

18 May 2017

Submission on the Urban Development Authorities Discussion Document and Regulatory Impact Statement.

Thank you for the opportunity for Auckland Regional Public Health Service (ARPHS) to provide a submission on the Urban Development Authorities discussion document and Regulatory Impact Statement.

The following submission represents the views of ARPHS and does not necessarily reflect the views of the three District Health Boards it serves. Please refer to Appendix 1 for more information on ARPHS.

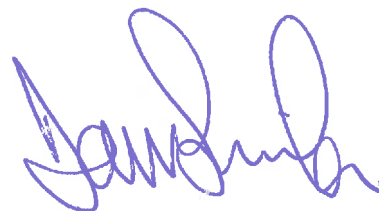
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The Auckland Regional Public Health Service (ARPHS) welcomes the opportunity to comment on the *Urban Development Authorities (UDA) discussion document* which proposes new legislation to establish UDAs; and new powers enabling these UDAs to plan, fund and implement urban redevelopment projects. With reference to this, ARPHS would like to highlight the importance of ensuring that any new legislation regarding land use and planning does not adversely impact on the public's health, instead it could positively support Aucklanders' health and wellbeing with effective planning.

Recommendations

ARPHS outlines three specific recommendations for the proposal, along with some general commentary on the need for health to be at the forefront of planning, funding and implementation of urban development through UDAs.

The recommendations are to ensure that UDA projects prioritise:

1. Meeting housing needs.
2. Building liveable, functioning, healthy neighbourhoods that establish links to public transport as part of robust infrastructure.
3. Integration of housing within local community facilities and services, and local employment.

Context

Auckland is expected to experience continued growth, with projections suggesting a population of over 2 million people in the next twenty years¹. There are currently significant gaps in development of 'affordable' housing in Auckland – being owner-occupied, private and public sector rental or social housing, for middle and lower income families. Urban Development Authorities will be able to prioritise addressing this housing deficit, and capitalise on opportunities to facilitate healthy urban development and integrate housing with public transport, communities and employment.

ARPHS generally supports the NZ Government's UDA initiative as a strategy to expedite planning and redevelopment to meet future needs for housing and amenities in Auckland. This initiative includes an approach which aligns with current and future plans, such as the Auckland Plan, and ensures collaboration with local councils and communities throughout the process. It is important that the strategic objectives of a UDA project align with the Council's responsibilities under Part 2 of the Resource Management Act (RMA).

ARPHS recognises the impact of a range of social, cultural and environmental influences on health and wellbeing and their relationship to planning and development. Many of the major

¹NZ Stat (2017) Population Tables. http://www.stats.govt.nz/tools_and_services/nzdotstat/tables-by-subject/population-projections-tables.aspx Data extracted on 17 May 2017 21:40 UTC (GMT) from NZ.Stat

causes of health loss we are now experiencing are influenced by urban environments, as well as by lifestyle and behavioural factors. Urbanisation represents a great opportunity to improve health, but also a complex challenge, especially in places where urbanisation is outpacing the development of infrastructure, services, and other resources required to sufficiently meet the needs of the residents.

Urban development in Auckland has important implications for the public's health. ARPHS is particularly concerned with a range of issues that have potential to arise as a result of urban regeneration. UDAs will play a critical role in shaping the long term health of the communities they will be established to develop.

Meeting housing need

Physical environments affect health – cold, damp and overcrowded homes contribute to poor health outcomes². In 2013, six percent of New Zealanders lived in homes with major damp or mould problems, and 10 percent lived in crowded conditions which are linked to a number of health conditions, including rheumatic fever, meningococcal disease, respiratory infections and skin infections.³ These numbers are much higher in Auckland. In 2013, 203,817 people in Auckland lived in a crowded household. Crowding was highest among Pacific peoples with 45 percent living in a crowded household.⁴ This highlights the need to ensure broad community consultation to gain an understanding of what is required by way of urban development to support the community groups that will be directly affected.

ARPHS believes that fit for purpose housing for Māori is an essential goal of any Auckland-based UDA. We propose that any process for establishing UDAs makes certain that key Māori stakeholders are engaged to ensure alignment with *He Whare Āhuru He Oranga Tāngata – the Māori Housing Strategy* and to assist with achieving its goals – improving housing for Māori, and increasing housing choices for Māori by growing the Māori housing sector. Strong, early and meaningful engagement with mana whenua and mātāāwaka will be required. Details of the proposed engagement mechanisms would strengthen the UDA proposal.

² The New Zealand Psychological Society and Child Poverty Action Group (2017). Child poverty and mental health: A literature review.

http://www.cpag.org.nz/assets/170516%20CPAGChildPovertyandMentalHealthreport-CS6_WEB.pdf

³ Ministry of Health. 2014a. Analysis of Household Crowding based on Census 2013 data. Wellington: Ministry of Health. <http://www.health.govt.nz/system/files/documents/publications/analysis-of-household-crowding-based-on-census-13-data-dec14-v2.pdf>

⁴ Goodyear, R & Fabian, A (2014). Housing in Auckland: Trends in housing from the Census of Population and Dwellings 1991 to 2013

<http://www.stats.govt.nz/~media/Statistics/browse-categories/people-and-communities/housing/auckland-housing-2013/housing-in-auckland-trends-1991-to-2013.pdf>.

Building liveable, functioning, healthy neighbourhoods

Current fragmented development often results in a patchwork of services which may not be appropriate to the culture or dynamics of a particular neighbourhood. We see UDAs as an opportunity to build capacity within communities to empower individuals to make health enhancing choices; leading to community development, rather than community dependence.

Healthy environments and healthier lifestyles substantially reduce future ill health. The design of public spaces, including parks, playgrounds, green spaces, walking trails, cycle paths and safe transport routes make it easier for communities to be physically active and healthier.⁵ Cities that consciously plan for walking and other active transport methods experience far-reaching benefits and are healthier, wealthier, safer, greener and more socially cohesive.⁶ An example of this is Plan Melbourne⁷ which incorporates the concept of '20 minute neighbourhoods' – where residents can meet most of their everyday needs within a 20-minute walk, cycle or local public transport trip of their home. The Plan notes research showing that if implemented across Melbourne, 20-minute neighbourhoods could reduce travel by nine million passenger kilometres and significantly cut greenhouse gas emissions⁸.

UDAs will have the opportunity to influence health enhancing behaviours and reduce health related inequalities in Auckland. Active lifestyles can be encouraged and facilitated by effective street design and transport systems; and location of housing, education and retail areas. A mixture of density in new residential developments provides a range of housing choice, maximizes infrastructure and land; and supports the provision of public transport. A strong body of evidence confirms the association between higher residential density (and the associated mixed land uses) and increased walking across all age groups – this association is particularly evident in adult populations. Living closer to shops and services is a consistent predictor of walking, both for transport and recreational purposes, for all age groups.⁹

⁵ Ministry of Health. (2017). Health and Independence Report 2016. The Director-General of Health's Annual Report on the State of Public Health. Wellington: Ministry of Health.
<http://www.health.govt.nz/system/files/documents/publications/health-independence-report-2016-apr17.pdf>

⁶ www.designedtomove.org (2015). Designed to move: Active cities - <http://e13c7a4144957cea5013-f2f5ab26d5e83af3ea377013dd602911.r77.cf5.rackcdn.com/resources/pdf/en/active-cities-full-report.pdf>

⁷ Department of Environment, Land, Water and Planning. (2017). Plan Melbourne.
<http://www.planmelbourne.vic.gov.au/>

⁸ Kelly, J.F., Breadon, P., Mares, P., Ginnivan, L., Jackson, P., Gregson, J. and Viney, B. (2012) Tomorrow's Suburbs, Grattan Institute. <https://grattan.edu.au/report/tomorrow-s-suburbs-building-flexible-neighbourhoods/>

⁹ Giles-Corti B, Ryan K, Foster S. (2012). Increasing density in Australia: maximising the health benefits and minimising the harm, report to the National Heart Foundation of Australia, Melbourne.
<https://heartfoundation.org.au/images/uploads/publications/Increasing-density-in-Australia-Evidence-Review-2012-trevor.pdf>

While taking part in daily physical activity is essential to healthy living, less than half of adult Aucklanders are meeting guidelines which outline the need for regular, moderate physical activity.¹⁰ Dependence on cars is a major contributing factor to rates of obesity¹¹ and one study has demonstrated that every hour spent commuting by car each day contributes to a six percent increase in the risk of obesity.¹² Dependence on cars is, in part, due to a lack of alternate modes of transport, including public transport.

Rates of diabetes in New Zealand's largest city are rising, posing a significant health and economic burden at individual and societal levels, yet it is largely preventable. Development in urban environments can be planned to maximise wellbeing now and in the future.¹³ Infrastructure that facilitates physical activity such as footpaths and cycling lanes (or the general 'walkability' of a neighbourhood) can save in health costs, particularly in treating our soaring rates of chronic disease.¹⁴

Walkability is positively associated with lower air pollution concentrations, fewer traffic injuries for users of dedicated bicycle and pedestrian networks; and less noise stress. Planning and transport systems that prioritise active transport and mixed land use can improve access for vulnerable groups, including children, the elderly, people with disabilities, and lower wage earners – enhancing health equity.¹⁵

Planning that considers health will support Aucklanders to build walking and cycling back into daily life, especially for trips to school and work. Promising British research indicates that a switch from cars to more active modes of travel could contribute to a reduction in obesity

¹⁰ Healthy Auckland together. (2017). *Healthy Auckland Together Monitoring Report 2017*. Auckland, New Zealand: Healthy Auckland Together. www.healthyaucklandtogether.org.nz

¹¹ Hinde, S. Dixon, J. & Broom, D.H. (2007) *The vehicle that drives obesity*. In *The Seven Deadly Sins of Obesity: how the modern world is making us fat*. Sydney: UNSW Press.

¹² Frank, LD., Andresen, MA. & Schmid TL. Obesity relationships with community design, physical activity, and time spent in cars. *Am J Prev Med* 2004; 27: 87–96.
<http://www.sciencedirect.com/science/article/pii/S074937970400087X>

¹³ Ministry for the Environment. (2016) *National Policy Statement on Urban Development Capacity*. Wellington, New Zealand.
http://www.mfe.govt.nz/sites/default/files/media/Towns%20and%20cities/National_Policy_Statement_on_Urban_Development_Capacity_2016-final.pdf

¹⁴ Hosking, J., Mudu, P., Dora. C. (2011) *Health in the green economy: health co-benefits of climate change mitigation – transport sector*. Geneva: World Health Organization.
http://extranet.who.int/iris/restricted/bitstream/10665/70913/1/9789241502917_eng.pdf?ua=1

¹⁵ Hosking, J., Mudu, P., Dora. C. (2011) *Health in the green economy: health co-benefits of climate change mitigation – transport sector*. Geneva: World Health Organization.
http://extranet.who.int/iris/restricted/bitstream/10665/70913/1/9789241502917_eng.pdf?ua=1

across the population.¹⁶ Complementary NZ research shows that there are both health and environmental benefits if bicycles were to replace cars for short trips.¹⁷ Physical activity increases among individuals in communities with new or improved projects or policies that combine pedestrian or cycling paths with land use and design components, such as access to public parks¹⁸. Auckland's transport system is improving, trips taken on public transport are increasing and there has been significant growth in expenditure on cycle and walking infrastructure.⁴ Well-planned development would encourage greater use and maximise the benefits of these investments.

Walkable built environments with easy access to public transport make healthy choices the default options. Development designed for health makes it easy to walk or cycle, enjoy public open space, shop, work and attend school locally, live in safe affordable homes and feel included in a community.

Green space

Exposure to public open space, parks and nature is beneficial to mental and physical health. Provision of these spaces is especially important for people living in higher density housing because it substitutes for the private space available to residents of low-density dwellings and is associated with increased levels of physical activity across all age groups.¹⁹

The discussion document states that existing reserves may be re-configured or revoked to provide space for a development project area (section 4.2 Taking of Public Land for UDA Purpose, p 55). Where reserve land is taken for redevelopment, in exchange for a reserve created elsewhere, the proposal requires that a new reserve must provide

“at a minimum for the same purpose and values as the original reserve and, if at all practicable, be located in close proximity to the community that the original reserve served” MBIE, Feb 2017.

ARPHS considers the phrase “if at all practicable” weak, and should be strengthened to protect the future of public open space. There is a vast body of evidence that supports access to public open space, parks and nature for mental and physical well-being, and these spaces are especially important for higher density housing developments.

¹⁶ Martin A, Panter J, Suhrcke M, et al. (2015). Impact of changes in mode of travel to work on changes in body mass index: evidence from the British Household Panel Survey. *J Epidemiol Community Health* 69(8): 753-761. <http://jech.bmj.com/content/jech/early/2015/04/05/jech-2014-205211.full.pdf>

¹⁷ Lindsay, G. MacMillian A. & Woodward, A. (2011). Moving Urban trips from cars to bicycles: impact on health and emissions. *Aust N Z J Public Health* 35(1):54-60. <http://onlinelibrary.wiley.com/doi/10.1111/j.1753-6405.2010.00621.x/pdf>

¹⁸ Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design. <https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches>

¹⁹ National Heart Foundation of Australia. (2017). Healthy Active By Design <http://www.healthyactivebydesign.com.au/evidence-housing-diversity>



Equity

Equity is a fundamental consideration in public health and is recognised as a key principle of the WHO Healthy Cities Project. Equity is understood here to mean that access to all aspects of a community (including health, safety, open space, transport and economic development) is fair to all residents regardless of socioeconomic status, cultural background, gender, age or ability. It is important to ensure no groups within the community are likely to receive less favourable outcomes.

Conclusion

Well planned urban development protects water, minimises the impact on air quality and sustains and safeguards the community's food supply. Achieving healthy and productive communities requires planning for walking, cycling and public transport to be as routine as planning for roads, sewers, water and other utilities.

Thank you for the opportunity to submit on the Urban Development Authorities discussion document.

Appendix 1 - Auckland Regional Public Health Service

Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Counties Manukau Health and Auckland and Waitemata District Health Boards).

ARPHS 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 the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.

ARPHS' primary role is to improve population health. 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.

The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, infrastructure requirements, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.