

Comments on the 9 Year Plan
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My comments relate to decision-making at the council and how the content of the 9 Year Plan, along with other decisions on budget spending, is arrived at.

The council regularly consults on plans and strategies; for example the Future Development Strategy (FDS), the Second Generation Dunedin City District Plan (2GP) and the Regional Public Transport Plan. The public have made comments on these plans and strategies and each document includes aims and objectives for the area. There are also regular residents' opinion surveys which add knowledge of the public's priorities to councillors and officers.

Taking the FDS as an example, it states: "*the overarching vision to guide outcomes for the city is to ensure Dunedin is one of the world's great small cities. This means decisions should contribute towards the following outcomes as outlined in our Long Term Plan (10 year plan):*

- *A supportive city with caring communities and a great quality of life*
- *A healthy city with reliable and quality water, wastewater and stormwater systems*
- *A compact city with a vibrant CBD and thriving suburban and rural centres*
- *A successful city with a diverse, innovative and productive economy*
- *A creative city with a rich and diverse arts and culture scene*
- *A connected city with a safe, accessible and low-carbon transport system*
- *A sustainable city with healthy and treasured natural environments*
- *An active city with quality and accessible recreational spaces and opportunities."*

There is no evidence that the aims and objectives of any of the strategies have been taken into account when making decisions about funding priorities in the 9 Year Plan. For example, consultations and surveys consistently show public desire and support for cycling infrastructure. Residents have repeatedly told the council through consultations that they wish to cycle more but the barriers of connectivity and safety concerns prevent them from doing this. This feedback has been taken into account in the FDS as the objective "*A connected city with a safe, accessible and low-carbon transport system*" (ie walking and cycling (also known as 'active transport') and public transport infrastructure). Despite this, the proposed 9 Year Plan rejects funding the Dunedin Urban Cycleways Tunnels Trail while improvements to pedestrian access and safety is not mentioned at all.

Can I request, therefore, that the decisions taken by council, including those in the 9 Year Plan, are (re)considered through the lens of the aims and objectives of your key plans and strategies. This analysis can be included in officers' reports so decision-makers can assess how each scheme they are considering meets a range of objectives and priorities and rate payers get the most value for money. If schemes do not meet these aims and objectives, they should be rejected or redesigned.

I can provide a practical example of this through my recent experience of living near Kaikorai Valley Road which is a wide, busy main road. There are almost no pedestrian crossings on this road and people have to be able to run to get across it at busy times. This means that disabled people, people with poor mobility, older people, school children, people with heavy bags or buggies all have to take their lives in their hands to cross the road. I wrote to the council to request that pedestrian crossings and safety islands are installed along Kaikorai Valley Road and was told by the Transport Team that “this is not something that our budgets can accommodate at this time”. However, it transpired, a few days after this response from the council, that Kaikorai Valley Road was being resurfaced. These works would have been a perfect time to add pedestrian crossings and safety islands, I wrote again to this effect and was told that “The transport engineering and road safety team has no money to make additions and the renewals team do not have budgets to make changes or additions”.

In my view, this is a huge missed opportunity for the council to improve accessibility, deliver active transport options and thus achieve some of the aims of the FDS. This is, frankly, terrible planning and poor decision-making. It is not clear who allocated funding to resurface Kaikorai Valley Road, nor what the process was to agree to spend money on this. I would note that the road was in good condition before the resurfacing and these works are an incredibly carbon-intensive process, so the scheme was at great cost to the environment and rate payers but no real benefit to anyone (bus stops haven’t even been painted back in). However, if the opportunity had been taken to put in cycle lanes, increase the number of crossings and safety islands then the financial and environmental costs may have been offset by improvements to the public realm and add to the FDS’s aim of “*A connected city with a safe, accessible and low-carbon transport system*”.

I would like to further comment on the poor design of public realm schemes in Dunedin. Although there is internationally-recognised design guidance called “Healthy Streets” (more information can be found at <https://www.healthystreets.com/new-zealand>) it does not seem to be used to guide new schemes. I would urge decision-makers to assess schemes based on this evidence-based design guidance which improves the public realm for all users and, in particular, strives to redress the balance of space from cars to other road users including pedestrians and cyclists. To truly “*ensure Dunedin is one of the world’s great small cities*” the thinking through of design impacts on all users of the city, not just motorists (or indeed those with the loudest voices). Dunedin is a wonderful city with great potential but it requires good quality decision-making from those with influence. Money from rate payers should not be spent on schemes which only benefit motorists.

Unfortunately I’m away during the hearings, but I would urge councillors and officers to look into how decision-making and allocation of budgets can better align with the aims and objectives of council strategies such as the FDS.