

Maribyrnong City Council

Submission to

The Parliament of Victoria's Legislative Council

Inquiry into Environmental Design and Public Health

July 2011

Introduction

Land use policies at neighbourhood and municipal level and increasingly the planning decisions that are made on an application by application basis directly affect the quality of life of all Victorians.

What has become clearer since the last reform of the planning legislation in 1987 is that an unintended consequence of the Act and its associated instruments have continued to sustain and often exacerbated place based health inequalities.

The City of Maribyrnong (an inner west municipality) is a clear example of this growing inequity where despite the increasing gentrification and its associated benefits, the health and socio economic gap has become wider especially in those pockets of entrenched inter generational disadvantage.

The prima facie evidence in these areas clearly indicates a link between premature death and increasing burden of disease (associated with heart disease cerebro vascular disease, diabetes poor mental health) with may be exacerbated by elements of the built environment which contribute to sedentary lifestyles (obesity) and the proliferation of harmful environments (including the proximity and density of outlets associated with alcohol, fast food and electronic gambling machines) in areas of high disadvantage.

Not only are improved health outcomes difficult but an unintended consequence of the current land use planning policies is the inability of Councils to use the legislation to protect vulnerable communities against these cumulative impacts associated with these uses.

Previous submission by Maribyrnong Council to the Review of the Planning and Environment Act 1987

This submission builds on the key elements of Council's previous submission to the recent previous State Government review of the EPA 1987

In summary the key points of this submission were;

- The objectives of the Planning and Environment Act 1987 need to explicitly recognise quality of life and wellbeing outcomes that are fair and equitably for all people across present and future generations as a basis for, and main objective of, planning.
- These in turn, shape the values enshrined in the VPP, and the detailed planning mechanisms that operate in the State.

- This will present a significant opportunity to establish major policy statements relating to health and well being, ensuring people are put 'first' in planning and better equipping the places which we live in a way that is equitable and enables us the opportunities to lead healthy lives as easy choices.
- Legislative reciprocity and alignment between EPA and Health and Wellbeing Act to reduce public policy ambiguity (This is particularly important when applications are sent to VCAT)
- Endorsed the idea of using the Act to identify a hierarchy of policy documents, including those that sit outside the planning scheme, to be considered in making land use decisions, and suggest that Municipal Public Health Plan be included as part of this. Aligning the Act with other related acts such as the Health Act the Gambling Act Transport Integration Act 2010 and the Liquor Licensing Act would also help to harmonise strategic objectives.

Recent announcement by Minister for Planning and establishment of the Victorian Planning System Ministerial Advisory Committee

Maribyrnong City Council welcomes the recent announcement by the Hon Matthew Guy the Minister for planning to create the Victorian Planning System Ministerial Advisory Committee. This will provide a unique opportunity to create a platform of mutually reinforcing legislation that would reflect the State Government's commitment to integrated whole of Government approach and to give equal status to (often conflicting) Social, Economic and Physical objectives.

Maribyrnong City Council would strongly support the Minister for Health and Aging the Hon. David Davis formally recommending the outcomes of the Legislative Council's Inquiry into Environmental Design and Public Health to the Victorian Planning System Ministerial Advisory Committee for their endorsement and inclusion.

Land use planning and behaviour change for improved health outcomes.

It has been Council's experience that trying to influence individual behaviour change through health promotion programs and health education without having a built environment to support these efforts will have only a marginal impact.

Planning Policies -> Built Environments-> Behaviours -> Health and wellbeing outcomes.

The ability to influence behaviour is made more difficult in an inner urban environment where the combination of long established entrenched areas of concentrated disadvantage, the unintended impacts of poor planning decisions and moreover the lack of necessary planning instruments to reduce harm (eg

proliferation of packaged liquor outlets) ingrains poor health outcomes across generations.

It is Council's view (based on practice wisdom) that is extremely important that the built environment has a direct and vital role in promoting and influencing healthy behaviour. The built environment is extremely complex (especially in established inner city areas), with social dimensions overlaid on environmental qualities. At present there are neither the necessary regulations nor 'professional' culture of integrated planning that explicitly recognizes the 'ecology of place', or the interrelated flow on effects that physical interventions can have on communities.

Most promising opportunities for improving health outcomes in Victoria

Federal, State and Local Governments are recognising and (codifying through their policies, strategies and investments) the value of prevention as a cost effective approach to well being. It is emerging that those preventative and protective factors for good health (in perpetuity) lie in land use planning.

The most strategic, sustainable and cost effective instruments for realising health outcomes lie in the built environment.

The list below represents a sample of a shared policy platform by all levels of Government.

- Providing equitable and active transport options such as walking and cycling
- Providing local access to nature and recreational opportunities
- Providing choice and access to culturally appropriate and affordable healthy food¹
- Protecting valuable agricultural land to secure adequate food supplies for the future
- Protecting air and water quality
- Providing local access to employment and fostering economic development opportunities
- Providing high quality public realms that offer rewarding social experiences
- Ensuring a range of housing options suited to particular lifestyles and circumstances
- Ensuring the design of the built environment is safe and secure
- Forging community bonds through opportunities for positive social interactions
- Ensuring harmful impacts from noxious uses are properly managed
- Improving the quality and health of the natural environment and promoting more responsible natural resource management

The lack tools to act

The extent to which the factors above are currently taken onto consideration is 'patchy'
Melbourne University's Evaluation of Planning for Health and Wellbeing Project (2006) found no increase in planners' everyday consideration of health (Whitzman 2007)

As a first step in addressing this issue, Maribyrnong City Council has integrated the environments for health (via the Municipal Public Health Plan) into the Council plan and thereby elevating Council's strategies to a more systemic/ structural level and to better influence a culture of improved integrated health, social, physical and economic planning.

However progress has been marginal despite this initiative to raise the status of health planning and an increasing willingness by the organisation to take environments for health into consideration. The impediment to better progress has been the lack of reciprocal land use legislation around health and prescriptive nature of the subordinate plans and frameworks restricts significant progress.

Creating an enabling integrated policy platform in the Act

In order to assist planners consider health as part of their determination, there is a requirement for a comprehensive, integrated and layered set of reference documents and policies that directly inform clear environmental design and health outcomes.

The current State Planning Policy Framework is;

1. Much too broad and open to ambiguity
2. Does not reflect the fine grained complexity of inner city environments (and the increasing contestability of land use)
3. Does not reflect changing community expectations.
4. Provides no capacity to take into account bespoke municipal and sub municipal considerations

Lack of causal evidence between good planning and good health

Even a cursory examination of the health studies, research and meta research indicates a significant body of work that describes the negative impacts of poor planning.

The land use zoning system provided for under the VPP which is geared to separate the functions of the city into different geographical areas, can in some instances be seen to discourage the creation of mixed use, compact, walkable environments,

There is a small growing body of work that describes the direct positive impacts of integrating land use planning with environments for health framework.

However there is a dearth of evidence that demonstrates a strong causal link between good integrated planning and health outcomes especially in a complex urban environments (and brown field sites). The PEA 1989 needs to reflect the increasingly fine grained considerations required in medium to high density areas (often highly contested spaces) that have a direct impact on health through perceptions of safety, reducing open space.

Health and Social Impact assessments

Research has demonstrated that health is to a large extent socially determined, and without easy access to robust information and evidence, health outcomes may be compromised through ill-informed planning decisions.

Council recommends the merits of using a continuum of Social and Health Impact Assessments (SIA and HIA) being mandated in the planning legislation as they have potential to measure both qualitative and quantitative impacts on communities and neighbourhoods.

Increasingly for areas like the City of Maribyrnong it is the cumulative impacts that can result from clustering particular land use or type of land use or the clustering of poor health environments egg liquor plus gem plus fast food plus perceptions of safety have an exponentially detrimental affect.

Council recognises that the scope of any SIA / HIA needs to be commensurate with the potential impact of any planning permit or policy. SIA and HIA could be used in both the permit application process and the planning scheme amendment process for consideration of inclusionary zoning for urban agriculture or affordable housing for example. The Act would also need to specify the process for undertaking them, who would conduct them

Maribyrnong City Council requires developers to undertake a social impact assessment as part of its planning applications process, in circumstances where it considers there may be significant social effects resulting from the intended use or redevelopment for which the application is proposed.

In determining which development proposals require social impact assessment, Council will use the following criteria:

- Rezoning of land
- Major commercial developments
- Applications for gaming machines
- Major community / recreation facilities
- Major residential developments 60+units

State Government culture of integrated planning to mirror local government

Apart from the legislative and regulatory changes required to bring about change, there also needs to be a commensurate and equal effort and investment in creating a culture of integrated planning within the State Government.

This cultural change requires both consideration of both layered intra and inter governmental mechanisms and associated protocols and behaviours.

Recommendations

1. Provide explicit Health, wellbeing and environmental design objectives in the Planning and Environment Act 1987
2. Ensure reciprocal and mutually strengthening legislation with regards to the Planning and Environment Act 1987, the Transport Integration Act 2010 and the State Public Health and Wellbeing Act 2008.
3. Commission research that contributes to the evidence base that strengthens the link between good planning and good health.
4. That this research focuses on inner city / brown fields as a priority
5. Create an Inter governmental mechanisms and incentives to create a culture of integrated planning based on environments for health framework.
6. Mandate Social Impact Assessments (SIA) and Health Impact Assessments (HIA).
7. That the scope of the SIA and HIA are commensurate with the potential impact of the development, zone or policy.