

# Submission

## Inquiry into Environmental Design and Public Health



<b>Executive Summary .....</b>	<b>3</b>
<b>Review the evidence of the contribution of the natural and built environments to the promotion of health and wellbeing. ....</b>	<b>4</b>
Risk Factors & Environmental Design.....	4
Physical inactivity .....	4
Overweight and Obesity .....	5
Diet.....	5
Other health issues .....	5
What does the situation look like in Casey? .....	6
<b>Identify and report on those elements of environmental planning and design which provide the most promising opportunities for improving health outcomes in Victoria.....</b>	<b>8</b>
<b>Assess the extent to which these factors are currently taken into account in environmental planning and design in both the public and private sectors, and their effectiveness, with particular reference to growth areas. ....</b>	<b>10</b>
Active Transport .....	10
Aesthetics .....	11
Connectivity .....	12
Environments for all people and Social inclusion.....	12
Mixed density residential developments.....	14
Mixed land use .....	15
Parks and Open Space .....	16
Safety and surveillance and Supporting infrastructure.....	18
Monitoring? .....	18
Recent expansion of the Urban Growth Boundary (UGB).....	19
<b>Determine the opportunities to influence environmental planning and design for health, including consideration of the role of legislation, guidelines, and public-private partnerships, and the costs and benefits of various options.....</b>	<b>20</b>
Linking legislation.....	20
Improving the Planning and Environment Act 1987 in relation to Development Contribution Plans .....	21
Guidelines for legislation .....	22
Precinct Structure Planning Guidelines.....	22
Public Private Partnerships.....	23
<b>Provide recommendations for future planning and investment; and that the Committee will consider: .....</b>	<b>25</b>

## Executive Summary

The attached submission to the 'Parliamentary Inquiry into Environmental Design and Public Health' outlines the major issues facing Casey in relation to the impacts that planning the natural and built environment has on public health and wellbeing.

The submission has addressed the terms of reference and in doing so outlined recommendations for new policy initiatives that will help address issues that affect the health of Casey's residents.

Evidence suggests that the health and wellbeing of the community is influenced by planning decision-making and that planning for a healthy city must include appropriate and timely provision of transport infrastructure such as trains, buses, roads, paths and trails, diverse local jobs opportunities and local community infrastructure and services. Such evidence would hold true in Casey.

Casey faces a history of infrastructure lag, particularly relating to the lack of an integrated public transport network which resulted in our community becoming largely car dependent. With limited local job opportunities for our 100,000 or so workers, Casey residents largely reside in 'dormitory suburbs' that require long commutes to work. Health professionals suggest that individuals who live in this environment often show higher than average levels of physical inactivity which can often lead to complex physical health issues later in life. Also social workers often point towards the problems created by the social isolation of stay at home parents in these dormitory suburbs impacting on the health and wellbeing of our families and communities. Understanding the ongoing cost of these negative impacts on the community and finding innovative ways to reduce these impacts is an ongoing challenge for governments.

Even knowing today of these underlying concerns, planning for the health and wellbeing of communities in a fully integrated way remains an allusive goal. State Policy development is slowly turning its mind to an integrated health and wellbeing planning framework but progress is slow.

Officers suggest that this is due to the range of variable and complex issues at play that all influence in some way, the health and wellbeing of communities. To understand these one must first look at the problem from an economic, social, cultural and environmental perspective.

Casey's key submission is that integrated regulative and legislative changes can be undertaken to help improve the health outcomes for residents in new communities by focusing particularly on trying to build healthier and more connected communities.

## **Review the evidence of the contribution of the natural and built environments to the promotion of health and wellbeing.**

To understand the evidence of the contribution of the natural and built environments to the promotion of health and wellbeing, the City of Casey has undertaken a review of the supporting and reference documentation that has informed the Department of Health's *Environments for Health Municipal Public Health Planning Framework*, the National Heart Foundation's *Healthy By Design* principles and Victoria Police's *Crime Prevention Through Environmental Design* principles, as well as other relevant research. Matters relevant to Casey have been outlined below. This supporting information highlights the complex issue of health and all its affecting variables. The submission then considers the profile of Casey in relation to health and wellbeing factors that are influenced by the planning and design of the natural and built environments.

### ***Risk Factors & Environmental Design***

- Risk factors, including lifestyle factors (tobacco smoking, physical inactivity, alcohol consumption, diet, etc), physiological states (obesity, high blood pressure, high cholesterol, etc) and societal conditions (occupational exposures, air pollution, etc) are responsible for a sizeable proportion of the total burden of disease in Victoria (DHS, 2001).
- There is a relationship between urban sprawl and physical inactivity, obesity and morbidity (Heart Foundation, 2005).
- There is a correlation between socio-economic status and physical inactivity, including the real and perceived access to a supportive physical environment (Heart Foundation, 2005).
- There is a connection between health and general wellbeing and the design and structure of towns, cities and regions. Urban planning can contribute to overweight, obesity and loneliness, or can help to prevent lifestyle-related diseases through facilitating physical activity, community engagement and positive mental health (Heart Foundation, 2009).
- Communities with well-designed infrastructure, well-maintained open spaces and public places encourage individuals to be more active which improves health outcomes such as reducing serious chronic diseases, saving lives, improving mental and physical wellbeing, increasing productivity and decreasing fiscal pressures on the Australian Government budget for the treatment of preventable diseases (Heart Foundation, 2009).
- The design of the physical environment (accessibility, visibility, natural surveillance, landscaping, lighting treatments and the delineation between public and semi-public spaces) produces behavioural effects that contribute to the susceptibility of criminal behaviour or the fear of crime (Victoria Police, 2011).
- The demand for active recreation facilities in Australia exceeds supply and the gap is increasing. Local government is acutely aware of the problem but has limited financial capacity to respond with the level of investment required (Australian Sports Commission).

### ***Physical Inactivity***

- Physical inactivity contributes to 4.1% of the total burden of disease in Victoria (DHS, 2001).
- Physical inactivity increases the risk of coronary heart disease, stroke, adult-onset diabetes, hypertension, cancer, depression, falls and muscular weakness (contributing to chronic back pain) (DHS, 2001).
- There is a correlation between the perception of design and convenience with the likelihood of people walking or cycling for exercise (Heart Foundation, 2005).

- Physical inactivity costs the health budget an estimated \$1.5 billion a year and the economy \$13 billion a year (Heart Foundation, 2009).
- If more Australians were physically active for just 30 minutes a day for example, by utilising active transport, the Australian healthcare system could save \$1.5 billion a year (Heart Foundation, 2009).
- Physical inactivity causes 16,000 premature deaths a year (Heart Foundation, 2009).
- Physical inactivity is a critical factor in Australia's obesity epidemic, with more than half of all Australian adults being overweight or obese (Heart Foundation, 2009).
- Access to public transport options increases the likelihood of people meeting daily physical activity guidelines; with approximately a 1% increase in Victorian households being near to public transport resulting in a 2% increase in people meeting daily physical activity guidelines (Equity Justice Access, 2011).
- The life expectancy for Victorian females increases by two years for every 5% in the population meeting the daily physical activity guidelines. There is a slight increase in the life expectancy of males who are meeting the daily physical activity guidelines (Equity Justice Access, 2011).

### ***Overweight and Obesity***

- Increased body mass contributes to 8% of the total burden of disease in Victoria. Obesity and overweight increases the risk of heart disease, diabetes, stroke, stroke causing death, osteoarthritis, and some forms of cancer (DHS, 2001).
- As many as 3.71 million, or 17.5% of the Australian population (16.5% of males and 18.5% of females), are now obese and a further 5 million Australians are overweight (Access Economics, 2008).
- In 1980 just 7% of the Australian adult population was reported to be obese (Access Economics, 2008).
- Since 1985 childhood obesity rates in Australia have increased from just over 1% to close to 8% by 2004 (Access Economics, 2008).
- By 2003, 23% of Australian children were overweight; double the figure of 1993 (Access Economics, 2008). By 2006 the figures reported were up to 26.2% of boys and 28.4% of girls (Access Economics, 2008).
- More than half of all Australians aged 25-64 are overweight or obese (64% men and 42% of women) (Access Economics, 2008).

### ***Diet***

- Insufficient intake of fruit and vegetables contributes to 3.3% of the total burden of disease. Insufficient intake of fruit and vegetables increases the risk of heart disease, stroke, and some forms of cancer (DHS, 2001).

### ***Other Health Issues***

- Mental disorders (specifically depression) are the leading cause of disability, accounting for 26% of the non-fatal burden in Victoria (DHS, 2001).

- Suicide, followed by road traffic accidents, is the main cause of injury mortality (DHS, 2001).
- Cardiovascular disease (specifically heart disease and stroke) is responsible for 29% overall of the years of life lost as a result of premature mortality (DHS, 2001).

### ***What does the situation look like in Casey?***

Generally speaking, the evidence suggests that well-serviced, attractive communities are the healthiest and happiest. According to the Department of Health *2010 Local Government Area Statistical Profiles*, the City of Casey has significantly poor levels of service and wellbeing, particularly in comparison to Victorian figures. These statistics are demonstrated below:

- 65.8% of Casey's population (approximately 162,500 people) are located near to public transport (within 400m of a tram/bus stop or 800m of a train station), compared to 72.6% of all Victorians. However if you remove the superior levels of service that railway stations provide compared to existing bus services in Casey, this statistic loses meaning in the metropolitan context.
- 23.4% of Casey's population (approximately 23,100 females and 31,700 males) reported a fair or poor health status in the Victorian Population Health Survey (2010), compared to 18.3% of all Victorians.
- 20.1% of persons in Casey aged 18 years and over (approximately 19,550 females and 16,450 males) are current smokers, compared to 19.1% of all Victorians.
- 10.7% of Casey's population (approximately 26,400 people) are at risk of short-term harm from alcohol consumption, compared to 10.2% of all Victorians.
- 53.6% of Casey's population (approximately 50,500 females and 80,900 males) are overweight or obese, compared to 48.6% of all Victorians.
- 12.3% of Casey's population (approximately 30,350 people) reported a high or very high degree of psychological distress, compared to 11.4% of all Victorians.
- 12.8% of Casey's population (approximately 31,600 people) reported asthma, compared to 10.7% of all Victorians.
- 6.6% of Casey's population (approximately 16,300 people) reported type 2 diabetes, compared to 4.8% of all Victorians.
- 51.9% of Casey's population (approximately 57,400 females and 72,700 males) do not meet fruit and vegetable dietary guidelines, compared to 48.2% of all Victorians.
- 31.2% of Casey's population (approximately 31,350 females and 44,800 males) do not meet physical activity guidelines, compared to 27.4% for all Victorians.
- In 2010, there were 94,700 hospital inpatient admissions; 43,000 of which were located at the Casey Hospital in Berwick. Inpatient average length of stay was 4.8 days.
- In 2010, there were 61,250 emergency department presentations to hospitals.
- There are approximately 230 general practitioners in Casey to cater for a population of 253,000 people; a ratio of one doctor to 1,050 residents.

Research undertaken by Parsons Brinkerhoff and Curtin University Sustainable Policy Institute also concludes that the costs to people living on the fringe includes \$250 million more in transport costs and \$4.23 million in health costs due to higher car use and lower levels of physical activity. The figures below demonstrate the reliance on the private motor vehicle in Casey:

- Communities in Casey have a very high reliance on private vehicles. Approximately 61% of households own two or more cars; this is 12% higher than the Melbourne average of 49% of households (ABS, 2006).
- The Victorian Integrated Survey of Travel and Activity (VISTA) travel data reveals that Casey residents travel an average 28 kilometres per person per day, totalling an average 60 minutes travel time per day (VISTA, 2007).
- Only one quarter of Casey residents work within the municipality and a further 20% work in the City of Greater Dandenong, demonstrating a significant spatial relationship between Casey and Dandenong (ABS, 2006).
- Casey's labour force predominantly travels by car, with 88% of residents travelling to work by car (70% as drivers, 18% as passengers) (ABS, 2006).

Casey's population is expected to almost double from 253,000 people in 2011 to 450,000 in 2036. These issues are likely to be further exacerbated by the substantial population growth expected over the next 25 years.

The City of Casey predominantly uses the *Healthy By Design/Health Places and Spaces* principles in relation to strategic and statutory planning, which have been prepared in part by the Planning Institute of Australia. The *Crime Prevention through Environmental Design* principles are also utilised in a design context to promote safety. The City of Casey is limited in its ability to utilise other frameworks such as the *Environments for Health Framework* as it is not integrated into planning regulations.

*The City of Casey submits that the integration of health and wellbeing considerations into planning must be a whole of government initiative in order for it to be successful. This issue is discussed in more detail throughout the submission.*

## **Identify and report on those elements of environmental planning and design which provide the most promising opportunities for improving health outcomes in Victoria.**

The City of Casey submits that the Healthy Spaces and Places design principles, prepared by the National Heart Foundation together with the Planning Institute of Australia and the Australian Local Government Association, provides a localised policy context and the most promising opportunities for improving health outcomes in environmental planning and design in Victoria. The ten principles include:

- **Active Transport** – *travel modes that involve physical activity, such as walking and cycling, and include the use of public transport that is accessed via walking and cycling.*
- **Aesthetics** – *the attractiveness of a place or area, which affects the overall experience of a place (e.g. walking, cycling, viewing and talking). An attractive neighbourhood invites people to use and enjoy its public spaces to feel safe.*
- **Connectivity** – *the directness of links and the number of connections in path, street or road network and for healthy spaces and places; and the ease with which people can walk and cycle around a neighbourhood and between places.*
- **Environments for All People** – *places that are safe and easily accessible for everyone, regardless of age, ability, culture or income, with a suitable range of facilities and services that are available to all.*
- **Mixed Density** – *neighbourhoods that contain a mix of housing types, such as single dwellings and multi-units and development of varying size and height. This promotes a more diverse community and caters to various stages of life.*
- **Mixed Land Use** – *complementary uses such as houses, shops, schools, offices, libraries, open space and cafes, which are co-located to promote active transport to and between different activities. People are more likely to walk, cycle or take public transport when they can conveniently undertake multiple activities at one destination.*
- **Parks and Open Space** – *land reserved for passive recreation, sport and recreation, preservation of natural environments, green space and / or urban stormwater management.*
- **Safety and Surveillance** – *perceptions of safety which influence the nature and extent of how people use spaces and places. Design that aims to reduce crime also enhances the physical, mental and social wellbeing of a community.*
- **Social Inclusion** – *the opportunities provided to people and communities to participate fully in political, cultural, civic and economic life.*
- **Supporting Infrastructure** – *facilities that encourage regular and safe physical activity such as walking (footpaths, lighting, water fountains and signs), cycling (bike paths, bike lockers, signs and showers), public transport (safe shelter, lighting and signs) and recreation (seating, play equipment and facilities).*
- These elements provide the most opportunity because they encompass all areas of planning that can contribute to health and wellbeing. It is noted however that the application of these elements of environmental planning and design can be somewhat subjective. The City of Casey submits that the application of these elements must be merit based considering all balance all of the elements.

The City of Casey also submits that in a review of international best practice the Canadian Public Health Association's Key Determinants for Health provides a larger more holistic selection of elements that provide opportunities for improving health and wellbeing, which include:

- Income and social status
- Social support networks
- Education and literacy
- Employment working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowments
- Health services
- Gender
- Culture.

Their consideration in environmental planning and design is more related to community development and service programming and not something completely understood in the Victorian context. However it is a good yard stick and could stimulate integrated thinking on local policy development. What can be drawn from this list is the need for stronger linkages between hard infrastructure planning (physical buildings and fit-outs) and soft infrastructure/community development programming (workers and service provision) must be made to properly integrate planning healthy places and spaces.

This is a key point picked up by Casey as a recommendation further on in this submission.

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

We shall frame our response to this question around the ten key design principles outlined in the previous section. Whilst the City of Casey includes areas established as long ago as the mid 1800s, the scope of our response will be limited to new growth areas that have been or are being planned through the Growth Area Authority's precinct structure planning process.

### **Active Transport**

#### **Summary:**

*Provision of walking and cycling facilities within Precinct Structure Plans (PSP) is good in principle, allowing local active transport options, particularly providing a solid framework for the provision of cycling and walking facilities. However, in practice, Casey's experience in growth area planning thus far is that critical links are not always provided in a timely manner, if at all. Public transport and equestrian trails are particularly overlooked in both precinct structure planning and in implementation, where infrastructure is delivered an unacceptably long time after residents have moved in.*

*Extent to which this factor is delivered in Casey's PSPs: 3 out of 10*

Scale:           10 out of 10 = excellent delivery, no discernable room for improvement  
                    5 out of 10 = not excellent but not poor delivery, some room for improvement  
                    1 out of 10 = poor delivery, much room for improvement

The concept of active transport is included in the precinct structure planning guidelines, in particular in Part 1, Objective 5; and Part 2, Elements 5-6. The guidelines place a high emphasis on the promotion of public transport, cycling and walking and make specific reference to reducing car use. The Casey Planning Scheme, through the State Planning Policy Framework (SPPF), Local Planning Policy Framework (LPPF) and Particular Provisions, especially Clause 56, echoes these policy directives. It is fair to say, therefore, that active transport is taken into account in the planning and design of growth areas. Whilst the PSP guidelines provide a very robust framework for truly integrated active transport within growth area planning, the degree of connectivity delivered, the timing of delivery and the quality of the services are yet to transpire.

In terms of walking and cycling facilities, PSPs within Casey have been relatively well served, however to date the delivery of such infrastructure has been poor, with missing critical links such as shared paths linking to local activity centres, schools, sports reserves and parks. The absence of these facilities creates a driving based culture from the inception of these communities.

Whilst the PSP guidelines favour on road cycling lanes, off-road shared paths or both along connector and arterial roads, the provision of off-road shared paths provides opportunities for a greater range of users including cyclists, pedestrians, skaters, people with mobility aids such as scooters and wheelchairs. Critically, off-road shared paths are preferred due to the safety benefits that they provide for users compared with on-road paths. As many of Casey's PSPs are yet to be delivered on the ground or are in early stages of development, there is subjectivity over whether the PSP guidelines will provide any improvement from past experience.

Good provision of public transport is critical to provide connections beyond the local area. The current under-provision of public transport impacts on the usefulness of a cycling network within the PSP areas for transport to employment, facilities and services located beyond the local area.

Evidence to date suggests that public transport provision in Casey's growth areas will be poor. To put it simply, if a resident wants to travel to a destination outside their precinct they will more than likely need to drive. Firstly, fixed rail services are either not connected to new PSP areas or in one case are

delivered so long after development is complete that initial residents and their families will likely have to wait the best part of a generation to see such services. Casey's Draft Paths and Trails Strategy (2011) recognises that Casey residents rely highly on cars and advocates for improved provision of public transport supported by an effective path and trail network, which is likely to have a significant impact on the participation in bi-modal travel (i.e. cycling or walking combined with public transport use).

**Example: Cranbourne East**

As long ago as 1999, State Government has made promises to extend the Cranbourne train line to Cranbourne East. Since 2001, thousands of dwellings in addition to a very large retirement village and regional sport and recreational complex have developed within the immediate vicinity of the proposed Cranbourne East railway station. The Cranbourne East PSP has since been incorporated into the Casey Planning Scheme and development has begun – yet the train line has yet to be extended and is unlikely to be for the foreseeable future.

Secondly, each PSP is designed with roads able to accommodate bus services; on the face of it, this is a positive outcome. The real question is, however, will it be of any use to residents who want to directly and efficiently travel somewhere beyond their local precinct? The answer is probably no.

**Example: Botanic Ridge and Cranbourne West**

A resident who resides in Botanic Ridge or Cranbourne West and wants to travel to Fountain Gate or Dandenong has two options: 1) Catch two buses or one bus and one train, including a transfer at Cranbourne (not Merinda Park as bus services are yet to service Cranbourne West); approximate door-to-door time 75 minutes. 2) Drive; approximate door-to-door time 20 minutes. Outcome: resident drives.

Despite all of the guidelines and policies outlined above, it is likely that the public transport aspect of active transport in Casey's growth areas will not be any better than the poor status quo. This is particularly disappointing as the objectives of the *Transport Integration Act 2010* clearly articulate the requirement for planning and implementation of projects with transport-related elements (walking, cycling, public transport and road-based transport) to be based on integration of transport systems that are provided equitably to all people. The real decision state governments must make is whether to continue with a privatised public transport model that is failing growth area communities and impacting on their health and well being or run buses as a integrated high capacity 'essential service' and therefore potentially run them at a loss in some areas. If a measurement on the cost to government over time of each option were undertaken officers suspect the cost to the health system would prevail over the costs of potential running some bus services at a loss.

**Aesthetics**

**Summary:**

*Aesthetics and design standards within PSPs are very good, however cannot be properly assessed within Casey as PSP areas are generally yet to be developed.*

*Extent to which this factor is delivered in Casey's PSPs: 8 out of 10.*

This aspect of environmental planning and design is best assessed once development is complete and usage patterns and perceptions of "place" have become established within a community. Development within Casey's growth areas has yet to reach this stage, so evidence based conclusions on this matter cannot be drawn. Policy based conclusions, however, can be made.

Aesthetics and design response are included in the Precinct Structure Planning Guidelines, in particular in Part 1, Objectives 2 and 3; and Part 2, Elements 1-3. The guidelines promote high quality outcomes, particularly in activity centres and employment areas. Elements such as active frontages, promotion of dynamic mixed use activity centres and exclusion of car based / internalised malls shows a clear

diversion away from car dominated, 1970s-1990s planning paradigms. Indeed, *Image and Character* is the first element within each PSP. Whilst it is not really the job of PSP guidelines to direct specific architectural or detailed design outcomes, it is considered that the guidelines include sufficient parameters to achieve better aesthetic and “sense of place” outcomes than in times gone by.

Policy reference to good aesthetics and design is prominent throughout the Casey Planning Scheme. State Planning Policy Framework, Local Planning Policy Framework and Particular Provisions include all manner of reference to such matters. Aesthetics within Casey’s growth areas is most certainly taken into account in the planning and design of growth areas, although some form of future monitoring and benchmarking will need to occur in order to determine the success of this.

**Example: Botanic Ridge**

Botanic Ridge has long been an environmentally sensitive area due to its position wedged between the State significant Royal Botanic Gardens Cranbourne to the north and the Green Wedge areas of Cranbourne South, Devon Meadows and Pearcedale to the south. In recognition of this, the draft Botanic Ridge PSP includes an extensive set of residential, commercial and subdivision design requirements that go well beyond standard growth area requirements. This will result in a higher standard of development and distinct sense of place commensurate with the unique location of the precinct.

**Connectivity**

**Summary:**

*Cycling, walking and roadway connectivity within PSPs is generally very good; however Casey’s experience on the ground is somewhat different. As the PSP areas are largely yet to be delivered, the degree of connectivity is yet to transpire.*

*Extent to which this factor is delivered in Casey’s PSPs: 6 out of 10.*

Similar to what was outlined in *Active Transport*, above, the concept of connectivity is embedded in the Precinct Structure Planning Guidelines and Casey Planning Scheme. The PSP guidelines place a high emphasis on designing precincts with networks of linked cycle paths, walking paths and roads which provide access to destinations such as activity centres, schools and parks; however the degree to which this is implemented on the ground is yet to be determined.

The City of Casey has some confidence that PSP planning processes will assist in establishing connectivity in PSP areas, as planning applies to larger sites rather than piecemeal areas. It is noted however that Casey’s experience for the delivery of infrastructure to improve connectivity either does not occur or is delivered long after residents have moved in. Furthermore, there is little support in the PSP guidelines to improve connectivity with the existing urban fabric of Casey.

**Environments for all people and Social inclusion**

**Summary:**

*The PSPs include a number of elements that are likely to facilitate good environments and connectivity for all people; however we will not know the effectiveness of this until development has been completed. A number of complementary policies and guidelines exist but as these are not integrated into planning regulations they are generally not used by decision makers.*

*Extent to which this factor is delivered in Casey’s PSPs: 7 out of 10*

This aspect of environmental planning and design is not explicitly covered in the Precinct Structure Planning Guidelines, but is covered more subtly across several elements. For instance, Part 2, Element 1 promotes employment through home occupations located in close proximity to activity centres whilst Element 2 promotes affordable housing and diversity in housing types. Elements 3 and 6 promote entirely walkable activity centres and neighbourhoods and Element 4 sets parameters, including access for mobility impaired persons, for community centre provision. In a similar fashion, the Casey Planning Scheme also promotes environments for all people.

It is evident that many factors contribute to *an environment for all people* and that its delivery is occurring constantly at all stages of the PSP; planning to construction. In reality the responsibility and decision making of such matters relating to growth areas sits with the GAA, Council and developers. It is unfortunate however that some facilities such as community centres and active open space are often delivered years after residential development has completed due to the DCP infrastructure funding system (see DCP section on p19). Some form of future monitoring and benchmarking will need to occur in order to determine the success of this element.

**Example: How “environments for all people” manifests**

The Cranbourne East PSP has been completed and development has begun. At a strategic scale, the PSP has been designed with activity centres, schools and active open space all in proximity to each other; the aim being to cluster such activities together to reduce travel trips and distance and promote vibrant locales which can be utilised by everyone in the community. At a more detailed scale, Council takes responsibility for issuing individual subdivision planning permits – which essentially obey the urban structure established by the PSP. Council also has the ability to advocate for finer grain elements such as good street layout and access and connectivity to local facilities in addition to good design of activity centres and employment areas. Council also has a major role in improving and maintaining public spaces such as parks and local streets as well as constructing and managing community centre facilities (see Selandra Community Place, public/private example p21). The private sector also has a major role to play, in that it will construct the majority of buildings, roads, parks etc. in accordance with buildings regulations such as the Disability Discrimination Act 1995 and the Building Act 1993 that cater for access for all.

In addition to the example outlined above, a myriad of policies and documents promoting a range of excellent ideas and initiatives related to community building, exist. Healthy by Design: A Planners’ Guide to Environments for Active Living (2009) – which informs the structure of this submission – is one such example.

These could positively contribute to the creation of environments for all people, however as they are not explicitly included in the Planning and Environment Act 1987 nor included in detail in the Casey Planning Scheme, such policies and documents cannot be relied upon by planning decision makers, and therefore are unlikely to influence planning decisions.

Sport plays a critical role in promoting social inclusion. Local sporting clubs often act as a community hub providing opportunities for local communities to connect and share in a common purpose. Local sporting clubs rely on the involvement of volunteers to enable clubs to operate. Participation in sport has been linked with the acquisition of life skills such as self-esteem, skill building, leadership and confidence.

The City of Casey has a Sports Development officer responsible for assisting local communities in the establishment and operation of new sporting clubs. The formulation of these new sporting clubs often provides the catalyst for these communities to interact and build networks.

## **Mixed density residential developments**

### **Summary:**

*Casey's PSPs include specific emphasis on providing mixed density developments and a range of housing types therein. This represents a marked and welcome shift in residential development philosophy; however there are implications relating to infrastructure and service delivery. Delivery of this element could be improved by cross government collaboration.*

*Extent to which this factor is delivered in Casey's PSPs: 7 out of 10*

The precinct structure planning guidelines clearly encourage mixed density developments, for instance Part 1, Objectives 2-3; and Part 2, Element 2. The Casey Planning Scheme echoes this requirement for instance at Clauses 16 and 21.05, as does Council Policy such as its Housing Diversity Statement which advocates for providing a range of dwellings types and sizes, innovative tenure arrangements and collaboration with developers to assist in achieving these outcomes.

Each of Casey's completed and draft PSPs include significant emphasis on the provision of mixed density residential development to cater for emerging household types such as students, singles, young couples, single parents, empty nesters, retirees and elderly people. PSPs typically encourage higher and medium density development around activity centres and arterial and connector roads, with conventional housing encouraged in remaining locations.

This approach demonstrates a marked and welcome shift in the way residential development is conceptualised. In the past, residential development was dominated by single dwellings on conventional lots of 500-700m<sup>2</sup>. Residential development in PSPs will still include plenty such lots but will also include a proportion of logically located, medium and higher density living options to cater for students, singles, young couples, single parents, empty nesters, elderly people etc.

Whilst increased residential densities and smaller lot sizes are supported, there has been a significant reduction or loss of private backyard space, which is important for play and social activity. The reduction or loss of these spaces can impact on the amount of informal physical activity undertaking by children and other household members. As a result, local parks and sporting reserves become increasingly important to provide the avenue for play and physical activity.

Delivery of mixed density residential developments in PSPs should be refined with cross government collaboration and incorporation of local knowledge and requirements, including appropriate provision of infrastructure and services and providing housing to meet the needs of a diversifying population (see example below).

#### **Example: Cranbourne North and Casey's Housing Diversity Statement**

On page 25 of the Cranbourne North PSP the first objective under *Housing* is "to provide a diversity of lots sizes and housing types to satisfy the needs and aspirations of the new community over time." This statement is accompanied by a housing plan which identifies targeted areas for higher density residential development around activity centres and several areas for medium density development near parks and main roads. A housing yield table indicates that approximately 33% of total lots in the PSP will be of medium to high density. Pages 39-41 also encourage appropriately located and integrated higher density housing in activity centres.

Currently 95% of Casey's housing stock has 3 or more bedrooms and yet 41% of households have less than 2 people residing in the home. The City of Casey's Housing Diversity Statement includes a number of recommendations one of which encourages 1 and 2 bedroom dwellings due to a shortage of these in Casey. Whilst the Cranbourne North and other PSPs require a diversity of housing types, they do not explicitly make reference to the Housing Diversity Statement or the encouragement of 1 and 2 bedroom dwellings.

## **Mixed land use**

### **Summary:**

*Casey's PSPs do not just feature residential development. Strong emphasis has been placed on accommodating a mix of land uses including large employment nodes, genuinely mixed use activity centres and of course residential areas. Whilst this is a marked improvement in urban fringe development philosophy, there is no consideration given to balance the mix of land use types within the established areas to provide for the whole municipality.*

*Extent to which this factor is delivered in Casey's PSPs: 7 out of 10*

Mixed land use located in appropriate areas is a key element within the Precinct Structure Planning Guidelines. Part 1, Objectives 1, 3 and 4; and particularly Part 2, Element 3 require activity centres to include a range of uses such as retail, office/commercial, community services and residential. Activity centres are encouraged to be anchored to both sides of a "main street" and surrounded by higher density residential development; not designed as stand alone, car based malls. In terms of employment, the Growth Areas Authority has a stated goal in growth areas of providing one new job for each new dwelling.

The Casey Planning Scheme acknowledges that the municipality is essentially a dormitory residential area with a relatively small number of employment opportunities where most people travel outside the municipality to work. According to the Department of Health 2010 LGA Statistical Profiles, Casey has less than 1% business land and 1.1% industrial land of its total land area. In response to this, Clauses 21.11 and 22.07, for example, advocate for more employment opportunities and diverse activity centres, with the view to diversifying the current land use mix within Casey.

#### **Example: Cranbourne West and C21 Business Park**

Section 3.1 of the Cranbourne West PSP outlines the main vision of the PSP as:

*Development of large residential and employment areas side by side within the precinct presents a design challenge. The vision therefore is to produce an integrated living and working environment that fosters a diverse and dynamic blend of lifestyle and commerce opportunities, unprecedented in an outer suburban location.*

True to the vision, approximately 50% of the PSP area is designated as either industrial or commercial whilst the remainder includes mixed density residential, education, recreation, activity centre and community centre uses.

The C21 Business Park PSP located in Berwick is in early preparation phase, but will use a similar model to Cranbourne West PSP. The precinct has long been identified by Council as being strategically suited to accommodating a large employment node. Draft PSP plans include approximately 66% of total area as employment land.

On page 25 of the Cranbourne North PSP the first objective under *Housing* is "to provide a diversity of lots sizes and housing types to satisfy the needs and aspirations of the new community over time." This statement is accompanied by a housing plan which identifies targeted areas for higher density residential development around activity centres and several areas for medium density development near parks and main roads. A housing yield table indicates that approximately 33% of total lots in the PSP will be of medium to high density. Pages 39-41 also encourage appropriately located and integrated higher density housing in activity centres.

Each of Casey's PSPs has a stated objective to increase employment opportunities and move away from the trend of 'dormitory suburbs' through the provision of mixed use activity centres and employment nodes. Whilst this presents a clear shift in growth area planning, the City of Casey caters to a current population of 253,000 people who are undersupplied in the provision of local jobs. The City of Casey

continues to argue that the provision of one job for each new household will continue to result in an undersupply, particularly affecting its current population. The City of Casey therefore advocates for one job for each (current and future) household.

## **Parks and Open Space**

### **Summary:**

*Casey's existing shortage of active open space is being exacerbated by inadequate provision in PSPs. Residential densities and population in PSP areas will be significantly higher than in established areas. Furthermore, active open space is still calculated using the same "10 per cent of land area rule of thumb" as two decades ago, resulting in shortfalls of active open space in Casey's PSPs. This is disappointing and reduces health and wellbeing options for residents. Provision of passive, encumbered and conservation space is generally satisfactory.*

*Extent to which this factor is delivered in Casey's PSPs: 3 out of 10*

Interestingly, Part 1 of the precinct structure planning guidelines makes only vague and indirect reference to parks and open space. However, Part 2, Element 5 – Open Space and Natural Systems, requires PSPs to include integrated open space networks that feature well distributed and multi functional open space to serve community needs. Guidelines require that 95% of dwellings are located within 400m of a local park and 1km of active open space. In residential areas, approximately 10% of net developable area should be public open space of which 6% is active open space. The Casey Planning Scheme – particularly Clause 52.01 – requires the provision of public open space, similar to that contained in the precinct structure planning Guidelines.

Evidence from completed and draft PSPs indicates that approximately 10% of land is being allocated as public open space.

Casey's experience is that local parks are in many cases undersupplied and have impediments either on the site or adjacent that impacts on the functionality of the space for its intended functions. In addition, district level parks to serve a higher level function are often not provided for in PSPs.

The City of Casey's Draft Open Space Strategy (2011) outlines a requirement for a hierarchy of parks to be provided throughout the City to accommodate Casey's expected population of 450,000 people by 2036. This hierarchy includes a requirement for local parks to be at least one hectare in size, district level parks to be in the order of 2 to 4 hectares in size and regional level parks to serve a wide catchment. The Strategy also provides a classification system to guide the provision of infrastructure and facilities (playgrounds, shelters, seating, paths, landscaping, etc.) to ensure these spaces are engaging and functional for local communities.

The City of Casey provision for active sport is guided by its Leisure Facilities and Development Plan (2008). The Plan analysed the needs for a range of sports throughout the City and recommended that a considerable level of additional sporting facilities are required to meet the future needs of Casey's community. This level of sporting provision was based on detailed investigation of several factors including participation rates and trends, population growth and consultation with clubs and the broader community. The Plan also provides specific standards relating to the size and design of sporting fields/courts and ancillary infrastructure such as pavilions, lighting, car parking and the like. The level and standards for ancillary infrastructure was determined based on analysis of the requirements for the various sports to meet the required sporting facility standards and to functional effectively.

**Example: Casey Leisure Facilities and Development Plan / Clyde North**

The Casey Leisure Facilities and Development Plan (CLFDP) challenges established open space calculation methods. Suburban areas developed over the past two decades have relied upon the “10% rule of thumb” where approximately 10% of land within a subdivision is allocated to public open space, of which 6% is active open space. New residential estates are now being developed with residential densities and populations up to 50% greater than in the past, yet public open space provision requirements are the same as two decades ago. The CLFDP uses different open space provision ratios to both the Precinct Structure Planning Guidelines and Clause 52.01 of the Planning Scheme. These are based around population numbers rather than net developable area and often result in more than 10% of net developable area being required for public open space. The table below outlines some of the sports facility provision ratios required by the CLFDP:

<b>Open space category</b>	<b>CLFDP sports facility provision ratios</b>
Active	2 ha per 1,000 people
Football / cricket	1 oval per 3,000 people
Tennis	1 court per 2,000 people
Soccer	1 pitch per 5,000 people
Basketball	1 court per 10,000 people

Outcomes in the Clyde North PSP demonstrate the difference in between PSP and Casey standard active open space provision. The PSP guidelines require approximately 6% of net developable area to be active open space. The exhibited Clyde North PSP included 6.72% or 22.4ha of active open space and an estimated population of approximately 14,200 people. According to the CLFDP this population generates a minimum active open space requirement of 28.4ha, not 22.4ha. Another issue is that both double-oval facilities in the PSP have areas of only 8-9ha, where as Casey Standards require 10ha. This equates to a shortage of 1-2 ovals or 3-4 soccer pitches (or a mixture of both) for the future Clyde North population. This further exacerbates the existing active open space deficit in the City of Casey and places further strain on existing facilities, many of which are already at capacity usage.

Increased and correct provision of active open space in growth areas is considered one of the key areas for improvement in environmental planning and design in growth areas which would have a significant, direct positive impact on the health of people within these communities.

The City of Casey’s experience with the Precinct Structure Plan process has been that the provision for active sport is based on a standardised provision ratio of net developable area rather than on sporting demands. The current practice for providing public open space for active sporting reserves:

- Does not factor in changes in housing densities and subsequent population numbers;
- Only allows for Casey’s top five sports to be catered for with no consideration given to providing for a greater diversity of sporting opportunities;
- Provides in many cases for undersized sporting reserves resulting in compromised buffers to residential areas, public spaces and waterways. This has an impact on the residential amenity for local residents (due to noise and lighting spill from the sports reserves) and safety as balls (cricket, football, soccer) have the potential to project onto nearby roadways, paths, playgrounds and into waterways.

The City of Casey's proposed ancillary infrastructure has been challenged by the Growth Areas Authority within Development Contributions Plans on the basis of its demand. The standards utilised by the City of Casey for its ancillary infrastructure for sporting reserves is based on detailed research and assessment undertaken as part of the Leisure Facilities and Development Plan. These standards conform with the requirements of the sport and analysis of what is required to make these spaces function effectively. In addition to compromising the functionality of the reserves for sport, the absence of appropriate ancillary infrastructure can negatively impact on the amenity of the local neighbourhood. Examples include the requirement for high fences surrounding the oval to restrict balls projecting out of the reserve or overflow car parking encroaching on local streets due to insufficient provision within the reserve.

Passive open space provision within Casey's PSPs has been slightly less than 4% in most cases. Generally speaking, passive parks are being provided with adequate areas of near 1ha whilst plenty of linear parks including shared path provision are being provided.

Evidence to date suggests that encumbered areas such as waterways and conservation areas are being duly considered and set aside in PSPs, in addition to unencumbered active and passive open space. This is a positive outcome which contributes to the health and wellbeing of Casey residents.

### ***Safety and surveillance and supporting infrastructure***

#### **Summary:**

*Many aspects related to these elements are subtly covered in Casey's PSPs, planning scheme and other relevant policies and acts. All indications are that safety and surveillance and supporting infrastructure in PSP areas will be at least equal to or better than in the past. However conclusions will not be able to be drawn until development has completed.*

*Extent to which this factor is delivered in Casey's PSPs: 7 out of 10*

Both of these principles are not specifically addressed in the Precinct Structure Planning Guidelines but are covered more generally throughout, for instance Part 1, Objective 1 aims to create a strong sense of local identity with a focus on community activity in safe and compact neighbourhoods. Several of the elements outlined above such as *Aesthetics*, *Connectivity* and *Active transport* also touch on planning and design elements that contribute to safer places and supporting infrastructure provision. Section 4 (1c) of the Planning Environment Act 1987 directs that planning should "secure a pleasant, efficient, and safe working, living and recreational environment for all Victorians and visitors to Victoria." This sentiment translates itself into many areas of the Casey Planning Scheme, for instance Clause 22.15 *Good Design* and Clause 56 *Residential Subdivision*. Both the private and public sectors are responsible for providing and maintaining these elements.

As outlined previously, most of Casey's PSP areas are yet to be developed to an extent that conclusions on safety and supporting infrastructure can be drawn. Precinct Structure Plans that have been completed include a number of measures such as increased densities and (hopefully) vibrant and well designed activity centres. Infrastructure items such as shared paths, water fountains seating and shelters are provided by both developers and Council at, or within the short term after, initial development. Other items such as street lighting and street pram crossings are provided by developers at the time of development. Many of these items will be considered at the planning permit or subdivision statement of compliance and detailed design stage. Some form of future monitoring and benchmarking will need to occur in order to determine the success of this element.

#### ***Monitoring?***

A common theme throughout the elements, above, is that they can look and sound good in PSP text and plans but their success cannot be properly assessed until development has been completed and a benchmarking and monitoring process has occurred. *Monitoring and Review* is addressed in Part 2, Section 5.4 of the Precinct Structure Planning Guidelines, however this section is vague and lacks implementation detail. Responsibility for monitoring and reviewing falls to Council "in consultation with

the GAA and other agencies". It is questionable what this means and whether or not it will be carried out based on local government already stretched resources. Given the GAA and PSP guidelines has represented a new planning paradigm in Victoria it is curious that no measurement tool to determine its success has been provided for and funded to determine that the public's money has been well invested. This is particularly relevant given the importance of the issues at hand and indeed that which has been the cause for this inquiry.

***Recent expansion of the Urban Growth Boundary (UGB)***

The expansion of Casey's Urban Growth Boundary in 2010 added a further 5,000 hectares of land to Casey's urban area to the east of Cranbourne and in Clyde. Half of the land in this area is currently used for highly productive market gardens within the Bunyip Food Belt, which makes a significant contribution to Casey's local employment opportunities and Casey's economy. It is also the only sustainable contribution to economic development in Casey, with all others being population-led economies such as retail trade, manufacturing and construction.

Currently, there is no strategic direction given to planning this region, other than an estimated housing development forecast. As outlined above, the precinct structure planning process is particularly flawed in its mechanisms to provide open space and critical infrastructure. It is critical to begin planning these areas, particularly relating to the infrastructure and open space requirements for the future communities expected to live in these areas. The PSP process must be sufficiently monitored and reviewed to improve the health and wellbeing outcomes for both Casey's current and future communities.

## **Determine the opportunities to influence environmental planning and design for health, including consideration of the role of legislation, guidelines, and public-private partnerships, and the costs and benefits of various options.**

### ***Linking legislation***

The relationship between the *Planning and Environment Act 1987* (P&EA), the *Public Health and Wellbeing Act 2008* (PHWA) and the *Transport Integration Act 2010* (TIA) is often varied. The gazettal of the TIA included a reference in section 3A of the P&EA, specifically related to the interface between the two pieces of legislation. The City of Casey submits that this interface between the P&EA and the TIA has transferred the requirements of a Municipal Council under the TIA quite substantially into a planning context. There is no similar relationship between the P&EA with the PHWA, nor the PHWA with the TIA.

For a number of decades, a metropolitan strategic planning strategy has guided planning and development throughout Melbourne and Victoria, even though the legislation does not specifically require the preparation and review of such a plan. The degree to which the plan discusses the integration of transport or health and wellbeing has also often varied through the different iterations of a metropolitan strategy.

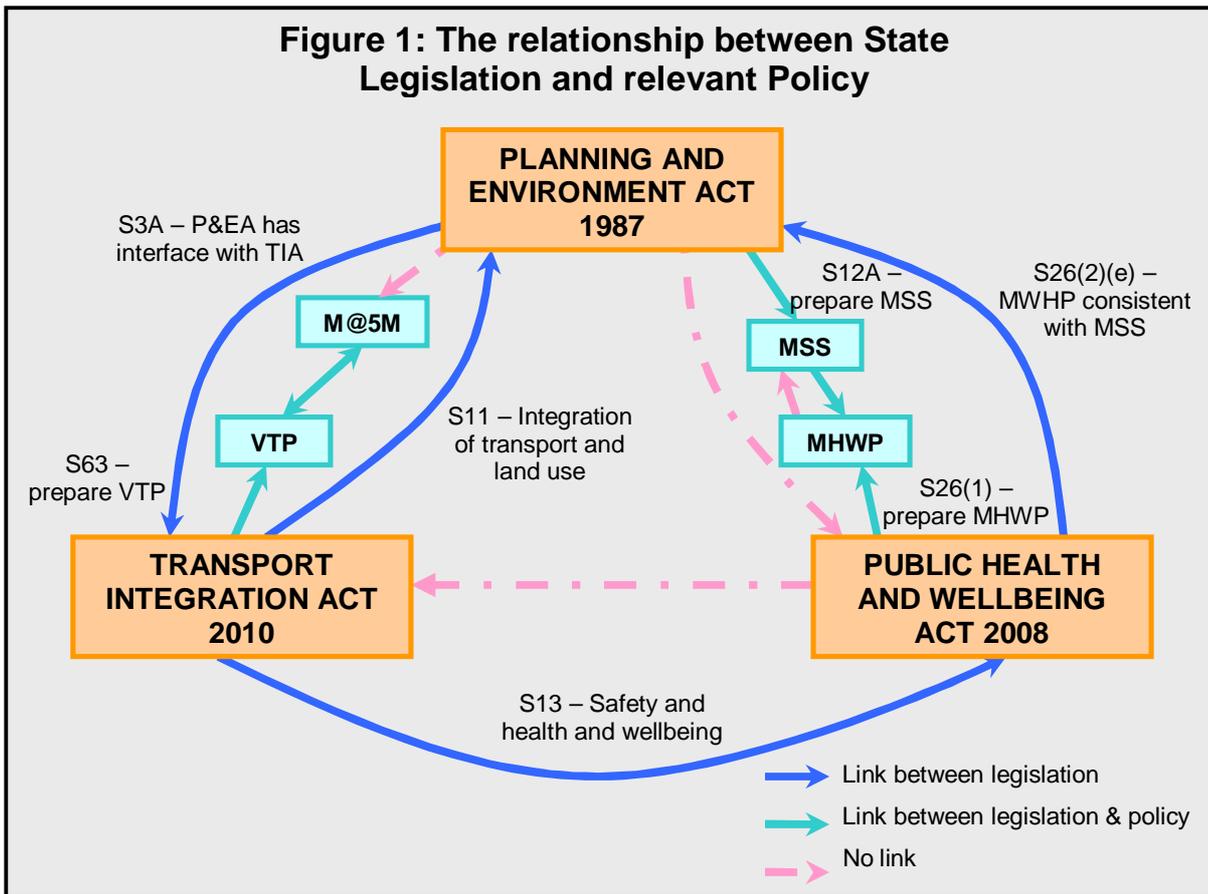
The most recent iteration of a metropolitan strategy, *Melbourne 2030 a planning update: Melbourne at 5 Million* was prepared in conjunction with the *Victorian Transport Plan*, which now forms a legislative requirement of the TIA. The City of Casey submits that the integration of such policies is critical to long term strategic planning within Melbourne.

The P&EA does not reference the PHWA in any way. There is a requirement under section 12A of the P&EA for Council to prepare a Municipal Strategic Statement (MSS) with the Planning Scheme. Whilst section 26 of the PHWA has a requirement for Council to prepare a Public Health and Wellbeing Plan (PHWP) which must be consistent with the MSS there is no similar requirement for consistency within the P&EA. The integration of these two acts is considerably weaker than that of the TIA and the P&EA.

The TIA contains objectives on the safety and health and wellbeing of people using the transport system but conversely there are no similar objectives outlined in the PHWA. This discussion is represented in diagrammatic form in Figure 1 of this submission.

Improving the integration and consistency of legislation provides an opportunity to influence environmental planning and design for health. It is Council's experience in a planning context that the objectives of the TIA are considered to greater detail than the objectives of the PHWA, which Council submits is due to greater integration of the two acts. The two acts also have relatively consistent objectives.

Improving in particular, the relationship between the P&EA and the PHWA would considerably enhance Council's ability to apply health and wellbeing objectives in planning. Decision-making in relation to health and wellbeing outcomes would be significantly improved as the integration of the two acts would provide Council the statutory weight required to formally refuse planning applications that provide poor health and wellbeing outcomes. Council has been limited in this area thus far as its own policies do not have the statutory weight required to withhold appeal of an application to the Victorian Civil and Administrative Tribunal, nor have the provisions under the planning scheme had enough strength to guide decision making in relation to health and wellbeing. Integration of these two acts would also ensure that health and well being is considered in more depth during the planning scheme amendment and PSP process.



**Improving the Planning and Environment Act 1987 in relation to Development Contribution Plans**

Development Contribution Plans (DCPs) support the provision of works, services and facilities within future communities. Each of Casey’s PSPs has an associated DCP. Typically, developers either complete the works themselves or pay cash to Council so it can undertake the works. Community facilities such as community centres, indoor sports centres and sports pavilions are also included in the DCP, but are typically funded by property owners (via a community infrastructure levy) at a later stage.

DCPs underpin a significant portion of infrastructure within a PSP area – including items such as active open space, main roads, conservation land and community centres that impact upon the health and wellbeing of residents. It is considered that there are several issues and opportunities within the DCP system that could be modified to bring about improved health and well being in Casey’s growth areas. These are summarised below. Whilst we do not necessarily have answers to some of these issues, opportunity exists for them to be explored through the DCPs review that has been recently announced by the Minister for Planning.

**Late delivery of active open space and pavilions**

Active open space such as a dual-oval facility usually requires at least 10ha of land plus construction of supporting facilities such as pavilions, shelters etc. DCP funds are collected gradually, as development proceeds, and in terms of funding allocation, provision of active open space often rates as a lower priority when compared to essential infrastructure such as roads and intersections. Consequently, active open space and pavilions are often provided 5-10 years after residents move into an estate.

=

**Increased land purchase prices**

Most DCP items include a “land” component i.e. the cost of the land on which DCP facilities are to be built. In most cases, land value is calculated at residential rates at the time the land is transferred to Council. This results in Council having to pay top dollar for the land which further delays purchase of the land and ultimately the development of the facility. Casey has long argued that DCP land prices must be

calculated “en globo”, that is, at a pre determined broad-acre rate. This would assist Council in purchasing land earlier in the process, thereby allowing earlier development of some DCP facilities.

### **Rising DCP costs vs Developer pressure to reduce costs**

According to the Property Council of Australia’s paper titled *Development Contributions In Melbourne’s Growth Areas; Why Contributions are Escalating*, dated March 2011, DCPs are “out of control” due to, amongst other things, scope creep of what DCPs include, an upward shift in construction standards and a shift in the extent of cost recovery, presumably by Councils.

Growth area Councils argue that they have merely got better at using the DCP tool, understanding the needs of the community by learning from past experience and scoping and pricing the infrastructure better. Outside of extraordinary increases in land prices over the last 10 or so years fuelled by property speculators of the development industry, Casey would argue we are just getting better at understanding what the community needs.

In contrast, if we are to see improvement in certain areas of health and wellbeing – for instance increased provision of active open space – DCP costs are likely to be increased. But, in turn, this will likely be challenged by developers, so the question arises; where will the additional funding come from?

Whilst there is a recurrent argument that increasing the costs of DCPs increases the price of homes and contributes to issues with housing affordability, the City of Casey argues that the under-provision of infrastructure and the lack of opportunities to engage in the community, to have access to community and support services and access to open space, walking/cycling paths and public transport has a more detrimental impact on the community than the upfront cost of a house.

The danger in the DCP review is that in finding ways to reduce the cost of housing local government development contributions (responsible for only 7% of the actual cost of a housing lot) will be the easy target to reduce the cost burden on developers. This will result in either shifting the cost of providing the infrastructure from developers to the existing ratepayer or the infrastructure will simply not be provided.

### **Guidelines for legislation**

There are no guidelines accompanying the *Transport Integration Act 2010* (TIA) to assist decision makers in consistently applying the legislation. The City of Casey has not attempted to prepare its own guidelines in anticipation of the release of State-led guidelines. As discussed earlier in the submission, Council is limited in its ability to refuse planning applications or inform planning schemes based on policies that are not included in the *Casey Planning Scheme*. Whilst the City of Casey is entirely capable of preparing its own guidelines, consistent application of the TIA by all levels of government will assist the City of Casey, who is not the sole Planning Authority for the municipality, to effectively apply the objectives of the Act.

Furthermore, similar guidelines should be prepared to improve the application of the objectives of the *Planning and Environment Act 1987* and the *Public Health and Wellbeing Act 2008*, particularly in relation to planning for health and wellbeing outcomes.

### **Precinct Structure Planning Guidelines**

As already outlined, a number of sections within the Precinct Structure Planning Guidelines could be modified to achieve better planning and design outcomes for health and wellbeing. These include:

- Increased emphasis on public transport – above the status quo – that will provide genuine competition to the private motor vehicle.
- Early provision of railway lines and stations.
- Increased cross government collaboration including reference to local Council policy.
- Vastly improved PSP monitoring and benchmarking, including implementation detail.
- Increased active open space provision to better meet the needs of residents.

Whilst Clause 56 and Precinct Structure Planning Guidelines provide sound planning guidelines for local parks and walking and cycling networks, the City of Casey's experience has been that the application of these has not provided quality outcomes for local communities. For example, the 400 metre walkable catchment is applied purely as a mapping exercise with no consideration given to the impediment to access and safety (such as main road crossings, waterways without bridge connections etc.). Greater consideration is required to ensure these spaces are appropriately planned with local environmental factors given consideration.

The Precinct Structure Planning Guidelines apply a 10 per cent ratio of open space provision as part of the net developable area of a Precinct Structure Plan. This does not account for localised sporting demand, housing densities and ultimate population numbers which drive demand and usage of these spaces.

### ***Public Private Partnerships***

In 2008, the Growth Areas Authority and the Planning Institute of Australia called for expressions of interest for Greenfield developers to successfully deliver a residentially focused development project that exceeds current standards in practical urban design and planning for health and wellbeing outcomes. Stockland, the successful candidate of the tender, has committed to delivering its estate in Cranbourne East, Selandra Rise, under this demonstration project. The City of Casey is also a project partner in the Cranbourne East Demonstration Project.

The outcomes of the demonstration project focus on:

- Economic, social, environmental and cultural sustainability.
- Healthy and liveable communities.
- Diverse and affordable housing options.
- Integrated transport and land use planning.
- Design excellence.

The demonstration project seeks to plan and design a community that promotes walkability and integrated transport options (particularly walking, cycling and using public transport); that provides a range of housing choices through varied lot sizes and price points to provide housing diversity; and to provide a mix of land uses to provide local employment opportunities. The early provision of community facilities is also paramount to the success of the demonstration project.

Stockland and the City of Casey have also partnered in a project to deliver an interim community hub with South East Councils Climate Change Alliance (SECCCA), Henley, YMCA and the CSIRO. The hub, named Selandra Community Place (SCP) will be a multi-purpose community facility to meet the needs of the community from the very beginning of the development of the Selandra Rise estate. The promotion of the hub is focused on four themes of energy, water, waste and wellbeing.

The hub itself will be a home within the display village of the estate which is delivered by Stockland to Council's specifications. It will serve a number of roles as a demonstration home for environmentally sustainable design and living, a community facility providing programs such as financial literacy, maternal and child health, sustainable living, small business services and networking and health and fitness.

A Community Development Officer will work to connect into the community as it grows from its inception. The facility will operate until such time that a permanent community facility is delivered within the estate through the normal planning and developer contribution processes. The Community Development Officer will transition the community to the new facility and the hub will be retrofitted and sold as a private home.

A longitudinal study is being prepared to monitor the contribution the hub brings to improving community connectedness and health and wellbeing within the estate. The purpose of the longitudinal study is to provide the evidence to support what is believed to be true, which is that the health and wellbeing is vastly improved by the timely delivery of infrastructure in new communities.

These two public private partnerships whilst still at inception have proven to be quite successful in integrating planning with health and wellbeing thinking. The City of Casey submits that similar projects should be supported with appropriate funding and resources to enable these partnerships to be replicated.

**Provide recommendations for future planning and investment; and that the Committee will consider:**

**(a) The effectiveness of the Environments for Health Municipal Public Health Planning Framework.**

The experience of the City of Casey is that the Environments for Health Framework is not effective in translating to planning. Improving the integration of the framework with the *Planning and Environment Act 1987* or the State Planning Policy Framework could help. Furthermore, the Environments for Health Framework must include useable methodologies to continually monitor the application and effectiveness of the framework.

Recommendations:

*Improve integration of the Environments for Health Framework into planning frameworks.*

*Develop methodologies to enable monitoring of the Framework's principles.*

**(b) The State Public Health and Wellbeing Act 2008, the Transport Integration Act 2010 and the Planning and Environment Act 1987.**

Legislation, in general, should better integrate planning and health frameworks through cross-government collaboration. Planning legislation, such as Development Contributions, should be improved to facilitate more appropriate responses to planning in relation to health.

Recommendations:

*Make amendments to the Planning and Environment Act 1987 to integrate the Act with the Public Health and Wellbeing Act 2008 and reconsider objectives of the act in relation to health and wellbeing outcomes.*

*Formalise the requirement for a metropolitan planning strategy to be prepared in conjunction with the Victorian Transport Plan.*

*Make amendments to the Public Health and Wellbeing Act 2008 to improve the integration of the Act with the Planning and Environment Act 1987 and reconsider objectives of the act in relation to planning outcomes.*

*Make amendments to the Planning and Environment Act 1987 in relation to Development Contributions to facilitate the collection of funding for interim infrastructure (such as community facilities) and for soft infrastructure (such as staff and service delivery) and improve the legislative opportunities for Council to purchase land 'en globo'.*

*Prepare guidelines or checklists for planners to consistently apply health and wellbeing principles to planning decision-making.*

**(c) International experience such as the World Health Organisation's (WHO) Healthy Cities initiative.**

The City of Casey submits that the Healthy Cities Initiative is not particularly relevant to the context of integrating health and wellbeing objectives in planning in Victoria. From research undertaken, the Healthy Cities Initiative promotes local authorities as key stakeholders to deliver planning objectives based on health and wellbeing outcomes. Planning in Victoria was regulated through the mid 1990s at the State level to improve consistency in planning schemes. If this remains to be the objective of planning, then local planning outcomes will remain to be guided by State Government policies.

**(d) The consistency of policy approaches across the Victorian Government to promote health through evidence based environmental planning and design measures.**

As identified in Section 5(b) of this submission, a whole of government response to planning and health and wellbeing is required. Furthermore, in the experience of the City of Casey, further support is required in a number of areas relating to planning and health and wellbeing, including the provision of public transport and other infrastructure, developer contributions, open space, monitoring and accountability.

*Work towards a whole of government response to integrating planning and health and wellbeing objectives.*

*Increase cross-government collaboration, including better references to local Council policies in PSPs.*

*Increase the emphasis on public transport in growth areas that will provide a genuine alternative to the private motor vehicle and ensure that relevant infrastructure is delivered in a timely manner.*

*Increase the provision of active open space provision in PSPs to better meet the needs of residents.*

*Address DCP issues to bring about earlier infrastructure provision, 'en globo' or reduced land purchase rates, and the ability (for local or State Government) to fund additional infrastructure items that contribute to health and wellbeing, such as active open space.*

*Maintain and improve on opportunities to undertake demonstration projects and benchmarking that support integrated planning and health and wellbeing outcomes that can be replicated.*

*Vastly improve the monitoring and benchmarking of PSPs, including implementation detail and place more accountability on the Growth Areas Authority who prepare the PSPs.*

*Assist Councils in monitoring planning and health and wellbeing outcomes.*

**(e) The roles of public open space in promoting health.**

Open space provides a critical role in promoting health. In addition to the above recommendations to amend legislation to facilitate greater provision of open space, further recommendations are made below.

*Increase the provision of open space and sporting infrastructure in planning in recognition of its importance to the preventative health agenda.*

*Review the open space provisions standard for PSPs (to increase requirements for open space, base the standard on population growth rather than land area, or vary the requirement of open space according to the density of residential development).*

*Support investment to enable local government to purchase additional open space and develop recreational facilities.*