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## **AUCKLAND REGIONAL PUBLIC HEALTH SERVICE**

### **SUBMISSION ON FRANKLIN DISTRICT COUNCIL DRAFT ANNUAL PLAN 2007/08**

**To:** Annual Plan Submissions  
Franklin District Council  
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**From:** Auckland Regional Public Health Service  
Private Bag 92 605  
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Auckland

1. Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission on Franklin District 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:  
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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 Council'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 Health, Building and Resource Management Acts.

## **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 councils 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"<sup>1</sup> (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.

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<sup>1</sup> [http://www.arphs.govt.nz/publications/Sophar06/Sophar\\_report06.asp](http://www.arphs.govt.nz/publications/Sophar06/Sophar_report06.asp)

15. The Service recommends Council use appropriate tools such as health impact assessments<sup>2</sup> 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. *Environmental Planning and Housing***

17. 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.
18. 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 as vehicle air pollution is reduced.
19. Population density and numbers affected should also be a factor in structuring Council’s response (both magnitude and speed) to emergency management and issues such as water and wastewater leaks and infiltration.
20. 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.
21. 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.
22. 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.
23. 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 research<sup>34</sup> 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.

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<sup>2</sup> 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>

<sup>3</sup> 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)

<sup>4</sup> [http://www.arphs.govt.nz/publications/HealthyHousing/Healthy\\_Housing.asp](http://www.arphs.govt.nz/publications/HealthyHousing/Healthy_Housing.asp)

24. A lack of affordable housing may be one of the primary reasons for the extremely short length of many residential tenancies<sup>5</sup>:
- average duration 15 months or less
  - fifty percent less than 10 months
  - thirty-three percent less than six months.
25. 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.
25. 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.
26. 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.
27. The Service supports the initiatives that enhance urban design and improve the quality, access and affordability of housing. It is suggested that the Council should lead in promoting affordable, appropriate and good quality housing and commercial development in the District. It is recommended that the Council support insulation retrofitting, particularly of pre 1978 homes, along with other local authorities in the Auckland Region that are funding these EECA initiatives (including Manukau, Waitakere, Auckland City Councils and Papakura District Council).
28. Affordable housing strategies could be identified and implemented where appropriate and consideration may be given to inclusionary zoning that requires all new developments to provide a percentage of affordable housing.
29. It is recommended that Health Impact Assessment be considered in urban development and design.

#### **B. Wastewater, Water Supply, Stormwater**

30. The Services supports measures aimed at providing adequate infrastructure, services and service levels to meet growth in demand and improve the quality of water supply and sustainable management of wastewater and storm-water.
31. 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, including:

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<sup>5</sup> 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>

- prompt input from an Environmental Health Officer when there are sewage incidents;
  - responding to sewage incidents as per best practice guidelines, including the regional Dry Weather Sewage Overflows (DWSO) Best Practice Guidelines (or any subsequent regional best practice guidelines);
  - regular review of processes regarding monitoring and health warnings when there are sewage overflows onto land or into water bodies;
  - timely reporting of sewage incidents to other bodies as appropriate. This includes reporting to the ARC of all DWSO incidents that may impact on water bodies - as outlined in the DWSO Best Practice Guidelines. In addition, the Service would like to receive prompt reports regarding significant sewage incidents. Significant incidents include all DWSO and incidents involving sensitive settings (such as preschools, schools, parks and playgrounds).
32. In addition, the Service recommends that the Council should (if not already doing so):
- Have timelines for separation of any combined sewer reticulation systems (if present within the Council area).
  - Identify any high-risk non-reticulated sewage areas and have timelines for reticulation of these.
  - Report data as per the Auckland Water Industry Operators (AWIO) measures.
  - Regularly review of processes regarding monitoring and health warnings for when there is heavy rain/stormwater runoff into water bodies.
  - Regularly review their recreational water quality monitoring programmes.
33. The Service is aware of infrastructural pressure, and supports proposals aimed at treating wastewater (for example Pukekohe) and improving water quality. In particular, the Service notes the increased budget set for water supply for Clarks, Glenbrook and Waiau Beaches.
34. Planning on infrastructural issues can be enhanced by Health Impact Assessment, and it is suggested that a Health Impact Assessment be considered for water services projects (drinking water and waste water) in the Franklin area.

### **C. *Emergency Management***

35. The Service supports the inclusion of Emergency Management Annual Plans to highlight the importance of this issue.

### **D. *Transport***

36. 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.
37. The Service wishes to contribute specific comments for consideration during planning and development processes, regarding the potential for a positive or negative impact on the health and wellbeing of the Franklin population. Transport is one of the key elements in achieving the sustainable vision outlined in the Draft Long term Sustainability Framework for the Auckland Region.
38. The Service recommends that the wellbeing impacts of transport decisions in conjunction with the interrelated urban design issues are given greater weight in Council decision-making.

39. The Service supports the initiatives in the Plan, but it is suggested that “accessibility” be emphasised, as “transport is about vehicles, mobility about people, accessibility is about people accessing services”.<sup>6</sup> The SOPHAR Report states: “Access to services, including health services, can be poor for those in most need, as the reorientation of retail and service industries around car travel has made it difficult for those without a car to participate fully in the community.”
40. The Service notes the proposal on Pukekohe Eastern Arterial. However, the Service would also like to see community severance considered in transport planning. Planning needs to ensure arterials and motorways do not sever communities. Again the SOPHAR Report states: “There has been increasing attention in recent years on the relationship between health and social cohesion. Although the influence of transport on social cohesion is complex, higher levels of social support are associated with better health outcomes.”
41. “Contact between family members, friends and members of voluntary organisations and communities is enhanced by private and public modes of transport. However, roads and traffic act as a physical and psychological barrier to social contact”<sup>7</sup>, that is, “severance”. Social cohesion for urban and rural communities is an important issue in the Auckland Region. Although there is only limited evidence available, community severance is plausible.
42. 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 commuters
43. 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](http://www.doi.vic.gov.au)) as a worthwhile guideline when planning.
44. 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.<sup>8</sup>

<sup>6</sup> Todd Litman, International Presenter, NZ Walking Conference 2006

<sup>7</sup> Kjellstrom & Hill, 2002

<sup>8</sup> 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>. 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](http://www.gw.govt.nz/story_images/3662_HealthImpactAsse_s7334.pdf)

## **E. Regulation**

Food, Drink and Tobacco

45. Food, drink and tobacco consumption are primary determinants of wellbeing that require sustained attention from those involved in policy and programme implementation and regulatory roles. Individuals also have responsibility for their own actions.
46. Council's role traditionally was as a regulator. The regulatory role remains important in ensuring that standards for food safety and alcohol availability are maintained. Council also has a wider role in assisting and encouraging individuals to make healthy choices around diet, alcohol and tobacco. Each individual making a healthy choice will be one less individual imposing additional costs on Council and the community by their actions.

## **F. Performance Targets**

47. The Service supports Council's use of performance targets across its activities. The Service recommends that outcome-targets be used wherever possible, as an outcome-based-target aligns performance more closely with the outcomes framework that Council's community outcome process defined.
48. New Zealand has, by developed country standards, high levels of food-borne<sup>9</sup> and water-borne<sup>10</sup> illness such as gastroenteritis. Council needs to be proactive in addressing these issues through its own service delivery and regulatory functions. The Service recommends that for those indicators that have a public health element (e.g. Food Premise Grading, Drinking Water Standards) that when Council accepts and sets levels that target improvements of the current status.

## **G. Leading by Example**

49. 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 actions<sup>11</sup> as:

*Council Facilities and Council Controlled Organisations:*

- ensuring smoke-free environments in all Council facilities (including grounds)
- 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 a condition of receiving Council support.

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<sup>9</sup> NZFSA moves to curb *Campylobacter* rates <http://www.nzfsa.govt.nz/publications/media-releases/campylobacter-strategy-nov-2006.htm>

<sup>10</sup> Estimation of the Burden of Water-borne Disease in New Zealand - Preliminary Report <http://www.moh.govt.nz/moh.nsf/indexmh/water-borne-disease-burden-prelim-report-feb07>

<sup>11</sup> The Service accepts that some changes could only be made as pre-existing arrangements expire and come up for renewal.

*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 Vehicle Fleet:*

- ensure that Council's vehicle fleet emissions reduce over time

*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**

50. 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.
51. 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.
52. Thank you for the opportunity to make this submission.

Yours faithfully

Sunil Kushor  
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Auckland Regional Public Health Service