



2 June 2015

South Wairarapa District Council  
PO Box 6  
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Thank you for the opportunity to provide a submission on the South Wairarapa District Council Draft Long Term Plan 2015 -2025.

Council and Regional Public Health have a common agenda – working with communities where they live, work and play to improve and protect their quality of life. Regional Public Health (RPH) wants to work with Council to make our common goal achievable and easier for our communities. By finding mutual points of interest and working together we can be more efficient, reduce the burden of engagement on our communities and be more effective in our policy implementation. A collaborative approach will also facilitate smarter use of each agencies finite resources.

This submission provides a public health perspective and information for Council to consider in their planning decisions. South Wairarapa District Council's (SWDC) policy and planning are an integral part to the health and wellbeing of our communities.

We recognise that this is the first round of the new LTP consultation documents and congratulate you on summarizing a large amount of important information into a short document. We hope to reflect this process with a concise submission. To achieve this we have selected two priority areas RPH would like to progress with Council during 2015-2025: Smokefree NZ 2025 and reducing obesity through healthy food policies.

We would appreciate the opportunity to make an oral submission and we will be pleased to provide further information or clarification on any of the points raised in our submission. The contact point is:

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Yours Sincerely

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## **How this document is structured:**

- A. An overview of Regional Public Health.
- B. General comments on the Long Term Plan (LTP).
- C. Responses to your specific questions.
- D. RPH priorities on improving the wellbeing of our shared communities by working towards a Smokefree NZ 2025 and reducing and preventing obesity.

## **A. WHO WE ARE – Regional Public Health**

Regional Public Health (RPH) is a regional service based at Hutt Valley District Health Board and serving the greater Wellington region. Our business is public health action - working to improve the health and wellbeing of our population and to reduce health disparities. We aim to work with others to promote and protect good health, prevent disease, and improve quality of life across the population. We are funded mainly by the Ministry of Health but also have contracts with District Health Boards and other agencies to deliver specific services.

We have a particular focus on children, Māori and Pacific populations. Our staff include a range of occupations comprising: medical officers of health, public health advisors, public health analysts, health protection officers, vision and hearing technicians and public health nurses.

## **B. GENERAL COMMENTS ON YOUR LONG TERM PLAN**

RPH respects and acknowledges that SWDC decisions have a significant impact on health. We see this through appropriate management of infrastructure (e.g. water and sewage) and creating environments that support wellbeing through reducing the exposure to tobacco, facilitating access to healthy food and promoting urban design that encourages physical activity. This is the basis for making a submission on your Long Term Plan (LTP).

RPH supports SWDC outcomes to have a healthy and economically secure community. RPH outcomes are also centred on healthy communities, families and people. It is important to ensure equity across the community, where social and economic opportunities are accessible to all; this allows for greater resilience to external pressures and fosters a sense of place among the community. RPH would like to work closely with Council, in partnership, to ensure that these outcomes are equitably achieved.

We commend Council for highlighting the potential changing environment for tangata whenua post Treaty of Waitangi settlement and how this may change the working relationship with tangata whenua. We support Council's plan to assess opportunities, roles and initiatives to foster iwi and community empowerment, this will ensure greater partnership and co-governance. There are successful examples of co-governance structures for the management of areas of significance for tangata whenua, such as the Porirua Harbour and Catchment Strategy. We congratulate Council on your intention to keep the community updated as more information becomes available around the Treaty settlement process.

We also note in the LTP Council's progress made on some projects since the last LTP (for example, the Waihinga Centre and Featherston Town Square). We commend Council for bringing to the attention of the community other projects that maybe of interest but do not yet require formal consultation. This signals the value that Council places on having input from an informed community.

Community outcomes are difficult and complex to measure. RPH commends Council for noting the uncertainties and challenges that South Wairarapa faces in the long term; specifically New Zealand's changing demographic trends of increases in the number of older people. Council has noted that the median age of the population of the region will rise to 50.1 years by 2043. It will be important that Council align decisions on infrastructure management with this trend to ensure resilience and ease of use in the long term.

RPH supports the district wide strategy for waste water treatment. We commend Council's aspirational plan for 100% discharge to land. We note that this is currently in the planning phase and suggest Council ensure current timeframes are seen as the upper limit for planned implementation. We recognise the challenges raised by a small community rating base, but an integrated strategy as noted in the LTP at least secures the option of summer discharges to land in the medium term for the three municipal waste water plants.

We think that a way to work towards improving quality of life for residents is for councils to incorporate a 'Health in All Policies' approach. This doesn't mean 'doing health policy'; rather, it means looking at the impact of policies, planning and decisions across-the-board on the health and wellbeing of our shared communities. An example of a 'Health in All Policies' (HiAP) approach has been undertaken by Christchurch City Council, with a focus on improved quality of life and how this can be achieved via actions from policy decisions. The HiAP approach incorporates problem solving by integrating health, wellbeing and equity into the planning, implementation and evaluation cycle. It seeks to maximise conversations between council and community, and problem solving with evidence to support action. Furthermore, it has an evaluation framework to assess the effectiveness of projects.

RPH has been learning from our public health colleagues in Christchurch about this approach. We are willing to explore such an approach if it is of interest to Council.

RPH can assist SWDC with public health policy advice on request. We have skilled staff who can participate in or provide advice on policy/planning development and implementation processes.

## **Fluoride**

### *Community Water Fluoridation*

It is likely that there will be submitters to the LTP who are opposed to community water fluoridation. RPH supports the use of community water fluoridation, based on national and international scientific research. Research from Australia has shown that fluoridation of water supplies serving

communities of over 1000 people has a net economic benefit, with avoidance of unnecessary dental treatments especially general anaesthetics in children.<sup>1</sup>

Wairarapa District Health Board (WDHB) covers the SWDC geographic area and therefore, for consistency in advice, we have included WDHB's position on community water fluoridation.

"The Wairarapa District Health Board endorses community water fluoridation as an effective public health measure contributing to the maintenance of oral health, prevention of tooth decay and reduction in health inequalities. Community water fluoridation is a low cost measure that benefits people of all ages with natural teeth and has proven over the last 65 years to be very safe. Local drinking-water supplies that are already fluoridated should remain so. Where technically feasible, where local supplies are not fluoridated, local authorities are encouraged to implement water fluoridation programmes as soon as possible to improve the oral health of their communities."<sup>2</sup>

RPH can continue to provide Council with the latest scientific research and work alongside Council staff to ensure clarification is provided to the community on water fluoridation issues.

## C. IN RESPONSE TO YOUR SPECIFIC QUESTIONS

### Rates affordability

Do you agree with the proposed overall average rates increase for the next 10 years, enabling the proposed expenditure outlined in this document?

No comment.

If no what general rates increase do you support?

No comment.

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<sup>1</sup> Cost effectiveness of extending the coverage of water supply fluoridation for the prevention of dental caries in Australia. Community Dent Oral Epidemiol 2012; 40: 369-76.

<sup>2</sup> <http://www.huttvalleydhb.org.nz/content/64ba1cff-c2a3-4af5-b0cb-32fc215cee03.cmr>

## **Sewerage**

In what time frame should irrigation to land be completed? 35 years/ 25 years/ other

RPH would like to reiterate that wastewater management is a priority and would support SWDC implementing irrigation to land as soon as practicable.

## **Roading**

Should road maintenance service levels be: Maintained/reduced/increased

No comment.

## **Seal extensions**

No extension/1 km extension/2 km extension

No comment.

Where do you think the seal extension should be done?

No comment.

## **Footpaths**

Do you support the establishment of rural footpaths (lime walkways) through rural rates?

Yes.

If yes how should they be prioritized?

We support option 2. This allows for integrated planning with cycling, which will be a more efficient approach.

## **Pensioner (Community) Housing**

Do you consider Pensioner Housing part of our core business?

No comment

## **Levels of Service (LoS)**

Maintain the current LoS/Increase LoS/reduce LoS

No comment

Do you support the following INITIATIVES? Increased Fees and Charges as opposed to general rates increase

No comment

### **Coastal Reserve Development**

RPH supports Council's development of Coastal Reserve Plans. Such plans recognise the contribution of open spaces to the social, cultural, economic and environmental wellbeing of people.

### **Cycle Trails**

RPH supports the development of a cycle strategy in 2015/16. As Council has highlighted walking and cycling has health benefits, is easy on the environment and provides greater connectivity.

In the development of a cycle strategy Council could link this to support for bike in schools programmes. The combined effect of infrastructure planning and cycling promotion would result in children learning bicycle safety and then having the confidence to use cycle routes that have connections from their home to school. Cycling for children encourages physical activity and improved understanding of the benefits of physical activity that contributes to reducing obesity.

### **Which digital services do you think are a priority for the Wairarapa?**

Urban Ultra fast broadband/ Improved rural broadband/ mobile black spots

No comment.

### **Strategies and Policies**

If you have any views on these please comment. If you would like to comment or propose something different now is your chance.

Specific comments are provided in the following section.

## **D. RPH PRIORITIES**

RPH wants to support SWDC in planning for environments that reduce exposure to tobacco and facilitate access to healthy food and increased opportunities for physical activity.

### **SMOKEFREE 2025**

RPH congratulates SWDC for the progress you have made in this space already, for example through your smokefree environment policy which covers all facilities controlled by the council. We see this as a key step towards achieving the Smokefree 2025 goal and normalising smokefree environments.

#### **What are the public health issues?**

Tobacco smoking kills approximately 5000 New Zealanders every year. Smoking is the main cause of lung cancer and is a significant contributory cause to many other cancers and chronic diseases.

Our public health advisors (tobacco) work in many areas including enforcement of the Smokefree Environments Act, supporting smokefree policies and better help for smokers to quit - all of which support the Government's goal of a Smokefree New Zealand by 2025.

Our goals are:

- Creating environments that normalises being smokefree.
- More smokefree environments.
- Fewer young people and children start smoking.
- More smokers quit.

#### **RPH can work with Council to demonstrate leadership in achieving Smokefree NZ 2025 by:**

1. Helping Council in the development of a licence scheme for tobacco retailers (thus facilitating reducing the sales to young people and minors).
2. Encouraging Council and workplaces to provide smoking cessation workshops for staff.
3. Working with Council to develop smokefree policy and clauses for Council sponsored or affiliated events.
4. Working with Council on providing smokefree rental accommodation.

RPH has a range of smokefree resources and health information available, including banners for loan free of charge. Please contact us if you would like support for your smokefree community event.

### **REDUCING AND PREVENTING OBESITY**

RPH recognises and supports SWDC's previous work on supporting increased physical activity, for example supporting the development of cycleways and pedestrian walkways. We would like to continue to support SWDC with strategies to increase physical activity, such as providing input into the Cycle Strategy.

RPH recommends SWDC now gives focus to the next level of intervention, to create an environment that supports easy access to healthy, affordable food in communities where people live, learn, work and play. SWDC has an opportunity to show leadership in identifying and implementing strategies that support and promote healthy food provision in communities, Council owned premises, vending machines, catering and sponsored events.

### **What are the public health issues?**

Childhood obesity is one of the most serious public health challenges of the 21<sup>st</sup> century. Having good food choices and opportunities for physical activity is imperative. The Prime Minister's chief science advisor, Sir Peter Gluckman, recently stated in a World Health Organisation report on ending childhood obesity:

“There is an understandable tendency to see obesity as a problem for the health sector, but preventing childhood obesity demands the coordinated contributions of government ministries and institutions responsible for policies on education, food, agriculture, commerce and industry, finance/revenue, sport and recreation, media and communication, environmental and urban planning, transport and social affairs.”<sup>3</sup>

By next year, it is projected that excessive body weight will overtake tobacco use as the leading risk to health, making obesity a significant issue for New Zealand<sup>4</sup>. International research recognises the close relationship between healthier populations and economic prosperity, arguing that healthy populations stimulate economic growth, lower health care costs, lure new businesses and create jobs<sup>5</sup>.

### **What role does the Council have in reducing and preventing obesity via healthy food policy?**

SWDC is fortunate to have productive land within in its region. The area is known for its horticulture and agriculture, and this offers unique opportunities to partner with local schools and community groups to share knowledge about growing and producing fresh healthy food. RPH would welcome the opportunity to work with Council or support Council working on such projects.

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<sup>3</sup> WHO interim report of the commission on ending childhood obesity. World Health Organization 2015, p.23  
<http://www.who.int/end-childhood-obesity/commission-ending-childhood-obesity-interim-report.pdf>

<sup>4</sup> Briefing to incoming health minister 2014 <http://www.health.govt.nz/publication/briefing-incoming-minister-health-2014>

<sup>5</sup> Reeve,B., Ashe,M., Farias, R., Gostin, L.. State and Municipal Innovations in Obesity Policy: Why Localities Remain a Necessary Laboratory for Innovation. American Journal of Public Health: 105.3 (March 2015): 442-450.



A further range of opportunities are available to SWDC to contribute to affordable, healthy food access, as well as the reduction and prevention of obesity. These opportunities could include supporting/promoting:

- community gardens and markets
- opportunities for cooking and nutrition literacy
- food policy for council owned facilities and events
- implementing good urban design principles (e.g. Featherston Town Square)

Policy and environmental change have been identified as the foundation of obesity prevention in an environment that promotes eating too much and moving too little<sup>6789</sup>. Food policy is a cost effective and sustainable tool to support a healthy nutrition culture. An example of this this is provided within the Healthy Together Victoria's *Achievement Programme*<sup>10</sup>, and by an increasing number of District Health Boards and some councils. Within our region, Hutt City Council has been designated as a site for the Healthy Families NZ initiative, which is based on the Healthy Together Victoria model. This provides a local case for how healthy nutrition (in addition to focussing on other risk factors for poor health) can be implemented, utilising cross sector engagement with central government, local government and District Health Boards.

RPH would like to work alongside SWDC to support and prioritise strategies that impact the food environment and the significant and unequal burden of nutrition related diseases in the Wairarapa region.

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<sup>6</sup> Egger G, Swinburn B. An "ecological" approach to the obesity pandemic. *BMJ* 1997;315: 477-80.

<sup>7</sup> Harvard School of Public Health 'The Obesity Prevention Source' [www.hsph.harvard.edu/obesity-prevention-source/](http://www.hsph.harvard.edu/obesity-prevention-source/) (accessed 2 June 2012)

<sup>8</sup> Haby M, Vos T, Carter R et al. A new approach to assessing the health benefit from obesity interventions in children and adolescents: the assessing cost-effectiveness in obesity project. *Int J Obes* 2006;30:1463-75.

<sup>9</sup> Vos T, Carter R, Barendregt J et al. Assessing Cost Effectiveness in Prevention (ACE Prevention): Final Report. Brisbane: University of Queensland and Melbourne: Deakin University; 2010.

<sup>10</sup> [http://www.achievementprogram.healthytogether.vic.gov.au/downloads/Accessible\\_PDFs/Workplace/Benchmarks/Healthy\\_Eating\\_Benchmarks\\_WP.pdf](http://www.achievementprogram.healthytogether.vic.gov.au/downloads/Accessible_PDFs/Workplace/Benchmarks/Healthy_Eating_Benchmarks_WP.pdf)