid by Wellington Venues Project (part of WCC) to Wellington Venues Limited so it appears as revenue in the Wellington Venues Limited accounts. The Chairman of the board would have seen these financial statements as they are signed off by him. The auditors, Audit New Zealand, have also signed off the accounts as part of the audit opinion."

Mr Parkin has merely proved what we all suspect about unaccountable CCOs – now do something about it, Chris!!

16. Jack Ruben, 14. May 2013, 17:16



So neither Chris Parkin nor Ms. Coughlan were aware of over \$5 million in revenue shown in accounts which they both approved!! What a scandal and disgrace! Both should immediately resign or be sacked. In any commercial organisation, such a management failure would be dealt with in the most serious manner, but doubtless councillors will ensure the matter gets swept under the carpet.

c) The "spin" which has disguised the following:

"Positively Wellington Venues reported a loss of \$458,000 in the 2011-2012 financial year, its first year of trading. This, it said hopefully, was \$49,000 less than budgetted. There were also "unbudgetted and unanticipated transition year costs" totalling a further \$811,000. As a result, the new organisation's total loss was \$1.269million."

3) More resources (financed by elected members) are given to the reporting of material on the Council's website e.g. it would be most reasonable to state on the following Agenda that a "pre-meeting" had been cancelled (if indeed it had been):

Agenda (Strategy & Policy Committee, May 9th 2013)

Apologies

Minutes for Confirmation

7 March 2013, 12 March 2013, 21 March 2013, 4 April 2013, 11 April 2013 and 18 April 2013

4) More resources (financed by elected members) are given to the reporting of Committee Minutes. For instance it is quite unacceptable for Committee Chairpersons to delay the publication of significant public records by over two months - as illustrated thus:

Agenda (Strategy & Policy Committee, May 9th 2013)

Apologies

Minutes for Confirmation

7 March 2013, 12 March 2013, 21 March 2013, 4 April 2013, 11 April 2013 and 18 April 2013

5) More resources (financed by elected members) are given to the actual form of Council Minutes - for instance so that they show who was actually present during a vote instead of concentrating on the extraordinary & most casual wanderings-&-out of Councillors. The present mess is illustrated in the following Minutes (which, incidentally, took two months to find the light of day):

1. STRATEGY AND POLICY COMMITTEE MINUTES

THURSDAY 7 MARCH 2013

9.19am – 11.12am, 11.28am –
12.02pm, 12.09pm – 12.37pm

Committee Room One

Ground Floor, Council Offices

101 Wakefield St

Wellington

PRESENT:

Mayor Wade-Brown (9.24am – 11.12a
m, 11.28am – 12.02p
m, 12.09pm – 12.37pm)

Councillor Ahipene-Mercer (9.19am – 11.03am)

Councillor Best (Deputy Chair) (9.19am –
11.12am, 11.28am – 12.0
2pm, 12.09pm – 12.34pm)

Councillor Cook (9.19am – 11.12am,
11.28am – 12.02pm,

12.09pm – 12.18pm,

12.19pm – 12.37pm)

Councillor Coughlan (9.26am – 11.12am,

11.47am – 12.02p

m, 12.09pm – 12.37pm)

Councillor Eagle (9.20am – 9.35am, 9.36am – 11.03am, 11.09am - 11.12am,

11.28am – 12.02pm, 12.

09pm – 12.37pm)

Councillor Foster (Chair) (9.19a

m – 11.12am, 12.26pm – 12.37pm)

Councillor Gill (9.19am – 11.12am,

11.28am – 12.02pm,

12.09pm – 12.37pm)

Councillor Lester (9.19am – 11.12am,

11.28am – 12.02p

m, 12.09pm – 12.35pm)

Councillor McKinnon (9.19am – 11.12am,

11.28am – 12.02p

m, 12.09pm – 12.37pm)

Councillor Marsh (9.19am – 10.07am,

10.15am – 11.12am,
 11.28am – 12.02pm,
 12.09pm – 12.35pm)
 Councillor Morrison (9.20am –
 11.12am, 11.30am – 11.34am)
 Councillor Pannett (9.27am – 9.29am, 9.32am – 10.45am, 10.48am – 11.12am,
 11.28am – 12.02pm, 12.
 09pm – 12.37pm)
 Councillor Pepperell (9.19am – 11.00am,
 11.03am – 11.12am,
 11.28am – 12.00pm,
 12.01pm – 12.02pm, 12.
 09pm – 12.37pm)
 Councillor Ritchie (9.19am – 9.23am, 9.29am - 11.12am, 11.28am – 11.29am,
 11.30am – 11.45am, 11.48am -
 12.02pm, 12.09pm – 12.20pm,
 12.22pm - 12.37pm)
 Strategy and Policy Committee –
 Meeting of Tuesday 7 March 2013
 2

APOLOGIES:

Councillor Foster (for lateness)
 Councillor McKinnon (for early departure)
 034/13P

APOLOGIES (1215/52/IM)

NOTED:

There were no apologies.

035/13P

CONFLICT OF INTEREST DECLARATIONS

(1215/52/IM)

NOTED:

There were no conflict of interest declarations.

036/13P

DEPUTATIONS

(1215/52/IM)

NOTED:

There were no deputations

037/13P

PUBLIC PARTICIPATION

(1215/52/IM)

NOTED:

There was no public participation.

038/13P

QUARTERLY REPORT – SECO

ND QUARTER (OCTOBER TO

DECEMBER 2012)

Report of Marianne Cavanagh – Senior

Advisor, Research, Consultation and

Planning and Martin Rodgers – Ma

nager Research, Consultation and

Planning.

(1215/52/IM) (REPORT 1)

Moved Councillor McKinnon, seconded Councillor Best, the

substantive motion with the chan

ges to the recommendations in the

officers report as follows:

Strategy and Policy Committee –Meeting of Tuesday 7 March 2013

2.

3

THAT the Strategy and Policy Committee:

1. Receive the information.

2. Amend the Quarterly Report published as part of the agenda

papers to change the following text:

(i) Key Variances - Appendix 1, page 14

Churton Park

The project has been delayed due

to the inclusion of a public

toilet within the le

ase space requiring an update of lease

agreements, architectural draw

ings, and building consents.

Work has begun on the fit

-

out and it is scheduled to

be

completed by the end of March.

The project has been delayed due to two reasons. Firstly,

the inclusion of a public toil

et within the leased space

required an update of lease agreements, architectural

drawings, and building consents. Secondly, there has been a

delay in the base build of the shopping complex we are

leasing space in. We cannot st

art our fit-out until the bulk

of the base build is completed

so we now project the fit-out

to be completed by the end of April.

(ii) Schedule 1, Governance, Highlights of this quarter

We agreed to form a working pa

rtly with other

councils in the

Wellington region to explore alternative governance models

We joined a working party with other councils in the

Wellington region to explore al

ternative governance models.

(iii) Schedule 1, Social and Recrea

tion, Key projects planned for

next quarter

We will start construction work on the Keith Spry Pool upgrade

once negotiations are complete

d with preferred contractor

Following the receivership announcement of Mainzeal

Property and Construction Ltd in late February 2013, the

Keith Spry Pool project will now have a revised start date.

The date and project timeline will be reported on once

contract negotiations are concluded with the new preferred

contractor.

(iv) Amended Schedule 2 as tabled.

(Councillor Eagle joined

the meeting at 9.20am.)

(Councillor Morrison joined the meeting at 9.20am.)

(Councillor Ritchie left the meeting at 9.23am.)

(Mayor Wade-Brown left the meeting at 9.24am.)

(Councillor Coughlan joined

the meeting at 9.26am.)

(Councillor Pannett joined

the meeting at 9.27am.)

(Councillor Pannett left the meeting at 9.29am.)

(Councillor Ritchie returned

to the meeting at 9.29am.)

(Councillor Pannett returned

to the meeting at 9.32am.)

Strategy and Policy Committee –

Meeting of Tuesday 7 March 2013

4

(Councillor Eagle left the meeting at 9.35am.)

(Councillor Eagle returned to the meeting at 9.36am.)

(Councillor Marsh left the meeting at 10.07am.)

(Councillor Marsh returned to the meeting at 10.15am.)

(Councillor Pannett left the meeting at 10.45am.)

(Councillor Pannett returned to the meeting at 10.48am.)

(Councillor Pepperell left the meeting at 11.00am.)

(Councillor Pepperell returned to the meeting at 11.03am.)

(Councillor Eagle left the meeting at 11.03am.)

(Councillor Ahipene-Mercer left the meeting at 11.03am.)

(Councillor Eagle returned to the meeting at 11.09am.)

The substantive motion with the changes to the recommendations in the officers report was put and declared CARRIED

.

RESOLVED:

THAT the Strategy and Policy Committee:

1. Receive the information.

2. Amend the Quarterly Report published as part of the agenda papers to change the following text:

(i) Key Variances - Appendix 1, page 14
Churton Park

The project has been delayed due to the inclusion of a public toilet within the lease space requiring an update of lease

agreements, architectural drawings, and building consents. Work has begun on the fit-

-

out and it is scheduled to be completed by the end of March. The project has been delayed due to two reasons. Firstly, the inclusion of a public toilet within the leased space required an update of lease agreements, architectural drawings, and building consents. Secondly, there has been a delay in the base build of the shopping complex we are leasing space in.

We cannot start our fit-out until the bulk of the base build is completed so we now project the fit-out to be completed by the end of April.

(ii) Schedule 1, Governance, Highlights of this quarter

We agreed to form a working party with other councils in the Wellington region to explore alternative governance models

We joined a working party with other councils in the Wellington region to explore alternative governance models.

(iii) Schedule 1, Social and Recreation, Key projects planned for next quarter

We will start construction work on the Keith Spry Pool upgrade once

the negotiations are completed

with preferred contractor
 Strategy and Policy Committee –
 Meeting of Tuesday 7 March 2013

5

Following the receivership announcement of Mainzeal Property and Construction Ltd in late February 2013, the Keith Spry Pool project will now have a revised start date. The date and project timeline will be reported on once contract negotiations are concluded with the new preferred contractor.

(iv) Amended Schedule 2 as tabled.

NOTED:

The resolution differs from the recommendations in the officer's report as follows:

The Committee added the text in bold and deleted the text with strikethrough.

(Councillor Foster left the meeting at 11.12am and Councillor Best assumed the Chair.)

(The meeting adjourned for morning tea at 11.12am and reconvened at 11.28am.)

(Mayor Wade-Brown, Councillors Best, Cook, Eagle, Gill, Lester, McKinnon, Marsh, Pannett, Pepperell and Ritchie were present when the meeting reconvened.)

039/13P

ORDER OF BUSINESS

(1215/52/IM)

NOTED:

Council Best as Chair advised the meeting that Report 2 – “Wellington City Council Submission to Department of Internal Affairs on Review of Development Contributions including timelines and next steps and advice on transferable development credits” be taken next.

040/13P

WELLINGTON CITY COUNCIL SUBMISSION TO DEPARTMENT OF INTERNAL AFFAIRS ON REVIEW OF DEVELOPMENT CONTRIBUTIONS INCLUDING TIMELINES AND NEXT STEPS AND ADVICE ON TRANSFERABLE DEVELOPMENT CREDITS

Report of Corwin Wallens – Senior Policy Advisor and Andrew Stitt – Manager Policy.

(1215/52/IM) (REPORT 3)

Moved Councillor Pannett, seconded Mayor Wade-Brown, the substantive motion with changes to the recommendation 2 of the officer's report as follows: ETC., ETC.

6) Introduce a regime so that elected members accept responsibility - & sign accordingly - that submissions have been duly considered. Under the Council's last regime the Audit Office has been misled about the proper consideration of submissions which are the subject of a statutory process.

I wish to be heard.

SIGNED
MICHAEL GIBSON

about this before its certification on this.

Draft Annual Plan 2013/14 Submission.

Wellington City Youth Council

The Youth Council wishes to make an oral submission to the Wellington City Council.

Further contact:

Jack Marshall
Jackmarshallnz@gmail.com
0211866186.

The Wellington City Youth Council welcomes the opportunity to provide feedback to the Wellington City Council on the Draft Annual Plan 2013/14.

We accept that reducing operating hours of suburban libraries, by closing earlier in the evening, as well as opening Khandallah library later, would not have an adverse effect the service that these facilities provide. We do, however, note that the option of extended hours during primary and secondary school holidays should be investigated.

The youth council supports the continued work on walking and cycleway projects that encourage safe and sustainable journeys throughout the city.

The youth council acknowledges that instituting pay and display parking at the Botanical Gardens will be beneficial to the facility, provided that the revenue collected is reinvested into the Botanical gardens and goes towards improving the visitor experience at this excellent facility.

The youth council continues to support the councils focus on earthquake strengthening council buildings and facilities, including the Town Hall, as part of improving the resilience of the Wellington community. As part of this, the youth council supports the refurbishment of TSB Arena and Shed 6.

The youth council supports the 'Smart Energy' proposal included in the draft annual plan as this will improve Wellingtons energy efficiency, green image, and progress the councils *Wellington Towards 2040: Smart Capital Vision*.

We fully support the councils plan to assess playgrounds across the city to check how suitable they are to children with disabilities. This plan means that playgrounds will be accessible to all residents of wellington, providing an excellent recreational facility for all.

The youth council supports the Wellington Waterfront Limited plan to upgrade the playground facilities at Frank Kitts Park. The youth council wishes to note that the redevelopment of this playground could include the addition of an adult playground. This adult playground could have equipment and facilities to encourage recreation of all ages of people. This would create a space in the city beyond a normal playground. An adult playground would be a unique attraction in its own right and would set Wellington apart from other cities.

An adult playground would fit into the design principles of diversity, richness and activity that Wellington Waterfront Limited promotes.

The Wellington City Youth would welcome the opportunity to develop the concept further with Wellington Waterfront Limited and the Wellington City Council.

0403

Marianne Cavanagh

From: Ron Beernink [ron.beernink@gmail.com]
Sent: Thursday, 16 May 2013 5:23 p.m.
To: BUS: Annual Plan
Subject: Submission to the Annual Plan

Dear sir/madam, I would like to make the following submissions

1. That the cycling / transport strategy for Wellington City is updated to reflect the following types of new guidelines
 - Pedestrians and cyclists are traffic, and therefore other traffic must obey to rules such as giving way to pedestrians and cyclists at intersections
 - Where the permitted road speed is 50Km/hour or faster, a separate / dedicated cycle (or pedestrian/cycle) way must be provided
 - Where this is not feasible, the road speed shall be reduced to 30Km/hour, and a marked cycle way must be provided
 - Where this it is not feasible to provide a marked cycle way because of road width restrictions, car parking and median strips shall be removed to make space available, in particular on uphill sections of road
 - Where this is not feasible, road speed shall be reduced to 20Km/hour and pedestrians and cyclist shall have priority over other road traffic
 - Left turning vehicle traffic is to be slowed down through the use of a judder bar and / or pedestrian + cyclist crossing markings

2. Using the above guidelines, the following changes should be made on the Adelaide Road route from the Basin Reserve to Island Bay
 - From the Basin Reserve to the intersection by Countdown, the road shall have dedicated cycle / walk ways, or traffic slowed down to 30km hour with marked cycle ways. This may mean removing the marked median strip.
 - From Countdown to Island Bay, a 30Km/hour speed limit should be imposed, uphill car parking and median strips removed and a marked cycle lane created, or a wider foot/cycle path created. Judder bars and pedestrian/cycling crossing marking should be created for the roads on the left.

These improvements can be implemented at low cost and ahead of any longer term plans that the council or the greater Wellington region has for implementing cycling improvements.

I am happy to make a verbal submission regarding this.

Kind regards

Ron Beernink
027 936 7557

Beacon Pathway Submission to the Wellington City Council's Draft Annual Plan 2013/14

Date	5 May 2013
Author	Nick Collins, CEO

Beacon congratulates the Wellington City Council on developing its draft Annual Plan for 2013/14, the Council's work programme for the next year.

Beacon Pathway is an incorporated society that aims to transform New Zealand's homes and neighbourhoods to be high performing, adaptable, resilient and affordable. Beacon has extensive experience in demonstration projects, a sound base of robust research and a collaborative approach to creating change. Beacon's members include: Christchurch City Council, EECA, New Zealand Steel, Fletcher Aluminium, Certified Builders, Resene and InsulPro Manufacturing. Beacon would welcome the opportunity to discuss the benefits that membership of the Society could bring Wellington City Council. Further details on Beacon Pathway are provided in Appendix One: What is Beacon? and Appendix Two: Beacon Resources.

Beacon believes that achieving Wellington's goals will require strong leadership, innovative strategic and policy approaches, actions and delivery, and a focus on working collaboratively across communities, industry and central government. In essence, a step change in what is being delivered and how it is delivered.

Climate change strategies, a move to a low carbon future, improved community resilience and other aspects of 21st century sustainability must be drawn through the Annual Plan and future Long Term Plan work programmes. This needs to include not only a demand management approach to the management of natural resources but also opportunities for diversity of supply - water, energy and localised waste management.

Beacon wishes to speak in support of its Annual Plan submission to the Wellington City Council hearing panel.

Nick Collins

Chief Executive, Beacon Pathway Incorporated

PO Box 74618, Greenlane, Auckland 1546

Business Phone: (09) 522 5170

nicke@beaconpathway.co.nz

Beacon's Perspective on Wellington City Council's Draft Annual Plan 2013/14

Beacon provides the following comments on the Wellington City Council Draft Annual Plan 2013/14. It is difficult to make specific comment on the funding of projects given the aggregated nature of the information.

1. Support for Community Outcomes

Beacon supports the four community outcomes detailed in the Annual Plan

- A connected city
- An eco-city
- A people centred city
- A dynamic central city.

Quality, sustainable and affordable homes and neighbourhoods must be a key component of delivering on Wellington's community outcomes. This will require an urban design framework with a strong emphasis on resilience, low impact design, demand management and diversity of infrastructure supply. Beacon supports the realisation of a quality compact city with intensification around transport hubs.

Council has a key role in building strong, resilient communities where residents feel a sense of belonging to their neighbourhoods and take pride in their region. Beacon believes Council must work closely with communities to ensure the design and function of local places (dwellings, neighbourhoods and connecting infrastructure such as roads and parks) meets the needs of local communities.

Beacon proposes its Neighbourhood Sustainability Framework and Assessment Kit as a robust evidence-based tool for Wellington City Council to use in developing more sustainable neighbourhoods. See Appendix Two: Beacon Resources

2. Housing

Beacon notes and supports the work Wellington City Council is undertaking in the housing area, including development of a Housing Strategy (refer *Update to Strategy and Policy Committee on Housing Work Programme and Next Steps, Strategy and Policy Committee 16 May 2013*). Beacon congratulates Wellington City Council for the coordinated approach signalled in this report: providing leadership, working collaboratively with other parties and strongly signalling the Council's commitment to the importance of housing. Beacon considers housing as a core element of the infrastructure of a thriving city. Beacon requests that the Council provide funding in the 2013/14 Annual Plan and future Annual and Long Term Plans to

ensure that the development and implementation of the Housing Strategy. Unless suitable long-term funding is allocated to implement the work programme over future years, the great opportunity for Wellington City Council to take a leadership role in housing will not be realised and your planning wasted.

3. Support Smart Energy Initiatives

Beacon supports the development and implementation of Smart Energy initiatives (Draft Annual Plan Summary p7), and the identified funding of \$250,000 annually for two years. Funding for these and similar projects will be required beyond the two-year period, and must be considered in the 2015-2025 Long Term Plan. Council must work alongside other organisations in the planning, delivering and funding of these initiatives, including sourcing matched funding for the projects. The below initiatives relating to homes and neighbourhoods are supported by Beacon:

- Working with the electricity industry, households and service providers to deliver a smart grid pilot.
- Expanding on existing support for the Government's Warm Up NZ programme and Council's Home Energy Saver programme through existing Long-Term Plan funding of \$100,000 per year.
- Developing solar PV retrofits, in partnership with other organisations.
- Providing a contestable fund for the development of business or community initiatives leading to improved energy efficiency and/or renewable energy.
- Providing incentive funding to encourage suitable energy efficiency work to be undertaken concurrently with earthquake strengthening.

4. Support Wellington City Council's retrofit programme

Beacon supports Wellington City Council taking a leadership role in the area of high performing homes and neighbourhoods. This must include relevant aspects of the Council's Smart Energy programme, but also have a wider mandate to include management of residential water demand (efficient use and supplemental on-site collection). A number of Councils across New Zealand prioritise the funding of Eco-design Advisors as a visible commitment to housing improvements: Beacon supports this role in Councils.

5. Community support

Beacon supports Council's role in building strong and resilient communities so that Wellingtonians feel a sense of belonging to their neighbourhoods and take pride in their region. Council and communities must work together to ensure the design and function of local places (dwellings, neighbourhoods and connecting infrastructure such as roads and parks) meet the needs of local communities.

The Council also has the opportunity to be an enabler of quality and affordable housing, creating exemplar, mixed-use, medium density developments as part of the redevelopment of council-owned facilities. Quality and affordable housing has many long-term benefits - for

residents: health, productivity and resource efficiency benefits; for the community: savings in infrastructure investment and improvements to air and water quality and the natural environment. Affordability must also take into account ongoing running costs (e.g. energy, water, maintenance, and transport costs).

Beacon supports the Council's role in social housing, particularly while the private housing market is not supplying good quality housing for Wellingtonians. Any upgrade of Council's housing stock must take account of home performance.

Beacon also draws the Council's attention to innovative shared equity schemes such as those pursued by organisations including the New Zealand Housing Foundation. In the face of declining home ownership, these 'third sector' partnerships show great promise in delivering new models of ownership.

6. Water, Wastewater and Stormwater

Beacon supports projects to manage demand for services, create a more resilient, localised and diverse network, including supplementing water supply with rainwater tanks. Beacon has done extensive work on the benefits to local government of demand management – including cost benefits and value analysis, and draws Wellington City Council's attention to the report *Slowing The Flow – A Comprehensive Demand Management Framework for Reticulated Water Supply and Water Demand Management: An Economic Framework to Value* (www.beaconpathway.co.nz/further-research/article/reports_and_presentations_water) as sources of information on best practice demand management approaches and their benefits.

Beacon supports initiatives to reduce demand for water and wastewater services and identify to users that there is a cost associated with their use, including water pricing. Local servicing options and distributed systems must be considered, particularly for areas not currently served by centralised infrastructure. In rural and peri-urban areas, greywater systems should also be supported as a method to sit alongside more conventional on-site wastewater disposal systems. Beacon has worked with Kapiti Coast District Council which requires rainwater and/or greywater systems in new urban development. Beacon draws Council's attention to the report: *Barriers to Water Demand Management: Health, Infrastructure and Maintenance* (www.beaconpathway.co.nz/further-research/article/reports_and_presentations_water)

Localised systems including rainwater tanks must be considered as part of the programme of activities to improve the water network's resilience and emergency preparedness (Draft Annual Plan, p40).

7. Waste Reduction and Energy Conservation

A sustainable city uses resources efficiently, re-uses or recycles them, and only commits them to landfills as a last resort. Sustainability is about reducing the amount of energy we use and using clean energy from renewable sources. It is also about promoting a culture that values the environment and encourages pro-environment behaviour of everyone who lives, works, or studies here.

Beacon supports the Council delivering on its climate change programme, both through developing strategic partnerships to deliver on Wellington's emissions reduction targets, and through investing in existing climate change initiatives.

Beacon supports initiatives to reduce solid waste; including user pays to signal the cost of waste creation and disposal, and policy initiatives. Construction waste is a major contributor to landfill; the building of an average three bedroom house sends five tonnes of new material waste to landfill. Good construction management can cut this to two tonnes without significant cost to the builder/developer. Beacon encourages Wellington City Council to explore ways to encourage good waste management practices in the construction industry.

Appendix One: What is Beacon?

Beacon Pathway Incorporated aims to transform New Zealand's homes and neighbourhoods to be high performing, adaptable, resilient and affordable. Beacon has extensive experience in demonstration projects, a sound base of robust research and a collaborative approach to creating change. A number of Beacon's tools, developed through earlier research and projects, have the potential to contribute to the developing Wellington. Much of this work was developed with Waitakere City Council and is available free of charge on Beacon's website www.beaconpathway.co.nz. Tools developed by Beacon include:

- Neighbourhood Sustainability Framework – a framework and tools to measure the sustainability of neighbourhoods
- HSS High Standard of Sustainability® – performance benchmarks for a sustainable home which take a whole-of-house approach to improving the performance of both new and existing homes. This encompasses energy, water, indoor environment, waste, and material/product selection.
- A HomeSmart approach to assessing existing homes and developing a renovation plan – this underpins the Retrofit Your Home initiative.
- *Policy Options for Sustainable Homes: A Resource Manual for Local Government* – this provides an overview of the range of tools available to councils to encourage people to make more sustainable choices in their homes and neighbourhoods

Beacon has also considerable experience in collaborative demonstration and exemplar projects:

■ **New build**

- The High Performance House at HIVE. Beacon has project managed the design, construction and demonstration of an innovative show home at the HIVE Home Innovation Village. The house showcases a new technology, Warmframe, which allows speedy accurate offsite construction and very high performance, and was developed collaboratively by five industry partners (NZ Steel, Fletcher Aluminium, Frametek-RFS, InsulPro and Resene). It was awarded 8 stars by Homestar (one of only two 8 star houses in NZ) and five stars by Lifemark.
- Breathe. A design competition to deliver innovative and sustainable medium density housing to meet 21st century housing needs in Christchurch. Beacon, along with Christchurch City Council and MBIE, facilitated the scoping of the ‘Breathe – a New Urban Village’ project, contributed to the technical working group and assisted in securing industry funding for stage 2 of the competition.
- Havelock North Best Home. Beacon provided expert input into the design and build of an exemplar sustainable home by Hastings District Council and Horvath Homes.

■ **Retrofit**

- Build Back Smarter. Beacon (with support from Council along with CAfE, EECA, Fletcher Building and the Ministry for Science and Innovation) initiated a project which has effectively demonstrated that performance upgrades can and should be carried out at same time as repairs of Christchurch housing without delaying the repair process. Upgrades include: insulation in walls, ceiling and under-floor, efficient space and water heating, energy efficient lighting, double glazed windows, rainwater re-use.
- Scale-able home retrofit scheme. Beacon is working with Wellington City Council, Kiwibank and others to explore options for the City to implement a comprehensive whole of house upgrade scheme. The principles are: customer centric; transparent; evidence-based information /services; consistent, quality services; independent; and, scale-able.
- Rental housing sector. Beacon is working alongside a range of partners (three city councils, Auckland, Wellington, and Christchurch), MBIE, EECA and the not-for-profit sector to consider improvement of rental housing performance. We are developing a “Fact Bank” to provide a commonly agreed context to all who are considering interventions (e.g. Warrant of Fitness).

- **Ngāti Whātua Nga Rima o Kaipara housing**. Beacon is working with Ngāti Whātua Nga Rima o Kaipara to develop of programme of housing upgrade surrounding five marae at South Kaipara. This work is being progressed with support from Rodney Local Board, EECA and other organisations and will comprise retrofit of houses from the former Hobsonville airbase and relocation to areas of need, retrofit of existing houses surrounding the five marae (including demolition of houses which are not suitable for retrofit) and new build. A pilot retrofit of two homes is being undertaken during Q2 and Q3 of 2013.

Appendix 2: Beacon Resources

Neighbourhoods

Neighbourhood Sustainability Framework and Assessment Kit

Beacon's Neighbourhood research team has developed a framework and tools to measure the sustainability of New Zealand neighbourhoods - *The Neighbourhood Sustainability Framework and Assessment Kit*.

This research indicates that the neighbourhood scale presents opportunities for:

- House retrofit
- New design and construction awareness/desirability
- Distributed reticulation systems – electricity and water
- Improved stormwater management
- Improved connectivity and mixed use
- Reduced transport costs

The Kit is available free to help planners, designers, neighbourhood managers and developers identify, discuss and prioritise changes to improve the sustainability of both new and existing neighbourhoods.

Download from

www.beaconpathway.co.nz/neighbourhoods/article/the_neighbourhood_sustainability_framework

The value of neighbourhoods

Beacon's research has identified that low density non-mixed use (e.g. neighbourhood that are almost entirely residential) generate net costs rather than net benefits for a city. As a corollary, mixed use, medium density neighbourhoods are of value to cities. Research which awarded monetary values to different neighbourhoods showed that a sustainable neighbourhood is worth \$1,362 per household compared to a negative value of \$595 per household for NZ's least sustainable neighbourhoods.

Find out more at

[www.beaconpathway.co.nz/images/uploads/Final_Report_NH3112\(2\)_Valuing_neighbourhoods.pdf](http://www.beaconpathway.co.nz/images/uploads/Final_Report_NH3112(2)_Valuing_neighbourhoods.pdf)

Homes

HSS High Standard of Sustainability®

New Zealand homes can and should perform better. Homes that perform well have benefits that go beyond direct financial savings; they benefit the whole economy, local council budgets, and, most importantly, families.

A sustainable home is the sum of its parts. Beacon's focus is on whole-of-house sustainability - encompassing energy, water, indoor environment, waste and material/product selection. This focus is reflected in our work on a set of performance benchmarks to achieve a sustainable home - the HSS High Standard of Sustainability®.

See

www.beaconpathway.co.nz/being-homesmart/article/beacons_hss_high_standard_of_sustainability

Policy Options for Sustainable Homes – A resource manual for local government

Beacon Pathway has conducted research into the council-induced barriers to building and renovating homes to a high standard of sustainability. The research found that policy and regulatory barriers to sustainable building choices exist in:

- administering the Building Act and Building Code;
- inflexible conventional infrastructure standards (particularly for water); and
- District Plan provisions that provide no allowance for sustainable designs such as passive solar orientation or features such as rainwater tanks (e.g. traditional development controls for height, yards, and height-in-relation-to-boundary).

Beacon research has shown that councils throughout New Zealand have developed a range of initiatives to encourage people to make more sustainable choices in their homes and neighbourhoods, and are seeing some good results. The resource manual of policy options for councils provides an overview of the range of tools available to councils, and gives detailed examples of policies and practices already in place in New Zealand.

Download the Manual from

www.beaconpathway.co.nz/further-research/article/a_resource_manual_for_local_government

National Value Case

Beacon's National Value Case for Sustainable Housing Innovations showed that there were clear national benefits to encouraging housing improvements on a wider scale. In particular, it showed the economic value to New Zealand of:

- A direct private economic gain to households of 1% GDP (\$2 billion in 2007 \$ terms).
- Savings in household energy consumption of 22PJ/year with reduction of CO₂ emissions of 3600kt/year.
- Direct water savings of 130 million m³/year.

Renovation and job creation

Beacon research, supplied to the Job Summit, established the value to the nation of large-scale home renovation by illustrating that housing is a critical part of urban infrastructure and that renovation is a viable source of job creation. Large scale renovation is BIG on job creation

showed that for every 1,000 houses retrofitted to perform to Beacon's HSS®, a total of 392 full time equivalent jobs are required.

See www.beaconpathway.co.nz/further-research/article/large_scale_renovation_creates_jobs

Water demand management

Beacon's water research has demonstrated the value of a demand management approach and provided a framework for councils considering instituting it. *Slowing the Flow: A Demand Management Framework* is a guide to the development of water demand management strategies and policies for all those working in reticulated water supply.

Beacon's research has also developed a comprehensive approach to valuing council implementation of water demand management. A case study of Tauranga City Council's demand management measures showed that the Council delayed the implementation of the next major water supply infrastructure by approximately 10 years with a net benefit to the community of \$53.3 million in 2009 terms.

See www.beaconpathway.co.nz/further-research/article/reports_and_presentations_water

Expertise

Beacon Pathway has considerable expertise in the sustainability of New Zealand homes and neighbourhoods and has worked extensively with local councils. We welcome the opportunity to further discuss how we can assist Wellington City Council.

This submission is from:

Rev Dr Margaret Mayman and Paul Barber

On behalf of the Parish Council of St Andrew's on The Terrace

30 The Terrace Wellington 6011

Contact: 04-472-9376 or minister@standrews.org.nz

16th May 2013

We do wish to speak to our submission.

Submission on Wellington Draft Annual Plan 2013/14

The following submission is made by the Parish Council of St Andrew's on The Terrace, Wellington. St Andrew's on The Terrace is a Presbyterian congregation, first established in 1840, with a long and distinguished record of working for social justice and caring for people within and beyond our community.

St Andrew's on The Terrace is submitting on the annual plan because we support the *Living Wage Aotearoa New Zealand* Wellington Network (Living Wage Wellington) proposal to Wellington City Council that WCC becomes a living wage council and leads Wellington City to become a living wage city.

In making this submission we are motivated by our concern for the Common Good of our society. Recognising the worth of every person is a core value of our faith. As members of a progressive Christian faith community, we stand in solidarity with the vulnerable and we care deeply about the well-being of all New Zealanders

We are inspired by the life and teaching of Jesus of Nazareth and his vision of the commonwealth of God where:

- All are welcomed; all are equal in value, men and women, adults and children.
- All have a duty of care and stewardship for the earth and all people.
- Our society has a duty of care for the vulnerable, the abused, the sick and the marginalised. This distributive justice is basic to Christianity and other major faith traditions.

We base our participation in this process on our belief that human societies do best when we follow the golden rule that is at the heart of many religious traditions: that we treat others as we would want to be treated by them. We have a collective responsibility to co-create a "good society" and we must ensure that all citizens are able to participate equally in society and its institutions, including access to a decent income from employment.

We are deeply involved in the life of the Wellington, the city where we live and work and which is home to our faith community. Commitment to the city is an ancient element of our tradition. In Jeremiah 29:7 God told the Israelites: "Seek the welfare of the city where you live... And pray ... on its behalf, for in its welfare you will find your welfare."

We do that each Sunday in our prayer for St Andrew's which includes the following:

***Bless the city in which we live
that it may be a place
where honest dealing,
good government,
the desire for beauty
and the care for others flourish.***

The issue of a living wage is very real for us as the St Andrews on The Terrace faith community includes people who live with low incomes and in employment that is not well remunerated.

St Andrews voted to support the Living Wage campaign in 2012 and has been active in supporting the campaign in our church and community networks. All our employees (permanent and casual) are now paid a living wage. We initiated a motion to the Presbyterian Church of Aotearoa New Zealand General Assembly that was supported by all the Presbyterian churches in the Wellington region (40 parishes in region ministering to several thousand people and engaged in mission with thousands more).

At its October 2012 biennial General Assembly the Presbyterian Church backed the living wage campaign and encouraged its 415 churches and related organisations to examine their employee remuneration packages and work towards payment of a living wage if they are not already doing so.

Faith communities support the campaign because it has benefits across society, for rich and for poor. Poverty has high social and economic costs. People working two jobs don't have the time or resources to participate or volunteer in community life and as a result the whole community is impoverished. Low pay equals low productivity, high turn over and industrial disputes. We support the Living Wage Campaign because it invites businesses and organisations that can afford it to pay their workers fairly and thus injects cash into the local economy. It is not just a compassionate programme. It makes sense economically, for everyone.

The Council makes a difference in people's lives in the priorities it chooses every day. We urge WCC to become a living wage employer and include working on Wellington becoming a living wage city as part of the annual plan for the city.

Contact:
Rev Dr Margaret Mayman
027-226-4608

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REPORT 2
(1215/52/IM)

ORAL HEARINGS – WATER SERVICES BYLAW

TUESDAY 21 MAY 2013

Time	Name	Organisation	Submission Number	Page
12.15	Bernard O'Shaughnessy	Individual	1	466
12.20	Martin Payne	Individual	2	467

-----Original Message-----

From: Wellington City Council [mailto:webcentre@wcc.govt.nz]
Sent: Friday, 19 April 2013 1:47 p.m.
To: Water Conservation
Subject: Water Services Bylaw - Submission Confirmation

The following details have been submitted from the Water Services Bylaw consultation form on Wellington.govt.nz:

First Name: Bernard
Last Name: O'Shaughnessy
Street Address: 139a Daniell St
Suburb: Newtown
City: Wellington
Phone:
Email: Bernardboss@yahoo.co.uk

I would like to make an oral submission (these will be held 21 - 23 May 2013).
(if yes, provide a phone number above, so that a submission time can be arranged.) Yes

Phone number:
021.1888289

I am giving this feedback:
as an individual

Organisation name:

Your comments:

1) I support the proposal

But I think

2) Both Regional & City Councils must advise the public earlier about water shortages. You left it to late to say 'wolf'

c) More public education is needed by Councils regarding water

d) An ad should appear say twice a week, giving a regular indication as to how much water we are using, not just in the crisis situation.

e) BUT NO WATER METERS! Remember the City Council had a 18,000 strong petition by ratepayers lodged recently.

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AMENDMENTS TO THE WATER SERVICES BYLAW – SUBMISSION

We want your views on the Council's proposed amendments to the Water Services Bylaw and the way the Council intends to formalise the use of water use restrictions.

Complete the form below and send it in by 5.00pm on Thursday 16 May 2013

First Name: Martin
Surname: Payne
Address: 160 Washington Ave
Suburb: Brooklyn
City: Wellington
Email: martin.p@clear.net.nz
Phone number: (04) 389 8995

I would like to make an oral submission: Yes

I am making this submission: As an individual

Comments:

Currently I am studying for a Masters of Health Science (Environmental Health) The subject of my research is urban water with a particular focus on applicability rainwater harvesting in urban areas.

While I agree that the Wellington City Council (WCC) needs to be able to impose restriction on water drawn from the public water supply, there are situations where the blanket nature of restriction would not be appropriate.

Rainwater tanks and greywater use

Property owners that have installed rainwater tanks (filled from a roof catchment) or greywater reuse systems in anticipation of water shortage or interruption could be unfairly penalized or restricted under the current provisions.

Section 8.3 requiring customers to comply with "any restriction" approved by the Chief Executive Officer or Council in conjunction with the wording of section 8.4 forbidding the use of "any water" in contravention of any restriction or prohibition made by the council in my view is problematic.

I would suggest that the use of "any restriction" and "any water" is too broad and needs to be clarified for customers that have alternative water sources available to them. Perhaps "any water drawn from the public water supply" could be substituted in these sections.

Demand Management

- 8.3 The customer shall comply with **any restrictions** which may be approved by Council to manage high seasonal or other demands. Any restriction or prohibition, as contained in Schedule One, will be imposed by authority delegated to the Chief Executive Officer and will be advised to Council and publicly notified.
- 8.4 No person may use **any water**, or allow **any water** to be used, in contravention of any restriction or prohibition made by the Council under this Bylaw.

There is a similar issue with the use of “water” in section 8.6 which needs to be amended to recognise water sourced from alternative sources.

Emergency Restrictions

- 8.5 Where there is an emergency (including natural hazards such as floods, drought or earthquake) this may result in disruption to the supply of water and the level service may not be maintained.
- 8.6 During an emergency the Council may restrict or prohibit the use of **water** for any specific purpose, for any specific period and for any or all of its customers. Such restrictions shall be publicly notified. Where an immediate action is required any restriction or prohibition may be imposed by an authorised officer of the Council subject to subsequent Council ratification.

It is my opinion that rainwater harvesting and the safe reuse of greywater needs to be encouraged as an important water conservation and efficiency measure. Property owners who make this investment need to be encouraged rather than hindered in their full use these systems.

Additional water restriction measures

From a broader viewpoint, I also wonder whether the exclusive focus on outdoor water use restrictions in Level One to Level Five responses to public water supply shortages is sufficient. While enforcement of bans would be more easily undertaken, the suggested restrictions do not give recognition to the fact that the bulk of potable water use is consumed indoors within households and businesses.

Under server drought conditions, outdoor water restrictions in themselves may be insufficient to balance available water supply with demand. I would suggest that additional measures encouraging indoor water savings need to be incorporated at the higher restriction levels. While these indoor savings may inherently be more difficult to regulate, triggering public education and information campaigns at the higher restriction levels will be important rather than total reliance on outdoor water bans for savings.

Food production in cities

I have also observed that research into creating resilient and sustainable cities suggest that increased food production within city boundaries, even at small scales, is valuable. I wonder if this bylaw has fully considered the implication on such food production systems. For example, this may well be an issue for low income households that depend on sufficient production from their gardens to feed their families. We only have to look at the growth in community gardens in Wellington city to see a developing trend. Continuity of supply from a garden, especially during summer months, can depend upon continued water availability. While mulching and other techniques may reduce vegetable garden water use to a low level, a total ban may see a significant disruption of this food supply.

Thank you for this opportunity to submit on the draft WCC Water supply bylaw amendment.

Martin Payne