Auckland Regional Public Health Service
Rātonga Hauora ā Iwi o Tamaki Makaurau

Working with the people of Auckland, Waitemata and Counties Manukau

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Better urban planning inquiry
New Zealand Productivity Commission
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Submission to Better Urban Planning Issues Paper

Thank you for the opportunity to comment on the Better Urban Planning issues paper.

The following submission has been prepared by the Auckland Regional Public Health Service 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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Public Health in Urban Planning

1. The Auckland Regional Public Health Service (ARPHS) sees the Productivity Commission's (Commission) "first principles" review of the urban planning system in New Zealand as potentially useful for examining the complex issues involved in how we plan more effectively for the urban environment. We also consider that matters such as public health, community cohesion and environmental protection should have high priority when addressing urban planning.

2. Urban planning originated primarily because of the public health problems of *ad hoc* urbanisation. Early gains in European and North American cities on drinking water and sewerage infrastructure, air quality, housing quality and industrial pollution were generally opposed by commercial interests and land-owners as interference with markets, property rights and commercial interests. However, they produced major improvements in life expectancy, living conditions and productivity.

3. ARPHS considers that it is important to retain a broad focus on sustainable management of the urban environment, such as encompassed in section 5 of the Resource Management Act 1991 (RMA), i.e. how people and communities meet their social, economic and cultural needs, and their health and safety, within ecological limits.

4. However, research in the last 25 years has increasingly examined the impact of urban planning and development on the social and economic factors which affect individual and community health. The way a suburb, town or city is developed can impact on factors such as:

   - Social exclusion and segregation;
   - Housing affordability and quality;
   - Access to community facilities and services, employment, healthcare and social services;
   - Disparities in environmental hazard exposure (such as where factories and other industrial production facilities are located);
   - The ability of people to engage in active transport (walking and cycling);
   - Access to healthy food environments.

5. People are a city's greatest asset. It therefore makes sense that the general health of a city's population should be at the forefront when decisions are made about a city's development and direction. This notion is reflected in the Auckland Plan:

"The well-being of all Aucklanders is critical to creating a better future for Auckland and New Zealand. Prioritising and constantly improving residents' health, education and safety will support our goal of Auckland becoming the world's most liveable city."

6. A healthy population is also a productive one. While many factors in the urban environment that influence health status are outside the direct influence of the health system, they are within the influence of local government through their urban planning function. One of these factors is urban form and the built environment. The quality of the urban environment is intrinsically linked to population health outcomes.

7. The European Regional Office of the World Health Organisation has had a programme supporting urban planning and development to incorporate aspects of health and social wellbeing since the 1980s.[1] The key health objectives for planners are:

   a. promoting healthy lifestyles (especially activity in daily life and recreation);

   b. facilitating social cohesion and supportive social networks;

   c. promoting access to good-quality housing;

   d. promoting access to employment opportunities;

   e. promoting accessibility to good-quality facilities (educational, cultural, leisure, retail and health care);

   f. encouraging local food production and outlets for healthy food;

   g. promoting safety and a sense of security;

   h. promoting equity and the development of social capital;

   i. promoting an attractive environment with acceptable noise levels and good air quality;

   j. ensuring good water quality and healthy sanitation;

   k. promoting the conservation and quality of land and mineral resources; and

   l. reducing emissions that threaten climate stability.

8. Many of these objectives are already present in local government plans in New Zealand (including Regional and District Plans, as well as council Long Term Plans). For example, Auckland Council's *Auckland Plan* incorporates a range of social, economic, cultural and health objectives. Councils were able to consider social wellbeing in their planning prior to the 2012 Local Government Act (LGA) amendment.

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[1] Barton, H., Grant, M., Mitcham, C., & Tsourou, C. (2009). Healthy urban planning in European cities. Health Promot Int, 24 Suppl 1, i91-i99. doi: 10.1093/heapro/dap059

9. Therefore health considerations in urban planning should be supported explicitly at a national level and be a central pillar in any urban planning system. Section 5 of the RMA currently enables social and health matters to be considered. Currently, the adverse health effects that tend to be given more thought and assessment (as well as hold more weight) during the decision making process, are those associated directly with the adverse biophysical effects from a development i.e. respiratory concerns about residents living nearby a factory emitting air pollutants, or point discharges into a water body, which may degrade the water quality and pose a human health risk to those who use it for recreational activities. Yet an adverse health effect that manifests in a more subtle manner, and arises from cumulative and multifaceted development, is generally less well considered for planning decisions at the individual development level.

10. An example of such an adverse health effect is obesity. Obesity[2] is a major health problem in Auckland and New Zealand. Two-thirds of adults and one third of children in Auckland are either overweight or obese. The proportion of the population nationally who are overweight or obese has almost tripled, from 11 to 31 percent in 2013.[3] The creation of "obesogenic" urban environments is one factor (admittedly of many) contributing to this epidemic. These environments discourage physical activity, and encourage dependence on cars for daily functions and easy access to high energy/low nutrient food products. The current Auckland resource planning settings have enabled fast food clustering to occur in lower-socio economic areas. The most deprived neighbourhoods in Auckland are seven times more likely to have fast food premises than grocers within a five minute drive.[4]

11. We note much of the focus in the issues paper is on how the negative externalities at an individual development level may be better managed. Yet a more strategic, deliberate and holistic approach to managing the multiplex urban environment is necessary to avoid such unhealthy outcomes. There is a need to support "(re-)development at scale" at a regional and national level in areas of high population growth, in preference to fragmented, piece-meal development.

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[2] Overweight and obesity - body mass index (BMI) is a commonly used measure to classify underweight, overweight and obesity. BMI is a measure of weight adjusted for height and is calculated by dividing weight in kilograms by height in meters squared (kg/m2). For adults over 18 years, overweight is classified as having a BMI of between 25 and 30, obese is having a BMI of over 30.

[3] Ministry of Health (2014) New Zealand Health Survey, 2014. Available at: http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey

[4] ARPHS GIS modelling that assesses relative access to fast food, by determining the number of premises (grocers versus fast food premises) that are located within a five minutes driving range from a (population weighted) average address within a given area.

General Comments in the Issues Paper

12. The Issues Paper provides useful material and assessment of a wide range of urban development and planning issues. Further discussion and debate will be needed. The paper does tend to feature what is problematic with the current system over what works reasonably well within the context of Aotearoa/New Zealand (e.g. Questions 18-20). Whatever planning framework is used there will inevitably be shortcomings because it has to deal with complex situations where disagreement between parties is likely. What needs to be avoided is using existing problems as a pretext for weakening the foundations for social wellbeing, health and environmental sustainability.

13. More emphasis appears to be put on commercial/economic frameworks and individual interests rather than broader community and environmental perspectives. For instance, the section on the role of government (pages 8-12) gives prominence to correcting "market failure" whereas economic factors should be only one of several reasons for government's role, along with ensuring fair and effective outcomes, ensuring legal and Treaty of Waitangi obligations are fulfilled etc.

Scope of Planning (Question 1)

14. While the scope of planning is broad and not clearly circumscribed, the planning process is indispensable. The implications of urban development policy, plans and specific consent proposals need to be systematically assessed; otherwise background issues such as infrastructure, public health and community impacts are likely to be neglected.

Cities are Complex Entities (Pages 11-13, Question 3)

15. This section outlines some aspects of urban complexity, and some implications for planning frameworks. Cities are inherently complex social, political, economic and environmental systems. Complex systems are characterised[5] as:

    - Diverse and resilient systems which are in a continual state of disequilibrium, with non-linear characteristics and complex, interacting feedback mechanisms which can stabilise or destabilise the system wholly or partially;
    - Having episodic change (which can be irreversible "phase changes") originating from internal or external processes acting over different temporal and spatial scales; and

[5] Holling, C. S., & Gunderson, L. H. (2002). Resilience and adaptive cycles. In L. H. Gunderson & C. S. Holling (Eds.), Panarchy: Understanding transformations in human and natural systems (pp. 25-62). Washington: Island Press.

- Showing complex emergent properties at different temporal and spatial scales which cannot be understood as the aggregation of simpler processes.

16. There are inevitably areas for alliances and disagreement at all levels, from individual and local, to regional and national. The urban planning system needs to recognise and work within this complexity if it is going to produce constructive outcomes.

Environmental and Urban Issues, Compliance Costs and Alignment (Questions 13-14)

17. The Commission should consider to what extent the tensions between different interest groups contribute to apparently high administrative and compliance costs, as councils attempt to resolve conflicts by being more specific in their planning requirements.

Environmental Health Outcomes (Question 15)

18. From our public health perspective, planning for public health infrastructure (e.g. water and wastewater systems), and specific assessment of health risks for situations such as industrial discharges and contaminated land, have been substantial gains since the RMA and LGA came into effect. Broader public health considerations have had lower prominence in urban planning than we consider warranted by section 5 of the RMA.

19. Important environmental health factors are still outside the scope of the current RMA/LGA framework. Examples include central government decisions not to introduce emission standards for vehicles, to exclude consideration of greenhouse gas emissions, and to only have a limited range of national policy statements and national environmental standards.

Alternative Approaches (Chapter 5)

20. The chapter appears to favour greater use of private nuisance tort law and Coasian bargaining, even though limitations are described. This is disappointing. Our experience with statutory nuisance law (under Part 2 of the Health Act 1956) is that it is cumbersome, expensive, slow, requires high levels of detailed knowledge and resources not practically available to the public, and is only able to deal with existing situations (i.e. it cannot prevent nuisances developing). Coasian bargaining depends on "perfect" market conditions, including no entry barriers, equal power, fixed preference sets, complete and equal information about the effects and risks of externalities (both current and future), no uncertainty, no public goods and a complete market which can encapsulate all aspects of the externalities within a single price. Participation by all parties is needed, including the "Environment" (which is not usually represented) and future generations (for long-term effects). It is unrealistic to expect that there is no risk

that well-resourced industries will pressure desperate people into taking the money even if ongoing exposure is harmful to their health.

21. The other options discussed (covenants, tradable rights and offsets, levies and user charges) are potentially useful, depending on circumstances, such as localised and minor effects where agreement can be easily reached. However, we consider that (simplified) zoning, along with standards and codes based on research, has the valuable advantage of consistency and predictability.

22. Another perspective on Houston's land regulation as described in the issues paper is given in an article in the Journal of the American Institute of Architecture[6] which describes the city's attempts to adapt to rapid population increase. There are limitations to its current laissez faire system, which has resulted in its two million population being haphazardly spread over 630 square miles, and being highly car-dependent. Covenants can be more restrictive and haphazard than zoning. The article looks at zoning as a pragmatic way of managing change (e.g. demand from residents for walkability), rather than a way of freezing current streetscapes.

23. Lessons from urban planning law from other countries are potentially useful. They are, however, the product of each country's legal system, culture and history so shouldn't be adopted uncritically or in isolation.

Specific Issues (Chapter 6)

24. Questions 26 – 28 ask about the structure of urban planning and land use law. We favour consolidated law such as the RMA. It may be useful to have specific provisions within the RMA covering urban planning, as well as explicit provisions which deal with legal overlaps and gaps.

25. On the topic of commercial and industrial land (Question 30), our submission on the Auckland Unitary Plan supported protection for industrial zones, and opposed encroachment of residential activities into industrial zone buffer areas.

26. Question 31 asks about the tension between certainty and discretion, which is also relevant for other tensions such as those between individuals and communities, long term and short term considerations, commercial and non-commercial values, different cultures, interests of Maori and Pakeha, and between industry and environment.

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[6] http://www.architectmagazine.com/design/urbanism-planning/will-houstons-city-plan-transform-this-no-zoning-mecca-karrie-jacobs-investigates

Concluding remarks

27. One of the major objectives of urban planning is to protect and improve public health and community well-being. A long-term perspective is essential, with priority for sustainable management and guardianship.
28. We are interested in further discussion with the Commission on the links between urban development and public health and wellbeing.

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 (Auckland, Counties Manukau 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.