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AUCKLAND REGIONAL PUBLIC HEALTH SERVICE

SUBMISSION ON PAPAKURA DISTRICT COUNCIL ANNUAL PLAN 2007/08

To: Annual Plan Submissions
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From: Auckland Regional Public Health Service
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1. Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission on Papakura District Council 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"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 intersectoral 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. The Service acknowledges that the Papakura District Council is a signatory to the Urban Design Protocol.
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. For example, 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.
21. 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^{3,4} 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. The Service praises Papakura District Council for recently joining the ‘Snug Homes’ insulation retrofitting initiative. The Service hopes that Papakura District Council will have a strong involvement into this initiative.

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 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)

⁴ http://www.arphs.govt.nz/publications/HealthyHousing/Healthy_Housing.asp

22. 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. A lack of affordable housing may be one of the primary reasons for the extremely short length of many residential tenancies⁵:
- average duration 15 months or less
 - fifty percent less than 10 months
 - thirty-three percent less than six months.
- 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.
23. 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.
24. The Service is disappointed at how little progress has been made on implementing the Auckland Regional Affordable Housing Strategy and encourages all Councils to revisit this document and identify and implement those mechanisms within their jurisdiction to advance the strategy.
25. The Service notes that one of the community outcomes of the Papakura District Council Annual Plan is "*a range of quality housing in well planned neighbourhoods available throughout the district*". While the Service praise such intended outcome, the Service also recommends that Health Impact Assessments (HIAs) be utilised for such planning. It is also suggested that the Council should lead in promoting affordable, appropriate and good quality housing and commercial development in the District.
26. The Service supports initiatives that enhance urban design and improve the quality, access and affordability of housing. Affordable housing is a significant issue across the Auckland region and is a key component of building strong and sustainable communities. In the '**District profile**' (pg 11) it is stated that house prices in Papakura rose more than 27% in 2003 and 2004. In a recently released document (Housing Supply in the Auckland Region 2000-2005, Motu Economic and Public Policy Research, March 2007) Papakura has had a 39% increase in median house sale price between 2000 and 2005. The Service strongly supports Papakura (along with other Territorial Authorities) to put in place clear actions and targets in their annual plan to ensure an increase in affordable housing, particularly when considerable population growth is expected across the region (e.g. consideration of inclusionary zoning to ensure a percentage of all new housing developments include affordable housing). Affordable housing needs to be located so to enable people to easily access public transport, shops and facilities, community services and work places. One measure could possibly be the number of people paying more than 30% of their gross income on housing (this is often regarded as an indicator for affordable housing).
27. The Service strongly supports the community outcomes listed in the "**Planning and Democracy**" section (p 15) and initiatives aimed at improving and protecting the built and natural environment, as well as health, safety and wellbeing of the District's community.

⁵ 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>

28. The Service also supports the activities listed under the ‘**Community Development**’ section (p23) and the intent to ‘well maintain’ 71 units for older persons of limited means. The Service supports upgrades expected to be funded from the Government's Housing Innovation (Local Government) Fund. However, the Service would hope that the Council would go further in the area of housing generally, and remedial measures and planning (for example by setting specific targets for the upgrades). The Service also notes that the rental for older persons housing is gradually raising, and while it is understandable the Council necessity to ensure equity of treatment between different groups in the community, it is also important to acknowledge the current cost of living and the effect that such increasing costs can have to pensioners leading to negative health outcomes.
29. Health Impact Assessments is a tool that should certainly be considered in community developments, including urban development and design.

B. Regulatory activities and infrastructure services

30. The Service generally supports the activities and service levels proposed in the “**Regulatory Services**” section (p33-34). However, the Service notes that the Council is planning to check swimming pools for compliance only on a three-yearly basis. The Service believes that such monitoring should be carried-out at least annually if it is to be effective in preventing nuisances from arising.
31. The Service supports the performance targets aimed at increasing the number of consents that are processed within statutory timeframes.⁶ The Service is also aware that only a small number of resource consents are notified – leading to a lack of consultation and input on health and wellbeing issues. It is suggested that Council policies regarding the notification of RMA consents should be reviewed. Non-notification of consent applications should be the exception rather than the rule

C. Waste Management & Minimisation

32. The Service acknowledges the Council's aim of managing growth, in keeping with undertakings under the Regional Growth Strategy. An important aspect of managing growth is also managing the waste production and disposal, as the mismanagement of these can lead to detrimental environmental and public health effects.
33. The Service praises Council initiatives to manage and minimise waste, especially educational initiatives such as the ‘Wastebuster Clubs’ which aims at teaching and motivating children to reduce waste. Children are often the best educators for the adult parent, however the service would like to see initiatives that also target adults with no children or with children above or below school age.
34. Waste minimisation is directly linked with reduction of resource usage and recycling. Reducing the use/demand of valuable resources is a fundamental concept of sustainability and can provide the greatest returns in value (i.e. compared to recycling). The concept is simple, you need to use energy and land to provide a resource (energy from electricity, fuels etc, and land, are normally converted into ‘carbon’ when considering an ecological footprint). Once the resource is used you may need a considerable amount of energy/land to treat it for re-use or for disposal, and the treatment rarely can lead to the same quality of the original state of the resource. By minimising the usage there would be a reduced amount of waste produced and less energy/land is used overall reducing the ecological footprint. The Service supports and will support educational activities, and leadership from the District Council, toward achieving a truly sustainable region. Good education regarding disposal of kitchen waste (and its recycle) rather than its pouring down the drainage would probably also decrease fat deposits in pipes reducing blockages and sewage overflows. In Papakura District from May 2006 to May 2007 there have been 54 sewage overflows and 99% were caused by fat deposits in the pipes.

⁶ See: *Incentives for councils urged to prevent consent delays* (NZH 16 April 2007) http://www.nzherald.co.nz/section/1/story.cfm?c_id=1&objectid=10434458; and *Slow action on resource consents to be probed* (NZH 14 April 2007) http://www.nzherald.co.nz/topic/story.cfm?c_id=303&objectid=10434228

D. Water Supply, Wastewater & Stormwater

35. The Service understands that the Council doesn't operate the water supply and sewerage reticulation, but they have a role in monitoring the delivery of services and an overall regulative role.
36. The Service supports the 'key service levels' (p42) but would suggest that in regard of **water supply** (in addition to referring to the water grading and the maintenance of drinking water quality with respect 'to taste, odour and colour'), there is specific reference to the Drinking Water Standards New Zealand
37. The Service notes that the Council requires the provider of **wastewater services** to provide such service to all households in the urban areas. The Service supports such requirements. However, the Service has concerns in regard of semi-urban and rural population growth and development that are not catered with sewerage infrastructure. On-site wastewater treatments provide a lower quality of discharged effluent, compared to centralised wastewater treatment plants, and such on-site systems can also fail, can be hard to monitor, and can provide a diffuse pollution source to our waterways. This type of pollution can lead to eutrophication in waterways (which can cause cyanotoxin-producing cyanobacterial to bloom, and adversely affect aquatic fauna), and depending on pathogen loads can adversely affect the water quality and so affect recreational and commercial users. The contaminants entering our waterways can have a cascading effect by bioaccumulating in aquatic fauna (such as shellfish, which are filter-feeders) and then entering our food-web and causing illness. The service levels set for the wastewater provider have to be carefully considered keeping in mind current growth trends in the District, sustainable development and growth, and an outlook to future needs of the population. The Service supports ongoing maintenance and development of the infrastructure to cater for the district growth.
38. It is important to ensure that incidents are responded to in a timely and appropriate manner, including:
- 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 like receive prompt reports regarding significant sewage incidents. Significant incidents include all DWSO and incidents involving sensitive settings (such as preschools, schools, parks and playgrounds).
39. The Service praises the Papakura District Council for promoting and managing the quality of the district's stormwater, and for the study/assessment of the catchment for improved management. The Service believes in the important of the '**Integrated Catchment Management**' approach. Both urban and rural stormwater run-offs can lead to adverse effects to the environment and public health. For example, stock contamination of waterways in rural areas can be a significant pollution source for commercial shellfish farming (and recreational shellfish collectors), and detrimental effects to such local industries and resources can have a severe affect to the economical, social and environmental wellbeing of the local community and the District. The planting of riparian vegetation, exclusion of stock from waterways, sedimentation ponds and desludging, removal of floating material/compounds, and education of communities are just some of the tools that should be considered in a Catchment Management. The Service will support any activity toward achieving positive outcomes in the matter and hopes that this is given a high priority.

E. *Parks and Recreation*

40. The Service strongly supports the initiatives and community outcomes stated for '**Parks and Recreation**'. Safe parks and recreational areas with walkways and cycles ways are at the core of "active living communities". This leads to reduce dependency on the private vehicle and therefore improves air quality, improves the health of people with increased exercise, and provides a social setting inducing of cohesiveness.
41. The Service acknowledges that Papakura District Council has already made progress toward its aims, and that the Takanini development plan includes excellent accessibility to transport (walkable distance to the rail service), education services, , recreation, green space, commercial and employment.

F. *Transport and Rooding*

42. 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.
43. The Service supports the proposed **Transport and Rooding** activities within the Papakura District Council Annual Plan, as it recognises the consideration given to the linkages between transport and quality of life for the people who live, work and play in Papakura.
44. 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 Papakura 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.
45. The Service strongly supports the commitment to provide good quality walking and cycling facilities. Encouraging physical activity is paramount to public health and wellbeing. The Service recognises the Council's commitment to supporting this component. The Service applauds PDC for its commitment to improving accessibility and safety for those with disabilities.
46. 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.
47. 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".⁷ 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."
48. The Service would like to see community severance considered in transport planning. Planning needs to ensure Arterials and Motorways do not severe 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."
49. "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"⁸, 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.

⁷ Todd Litman, International Presenter, NZ Walking Conference 2006

⁸ Kjellstrom & Hill, 2002

50. 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
51. 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.
52. 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.⁹

E. Proposed additional activities and comments

Health Impact Assessments

53. The Auckland region, and Papakura District, faces a number of health and wellbeing challenges. The population of Auckland is expected to grow by the equivalent of the Wellington region population by 2026. The region is reaching the limits of the capacity of much of its infrastructure, there are issues of housing affordability and there is still a dependence, Nationally and Regionally, on roads for personal mobility and for transporting exports and imports.
54. The *Let's Beat Diabetes Project* in the Counties Manukau District Health Board area is "a catalyst for enhanced intersectoral collaboration, community partnerships and action, health innovation and social action aimed at "beating diabetes" in Counties Manukau. "
55. Auckland Regional Public Health Service is involved with the project, and has led the Health Impact Assessment that focussed on the Mangere Growth Concept Plan. Manukau City Council was a key partner in the "Mangere Growth Strategy Health Impact Assessment", along with Auckland Regional Public Health Service and Housing New Zealand. The Health Impact Assessment assessed the potential positive and negative health and wellbeing impacts of the Concept Plan. There was a particular focus on the link between urban design and physical activity/nutrition, along with five other determinants of health: social connectedness, personal and community safety, access to services and employment, housing and community spaces.
56. The Service is hopeful that a further Health Impact Assessments will be undertaken in the Counties Manukau area for the Let's Beat Diabetes Project – this time **in the Papakura District**. It is noted that the ex Papakura Army Camp is to be developed (the Service is preparing a

⁹ 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

submission on the private plan change at present). It is recommended that **Health Impact Assessment** be considered in urban development and design, and perhaps the ex Army Camp could be considered for a Health Impact Assessment.

57. Health impact assessments are a tool aimed at assisting decision-makers and policy writers to consider how their plans, policies and developments might affect peoples' health and wellbeing. The use of health (and wellbeing) impact assessment is part of wider moves towards promoting wellbeing, sustainability and a cross-sector approach. It is increasingly recognised that agencies can achieve better outcomes when they work together and Health Impact Assessment (HIA) provides a framework for this work.
58. Health Impact Assessment has been defined by the World Health Organisation as: *a combination of procedures, methods and tools by which a policy, programme or project may be assessed and judged as to its potential effects on the health of a population, and the distribution of those effects within the population* (adapted from WHO Gothenburg Consensus 1999).
59. HIA are at the policy level or project level, and can be rapid, "mini HIA", "desk-top" or more comprehensive. They are a means of evidence-based policy-making for improvement in health. It is a combination of methods whose aim is to assess the health consequences to a population of a policy, project, or programme that does not necessarily have health as a primary objective. Thus, it is a process that:
- considers the scientific evidence about the relationship between a proposed policy, programme or project and the health of a population
 - takes account of the opinions, experience and expectations of those who may be affected by a proposed policy decision
 - highlights and analyses the potential health impact of the proposed policy decision
 - enables decision makers to make fully informed decisions and to maximise positive and minimise negative health impacts, and
 - enables consideration of effects on health inequalities.
60. The procedures of HIA are similar to those used in other forms of impact assessment, such as environmental impact assessment¹⁰ and social impact assessment.
61. The stages involved in HIA are:
- *Screening* - determining if a HIA is warranted or required.
 - *Scoping* - determining which impacts will be considered and the plan for the HIA.
 - *Appraisal or risk assessment* - determining the magnitude, nature, extent and likelihood of potential health impacts, using a variety of different methods and types of information.
 - *Reporting with specific recommendations* - making explicit the trade-offs to be made in decision-making and formulating evidence-informed recommendations.
 - *Implementation and evaluation* – process, impact and outcome evaluation of the HIA and the monitoring and management of health impacts.¹¹

¹⁰ See Assessment of Environmental Effects, section 88(2)(b) Resource Management Act 1991

¹¹ For further information see: The Public Health Advisory Committee, *An Idea Whose Time Has Come: New Opportunities For Health Impact Assessment In New Zealand Public Policy And Planning* (February 2007) -

Emergency Management

- 62 The Service would support the inclusion of Emergency Management in the Plan.

Regulation

- 63 Food, Drink and Tobacco.
- 64 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. The Service supports measures aimed at addressing the health and safety of the community of Papakura. An alcohol strategy which considers the location of liquor outlets and sensitive sites; crime prevention through urban design and other urban design guidelines are all recommended.
- 65 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.

Performance Targets

- 66 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.
- 67 New Zealand has, by developed country standards, high levels of food-borne¹² and water-borne¹³ 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.

Leading by Example

68. 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 actions¹⁴ 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

<http://www.nhc.govt.nz/phac/publications/an-idea-whose-time-has-come.pdf> and *A Guide to Health Impact Assessment: A Policy Tool for New Zealand*, (June 2005, 2nd ed) - <http://www.nhc.govt.nz/phac/publications/guidetohia.pdf>

¹² NZFSA moves to curb *Campylobacter* rates <http://www.nzfsa.govt.nz/publications/media-releases/campylobacter-strategy-nov-2006.htm>

¹³ 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>

¹⁴ The Service accepts that some changes could only be made as pre-existing arrangements expire and come up for renewal.

Council Support for Other Organisations:

- by way of grant (as also currently proposed in the plan),
- lease of Council facilities,
- loan/financial guarantee,
- rates relief policies; or
- impose similar requirements 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 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

69. 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.
70. 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.
71. The Service acknowledges that Papakura District Council has already made progress toward achieving positive outcomes for its community. For example the Takanini development plan includes mixed housing, excellent accessibility to transport (walkable distance to the rail service), education services, recreation, green space, commercial development and employment. We hope work will continue toward achieving a healthy community.
72. Thank you for the opportunity to make this submission.

Yours faithfully

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