

04 February 2021

Carterton District Council
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Re: Carterton Draft Structure Plan

Tēnā koe

Thank you for the opportunity to provide a written submission on this consultation document.

Regional Public Health (RPH) is the public health unit for the greater Wellington region (Wairarapa, Hutt Valley and Capital & Coast District Health Boards). Our purpose is to improve and protect the health of the population in the greater Wellington region with a focus on achieving equity.

We work with our community to make it a healthier and safer place to live. We promote good health, prevent disease, and improve the quality of life for our population.

The Ministry of Health requires us to reduce potential health risks and promote good health by various means, which includes making submissions on matters of importance to the communities we serve.

We are happy to provide further advice or clarification on any of the points raised in our written submission. The contact point for this submission is:

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Ngā mihi

Dr Stephen Palmer
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OVERVIEW

Regional Public Health (RPH) **congratulates Carterton District Council (CDC) on progressing the Draft Structure Plan.** Structure plans allow for integrated planning with high quality housing, public and active transport options, community amenities, and high quality communal and accessible open/green space, all of which contribute to building healthy communities and neighbourhoods.

Urban and territorial planning is a critical enabler for health and well-being in cities and regions, and our health is influenced by many factors beyond the health sector.¹ Placing health and well-being at the centre of the planning process can foster good livelihoods, build resilient and vibrant communities, and give voice to vulnerable groups, while enabling progress to reduce inequalities in urban areas.

Housing is of particular importance in the light of the public health challenges we have recently faced, and that will continue to be part of the future for Carterton and other areas. The COVID-19 pandemic has highlighted the importance of warm, dry, safe and affordable housing, particularly during lockdown when whānau spent more time in their homes and neighbourhoods than ever before. Whānau living in damp, cold and overcrowded houses are at a greater risk of contracting respiratory illnesses.¹ Regional Public Health has also noted an increase in notified Rheumatic fever cases in 2020. This has directly impacted Māori and Pacific whānau and tamariki who are disproportionately represented due to poverty and poor housing conditions.

Your plan to accommodate future population growth in urban areas close to the Carterton town centre is an opportunity to enhance the health and social wellbeing of Carterton residents. The WHO defines the social determinants of health² as “the conditions in which people are born, grow, live, work and age”. This holistic definition recognises that our urban environments directly influence health and wellbeing. Examples include access and quality of open public spaces, and districts built taking into account the need for people be able to access local amenities by walking.¹ RPH commends Carterton District Council on their focus on the following issues.

HEALTHY AND SAFE

RPH commends CDC on their effort to stimulate active transport modes and areas for outdoor recreation as well as providing potential for wider residential amenities.

Siting housing near transport routes and suburban centres encourages the use of public transport, and especially active transport (walking, jogging, cycling) to navigate the city and daily activities. The proposed housing sites in Carterton are well placed to access community facilities and to support access to active and public transport. Specifically providing for walking and cycling connections to

¹ World Health Organization. 2020. Integrating health in urbans and territorial planning: a sourcebook. Switzerland. Available at: <https://www.who.int/publications/i/item/9789240003170>

² Available at: https://www.who.int/social_determinants/sdh_definition/en/#:~:text=The%20social%20determinants%20of%20health,global%2C%20national%20and%20local%20levels.

local facilities and schools, links to a green corridor in the structure plan and improved walking and cycling infrastructure along main roads will ensure that health and wellbeing benefits from any future development are realised. Reducing dependency on cars and motorised transport reduces congestion and will improve public transport flow the urban areas. Not only is it good for the environment as it reduces carbon emissions, there are also benefits for health as it encourages people to be physically active in their community. Non-communicable diseases, such as heart disease and cancers, drive most of the ill-health and premature loss of life experienced by New Zealanders.³ Promoting physical activity is one way we can reduce the impact of these diseases.

CONNECT WITH NATURE

RPH commends CDC focus on the provision of green space and amenity

Living in proximity to green spaces is generally associated with “increased physical activity, positive health behaviours and improved health outcomes”⁴ This effect is present across the life course and appears to be particularly important in early life. The COVID-19 lockdowns have also demonstrated the importance of the amenities of local neighbourhoods, including walkability. Features of green space design such as condition, coverage/shade, and openness/visibility can be associated with green space usage. For parks this can include specific aspects such as safety, maintenance, sports facilities and other facilities such as walkways and paths. In adulthood, access to green space and engaging with nature is associated with behaviours, such as walking and with reduced risk of stress and psychological distress. In later life facilities such as seating, toilets and drinking water facilitate ongoing engagement with a green space and its associated health benefits.³ This suggests that overall “greenness” of urban landscapes and distribution of accessible parks and green space facilities can improve health and well-being of children and adolescents, and contribute to maintaining this across a lifetime.

WIDER OPPORTUNITIES

RPH recommends that CDC consider enhancing access to healthy food in Carterton.

COVID-19 and the lockdowns highlighted the importance of access to fresh food within a local neighbourhood, when people were not able to move far from home. The Wairarapa region has large growing abilities. Discussions on alternative food distribution methods would be beneficial for the Carterton region. Furthermore, consideration should be made on whether another supermarket, or a fruit and vegetable store should be made available to improve access with an increased population.

It is also important to include access to safe drinking water, especially along active transport routes and areas of recreation.

³Ministry of Health. 2020. Health and Independence Report 2018. Wellington: Ministry of Health. Available at: <https://www.health.govt.nz/publication/health-and-independence-report-2018>

⁴ Douglas O, Lennon M, Scott M. Green space benefits for health and well-being: A life-course approach for urban planning, design and management. *Cities*. 2017 Jun 1;66:53-62.

HOUSING AFFORDABILITY AND SUPPLY

RPH commends CDC on their efforts to improve the availability of housing in Carterton through the identification of future sites for development.

RPH recommends that CDC play a key role working with future developers to ensure that proposed development plans allow for a range of housing typologies and affordable housing options and align with best practice in urban design.

The need for affordable housing is high, as evidenced by the increasing demand for social housing. RPH supports new housing development where it is health promoting (well-insulated, mould free, warm, and dry etc.) and where access to housing supply is equitable across the population.

As of September 2020 there are 16 individuals on the Social Housing Register for Carterton. This is an increase of 33% from September 2019. All of these individuals are identified as being priority A, indicating they are considered “at risk” and have severe and persistent housing need that required immediate attention.⁵ It is imperative that we ensure there is an adequate supply of healthy, safe and affordable homes available to meet this urgent need, and to provide sustainable housing options into the future.

RPH recommends that housing affordability should be a central concern of this new development, with particular consideration given to how this can be achieved for Māori and Pacific whānau.

Historically, priority populations such as Māori and Pacific peoples, have not been included in the growth of home ownership in the community. A focus on developing culturally appropriate and affordable housing, including Papakāinga housing, alongside working closely with Iwi in the region, may help CDC to further identify opportunities to improve equity in access to housing for Māori whānau in the district. It is important that we also look to support affordable housing options close to town centres, public transport and other residential amenities that will provide opportunities for more Māori, Pacific and low income families into housing.

While RPH support the inclusion of medium density section sizes we note that these are considerably smaller than the density provided for in other areas of the development and in comparison to the existing surrounding residential density. Future residential development will need to carefully consider housing typology and local context. We suggest that CDC explore the development of additional guidance relating to medium density housing to ensure the development meets the needs of existing and future residents and is successful.⁶ This will help to ensure a cohesive approach across Carterton to medium density housing and will increase the likelihood of its acceptability to the local population.

⁵ Ministry of Social Development. Housing register. Available at: <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/statistics/housing/index.html>

⁶ BRANZ. Why have regional rules? Available at: <https://www.mdh.org.nz/regional-rules/why-have-regional-rules/>

INTEGRATING HEALTH INTO SPATIAL PLANNING

There is a huge opportunity for the health contributing potential of towns to be better recognised in the spatial plan. Many of the themes that emerge from a spatial plan, about improving public transport, increasing walkability and bike use, developing greener and carbon neutral cities, and providing healthy and affordable homes, are all related to positive health outcomes for whānau in the community. In its present form, the CDC Structure Plan is silent on how proposals on spatial planning relate to health outcomes and how these changes could improve measures of health and wellbeing for communities. **RPH recommends that health is integrated into any spatial plan to ensure that health and well-being is prioritised.**

There are a range of practical tools that can be used during the planning process to ensure wellbeing is a core part of the final outcomes. These tools are all flexible, and can be used in their entirety or used as the basis for discussion and appraisal of spatial planning work. Tools and approaches include:

- **Health Equity Assessment Tool⁷**: a tool that aims to improve equity in health in New Zealand. It consists of a set of ten questions that assess the current and future impact of policies on health equity.
- **Health Impact Assessment or Whānau Ora Health Impact Assessment**: systematic way of assessing the positive and negative health impacts of a policy, with particular attention to inequities.
- **Health Promotion and Sustainability through Environmental Design⁸**: a planning guide developed by Christchurch City Council and Community and Public Health (Christchurch's Public Health Unit). Divided into 14 themes that identify the links between environmental design and community health and wellbeing.
- **Integrated Planning Guide⁹**: also developed in Christchurch, originally focused on earthquake recovery, but updated in 2018 to focus on city planning more broadly. Presents targeted questions to encourage critical thinking and innovation. Presents a way of ensuring sustainability, resilience and health are integrated into planning, alongside social, environmental and economic outcomes.
- **Identify opportunities to have dedicated public health expertise as part of the council workforce**: given the significant impact of spatial planning on wellbeing and health, CDC could consider funding dedicated public health expertise to work alongside planners for the duration of the project.
- **National Policy Statement on Urban Development 2020**: provides a high-level overview, CDC is classified as a Tier 3 Council

For further information on these tools please do not hesitate to contact us. We welcome the opportunity to remain involved as the Structure Plan evolves, and to meet with planners to discuss how we can best support them in this work.

⁷ Available at: <https://www.health.govt.nz/system/files/documents/publications/health-equity-assessment-tool-guide.pdf>

⁸ Available at: <https://www.ccc.govt.nz/assets/Documents/The-Rebuild/Strategic-Plans/hpstedqualitativeview110519.pdf>

⁹ Available at: <https://www.cph.co.nz/wp-content/uploads/IntegratedPlanningGuideV3.pdf>