

Healthy Environments
Auckland Regional Public Health Service
Level 2, Building 15-Cornwall Complex
Greenlane Clinical Centre
Greenlane
Private Bag 92 605
Symonds Street
Auckland 1150
New Zealand
Telephone: 09 623 4600 Extn 27217
Facsimile: 09 623 4645
Website: www.arphs.govt.nz

24 April 2007

AUCKLAND REGIONAL PUBLIC HEALTH SERVICE

SUBMISSION ON AUCKLAND REGIONAL COUNCIL DRAFT ANNUAL PLAN 2007/08

To: Auckland Regional Council
Private Bag 92012
Auckland
Attention: Planning and Reporting Team
Fax (09) 366-2155
Email: APSubmissions@arc.govt.nz

From: Auckland Regional Public Health Service
Private Bag 92 605
Symonds Street
Auckland

1. Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission on Auckland Regional Council Draft Annual Plan 2007/08.
2. This submission represents the views of the Auckland Regional Public Health Service (the Service). The Service provides public health services for the three district health boards in the Auckland Region (Auckland, Counties Manukau and Waitemata District Health Boards), with the primary governance mechanism for the Service resting with Auckland District Health Board. This submission represents the views of the Service and does not necessarily represent the views of the three District Health Boards.
3. The Service understands that all submissions will be available under the Official Information Act 1982, except if grounds set out under the Act apply.
4. The primary contact point for this submission is:
Jennifer Lamm
Resource Management Planner
Auckland Public Health Service
Private Bag 92 605
Symonds Street
Auckland
09 6234600 extn 27217
jlamm@adhb.govt.nz
5. The Service wishes to make an oral submission to the Annual Plan hearings to support its written submission.

Introduction

6. Auckland Regional Public Health Service (ARPHS) has a statutory obligation under the Health Act 1956, to improve, promote and protect the health of people and communities in particular for the Auckland Region.
7. The Auckland Region faces a number of wellbeing challenges through changing demographics, increasingly diverse communities, outstanding infrastructure needs, transport needs and urban design and urban intensification issues.
8. There is a shared responsibility between the health sector, local authorities, central government agencies, non-governmental organisations and individual community members, to advance population health and community wellbeing. There is a need to foster stronger partnerships that work collaboratively to improve the wellbeing of the people of the Auckland Region.
9. The Service has identified six 'vital few' service delivery outcomes that it believes are critical to achieving public health:
 - reduction in the incidence and impact of infectious disease.
 - reduction in the incidence and impact of obesity, diabetes and cardiovascular disease.
 - reduction in the incidence and impact of tobacco and alcohol related harm.
 - reduction in the incidence and impact of cancer.
 - reduction in the incidence and impact of environmental inequalities.
 - reduction in the adverse effects of environmental hazards.
10. The Service supports the ARC's Annual Plan process and the opportunity it provides to engage with the public and other stakeholders, in order to advance community wellbeing.
11. The Service believes that public health issues are inseparable from, and integral to, Council's cultural, economic, environmental and social wellbeing process, which are mandated through the Local Government Act. In addition, Council has a duty to consider health and wellbeing under other legislation such as the Resource Management Act.

Determinants of Wellbeing

12. The Service believes that it is essential that Council take a holistic approach to decision-making. Council will not be able to comply with Part 2 of the Local Government Act 2002 and its other statutory duties unless it understands the connections between its desired community outcomes, and appreciates the substantial direct and indirect influence its decisions have on wellbeing.
13. The achievement of health outcomes could be perceived as the sole responsibility of the traditional health sector, with general practitioners and hospital-based services taking a lead role. These groups have the prime responsibility of treating ill health, but Council's role and its decision-making can have a far greater influence on both improving the wellbeing of its community, and preventing ill health, than does the activity of any other sector or agency.
14. To assist local authorities in providing for the social, economic, environmental and cultural wellbeing of their communities, the Service produced the second in its State of Public Health Reports entitled "Improving Health and Wellbeing: A Public Health Perspective for Local Authorities in the Auckland Region"¹ (SOPHAR Report) in 2006. This report clearly sets out the areas where Council decision-making will have wide influence and impact on the wellbeing (including health) of its community.

¹ http://www.arphs.govt.nz/publications/Sophar06/Sophar_report06.asp

15. The Service recommends Council use appropriate tools such as health impact assessments² or seeks appropriate advice to enable it to explicitly understand the impacts its decisions have on wellbeing, and enable it to assess the public health risks and benefits that will flow from Council decisions.
16. The intersectoral nature of effective health impact assessment will further promote intersectoral collaboration. Successful collaboration is one of the necessary conditions to enable Council to attain the social, cultural, economic and environmental outcomes that its community seeks.

Issues:

A. Transport

17. Transport has significant direct and indirect impact on individuals' and communities' health, and it is connected to urban development. To make a contribution to health and wellbeing, the transport system needs to be organised to further encourage physical activity, reduce dependence on motor vehicles and improve safety, especially with an increased focus on vulnerable and at-risk road users.
18. Transport is one of the key elements in achieving the sustainable vision outlined in the **Draft Long term Sustainability Framework** for the Auckland Region.
19. The Service supports the commitment to encourage more people to catch the train, bus or ferry; to walk cycle or rideshare as stated in the Plan. Active transport is beneficial to health while a reduction in vehicle use indirectly affects wellbeing through the prevention of pollution; air, water and noise. A reduction in vehicle use also reduces the risk of injury, as public transport is a safer way to travel.
20. The Service supports initiatives outlined in the Plan that progress **ARTA's objectives** to have an integrated, safe, responsive and sustainable land transport system for the Auckland Region. These include increasing the Northern Express bus service and Western rail line services, increasing support for existing bus and ferry services, and the Total Mobility Scheme. It also includes the outcomes and measures listed on pages 114 and 115 of the Plan.
21. The **Sustainable Transport** section (p27) addresses alternative modes of transport and School Travel Plans. The Service strongly recommends this section include specific reference to a commitment to address environmental inequalities.
22. A 'Walkable Communities are Liveable Communities' focus would encourage all urban and rural planning to consider pedestrian accessibility as the number one priority.
23. The Service supports the concept of establishing a hierarchy of transport users, prioritising people access/pedestrians within all transport planning. For example, the City of York's Transport Plan hierarchy of transport users:
 1. Pedestrians
 2. People with mobility problems
 3. Cyclists
 4. Public Transport users
 5. Powered two-wheelers
 6. Commercial/business users (including deliveries)
 7. Car-borne shoppers
 8. Car-borne commuters³

² See "A Guide to Health Impact Assessment: A Policy Tool For New Zealand" <http://www.nhc.govt.nz/phac/publications/guidetohia.pdf> and "An Idea Whose Time Has Come: New Opportunities for Health Impact Assessment in New Zealand Public Policy and Planning" <http://www.moh.govt.nz/moh.nsf/0/716C83DA11C4EA81CC25729100730347>

³ Source: Edwards P, Tsouros A. Promoting physical activity and active living in urban environments: the role of local governments. Geneva: World Health Organization, 2006: 8.

24. The Service would like to recommend *Providing for Pedestrians: Principles and Guidelines for Improving Pedestrian Access to Destinations and Urban Spaces*, July 2003 (available on www.doi.vic.gov.au) as a worthwhile guideline when planning.
25. The Service and the Ministry of Health believe that Health Impact Assessments can broaden the scope of transport planning beyond the traditional public health considerations of vehicle emissions, noise and vibration. To this end the Service recommends that Health Impact Assessments be used as an additional tool or lens through which the impact on population health of decisions should be viewed.⁴

B. Built Environment

26. Urban development was selected as a priority area for the SOPHAR Report because it covers a broad range of issues including housing, air quality, access to recreation space, provision of water, wastewater and other infrastructure required for growth and intensification. The report argues that explicit consideration of public health as part of urban planning and design will help ensure that the positive public health impacts of future urban development outweigh any negative effects.
27. Good urban design which leads to the creation of attractive and desirable “active living communities” will reduce dependency on the private vehicle. This delivers a two-fold public health dividend: individuals increase the level of physical exercise taken as a normal part of going about their daily lives and vehicle air pollution is reduced.
28. Housing is internationally recognised as a key determinant of health. The location, physical quality, level of crowding and the affordability of housing are all factors that impact directly on health.
29. A lack of affordable and adequate housing is a significant issue within the Auckland Region. The high cost of housing leaves less money for other items essential to good health including a nutritious diet, primary health services, winter heating, education and transport.
30. Crowding is a persistent and increasing problem in the Auckland Region and is associated with poor health status, particularly infectious diseases, respiratory diseases and stress.
31. Cold, damp and mouldy houses are the most common health hazards of poor housing and people living in them are more likely to have respiratory problems including asthma. New Zealand research⁵⁶ shows that insulation retrofitting of old houses in New Zealand (pre-1977 when insulation legislation was introduced) has resulted in significantly improved health for both children and adults including reduced GP visits and reduced absenteeism from school and work.
32. A lack of affordable housing may be one of the primary reasons for the extremely short length of many residential tenancies⁷:

⁴ See for example, the Wairau/Taharoto Transport Corridor Health Impact Assessment which was completed in June 2006., <http://www.quigleyandwatts.co.nz/Wairau%20HIA%20-%20FINAL>. See also: Public Health Advisory Committee: *Considering the health and wellbeing impacts of transport policies* - <http://www.nhc.govt.nz/phac/publications/hia-evidence-transport.doc>. See also: Greater Wellington Regional Land Transport Strategy HIA - http://www.gw.govt.nz/story_images/3662_HealthImpactAsse_s7334.pdf

⁵ Howden-Chapman, P. , Crane, J. , Matheson, A. , Viggers, H. , Cunningham, M. , Blakely, T. , O'Dea, D., Cunningham, C. , Woodward, A. , Saville-Smith, K. , Baker, M. & Waipara, N. Retrofitting houses with insulation to reduce health inequalities: a clustered, randomised trial in community settings. *Social Science and Medicine* (in press)

⁶ http://www.arphs.govt.nz/publications/HealthyHousing/Healthy_Housing.asp

⁷ Tenancy Duration: Getting the Balance Right – Review of the Residential Tenancies Act <http://www.dbh.govt.nz/UserFiles/File/AboutUs/Legislation/residential-tenancy-act/Getting-the-balance-right-long.pdf>

- average duration 15 months or less
 - fifty percent less than 10 months
 - thirty-three percent less than six months.
33. The short length of tenancies will also have flow-on effects in community dislocation as people and families move with consequential impacts on the community's sense of place and belonging, social capital and cohesiveness. Such frequent moves will also impact on the likely educational attainment of children who may be frequently moving school and help to lock in inter-generational inequalities.
34. Population growth is expected to rise considerably over the next ten to twenty years and it is important that housing developments meet the needs of the changing demographics of the population. The Service supports the two overarching goals of the **Auckland Regional Affordable Housing Strategy**, namely:
- to enable all households in the Auckland Region to live in housing that is affordable
 - to encourage affordable housing that is well located, appropriate to needs, well designed, integrated into communities, and provides for people's need for choice, security, safety and good health.
35. The Service is disappointed at how little progress has been made on implementing the Auckland Regional Affordable Housing Strategy and encourages Council to revisit this document and identify and implement those mechanisms within its jurisdiction to advance the strategy.
36. The Service supports the initiatives that enhance urban design and improve the quality, access and affordability of housing. In particular, the Service acknowledges the Council's aim of managing growth, in keeping with undertakings under the **Auckland Regional Growth Strategy** and the initiatives outlined in the Plan.
37. It is suggested that the Council should lead in promoting affordable, appropriate and good quality housing and commercial development in the region.
38. It is recommended that collaborative strategies be employed, including Health Impact Assessment which could be considered in urban development and design.
39. Collaborative strategies relating to urban development that are advocated by the Service focus on coordinating health and sustainable development planning and decision making. This would include the use of urban design criteria to achieve specific health and wellbeing goals such as:
- Address exposure to environmental hazards.
 - Ensure adequate access to open space.
 - Ensure provision of sufficient infrastructure.
 - Define appropriate housing quality.
 - Provide affordable housing.
 - Avoid household crowding.
 - Provide opportunities for physical activity.
 - Ensure crime prevention and safety design considerations are implemented.

C. *Natural Environment*

40. The Service supports initiatives aimed at improving and protecting the natural environment.
41. Again, the Service supports collaborative strategies - specifically activities that contribute to "the ARC, the community, local and central government and business work[ing] together to achieve results."
42. The Service strongly supports all proactive initiatives that focus on implementing **stormwater** management solutions that improve the quality of Auckland's freshwater, groundwater, marine and aquatic resources. Such initiatives should include collaborative strategies that focus not only on the environment, but also on human health.

43. The Service supports initiatives aimed at protecting **freshwater** resources, including those relating to stock access to streams and protecting riparian vegetation. Riparian strip vegetation planting should be undertaken along waterways wherever possible to exclude cattle and other stock from waterways as well as minimising or decreasing sediment and high nutrient run-off in the waterways especially as a result of wet weather events. Eutrophication of waterways can lead to adverse effects on the freshwater biota, and also lead to toxic cyanobacterial blooms that can affect public health. Programmes undertaken in partnership with the community (including land owners) to establish riparian vegetation strips are also supported.
44. Measures aimed at protecting the Region's **coastal marine environment** are also supported, particularly where public health may be at risk, such as areas where shellfish farms are present, which are sensitive to water pollution (including microbial).
45. The Service has had concerns about **discharges** and recreational water quality (which for example should meet the requirements under the Microbiological Water Quality Guidelines for Marine and Freshwater Recreational area, 2003); shellfish water quality; emergency management; and contamination of residential, commercial and public areas by sewage. Sewage incidents can pose significant public health hazards. It is important to ensure that incidents are responded to in a timely and appropriate manner, and that best practice guidelines are followed, including the regional Dry Weather Sewage Overflows (DWSO) Best Practice Guidelines (or any subsequent regional best practice guidelines).
46. The Service notes that the ARC's responsibilities in the area of **land management** include a number of activities that emphasise "sustainability". The deliverables for the Land Management Programme are particularly welcomed, including those that assist the development of a national standard for contaminated land and the development of a policy for the management of such land. The piloting of comprehensive catchment management in the Mahurangi Harbour is also welcomed due to the presence of shellfish farms in the catchment.
47. The Service would promote working towards reducing waste with the aim of zero waste to **landfills**. The Service supports the Council's undertaking to fund and manage aftercare at former ARC landfills. Options for future uses of remediated landfill sites could be specified – provided such options do not include those that may be public health risk. The Service would also like to see a tracking system established for solid contaminated waste movement to ensure new contaminated sites are not created.
48. Measures aimed at improving the Region's **air quality** and ensure that air quality targets are met by 2010 are supported.
49. The Service supports measures that would improve **information collection and environmental monitoring** on recreational bathing beach water, streams, coastal areas, air quality, noise, contaminated land and other land and water use activities. The Service also supports targets that would ensure compliance with operational and legislative requirements (Resource Management Act, guidelines etc).
50. The aspirations and measures outlined in "**Planning for the Future**" are supported, particularly those that ensure collaboration with stakeholders.

D. Regional Leadership and Community Development

51. The Service supports measures aimed at addressing the health and safety of the Auckland population. The "sustainable" nature of policies and plans and actions is welcomed. These include the Draft Long-Term Sustainability Framework (which the Service has submitted on separately), Regional Growth Strategy, Regional Land Transport Strategy amongst others. It also includes "sustainable schools and communities".

E. Safety

52. The Service strongly supports the inclusion of safety issues in the Plan and the levels of service and actions set out on pages 89 to 95. It is noted that the Plan identifies the aim of the Auckland Region Civil Defence Emergency Management Group to create “a resilient Auckland Region”. Public Health is a member of that group.

F. Regional Assets

53. Cooperation and collaboration between Council, the community and other stakeholders is essential to achieve many of the community outcomes sought by Council. Council, does, however, have the ability to provide an example to its community. The Service recommends that Council leads by example in its own operations and through its control over community assets and infrastructure by such actions⁸ as:

Council Facilities and Council Controlled Organisations:

- ensuring smoke-free environments in all Council facilities (including grounds). This would include facilities such as Mount Smart Stadium.
- reduce the availability of food and drink types viewed as contributors to obesity, diabetes and cardiovascular disease (primarily high-fat and sugar-rich foodstuffs), tobacco and alcohol from vending machines and other catering facilities on all Council facilities

Council Support for Other Organisations:

- by way of grant,
- lease of Council facilities,
- loan/financial guarantee,
- rates relief policies; or
- impose similar requirements as those for Council facilities and Council controlled organisations (see above) as a condition of receiving Council support.

Partnerships with the Private Sector:

- impose similar requirements as a condition for involvement with Council

Council Organisations:

- advocate for similar requirements as a condition of receiving Council support

Use of Council Facilities:

- impose similar requirements as a condition of hiring or holding events on Council facilities (both built and open space).

Council Leisure Facilities:

- ensure that Council’s funding and charging policies do not act as a barrier to entry for the disadvantaged as it is these groups that are most likely to suffer from poor health

Conclusion

54. Protecting public health was one of the prime reasons for the original establishment of local government. The key purpose of local government today continues to be promoting wellbeing. Public health issues are woven through all aspects of the community outcomes process and few aspects of Council operations and decision-making will not have direct impact on social wellbeing.

⁸ The Service accepts that some changes could only be made as pre-existing arrangements expire and come up for renewal.

55. Council's service delivery and its decisions are the primary influences over community wellbeing and it needs to understand the consequences of its choices on behalf of its community in delivering population wellbeing.
56. Thank you for the opportunity to make this submission.

Yours faithfully

Sunil Kushor
Manager, Healthy Environments Team
Auckland Regional Public Health Service