

1 May 2015

Draft Long Term Plan

Porirua City Council PO Box 50218 Porirua 5240

Thank you for the opportunity to provide a submission on the Porirua City Council Draft Long Term Plan 2015 -2025.

Porirua City Council (PCC) and Regional Public Health (RPH) have a common agenda — working with communities where they live, work and play to improve and protect their quality of life. RPH wants to work with PCC 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. This 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. PCC's policy and planning are an integral part to the health and wellbeing of our communities.

We recognize 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.

We would appreciate the opportunity to make an oral submission and we would 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 congratulates Porirua on celebrating 50 years as a city. This is a remarkable milestone. We congratulate you on using this achievement as an opportunity to reflect on the past, consider the present, and to plan for the future. We support your courageous stance to do things differently to get different results for your city¹. We support your view that the whole city has a responsibility in lifting educational achievement of young people and that major child health issues are tackled².

RPH respects and acknowledges that PCC 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 has been learning from our public health colleagues in Christchurch about a "Health in All Policies" (HiAP) approach.³ 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. There appears to be similarities between a HiAP's approach and your proposed child and youth centered policies framework. We are willing to explore the synergies between these two approaches if it is of interest to the Council.

¹ Securing our future – have your say Porirua. Porirua City Council Long Term Plan Consultation document 2015-2025, p.4

² Securing our future – have your say Porirua. Porirua City Council Long Term Plan Consultation document 2015-2025, p.4

³ http://www.cph.co.nz/Files/CHIAPPInfoSheet6.pdf

RPH can assist PCC 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.

RPH strongly supports the direction of your LTP, we see many opportunities to work with you, and we are interested in your ideas on how you would like to build on the partnership we have.

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 continuation of community water fluoridation, based on national and international scientific research.

Capital & Coast District Health Board (CCDHB) covers the PCC geographic area and therefore, for consistency in advice, we have included CCDHB's position on community water fluoridation.

"The Capital & Coast 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 communities⁴."

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

C. IN RESPONSE TO YOUR SPECIFIC QUESTIONS

Children and young people at the centre of city decisions

1 (a) This is a new priority for Porirua City Council to make clear our commitment to the children and young people of our city. Do you agree with this?

RPH congratulates you on your visionary LTP to put children and young people at the heart of city decision making. As your consultation document highlights, 40% of the PCC population is under the age of 25 and therefore it seems appropriate to re-orientate your commitment to this population⁵. RPH also has children at the heart of our bold goal of "halving the rate of avoidable hospital admissions for Maori, Pacific and children by 2021". We would welcome opportunities to support and work with you in your new priority area.

⁴ http://www.ccdhb.org.nz/news/2014/CCDHBFluoridationPositionStatement.pdf

⁵ Securing our future – have your say Porirua. Porirua City Council Long Term Plan Consultation document 2015-2025, p.4

1 (b) What else do you think the Council could do to support this new priority?

Council may already have policy being developed in this area, but RPH would like to emphasise the value in ensuring appropriate methodologies are utilised to capture the voice of children and youth. Implementing such processes will support meaningful contributions from local children and youth towards policy and innovation.

A healthy and protected harbour and catchment

2 (a) We have just reconfirmed the *Te Awarua-o-Porirua Harbour and Catchment Strategy and Action Plan 2015* after consultation so we think we are on the right track. Do you agree?

Yes. RPH supports the Te Awarua-o-Porirua Harbour and Catchment Strategy and Action Plan 2015. RPH is part of the interagency advisory group for the strategy and looks forward to ongoing collaboration in this area.

2 (b) What actions do you think will help to improve the health of our harbour?

RPH regularly provides feedback on the priority areas for the above mentioned strategy that will result in improved wellbeing. These areas include both direct (e.g. improving water quality for recreational contact) and indirect impacts (e.g. improving the mauri of the body of water) on wellbeing.

A growing, prosperous and regionally-connected city

3 (a) Over the next 10 years we propose to spend \$300 million capital expenditure. Of this, \$155 million is proposed for the city's existing infrastructure to improve resilience and reduce the risk of service failure to the community. Do you agree with this proposed level of investment?

RPH supports investment into existing infrastructure to improve resilience. In particular, RPH sees wastewater management as a key priority given the city's proximity to the harbour. In addition, ensuring ongoing investment in infrastructure for drinking water to ensure both quality and quantity of water can be maintained, including during an emergency causing disruptions to the network.

3 (b) The Council proposes to spend \$21 million capital expenditure over the next 10 years on physical upgrades to the city centre to improve pedestrian access, attract business and encourage residential development (this represents a total of four per cent of rates once completed). Do you agree with this proposed level of investment?

RPH supports improving the street environment, safety and accessibility for pedestrians, cyclists and public transport in physical upgrades to the city centre.

The canopies were a feature in the city centre for nearly 20 years and had to be removed for safety reasons

3(c) No cover – this is a cheaper option (approximately \$490,000),

3(d) Full cover with translucent material (approximately \$3.2 million)

3(e) Full cover – this option (approximately \$2.5 million)

No comment.

3(f) What do you think we could do to improve the city centre?

RPH recommends that principles of healthy urban design be considered when regenerating inner-city precincts. A tool RPH has found useful for this type of planning has been the New South Wales Governments Healthy Urban Development Checklist⁶.

RPH would also encourage PCC to consider opportunities for increasing the number of open spaces and green spaces.

3 (g) Do you think the Council should invest \$4 million (this represents a total cost of one per cent of rates on completion) in improvements to intersections along Whitford Brown Avenue?

Yes, improvements to these intersections will provide a safer connection for the Waitangirua, Ascot Park, Whitby and Aotea communities to the Porirua City Centre. We support the proposed improvements to pedestrian access across Whitford Brown Avenue as a part of this upgrade.

A great village and city experience

4 (a) Do you think the city would benefit from a performing arts centre?

No comment.

4 (b) The proposed cost of a stand-alone performing arts centre is estimated at \$8 million. We are proposing a partnership arrangement which would deliver the facility at a much lower cost to Council – estimated at \$1 million. Aotea College has made a proposal to Council for a joint performing arts centre. What do you think?

No comment.

4 (c) Do you agree the Council should invest \$500,000 in a splash pad?

Yes. RPH supports the investment in a splash pad as it offers further opportunities for physical activity and at no cost to families.

4 (d) The Council has recently been considering live streaming of its meetings to enable greater public access to Council decisions. This is likely to cost \$65,000 to set up. Do you agree with live streaming of Council meetings?

No comment.

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⁶ New South Wales Department of Health. The Healthy Urban Development Checklist; 2009

Our services to you

5 (a) Following a review of Council-owned property, we propose to sell surplus property that is no longer required by the city. We will consult with the community on specific land sales. Do you agree with this?

RPH suggests a health impact assessment is undertaken on any proposed sales of surplus Council properties to ensure disparities for Maori and Pasifika are not exacerbated. The Health Equity Assessment Tool (HEAT) is a practical tool to use for a health impact assessment approach. HEAT consists of 10 questions and can be used when developing policies, programmes or services to promote equity, and also to assess interventions for their current or future impact on inequalities. The tool is flexible and can be used in its entirety or, alternatively, selected questions or groups of questions can be asked for specific purposes⁷.

Balancing our books

6 (a) While our current financial position is basically sound, it is not sustainable over the next 10 years. We propose a sustainable approach as outlined in Option Four: a balanced budget by 2021/22. Do you agree with this?

No comment.

General comments

7 (a) Do you have any other comments about the consultation document for the long-term plan 2015–25 or any other policies we are currently consulting on?

See subsequent sections.

D. RPH PRIORITIES

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

SMOKEFREE 2025

RPH congratulates PCC for the progress you have made in this space already, for example through smokefree playgrounds and sports fields, and wants to continue to work with you to progress this important area.

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.

 $^{^7\,}www.pha.org.nz/documents/health-equity-assessment-tool-guide 1.pdf$

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:

- Increasing the number of smokefree environments. For example RPH can work alongside PCC on the proposed city centre redevelopment to explore options that increase outdoor smokefree spaces in the city centre.
- 2. Helping Council in the development of a licence scheme for tobacco retailers (thus facilitating reducing the sales to young people and minors).
- 3. Encouraging Council and workplaces to provide smoking cessation workshops for staff.
- 4. Working with Council to develop smokefree policy and clauses for Council sponsored or affiliated events and all Council venues.
- 5. Working with Council to promote smokefree cars carrying children.
- 6. 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 PCC's previous work on supporting increased physical activity, for example, developing cycleways and increasing pedestrian walkways. We would like to continue to support PCC with strategies to increase physical activity, such as supporting promotions of public and active transport utilisation.

RPH recommends PCC 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. PCC has an opportunity to show leadership in identifying and implementing strategies that support and promote healthy food provision in communities, Council owned cafes, vending machines, catering and sponsored events.

A recent example of how communities and organisations (including Council and RPH) can contribute to creating healthy food environments was at Creekfest. RPH worked with the Creekfest committee to encourage food vendors to make healthy foods the first option for customers and to ban sugary drinks. The ban of sugary drinks was seen as a first step in a journey towards a healthier food environment at Creekfest.

What are the public health issues?

Childhood obesity is one of the most serious public health challenges of the 21st 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."

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 Zealand⁹. 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 jobs¹⁰.

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

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

- fruit and vegetable co-operatives
- community gardens and markets (such as Te Rito community gardens)
- opportunities for cooking and nutrition literacy
- nutrition standards
- food policy for council owned facilities and events
- implementing good urban design principles
- reviewing food retail zoning conditions

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 11121314. Food policy is a cost

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⁸ 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

^{9 9} Briefing to incoming health minister 2014 http://www.health.govt.nz/publication/briefing-incoming-minister-health-2014

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.

¹¹ Egger G, Swinburn B. An "ecological" approach to the obesity pandemic. BMJ 1997;315: 477-80.

¹² Harvard School of Public Health^{. The} Obesity Prevention Source <u>www.hsph.harvard.edu/obesity-prevention-source/</u> (accessed 2 June 2012)

¹³ 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.

effective and sustainable tool¹⁴ to support a healthy nutrition culture. An example of this is provided within the Healthy Together Victoria's Achievement Programme¹⁵, 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 an example from our region 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 PCC to support and prioritise strategies that impact the food environment and the significant and unequal burden of nutrition related diseases in the Wellington region.

¹⁴ 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.

¹⁵ Healthy Together Victoria, Achievement Programme. Healthy Eating Benchmarks. Accessed 03 March 2015 at http://www.achievementprogram.healthytogether.vic.gov.au/downloads/Accessible PDFs/Workplace/Benchmarks/Healt hy Eating Benchmarks WP.pdf