

Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Counties Manukau and Waitemata

Auckland Regional Public Health Service

Cornwall Complex
Floor 2, Building 15
Greenlane Clinical Centre
Private Bag 92 605
Symonds Street
Auckland
New Zealand
Telephone: 09-623 4600
Facsimile: 09-623 4633

18th April 2008

Freepost 202637
2008-2009 Draft Annual Plan / LTCCP Amendment
Papakura District Council
Private Bag 7
Papakura

Submission from the Auckland Regional Public Health Service on the “Annual Plan 2008-09 and amendments to the LTCCP”

1. Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission on the Annual Plan 2008-09 and amendments to the LTCCP.
2. This submission represents the views of the Auckland Regional Public Health Service (ARPHS). ARPHS provides public health services for the three district health boards in the Auckland region (Auckland, Counties Manukau and Waitemata District Health Boards), with hosting for ARPHS resting with Auckland District Health Board. This submission represents the views of ARPHS and does not necessarily represent the views of the three District Health Boards.
3. ARPHS 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:

Andy Roche
Policy Analyst
Public Health Intelligence & Infrastructure
Auckland Regional Public Health Service
Private Bag 92 605
Symonds Street
Auckland
09 6234600 extn 27105
aroche@adhb.govt.nz

5. ARPHS wishes to make an oral submission to the Annual Plan hearings to support its written submission.

Layout of this submission

6. ARPHS has divided its submission into several sections to make reading easier. The submission begins with an introduction that sets out why ARPHS has made comments to the Council and then shows how local government can influence health and wellbeing. Consideration is given to how councils can assess the impact of their decisions on their population's health and wellbeing.
7. The submission then highlights some key issues for the region as a whole and makes comments specific to the Papakura District Council's Annual Plan.
8. Finally, the submission concludes by examining opportunities for action in the Council and stresses the need to consider how these actions would impact on inequalities.

Introduction

9. Auckland Regional Public Health Service (ARPHS), as an agent of the three Auckland DHBs, has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities, in particular for the Auckland region. ARPHS's primary concern is to improve population health rather than deliver personal health services. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects on population health.
10. The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, outstanding infrastructure needs, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.
11. Policy to affect health gain is often marginalised to medical care. Health, however, is influenced by a broad range of policy decisions and is not solely the responsibility of the health sector. Statutes such as the NZ Public Health and Disability Act, Local Government Act, Resource Management Act and Building Act (amongst many others) all have elements designed to deliver outcomes promoting, protecting and maintaining the health of the community. Planning and policy decisions by central government, local government, non-government agencies and the commercial sector can have a large impact on health outcomes.
12. ARPHS supports Council's Annual Plan process and the opportunity it provides to engage with the public and other stakeholders to advance community wellbeing.
13. ARPHS believes that public health issues are inseparable from, and integral to, a Council's responsibility for cultural, economic, environmental and social wellbeing, which is mandated through the Local Government Act. Therefore, public health should be an explicit focus of both the annual plan and long-term council community plan preparation.

Determinants of wellbeing

14. 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 a local authority's decisions can have a far greater influence on preventing ill health and promoting wellbeing than the activity of any other sector or agency.

15. ARPHS 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 interdependencies of its desired community outcomes and appreciates the substantial direct and indirect influence its decisions have.

“Traditionally public health was largely associated with local government. In the 19th and early 20th century the most notable successes lay in sanitation, waste management and housing. Health considerations played an important part in the building of sewers, clearing of slums... However both the concept of public health and local government's role in implementing an monitoring it declined with the advances in personal health and medical care... and the increasing emphasis on treatment rather than prevention¹”.

16. Both DHBs and local authorities have responsibilities to improve health and wellbeing. The DHBs' are set out in the NZ Public Health and Disability Act 2000 where they are (amongst other things):

- To improve, promote and protect the health of people and communities {section 22(1)(a)}.

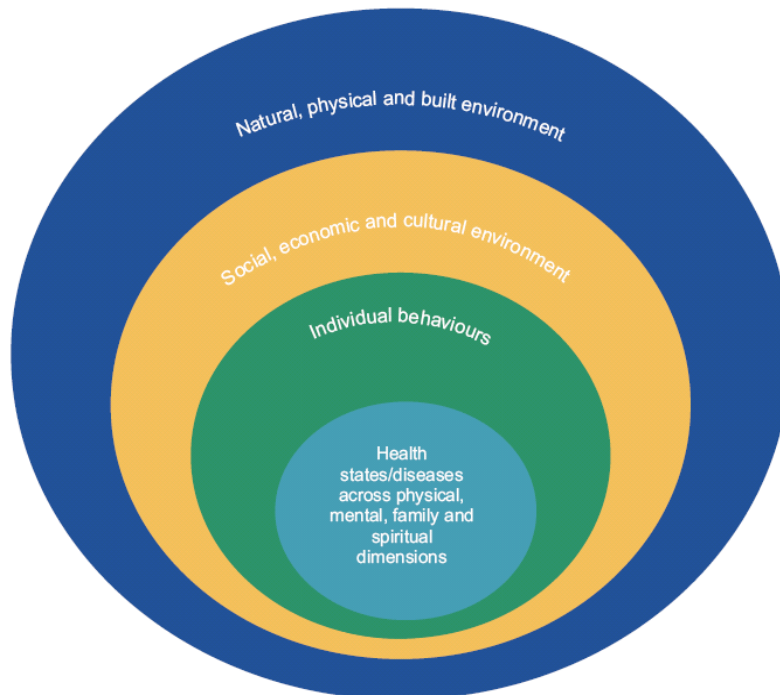
Local authorities' are set out the Local Government Act 2002:

- To promote the social, economic, environmental, and cultural well-being of communities, in the present and for the future {section 10(b)}.

17. In the case of local authorities this principle purpose is supported by a number of other enactments that have health elements including the Health Act, Resource Management Act and Building Act.

18. Local authority activity remains crucial to the success or otherwise of the health sector. An individual's health is affected by a wide range of factors, only some of which are within an individual's control.

¹ Effective Strategies for Tackling the Wider Causes of Ill-Health, www.communities.gov.uk/documents/localgovernment/pdf/154653



Dahlgren and Whitehead 1991²

19. The importance of local authority decision making for health was one of the reasons for the Auckland Regional Public Health Service's production of its report *Improving Health and Wellbeing: A Public Health Perspective for Local Authorities in the Auckland Region*³. 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. It is the primary driver for ARPHS's ongoing involvement with local authorities through a range of avenues.
20. It has been estimated that less than ten percent of the determinants of health are within the control of the health system.
- “the remaining ninety percent are dependent upon decisions made elsewhere in the economy. It is these decisions which will be influenced by any public health policy which is to have meaningful outcomes”⁴.
21. There is considerable overlap between the role of local authorities and the health promotion agenda set out by the Ottawa Charter⁵, with local authorities directly influencing the following strands:
- Build healthy public policy
 - Create supportive environments

² Dahlgren and Whitehead (1991), Policies and Strategies to Promote Equity in Health, World Health Organisation

³ Available on the ARPHS website

http://www.arphs.govt.nz/Publications_reports/reports/sophar06/sophar06_report.asp

⁴ Carruthers et al. 1999, Improving Health Improvement Programmes: The Early Lessons, Research Report 35, School of Public Policy, University of Birmingham, cited in Effective Strategies for Tackling the Wider Causes of Ill-Health.

⁵ http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

- Strengthen community action

With lesser influence on:

- Develop personal skills, and
- Reorient health services

Local authority activities relevant to population health

22. There are three areas where the activities of local authorities impact on population health:

Traditional public health disease control

- Water supply
- Sewage disposal
- Stormwater treatment
- Waste disposal
- Air quality
- Food safety
- Regulatory activities around building control and inspection
- Bylaws suppressing nuisances

Obesogenic environments

- Urban form—streetscape and reserve provisions
- Transport—roading, public transport and active transport (walking and cycling)
- Leisure activities—active and passive recreation facilities
- District Plan—location of activities

Inequalities

- Access to council facilities and services (through pricing and location)
- Potential role around affordable housing (assumes successful passage of the Affordable Housing: Enabling Territorial Authorities Bill)
- Regulatory role around sale of liquor, gambling and prostitution
- Access to services, education and health (through transport)
- Access to education (through provision of libraries; reference, learning centres and internet)

23. Council's community outcome process has identified the following outcomes that are health related and for which coordinated action is required.

- Accessible and cared for natural environment
- A safe and stable community
- Fostering involvement in arts and recreation
- Town centre as the heart of our district
- A well planned built environment
- Healthy lifestyles
- Releasing the potential of our rangatahi

Assessing impacts on population health

24. ARPHS recommends that Council use appropriate tools, such as health impact assessments⁶ or seek appropriate advice to enable it to explicitly understand the impacts of its decisions on wellbeing and enable it to assess the public health risks and benefits that will flow from Council decisions.
25. 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.
26. ARPHS's expertise in assessing and predicting the impacts of particular actions on public health may be available to support Council's activities and its decision making.

Auckland Sustainability Framework

27. ARPHS applauds the councils of the Auckland region for developing the *Auckland Sustainability Framework*. This framework will help shape the future of the Auckland region and help support both improved population health outcomes and a reduction in inequalities. ARPHS looks forward to seeing the framework increasingly reflected in Council's planning processes, strategies, policies and activities.

Issues

28. Although this is only the third year of the current LTCCP and Council may not be intending to make substantial changes from its previously signalled path, ARPHS considers that there is worth in reiterating many of the comments that it made during the initial LTCCP process. Three focus areas in the SOPHAR Report were selected for specific comment because they have been identified as priority areas pertaining to the Auckland region in central and local government agencies' strategic plans, and because of their impact on wellbeing.

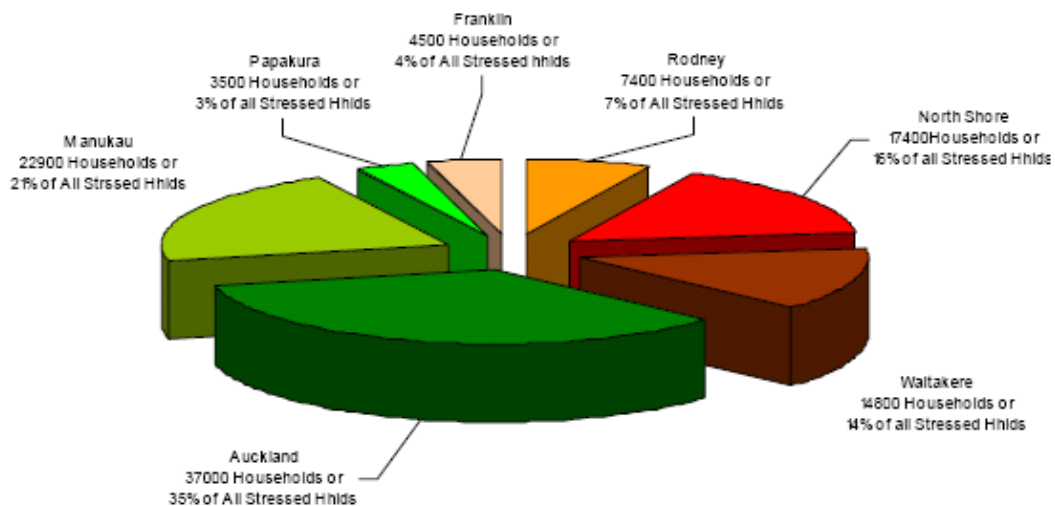
Urban development

29. 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.
30. 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: as individuals increase their level of physical exercise taken as part of going about their daily lives vehicle

⁶ 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>

air pollution is reduced. It may also be expected to deliver collateral benefits around lower carbon emissions and lower congestion than would otherwise have been the case.

31. 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.
32. 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.
33. 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.
34. In Auckland house prices and rents are higher and rising at a higher rate than the rest of the country⁷ and Aucklanders spend more of their income on housing. Recent figures from Quotable Value⁸ suggest that property prices in Auckland are continuing to rise with a 9.5% growth in the past year.
35. A lack of affordable and adequate housing is a significant issue particularly within the Auckland region. Recent research⁹ suggests that some 107,500 households within the Auckland region are facing housing costs of greater than 30% of gross household income.



Reproduced from "The Future of Home Ownership and the Role of the Private Rental Market in the Auckland Region" Page 25.

⁷ With exception of Queenstown Lakes. Quotable Value 2007
<https://www.qv.co.nz/online-reports/propertyvaluemap.htm>

⁸ Quotable Value 2007 <https://www.qv.co.nz/online-reports/propertyvaluemap.htm>

⁹ The Future of Home Ownership and the Role of the Private Rental Market in the Auckland Region, 2007, Centre for Housing Research Aotearoa New Zealand and Auckland Regional Council accessible through <http://www.chranz.co.nz/pdfs/future-of-home-ownership-and-the-role-of-the-private-rental-market-in-auckland.pdf>

36. This research suggests that in Council's area that 3500 households are likely to be under financial stress.
37. 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.
38. 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^{10,11} 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.
39. A lack of affordable housing may be one of the primary reasons for the extremely short length of many residential tenancies—people move to attempt to find lower rents¹²:
 - Mean duration of 15 months or less.
 - Fifty percent less than 10 months.
 - Thirty-three percent less than 6 months.

The short length of tenancies will also have flow-on effects in community dislocation; as people and families move there are consequential impacts on a sense of place and belonging, social capital and cohesiveness. Such frequent moves will also impact on the educational attainment of children, who may be frequently moving school, and help to lock in intergenerational inequalities.

40. The affordability of housing has a much wider impact than just on those suffering housing stress due to the proportion of their household income required for housing. The impact of housing-related ill health falls on the wider community by virtue of increased health care costs and lost productivity.
41. If affordable housing is marginalised to specific geographic locations, for example on the periphery of the pre-existing urban form, it will require that the occupants travel further to access work, schools and community and other facilities. The impact of greater distances travelled (unless public transport is used) also impacts on the wider community through increased air pollution, increased stormwater pollution, greater requirements for roading infrastructure, transport congestion and greater production of greenhouse gases. Many of these costs impact directly on the business community and affect New Zealand's economic development.

¹⁰ Howden-Chapman, P. et al. Retrofitting houses with insulation to reduce health inequalities: a clustered, randomised trial in community settings. *Social Science and Medicine* (in press)

¹¹ http://www.arphs.govt.nz/publications/HealthyHousing/Healthy_Housing.asp

¹² 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>

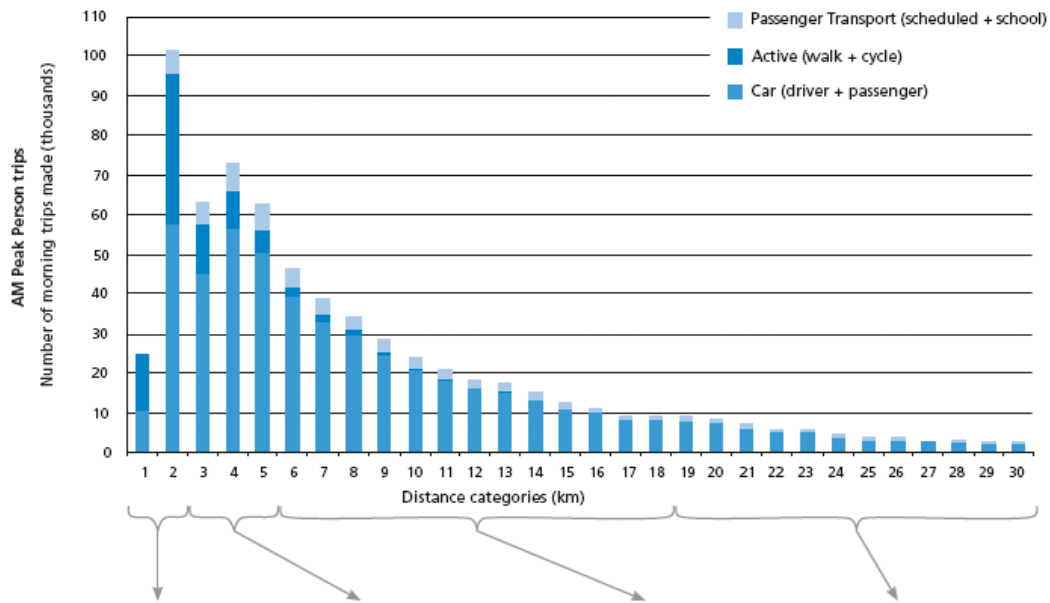
42. Population growth is expected to rise considerably over the next 10 - 20 years and it is important that housing developments meet the needs of the changing demographics of the population. ARPHS supports the two overarching goals of the Auckland Regional Affordable Housing Strategy:
- To enable all 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.
43. ARPHS urges Council to do all that is within its power or influence to support the provision of affordable housing. ARPHS hopes that Council will take advantage of any opportunity presented by initiatives such as the Affordable Housing: Enabling Territorial Authorities Bill to encourage the creation of affordable housing within its area.

Transport

44. Transport has significant direct and indirect impact on individuals' and communities' health, and it is interconnected with 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.
45. ARPHS recommends that the wellbeing impacts of transport decisions, in conjunction with the interrelated urban design issues, are given greater weight in Council decision making. In particular ARPHS recommends that Council provide greater support for active transport (walking and cycling).
46. Recent data¹³ as illustrated below suggests that for the Auckland region a substantial proportion of peak hour trips are over distances between zero and five kilometres. The vast majority of these journeys are by car.

¹³ Sustainable Transport Plan 2006-16, Auckland Regional Transport Authority accessible through http://www.arta.co.nz/shadomx/apps/fms/fmsdownload.cfm?file_uid=C7AEA87F-BCD4-1A24-91D2-1E0436FD4439&siteName=arc

Figure 6.2 Morning peak trips by means of travel, Auckland region 2001



Short local trips: <2km	Mid-range trips: 2-5km	Long trips: 5-18km	Very long trips: >18km
Over half (54%) of short local trips are by car 41% of short trips are by walking (a few by cycling) Only 5% of short trips are by passenger transport	Three quarters of mid-range trips (76%) are made by car 14% of mid-range trips are by walking/cycling 10% of mid-range trips are by passenger transport	Almost all long trips (87%) are made by car Very few long trips (3%) are by walking/cycling 10% of long trips are by passenger transport	Almost all very long trips (89%) are made by car 11% of very long trips are by passenger transport
Trends	Trends	Trends	Trends
Clear evidence that parents now drive children short distances to school ²⁶ Likely that shopping trips and trip chains are now made by car due to changes in the design and location of shopping areas	Clear evidence of a dramatic decrease in cycling, especially to school ²⁷ Passenger transport in most areas is slower and less reliable than car travel, but where effective priority measures are in place patronage has soared	Passenger transport patronage increasing now, following decades of decline ²⁸	Very long trips to work are becoming more common as living on the urban fringe becomes a popular lifestyle choice ²⁹ Rail and the northern busway are just beginning to provide a reliable and fast service for a small proportion of very long trips ³⁰
Impact	Impact	Impact	Impact
More short trips by car clog local roads and increase traffic danger, noise and air pollution Walking and cycling become less safe and less pleasant	Many mid-range trips are made on urban motorways ³¹ , causing disproportionate congestion impacts	Long trips by motorway are becoming slower, however across most of Auckland passenger transport is slower still	Tremendous political pressure to improve provision for very long vehicle trips; however such improvements encourage people to live even further out on the urban fringe

Table 6.2 Key trends in Auckland transport by trip type

47. ARPHS believes that active transport has the potential to support many of Council’s outcomes. From the population health view point active transport needs to be the preferred choice for most journeys between zero and five kilometres, with walking and cycling being dominant for zero- to three-kilometre trips.
48. This will deliver benefits for both population health and council, including the following:
 - Reduction in the incidence of obesity, type 2 diabetes and cardiovascular disease.

- Reduction in the carbon footprint in the Auckland region, supporting climate change initiatives and having a small impact on the demand for foreign oil.
 - Reduction in air pollution through the reduction of vehicular use and fewer short 'cold start' journeys, helping improve environmental and health outcomes.
 - Improved opportunities for residents to interact, which may help build social capital and sense of community.
 - The development of a people-friendly urban form also has the potential to turn around wider community distrust of intensification, which may have benefits regionally and nationally.
49. Such a shift to active transport modes will require a changed mindset around traffic management and wider urban design (reserve management etc) and require that users are considered in the following order of priority:
- Pedestrians.
 - People with mobility problems.
 - Cyclists.
 - Public transport users.
 - Powered two wheelers.
 - Commercial or business users (including deliveries and heavy goods vehicles.
 - Car borne shoppers and commuters.
50. It should not be thought that such changes are impossible; the Netherlands, Denmark and Germany provide evidence of how cycling levels can be maintained notwithstanding high private vehicle access¹⁴. Within Auckland the success of programmes such as the Walking School Bus Programme, developed by ARTA, which now has 200 'buses', show that change is possible¹⁵.
51. Changing roading priorities will involve both new developments and retrofitting the current urban form. Implementing the necessary changes to make active transport more attractive may have substantial costs for local authorities.
52. Achieving increased usage for public transport and active transport will also require that greater emphasis be given to the provision of quality pedestrian facilities, e.g. increased footpath provision and increased pedestrian crossings, traffic-calming measures, seating and shelters for public transport and general use.
53. There are a number of pre-existing tools available to help support road controlling authorities with such assessments and which will help integrate land use and transport planning issues¹⁶.

¹⁴ Pucher J & Buehler (2008) *Making Cycling Irresistible: Lessons from the Netherlands, Denmark and Germany*. Accepted for publication in *Transport Reviews* Vol.28, No 4. July 2008 available through <http://policy.rutgers.edu/faculty/pucher/irresistible.pdf>

¹⁵ http://www.arta.co.nz/xxarta/news/media_releasexx.cfm?entryID=0234BA1F-BCD4-1A24-91A0-D9436DBFF86B

¹⁶ Health Effects and Risks of Transport Systems: The HEARTS Project. Accessible through <http://www.euro.who.int/document/E88772.pdf>

Food, Drink and Tobacco

54. Food, drink and tobacco consumption are primary determinants of health and wellbeing and require sustained attention from those involved in policy and programme implementation and regulatory roles. Individuals also have responsibility for their own actions.
55. 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.
56. For example, there is a link between an increased density of alcohol outlets and higher rates of injury, crime and other alcohol-related harm, even after allowing for socioeconomic and demographic factors^{17,18}. Councils are somewhat limited in their ability to allow for this under the Sale of Liquor Act but can factor it into the development of District Plans.
57. If not already in place, ARPHS encourages councils to adopt a strategy to reduce alcohol-related harm. This may also require undertaking an assessment of the harm that currently exists in the council's area.
58. ARPHS would like to see consistency across the region on the grading of food premises. At present, an A-grade premises in one council may only be a B-grade in another council. This makes it difficult for the public to make an informed decision about where to purchase their food. ARPHS also encourages all councils to adopt consistent HACCP-based criteria for use during food premises assessments.

Specific Comments on Annual Plan

59. ARPHS acknowledges and commends Papakura District Council with regard to the inclusion of the link to population health within the Draft District Annual Plan where the link is specifically acknowledged within the democracy and planning, community development and the transport and roading activity Statements.
60. As stated earlier in this submission local authorities are well positioned to enhance health and wellbeing across a variety of activities. Increased opportunities for active transport (walking and cycling) will impact on the level of physical activity in a community. Physical activity itself impacts directly on the health of our people as well as indirectly through the reduction of traffic congestion, air pollution and the risk of injury. Likewise reduction in vehicle use and an increase in public transport patronage will contribute positively to the country's commitment to climate change and sustainability.

"Watch Out for Health" NHS London Healthy Urban Development Unit provides one example of a comprehensive guide to health issues for urban designers.

http://www.healthyurbandevelopment.nhs.uk/pages/checklist_for_health/intro_checklist_for_health.htm

¹⁷ Scribner et al. (1999). Alcohol availability and homicide in New Orleans: Conceptual considerations for small area analysis of alcohol outlet density. *Journal of Studies on Alcohol*, 60(3), 310-316.

¹⁸ Treno et al. (2001). Alcohol availability and injury: the role of local outlet densities. *Alcoholism: Clinical and Experimental Research*, 25(10), 1467-1471.

Water Supply and Wastewater Activity

61. The Health (Drinking Water) Amendment Act (HDWAA) 2007 will come into force on 1 July 2008. The HDWAA imposes new mandatory requirements (section 69s) around planned and unplanned interruptions backflow provisions.
62. The annual plan contains no reference to this change and ARPHS recommends that Council's water supply agreement and standards are reviewed to ensure that the new mandatory requirements in relation to drinking water supply are complied with.

Liquor Control

63. ARPHS applauds Council's decision to invest increased resourcing into liquor control activities.

Performance Targets

64. ARPHS supports Council's use of performance targets across its activities. ARPHS 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.
65. ARPHS welcomes dialogue with Council that aims to build common measures and indicators. This allows for organisations to better share progress towards desired outcomes.

Leading by example

66. 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 as the following¹⁹:

Council facilities and council-controlled organisations

- Ensuring smoke-free environments in all Council facilities (including grounds).
- Reducing 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.

ARPHS urges Council to adopt similar provisions to South Taranaki, Taranaki, Upper Hutt and Opatoki councils and prohibit smoking in Council parks and reserves.

¹⁹ 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, lease of Council facilities, loan / financial guarantee or rates relief policies)

- Impose similar requirements (to those set out above) as a condition of receiving Council support.

Partnerships with the private sector

- Impose similar requirements (to those set out above) 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.

Impacts on inequalities

67. Council's decisions have the ability to both exacerbate and reduce inequalities. The impact of its decisions will be both on the services it chooses to supply and also more subtly in how those services are funded. Council needs to ensure that services and access for vulnerable and socioeconomically disadvantaged groups remains affordable.
68. ARPHS's comments on the draft annual plan document reflect its concerns at the population level. Within the wider population, however are a number of groups such as Maori and Pacific peoples who suffer disproportionate health inequalities. Changes to the annual plan have the potential to increase or reduce the level of health inequalities suffered by these groups. ARPHS believes that any changes to the annual plan need to be made in the understanding of how Council decisions affect population health and with particular regard to issues that have the potential to improve the health outcomes for particular groups.

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.

Yours faithfully

Monica Briggs
Service Manager,
Auckland Regional Public Health Service