



**Submission to the 2011 Parliament of Victoria
Environment and Planning References
Committee.**

**Inquiry into
Environmental Design and Public
Health**

*This submission is lodged on behalf of the City of Whittlesea by the
Chief Executive Officer, David Turnbull*

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1. Introduction: scope of the submission

The City of Whittlesea recognises the extensive body of Australian and International research demonstrating the influence of the built environment on community health and wellbeing outcomes as a compelling call to action at all levels of government. This submission will not attempt to synthesize this widely accepted evidence base, assuming this will be covered comprehensively in submissions from key stakeholders such as PIA, Heart Foundation and VicHealth.

The submission will focus on Terms of Reference:

- 3. Assess the extent to which these factors are currently taken into account into environmental planning and design in both the public and private sectors, and their effectiveness, with particular reference to new growth areas.*
- 4. Determine opportunities to influence environmental planning and design for health, including consideration of the role of:
 - i. Legislation*
 - ii. Guidelines*
 - iii. Public private partnerships*
 - iv. Costs and benefits**
- 5. Provide recommendations for future planning and investment; and:
 - a. The effectiveness of the Environments for Health Municipal Public Health Planning Framework*
 - b. The State Public Health & Wellbeing Act 2008, the Transport Integration Act 2010 and the Planning and Environment Act**

2. Background: an overview of the municipality

The City of Whittlesea is located 20km north of Melbourne's CBD. Covering 490 square km, it is a large municipality containing both rural and rapidly developing urban areas. It includes urbanised areas in the south, semi-rural and remote areas in the north, and rapidly growing and changing areas in the middle of the municipality

The City includes the major rural centre of Whittlesea, the rural localities of Beveridge, Donnybrook, Eden Park, Humevale, Kinglake West, Wollert, Woodstock and Yan Yean and the established or developing suburbs of Bundoora, Doreen, Epping, Lalor, Mernda, Mill Park, South Morang and Thomastown. Many of the postcodes in the urban fringe areas are among the most disadvantaged in Victoria across a range of measures including the Australian Bureau of Statistics 'Social and Economic Indicators for Areas'. The rapidly developing growth areas face different issues, including high levels of mortgage stress and a quickly expanding need for infrastructure and services.

Other key statistics¹ include:

- 82.29% increase in total population between 2011 and 2031 (over 133,000 people)
- Largest increase in numbers (~40,000 people) will occur *in the next 5 years*
- Whittlesea is the fourth fastest growing LGA *in Australia* at 6.1%.
- In raw numbers (8,900 people) it is the fifth largest growing LGA *in Australia*
- In raw numbers it is the second largest growing LGA *in Victoria*
- The North of the municipality has sustained 94.1% of the population growth at 8,400 people
- The North of the municipality has the fastest annual growth rate of any SLA in Australia increasing by 21.8% (Wyndham North was next at 16.2%)

¹ ABS Census (2006); City of Whittlesea population forecast (id Consulting, 2011)

3. Summary key points

- An extensive evidence base exists that demands action to avoid potential negative health impacts of poor urban design.
- Council are committed to evidence based approaches to healthy design principles.
- Practical tools to guide planning have enhanced capacity in local government for integration of healthy design principles into practice.
- A comprehensive review of the *Planning and Environment Act 1987*, is required to ensure consistency and integration with other with other relevant government policies, in particular the Public Health & Wellbeing Act and the Transport Integration Act 2010. Definitions of health should incorporate a social determinants perspective².
- Healthy Environments principles are integrated into local urban planning policy within the City of Whittlesea. Effective implementation is however currently hampered by broader structural factors, including economic pressures arising from expanding growth.
- Rapid expansion of growth areas is driven by external economic factors such as the lack of affordable housing in inner areas closer to the city and transport corridors. Council capacity to meet infrastructure demands is limited and new communities are missing out on the essential community infrastructure required for community health and wellbeing.
- The State Government needs to develop a proactive plan for growth in respect to services and infrastructure delivery and growth formulas need to be established and applied.
- State Government support for approaches which maximize community infrastructure opportunities and rework triggers for community infrastructure development within the Urban Growth Area is also required.
- Accessible affordable transport is a key determinants of health and wellbeing. Housing location has a significant impact on transportation costs, and this may significantly erode housing affordability gains from moving to outer areas.
- Transport disadvantage exacerbates social disadvantage, limiting access to services, social support, employment and educational opportunities – key determinants of health.
- This situation would be ameliorated with commitment by State Government to provision of enhanced transport infrastructure.

² **Social determinants of health (SDOH):** The conditions in which people are born, grow up, live, work and age. These conditions influence a person's opportunity to be healthy, his/her risk of illness and life expectancy. Social determinants include social cohesion, stress, employment, early life, social gradient, work conditions, social support, addiction, food and transport (*Health promotion glossary-WHO*).

4. Response to Terms of Reference 3 of the inquiry

Assess the extent to which these factors are currently taken into account into environmental planning and design in both the public and private sectors, and their effectiveness, with particular reference to new growth areas.

Table 1. Provides a range of examples which highlight integration of these principles into local environmental planning, policy and practice and the commitment of local government health and urban planners to collaborate to achieve positive health outcomes for their communities within the four dimensions of the 'Environment for Health' framework. There is a long standing research base linking evidence of effective preventative health interventions around these social determinants of health, for maximising population health outcomes.

Table 1.

Environments for Health	Elements of environmental planning and design which provide promising opportunities for improving health outcomes	Relationship to SDOH	Examples of innovative practice, policy and planning
<p>Natural</p>	<ul style="list-style-type: none"> • Support active and passive recreation by providing accessible and convivial green spaces. • Installation of shade areas (including trees) in outdoor spaces, outside malls, at schools, bus stops and at the train stations. Also provide ample seating options. • Provide access to drinking water in public spaces. • Provide – walking paths expanded to allow for simultaneous foot traffic including prams, wheelchairs and mobility scooters. • Promote resource conservation i.e. supply recycling bins in parks and all open spaces. • Promote and support community lead environmental initiatives. • Increase social capital by strengthening community capacity to establish community gardens. • Provide community garden space. Protect wildlife corridors and threatened habitats. 	<p>stress unemployment food mental health food security/access</p>	<p>MPHW Plan Objective 3.2: To improve healthy eating, accessibility and affordability of food.</p> <p>3.2.4 Develop a community garden policy to support the development of gardens in public and private open space, aged care facilities, residential developments, schools and community spaces</p>
<p>Built</p>	<p>Provide a comprehensive Urban Design approach to the Public Realm</p> <p>Traditional neighborhood design creates:</p> <ul style="list-style-type: none"> • Walkable neighborhoods as the main building block of the community, defined in scale by a 400m walk to facilities and open space • Neighborhoods feature interconnected grid based road networks designed to maximize connectivity • Environments are designed to be as inclusive as possible. The principals of Universal Design are be applied wherever possible • Timely (up front) provision of community infrastructure. • Timely (up front) provision of accessible, frequent public transport modes. • Housing is located to support access to community services education and transport. • Active transport connections to reduce reliance on car ownership • Provide secure bicycle parking and end of trip facilities i.e. lockers and showers at the work place. 	<p>social exclusion work unemployment food</p>	<p>The Draft Plan for Epping Central has been adopted by City of Whittlesea Council and will now go through a community and stakeholder engagement process.</p> <p>The City of Whittlesea Guide to Planning and Subdivision provides an urban design vision which sets out evidence based Subdivision Standards and Guidelines such as</p> <ol style="list-style-type: none"> 1) Traditional Neighbourhood Design 2) Timely Infrastructure Provision 3) Walkable neighbourhoods as the main building block of the community, defined in scale by a 400m walk to facilities and open

	<ul style="list-style-type: none"> • Provide access to breastfeeding facilities in public spaces, i.e. at the library, shopping precinct. • Reverse requirements for parking provision in higher density developments. • Traffic routing or flow through local communities is given detailed attention, with the aim of reducing traffic speed and volume within local areas and including safe crossing opportunities. • Provision of weather protection, including shade in natural and built form. • Transport and walkability are key considerations of designing young people into a local area. The location of facilities is a critical determinant of use. • Natural surveillance provided by active street frontages • Town Centres provide for retail, service, leisure and social needs through a composite of private and public facilities and spaces that attract people of all ages and backgrounds. • The design of community facilities, open spaces and neighbourhoods provides rich and diverse public spaces, to facilitate a range of activities and uses. 		<p>space</p> <p>4) Early provision of community facilities (currently being finalised)</p>
<p>Economic</p>	<ul style="list-style-type: none"> • Mixed land use to promote business and employment diversity e.g. factory, entertainment, dining, office, skilled and unskilled labour • Reduce cost and duration of travel by planning for containment of amenities i.e. tertiary education institutes to service Northern region, factories, health care services. • Retail characteristics to include seating, easy accessibility, extended trading hours. • Provision of mixed tenure accommodation options including a range of housing types to suit different household structures. • Encourage domestic or commercial food growers and improve access to locally produced foods. 	<p>stress work unemployment addiction food transport</p>	<p>MPHW Plan Objective 3.2: To improve healthy eating, accessibility and affordability of food.</p> <p>3.2.3 Investigate opportunities to improve food access and affordability with the relocation of the Wholesale Fruit and Vegetable market to Epping.</p> <p>The Draft Plan for Epping Central addresses key upstream determinants of health such as access to employment by mix-use planning to maximise business opportunities and employment diversity.</p>

<p>Social Cultural</p>	<ul style="list-style-type: none"> • Ensure young people are not overlooked or ‘designed out’ of open space planning. • Ensure young people are included in public space planning, including a sense of inclusion, ownership, responsibility and connectedness. • Social integration is an important principle in planning for the public and open space needs of young people. • Public spaces facilitate the self-expression of young people and a sense of belonging and pride. • Facilities and services for young people are be clustered with other key community facilities and services to increase access and foster community connectedness. • Location and linking of public indoor and outdoor spaces provide optimum opportunities to generate community activity and encourage social contact/ intergenerational opportunities. • Community spaces, facilities and the links between them are fully accessible and incorporate safe design guidelines to enable and encourage their independent and confident use by people of all ages and abilities. • Services for people who are older or have a disability, health, education and early childhood services) within a Town Centre. • Provision of licences for packaged liquor, licenced venues and gaming venues is informed by social/health and cumulative impact assessments. • Requirements to minimise harms from gambling including restrictions on EGMs • Requirements for Cumulative Impact Assessment, Submission of Venue Management Plans and Venue design as part of all planning applications for Liquor Licences • Integration and co-location of community services <p>Peer gathering places are provided in neighbourhood parks and other places to allow young people to congregate in places within</p>	<p>social gradient early life social inclusion social exclusion social support addiction</p>	<p>The Draft Plan for Epping Central (ECSP) outlines a broad range of actions to enhance social and community for young people</p> <p>The Draft Plan for Epping Central⁴ is a comprehensive plan which address the key determinants of health for the local community. The ECSP sets out how Epping Central should be developed in relation to transport, housing, employment, business (retail, entertainment, industry) community services and infrastructure and the public realm (open space and streetscapes).</p> <p>In line with MPHWP Plan objectives the ECSP outlines requirements to minimise harms from gambling and alcohol, including: Restrictions on EGMs and Requirements for::</p> <ul style="list-style-type: none"> • Cumulative Impact Assessment, • Submission of Venue Management Plans, and • Venue design, as part of all planning applications for Liquor Licences.
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⁴ **The Vision for Epping Central 2030** : Well designed buildings and engaging public space provide an interesting and exciting environment for people to live, shop, work and play .A diverse range of housing means there’s a place for everyone to live, work and play. There are fewer cars, walking and cycling paths and an accessible public transport network connect people to community facilities, the vibrant local community and each other. The Darebin Creek corridor is a beautiful natural landscape for al to enjoy, whilst pockets of green throughout Epping Central soften the landscape and provide shady places to meet and relax. The centre is now a focal point for the wider regions, and provides a home for a resilient, diverse and self-sufficient local community, who are proud to be a part of life in Epping Central.

5. Barriers and facilitators to implementation of 'healthy' environmental planning

a. Planning Growth areas: infrastructure gaps

Community facilities are an essential tool in building healthy and resilient communities. Good urban design aims to provide adequate community facilities and transport infrastructure to encourage people to stay healthy, active and connected with their communities. Council planning for new communities is created from a precinct, neighbourhood or hub focus so that from their inception, new developments provide the built form to enable healthy and vibrant communities to grow.

Timely delivery of these new community facilities and enhanced transport infrastructure is especially critical in places characterised by widely dispersed services, limited public transport and rapid growth. The provision of community services and infrastructure in growth areas has not however kept pace with the rapid population expansion over the past five years. In the rural and growth areas limited access to public transport exacerbates limited access to services and employment opportunities.

Limited resources to meet the infrastructure demands associated with expanding growth and the needs of established urban and rural communities areas is an ongoing issue, and growth area Councils are not able to keep up with the pressures of infrastructure gaps.

b. Transport and Walkability

The City has a low level of employment self-containment and this means that a large number of residents have to leave the municipality each day to get to work and other activities. This heavy demand for transport to other parts of Melbourne is caused in part by a lack of public transport services. The resulting high use of private cars is exacerbated by a lack of road capacity in key corridors. Local trips are also heavy car dependent, with public transport, walking and cycling playing minor roles, and this leads to high levels of congestion and high transport energy use.

This is a major challenge for Whittlesea as travel in the City is heavily reliant on the private car, and the use of sustainable transport modes (public transport, walking and cycling) are below levels experienced in other parts of Melbourne. These low rates are due to a combination of land use patterns, lack of viable alternatives to the private car and lack of knowledge of alternatives.

Surveys indicate that there is community support for public transport, walking and cycling and there is potential to translate this support into changes in behaviour by improvements to public transport and local infrastructure - such as walking and cycling paths.

The City of Whittlesea has developed a Walking Strategy and a Bicycle Network Plan to expand and connect the community network of walking and cycling tracks. This plan identifies a need for local networks of pathways and links to the wider regional network to allow residents to walk or cycle easily around their own communities and to travel to other areas.

Funding is available through Council's budget processes and developer contributions for these local networks. Council contributed nearly \$3 million to these local networks in the last three financial years including the current year. However, at this rate it will take up to forty years to complete the current network.

Integrated accessible transport is essential to ensuring access to services and employment opportunities. Heavy rail services are only provided in the south-western corner of the city of Whittlesea, and the light rail service along Plenty Road extends only 2.5km into the municipality. A lack of trams and buses for short trips on the eastern side and no quality public transport links to a train station means that residents are forced to rely on cars for practically all trips. This impacts on living costs for families who are already vulnerable to mortgage stress.

6. Response to Terms of Reference 4 of the inquiry

Determine opportunities to influence environmental planning and design for health, including consideration of the role of:

i. Legislation

A comprehensive review of the *Planning and Environment Act 1987*, is required ensure to consistency and integration with other with other relevant government policies, in particular the Public Health & Wellbeing Act and the Transport Integration Act 2010. This should be undertaken in line with the recommendations of the PIA discussion paper⁵ Recognition of the need for a focus on planning for health and wellbeing outcomes should be explicit in the document. Definitions of health should incorporate a social determinants perspectives rather than a focus on health service infrastructure.

ii. Guidelines

A vast array of practical tools informed by an extensive evidence base have been developed to guide environmental design practice in at all levels of government, including local government. This process has included very successful strategies to build capacity within local government and support integration of healthy design principles into practice. The Environments for Health Municipal Public Health Framework provides a comprehensive and coherent approach to planning has been widely used by health planners and integrated into planning.

The submission outlines a range of examples which highlight integration of these principles into local environmental planning, policy and practice and the commitment of local government health and urban planners to collaborate to achieve positive health outcomes for their communities (Table 2.).

Whilst there are and array of existing resources which have potential to inform health and urban planning and policy it is important that ongoing professional development opportunities are resourced to build on existing good practice and ensure broad dissemination of emerging evidence based models for healthy urban design. Adequate resourcing for professional development opportunities for urban planners is required to ensure Statutory Planners, who are dealing with massive administration burden associated with rapid growth and expansion, also have time allocated to become familiar with new best practice principles.

Ongoing professional development and support for funding of design staff Councils should be resourced by the state government as a priority to support best practice urban design and maximise health outcomes.

⁵ PIA discussion paper on opportunities to improve the *Planning and Environment Act 1987* Response to the draft *Planning and Environment Amendment (General) bill 2009*.

There is also a need to provide resources and capacity building for local governments to provide health impact assessments for all relevant planning applications to ensure appropriate restrictions and conditions are applied to positively improve the population health outcomes and local community health and wellbeing.

The state government is well placed to take up the health and wellbeing agenda within environmental design principles, enabling local governments to be the action arm for sustainable outcomes to improve population health. This may be done by embedding the thinking behind 'Environments for Health' into state planning frameworks and by equipping local planners with the leverage points to incorporate community health and wellbeing into statutory planning.

iii. Public private partnerships

Developer contributions and state government investment

It is beyond the resource capacity of local government in growth areas to meet the dual challenges of rapidly growth in new suburbs and social disadvantage in established inner areas. Municipal rates in growth areas are already high in proportion to many LGAs with significantly higher property values⁶. Councils are understandably reluctant to place an additional financial burden on communities with low household incomes and/or experiencing mortgage stress.

Community need is significant and well beyond the capacity of local government to facilitate under the current arrangement. Rate rises are ineffective as a primary response to the difficulties of financing growth infrastructure, insofar as they put extra pressures on households already struggling with the rising cost of housing, energy, food and transport.

Development contribution plans (DCPs) for new growth areas are divided into a Development Infrastructure Levy (DIL) and Community Infrastructure Levy (CIL). The contributions that the developers are required to make to Growth Councils and the mode of collection varies between Councils. State Government should encourage an approach which maximizes community infrastructure opportunities. It is also essential to rework triggers for community infrastructure development to ensure it occurs ahead or at least concurrent with housing developments, especially within the Urban Growth Area.

iv. *Costs and benefits*

It is critical that the Inquiry consider the relationship between rapid population growth and health and wellbeing outcomes in outer metropolitan Melbourne, particularly with regard to the provision of community infrastructure and how this potentially affects the delivery of other critical human services. The rapidity of growth and change in the municipality's established and growth areas means that there is a critical phase for infrastructure delivery over the next fifteen years, one that will directly impact upon the health and wellbeing of our communities.

⁶ <http://theage.domain.com.au/home-investor-centre/rates-to-jump-as-struggling-councils-feel-the-pinch-20110618-1g9b2.html>

There is no evidence to suggest that greater population growth will facilitate the economic conditions under which this level of amenity will be ensured. Development contributions only account for a fraction of the total costs of providing this infrastructure, while other revenue streams and additional rates from a growing population will not account for the remainder. Population growth is concurrent with rapidly rising costs of living for the householder, including housing costs, food, energy and transportation. Rate rises⁷ to fund infrastructure delivery will have negative socio-economic impacts on communities and other ways.

Adequate resourcing of transport and community infrastructure in rapidly expanding growth areas will necessitate significant funding support. Inaction will translate to significant economic costs in terms of provision of health services to address health burden of chronic disease and poor social and health outcomes and loss of productivity. Unhealthy lifestyles and low levels of social capital within communities are likely to become entrenched, and impact on subsequent generations, if the built environments do not support active community engagement.

Increased reliance on motor vehicles trips has a range of negative outcomes including a significant financial burden, increased commuter time impact on quality of life.

It is important to raise awareness amongst consumers of the benefits of healthy environmental design, and the link between housing location and transport access and costs issues, particularly in subdivisions and growth areas. It is important to recognise that consumers may be driven in many instances by housing affordability and many potential home owners are not in a strong negotiating position.

⁷ To fund the New Works program based on the previous Urban Growth Boundary, we would need an unrealistic rate rise of 23% in 2011/12 and 20% in 2015/16, with similar rises thereafter.

7. Response to Terms of Reference 5 of the inquiry

a. Recommendations for future planning and investment

Council capacity to meet infrastructure demands is limited and new communities are missing out on the essential community infrastructure required for community health and wellbeing.

The Victorian Government can ensure the feasibility of its urban growth policy by facilitating the exploration of alternative community infrastructure funding, planning and implementation mechanisms. Local Government currently carries the majority of financial risk associated with this infrastructure and service delivery.

The State Government needs to develop a proactive plan for growth in respect to services and infrastructure delivery and growth formulas need to be established and applied,

b. The State Public Health & Wellbeing Act 2008, the Transport Integration Act 2010 and the Planning and Environment Act

A comprehensive review of the *Planning and Environment Act 1987*, is required to ensure consistency and integration with other with other relevant government policies, in particular the Public Health & Wellbeing Act and the Transport Integration Act 2010. Definitions of health should incorporate a social determinants perspective⁸.

⁸ **Social determinants of health (SDOH):** The conditions in which people are born, grow up, live, work and age. These conditions influence a person's opportunity to be healthy, his/her risk of illness and life expectancy. Social determinants include social cohesion, stress, employment, early life, social gradient, work conditions, social support, addiction, food and transport (*Health promotion glossary-WHO*).