

**BEFORE THE HEARING COMMISSIONERS**

**IN THE MATTER** of the Resource Management Act 1991

**AND**

**IN THE MATTER** of submissions by the National Public Health Service of Health New Zealand (submitter # 14) on Invercargill City Council Proposed Plan Change 2 Housing and Code of Practice

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**STATEMENT OF EVIDENCE OF VIRGINA ANNE MCLAUGHLIN ON BEHALF OF  
NATIONAL PUBLIC HEALTH SERVICE  
HEALTH NEW ZEALAND  
20 May 2026**

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1. **INTRODUCTION**

1.1 My full name is Virginia Anne McLaughlin

1.2 I am a medical doctor. I hold a Bachelor of Medicine, Bachelor of Surgery from the University of Otago, and a Master of Applied Epidemiology from the Australian National University. I was first registered by the Medical Council of New Zealand in 1992 and have maintained good standing and annual registration since that time. I specialised in public health medicine and obtained my Fellowship of the Australasian Faculty of Public Health Medicine in 2001. I am vocationally registered as a public health medicine specialist. I am employed as a Public Health Medicine Specialist/Medical Officer of Health by National Public Health Service – Te Waipounamu, currently based in Invercargill. I have been in this role since May 2022. Prior to this my work history includes working as a Medical Officer of Health in Northland, based in Whangarei. I have also worked for the Department of Health, Western Australia in regional and metropolitan settings as well as several other jurisdictions in Australia.

1.3 As a public health medicine specialist, I am primarily concerned with the health and care of populations rather than focusing on individual health needs. I have experience, training and expertise regarding the organised efforts of society to prevent disease, promote health and prolong life among the population as a whole. I seek to improve the health and wellbeing of populations by working to achieve health equity, providing statutory disease prevention and health protection services, finding practical solutions for public health issues, and addressing the social determinants of health and the wider risk factors that increase the likelihood that an individual will experience harm. I also have experience and expertise in analysing local and international research relating to public health issues.

2. **CODE OF CONDUCT**

2.1 I can confirm that I have read the Code of Conduct for Expert Witnesses set out in the Environment Court's Practice Note 2023. I have complied with the Code of Conduct in preparing this evidence and will continue to comply with it while giving oral evidence at the hearing. Except where I state that I am relying on the evidence of another person, this written evidence is within my area of expertise. I have not omitted to consider material facts known to me that might alter or detract from the opinions given in this evidence.

3. **SCOPE OF EVIDENCE**

3.1 My statement relates to Plan Change 2 in its entirety, and Policy RESZ-P3 and its potential to enhance the more specific needs of certain population groups of the Invercargill community. I have prepared this statement on behalf of Health New Zealand as it relates to its function to meet the health and wellbeing needs of our community.

- 3.2 Health is where we live work and play and is a foundational principle of modern public health, emphasising that wellbeing is determined by our environments and daily lives rather than just medical care. District Plans are fundamental as to how we shape our environments where we live work and play and a well drafted District Plan will contribute to good health outcomes in the community.
- 3.3 International evidence suggests that good urban design is one of the most cost-effective levers in supporting a healthy urban population.<sup>1</sup> We believe that the provisions enabled by Plan Change 2 will go a long way to supporting this objective.
- 3.4 Health New Zealand also made further submissions on Plan Change 2. Most of these further submissions were in support of others who had made points that were conducive to good health outcomes. We supported a submission by Housing New Zealand only in part as it sought to strike out our proposal that the plan references and enables Universal Design.
- 3.5 This statement will not focus on the technicalities of Universal Design - suffice to say that it is a building standard that is specifically designed to make buildings accessible to all peoples of all abilities at any stage of life. It includes people who use wheelchairs or other mobility aids, people with impaired vision and people who are elderly or very young.
- 3.6 This statement will focus instead on providing information from a public health perspective on the population factors relevant to Invercargill and Southland that emphasise why Universal Design being enabled by the District Plan is so important for our local community.

## **INVERCARGILL HAS A POPULATION THAT IS AGEING AND A HIGHER THAN AVERAGE YOUNGER POPULATION THAT HAS ACTIVITY LIMITATIONS**

- 4.1 When we look at the 2023 Census their quick stats for Invercargill identify the population of Invercargill at 58,000. Of that 10,764 (or 18.6%) are identified as being of Māori ethnicity. More significantly the median age of Invercargill residents is 40 years compared to 38.1 years which is the over the average of New Zealand median age. Māori typically have a younger population than that of New Zealand as a whole, but in Invercargill their median age is 27.3 years compared to a national average of 26.8 years.<sup>2</sup>

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<sup>1</sup> World Economic Forum: Wellbeing and Mental Health Urban planners are promoting active lifestyles. Here's how: Apr 16 2025 Accessed from <https://www.weforum.org/stories/2025/04/urban-planners-promoting-active-lifestyles/> 06/05/2026

<sup>2</sup> Statists New Zealand: 2023 Census: Quick Stats Invercargill: <https://tools.summaries.stats.govt.nz/places/TA/invercargill-city> accessed 06/05/2026

- 4.2 A population pyramid is a way of looking at a region's population by specific age bands. In Invercargill's case, generally the younger population (under 40 years) are less than the average for the general population of New Zealand. Correspondingly the older population (all age bands over 60 years) are higher than that of the average population of New Zealand.<sup>3</sup>
- 4.3 The 2023 Quick Stats for Invercargill indicate that Invercargill has a higher proportion of their population with activity limitations (an indicator of disability) than the average population of New Zealand. It should be noted that this is across all age bands. Activity limitations are measured using the Washington Group Short Set on Functioning. There are six activities that a person might have difficulty with: seeing, hearing, walking or climbing stairs, remembering or concentrating, washing all over or dressing, and communicating. A person was considered disabled in the 2023 Census if there was at least one activity that they had a lot of difficulty with or could not do at all.<sup>4</sup>
- 4.4 Statistics New Zealand have done some projections on the age distribution of the population of Invercargill to 2053. At 2023 we know that the proportion of the population of Invercargill people over the age of 65 was 18.2%. Projecting out to 2053 the estimated proportion of the population of Invercargill people over the age of 65 will increase to 22.0%. Correspondingly the population under 65 will decrease from 81.6% of the total population of Invercargill to 78.2 by 2053.<sup>5</sup>

## **AS PEOPLE AGE THEIR NEEDS CHANGE**

- 5.1 Like most Western jurisdictions New Zealand adopts a life course approach to achieving the aim of healthy ageing. WHO defines healthy ageing as 'the process of developing and maintain the functional ability that enables wellbeing in older age'. As a population group, older people have much higher rates of long-term chronic health conditions, and disabilities that require support. To achieve equity, we need to understand and remove barriers that prevent equitable health outcomes. Some of these barriers are physical and can be easy to identify and

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<sup>3</sup> Statistics New Zealand: 2023 Census: Quick Stats Invercargill:  
<https://tools.summaries.stats.govt.nz/places/TA/invercargill-city> accessed 06/05/2023

<sup>4</sup> Statistics New Zealand: 2023 Census: Quick Stats Invercargill:  
<https://tools.summaries.stats.govt.nz/places/TA/invercargill-city> accessed 06/05/2023

<sup>5</sup> Statistics New Zealand: 2023 Census: Subnational population projections: 2023 (base)-2053: Database downloaded from: <https://www.stats.govt.nz/information-releases/subnational-population-projections-2023base-2053/> 06/052023

remediate<sup>6</sup>. The Ministry of Social Development have indicated that 59% of those over 65 in New Zealand are classified as disabled. This compares to 21% of adults under the age of 65.<sup>7</sup>

5.2 “Ageing in place” is favoured in policies on ageing and is the preferred option of many older people. To achieve this, the Ministry of Social Development have 10 goals that were monitored and reported in 2014. Goal 3 identifies affordable and appropriate housing options for older people. It should be noted that a target within that goal is that of progressing housing based on the principles of Universal Design.

5.2 The Ministry of Social Development’s Positive Ageing Strategy 2014 Progress report<sup>8</sup> identifies that there is a general lack of data on future housing trends involving older people. MSD did however commission some research in an attempt to understand this issue. The September 2016 Downsizing and the Housing Stock – Realities for Older People report<sup>9</sup> identifies that while the idea of smaller dwellings are best for older people, the reality is that many older people wish to stay in their own homes. The report identifies the scenarios why older people retain should not larger homes:

- Where older individuals and couple are seen as retaining possession of larger homes that could be made available to larger families.
- Moving from a larger to a smaller home could allow an older person to withdraw some equity.
- Moving from a larger to a smaller home could relieve some of the physical and financial burden if the older person(s) become less able to maintain the house and/or garden.

This latter point is crucial enabling factor for ageing in place.

The report also looked at the availability of suitable 2-3 bedroomed homes that would be more conducive to ageing in place. While 20% of housing fits these criteria in Southland, it should be noted that this is the lowest of any Region in New Zealand. By comparison over 30% of housing in Nelson is classified in the 2–3-bedroom range.

## CONCLUSION

6.1 Understanding communities’ population demographics is important in any planning process. Built environment interventions that make physical activity the easy/default choice are essential

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<sup>6</sup> Ministry of Health 2016: Healthy Ageing Strategy: Downloaded from <https://www.health.govt.nz/publications/healthy-ageing-strategy> 06/05/2023

<sup>7</sup> Ministry of Social Development: Office for Senior Citizens: 2014 Report on the Positive Ageing Strategy <https://www.officeforseniors.govt.nz/assets/documents/our-work/Ageing-research/Positive-ageing-strategy-report-2014.pdf> accessed 06/05/2023

<sup>8</sup> Ministry of Social Development: Office for Senior Citizens: 2014 Report on the Positive Ageing Strategy <https://www.officeforseniors.govt.nz/assets/documents/our-work/Ageing-research/Positive-ageing-strategy-report-2014.pdf> accessed 06/05/2023.

<sup>9</sup> Dr Kay Saville-Smith et al. September 2016 Downsizing and the Housing Stock – Realities for Older People: Accessed <https://downsizing.goodhomes.co.nz/wp-content/uploads/2017/06/Dwelling-size-and-downsizing-22-Sept.pdf> 06/05/2026

to improve the health and wellbeing of our community. Safe footpaths lighting, traffic calming and accessible public transport all reduce sedentary behaviour in older adults. Evidence from international examples suggests that good urban design is among the most effective cost levers in healthy ageing.<sup>10</sup> From the available data, Invercargill is projected to have an ageing population which will benefit from this proposed plan change.

- 6.2 The principles of universal design are integral to achieving this objective and we fully support them being plan enabled as outlined in Policy RES1Z-P3. We understand they will also be clarified in the Draft ICC Urban Design Considerations for Multi-Dwelling Housing Developments as they are developed in due course. This will also benefit other groups within the local community that have activity limitations.

Dr Virginia McLaughlin  
6 May 2026

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<sup>10</sup> World Economic Forum: Wellbeing and Mental Health Urban planners are promoting active lifestyles. Here's how: Apr 16 2025 Accessed from <https://www.weforum.org/stories/2025/04/urban-planners-promoting-active-lifestyles/> 06/05/2026