13 July 2011

Mr. Keir Delaney
The Secretary
Legislative Council
Parliament House
Spring Street
Melbourne VIC 3002

Dear Mr. Delaney,

Joint Submission to the Parliamentary Inquiry into Environmental Design and Public Health in Victoria

Thank you for the opportunity to make a submission to Environment and Planning Committee regarding the **Parliamentary Inquiry into Environmental Design and Public Health in Victoria.**

The feedback and recommendations presented within this response for consideration have been drafted in collaboration by a group of stakeholders with an interest in the community health and wellbeing implications resulting from the built environment. Most organisations have also provided individual submissions to the Inquiry.

Please note that there are also 5 appendices to the main submission, 2 of which have been provided on CD as they are too large to send via email. Therefore the electronic version is lacking Appendices 2 & 5. These Appendices have been provided on CD along with the hard copy of this submission, to follow in the mail.

The undersigned would welcome the opportunity to present on this submission to the Committee in person. For all enquiries relating to this submission, please contact Stuart Worn, Executive Officer, Planning Institute Australia Victorian Division on 03 9347 1900 or email sworn@planning.org.au.

Yours sincerely,

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July 2011

Joint Submission to the Parliamentary Inquiry into Environmental Design and Public Health in Victoria

On behalf of:

- Cancer Council Victoria (Sunsmart)
- City of Port Phillip
- Planning Institute of Australia – Victorian Division
- Physical Activity Australia (formerly Kinect Australia)
- Victorian Council of Social Service
- Victorian Local Governance Association

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Introduction

This submission to the Inquiry into Environmental Design and Public Health in Victoria has been compiled in consultation with, and on behalf of, a number of organisations involved with health and the built environment. The signatories to this joint submission are listed in full in the next section 'Participating Organisations and Individuals', with the consultation process described in the 'Joint Submission Consultation Process' section.

The ways which built environments can encourage healthy behaviour are wide ranging and well known. The reason for their lack of implementation is largely a result of the level at which they are addressed in the legislative planning framework. Parts of the Victorian Planning Provisions (VPPs) and Precinct Structure Planning (PSP) Guidelines relate to aspects of health and well-being, however there is a need to make it more explicit, as these requirements do not currently deliver optimal outcome for public health. As such, the focus of this submission is on how to best incorporate health considerations as a key objective in the Victorian planning framework.

Summary of Recommendations

- That the term ‘land-use planning and design’ be used instead of ‘environmental planning and design’ when communicating with the built environment sector in the future.
- That health and wellbeing be included in all local Municipal Strategic Statement ‘Visions’
- That health and wellbeing be included as a specific direction in the State Planning Policy Framework
- That health and wellbeing be included as an objective in the *Planning and Environment Act (1987)*
- Use of the Environments for Health Framework is reinforced through other relevant local government plans such as the Council Plan and MSS.
- The Framework’s division of social, built, natural and economic environments is exercised with caution and recognition that these are integrated issues, not silos.
- Section 12A (4) of the *Planning & Environment Act 1987* be amended to included consistency with the MPHP and thus close the loop and ensure consistency within all relevant legislation.
- A holistic and independent review of the *Planning and Environment Act 1987* is undertaken so that it complements, rather than contradicts, the *Transport Integration Act 2010* and the *Public Health and Wellbeing Act 2008.*
- That Learning’s from established programs such as the World Health Organisation *Healthy Cities Program* are included in the Victorian State and Local government’s approach to healthy environments. These lessons could accompany learning’s from the use by local governments of the Victorian State Government’s Environments for Health Framework.
- That the built environment in Victoria take a similar approach to Bogota, Colombia in shifting transport priorities from private motor vehicles to active transportation options such as cycling, walking and running.
- This submission recommends that the *Planning & Environment Act 1987* be amended to define certain types of development as requiring a HIA.
- That any HIA tool adopted be simple for planners to incorporate within their existing activities, for example the ‘Design for Health’ suite.
- Links across all policies and acts relating to health and the built environment be strengthened
- That any requirements stipulated around for public space are qualitative, varied and contextual rather than prescriptive

Participating Organisations and Individuals

- Cancer Council Victoria (Sunsmart)
- City of Port Phillip
- Physical Activity Australia (formerly Kinect Australia)
- Planning Institute of Australia – Victorian Division
- Victorian Council of Social Service
- Victorian Local Governance Association

Terminology

The authors of this submission would like to preface this document with a comment on the language used in the terms of reference (TOR). The Inquiry title and TOR use the phrases 'environmental planning' and 'environmental design', which in the health sector context is taken to encompass the natural, built, social and economic environment. The use of these phrases has potential to cause some confusion, as they have very different meanings in built environment sectors, where environmental planning and design refers specifically to the natural environment. This poses the risk that inconsistent terminology may create confusion when trying to integrate the two sectors. The authors therefore recommend

Recommendations

→ That the term 'land-use planning and design' be used instead of 'environmental planning and design' when communicating with the built environment sector in the future.

Joint Submission Consultation Process

The built environment plays a large role in influencing health and wellbeing. This role is gaining significant interest and support from those in the built environment and health sectors. The signatories to this joint submission are from both the built environment and health sectors, and therefore have a strong interest in the subject of the Parliamentary Inquiry into Environmental Design and Public Health in Victoria.

Some of the organisations involved in this joint submission have previously worked together to achieve better health outcomes from the built environment. For example, when Victoria's *Planning & Environment Act (1987)* underwent a review in 2009, the Planning Institute of Australia's Victorian Division (PIA), Victoria Walks (VW) and

the National Heart Foundation (NHF) made a joint submission that highlighted the need to explicitly refer to the health and wellbeing of the community in the objectives of the Act (Appendix 1).

The Parliamentary Inquiry into Environmental Design and Public Health is of great interest to many organisations, therefore PIA re-initiated contact with other interested parties with the objective of producing a joint submission to the Inquiry.

The submission was created via the following consultation process:

1. Leaders of interested organisations attended an initial 'brainstorming' meeting, in which key areas were defined and agreed upon. It was also agreed that PIA would take responsibility for coordinating the final submission on behalf of all parties.
2. Participating organisations pooled relevant evidence and resources.
3. A two part forum for interested parties was staged. The audience of the forum was made up of approximately 90 participants, including various officers and elected representatives from various local and state government departments, consultants, academics and researchers.
    a. The objective of the first part of the forum was to disseminate key information about the link between health and the built environment. In addition to the Minister for Health, the Hon. David Davis MLC, five industry experts presented on aspects of the built environment and health:
        - Assoc. Prof. Trevor Budge AM, LaTrobe University
        - Assoc. Prof. Carolyn Whitzman, University of Melbourne
        - Kellie-Ann Jolly, Director Cardiovascular Health Programs, Heart Foundation
        - Assoc. Prof. John Fitzgerald, Acting CEO, VicHealth
        - Jason Black, Project Director, PIA
    b. The objective of the second part of the forum was to gain feedback from attendees. A 'world café' style workshop was arranged in which attendees were divided into groups; each group was allocated one of the following topic areas in relation to the TOR (to be discussed in more detail below): social inclusion, mental health, physical activity childhood health, food security and safety. The main recommendations which came out of each group were used to inform this submission (see the second TOR).
4. A draft submission was created and provided to stakeholder organisations for review and comment, returned to PIA for editing. This final draft was then submitted to the Inquiry.

Responses to the Terms of Reference

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

The role the built and natural environments play in influencing community health and wellbeing is internationally recognised. A key example is the Ottawa Charter for Health Promotion, an international agreement adopted in 1986 by members of the World Health Organisation (WHO). The Charter identifies five key areas for action, one of which is the creation of supportive environments, defined as both the physical and the social aspects of our surroundings.

An overwhelming body of evidence exists to support the hypothesis that built environments can, and do, directly influence public health and wellbeing. As this existing evidence has wide agreement, this submission will focus on opportunities to influence health outcomes through the built environment based on this evidence, rather than readdressing the evidence. While it is not the objective of this submission to provide an extensive review of the literature, it is important to emphasise that the recommendations and arguments presented throughout the document have been informed by this body of evidence. Included with this submission is a bibliography of relevant academic journals and reports (see Table 1). While this bibliography is relatively comprehensive, it is by no means exhaustive. See Appendix 2 for the full documents.

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Table 1: Bibliography of existing research into the relationship of the built environment on public health and wellbeing. Full documents provided in Appendix 2.

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

Improving community health and wellbeing through planning is one part of a larger process (see Figure 1). The process begins with policy and legislation which directly influence a key determinant of public health, the 'environment'- be it social environment, physical, natural or economic. The environment then has a direct impact on individual behaviours, such as decisions to walk to the shops, take public transport or which food to purchase. It is this behaviour which directly affects a person's health status.

Figure 1: Process of influence on the health status of a community

People can shape their environment, and in turn, their environment shapes them. By shaping the 'environment' step of the above process, planning and built environment specialists can exert pressure over the community's

behaviour and subsequent health status. They do this by creating places that provide the optimum conditions for people to achieve health, wellbeing and longevity, and it is on this step that this submission will focus.

Previous research has resulted in the identification of elements of the built environment which can have a large impact on health outcomes. PIA and VicHealth conducted an extensive review of evidence, policy and legislation in 2006, resulting in the document, *Putting Health at the Centre of Planning*, which articulates the six key priority areas identified by research, where planners are most able to influence community health and wellbeing: Social Inclusion, Childhood Health, Physical Activity, Safety, Food and Mental Health (Figure 2, or Appendix 3).

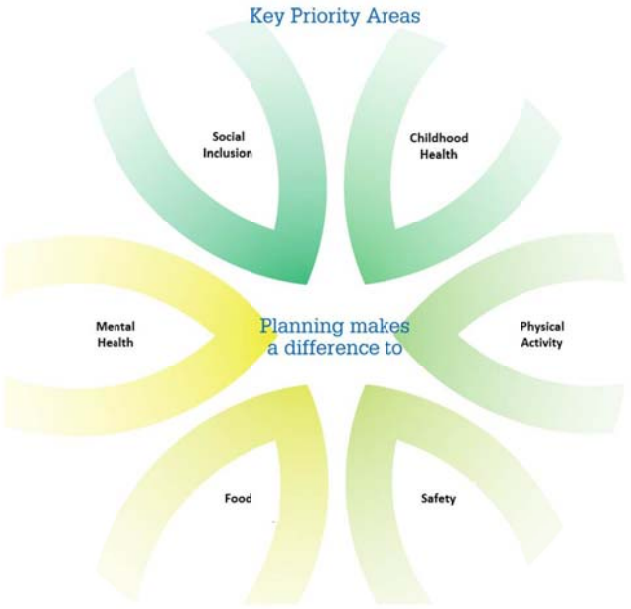

Figure 2: Putting Health at the Centre of Planning Key Priorities

As part of the consultation process for this submission, these six key priority areas were discussed at the industry forum. During the forum, sub-groups identified several ways in which the built environment could improve public health and wellbeing. These comments are by no means exhaustive, but provide a snapshot of the potential actions planners can take to influence public health outcomes. The comments are provided in Appendix 4.

Linking in with the 6 key issues identified by *Putting Health at the Centre of Planning*, PIA and the National Heart Foundation partnered in the *Healthy Spaces and Places* project. The project provides many useful resources to planners (listed in Table 2), the most relevant to this TOR being *Healthy Spaces & Places: A national guide to designing places for healthy living – An overview* (full document provided in Appendix 2 CD).

The aforementioned document provides 10 design principles, which are outcomes which planning needs to produce in order to influence the 6 key priority areas. For example, a planner may identify that the community they

are planning for has very low levels of physical activity, leading to poor health outcomes. The planner may then look to the design principles of *Healthy Spaces and Places*, which outline that to increase physical activity, planning needs to deliver '…infrastructure that supports travel modes that involve physical activity (such as walking or cycling) and include the use of public transport, accessed via walking and cycling'.

The following are the 10 key design principles which provide the best opportunity to plan for healthy communities. Decision-makers should plan and design for:

1. **Active transport** – infrastructure that supports travel modes that involve physical activity (such as walking or cycling) and include the use of public transport, accessed via walking and cycling

2. **Connectivity** – direct links through and to destinations that make it easy for people to walk and cycle around a neighbourhood and between places

3. **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 available to all

4. **Aesthetics** – attractive places or areas affect people's overall experience and use of the place and can encourage safety, social connections, walking, cycling and a sense of belonging

5. **Mixed density** – residential development that contains a mix of housing types (single dwellings, multi-units and development of varying size and height) promotes diverse communities and caters to various stages of life

6. **Mixed land use** – co-location of complementary uses such as houses, shops, schools, offices, libraries, open space and cafes; with provision of infrastructure to support active transport and public transport that provides convenient access to multiple destinations and activities

7. **Parks and Open Space** – for passive recreation, sport and recreation, preservation of natural environments, green space and/or urban stormwater management

8. **Safety and Surveillance** – peopled spaces and places are safe spaces and places. Design for maximum human activity at all hours of the day or night. Mixed land use supports this element. Design that aims to reduce crime can enhance the physical, mental and social wellbeing of a community.

9. **Social Inclusion** – environments designed to provide all people in the community with the opportunity to participate fully in political, cultural, civic and economic life

10. **Supporting Infrastructure** – that encourages walking (footpaths, lighting, signs, water fountains etc), cycling (bike paths, bike lockers, signs, showers etc), public transport, social interaction (seating, shade, shelter, toilets) and recreation (seating, play equipment, facilities).

Another important opportunity for the built environment to improve health outcomes is through food. ***Food-sensitive planning and urban design*** (FSPUD) is a new approach to planning and urban design that addresses the critical intersects between public health, environmental sustainability and planning and urban design. FSPUD provides design elements which create the optimal circumstances for communities to achieve health and wellbeing and a sustainable and resilient food system, and has been provided in Appendix 2 (CD).

3. **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 new growth areas**

The six key priority areas identified in the previous section, social inclusion, mental health, physical activity, food security, safety, and childhood health, are for the most part, not embedded in legislation or policy that can effectively influence the planning and design of our urban environments. There is, however, much voluntary activity being undertaken in an attempt to incorporate health outcomes into land use planning including the development of resources and toolkits, and public private partnerships to deliver a market based initiative.

Some existing legislation makes reference to various aspects of health and liveability legislation, such as the Victorian Precinct Structure Planning (PSP) Guidelines and Clause 56 of the Victoria Planning Provisions (VPP), however health itself is not explicitly defined as a key priority. Currently, these existing measures are not producing the desired outcomes, because planners are required to demonstrate minimum compliance (they are in essence, checking boxes), which is that they should *consider* these aspects of planning, not that they need to do everything in their power to ensure health outcomes are achieved as a key priority of planning. So while it can be argued that health is already addressed by existing planning legislation, if it is not resulting in effective application by the planning industry, then further action is required. Health needs to be embedded at the highest level as an overarching objective of planning in order to achieve the outcomes being sought. This idea is explored in more detail in response to TOR 4 (the next section).

An example of a current development which has sought to exceed the minimum requirements of current Government policy is the Selandra Rise demonstration project in Melbourne's south east. The project is recognised as a progressive case in this field of research, and has been developed with the objective of creating market demand for healthy-planned communities. The purpose of the partnership is to demonstrate the practical application of theory by planning and building an affordable, healthy and liveable community in one of Melbourne's growth areas, underpinned by the 6 key priority areas defined by *Putting Health at the Centre of Planning*. It particularly undertakes to include some important and specific health design features such as accessibility to food and children's play, which are not legislated for or included in the PSP guidelines. The Selandra Rise project has

provided the opportunity to undertake research and provide further evidence for the link between the built environment and health. The project is the result of a partnership between the Planning Institute of Australia, the Growth Areas Authority (GAA) and Stockland.

The envisaged benefits of such a project are numerous. The first is the opportunity for planners and developers to observe any improved health outcomes for residents. The second is the opportunity to undertake research to provide quantifiable evidence that such planning initiatives result in positive health outcomes. This project and associated research are currently being undertaken; it is expected that results of the initial research will be available within the next year. Another important outcome of this project is the anticipated market demand for 'healthy-planned' communities. This demand will create a financial incentive for the private sector to incorporate health and wellbeing when planning and developing new communities, and demonstrates how planning for health can be integrated into a viable business model.

A number of resources and tools have been developed specifically to aid built environment professions in creating healthy communities. Table 2 (next page) lists a selection of these resources. Once again, the documents are provided as an appendix on a CD (see Appendix 5).

#	Resources
1.	Community Indicators Victoria *Various* available at www.communityindicators.net.au
2.	Department of Human Services (2001) *Environments for Health: Promoting health and wellbeing through Built, Social, Economic and Natural Environments – Municipal Public Health Planning Framework*
3.	Design for Health (2007) a) *Design for Health Comprehensive Plan Review Checklist* b) *Design for Health Checklists for Comprehensive Plan Elements: Urbanization, Redevelopment, Economic Development* c) *Design for Health Checklist for Transportation, Pedestrian and Bicycle Plans* d) *Design for Health Checklists Parks and Open Space*
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6.	Growth Areas Authority (2009) *Precinct Structure Planning Guidelines*

7.	Healthy Spaces & Places *a) A National Guide to Designing Places for Healthy Living Briefing Notes – Government* *b) A National Guide to Designing Places for Healthy Living Briefing Notes - Community* *c) A National Guide to Designing Places for Healthy Living Briefing Notes - Community Letter Template* *d) A National Guide to Designing Places for Healthy Living – Connectivity* *e) A National Guide to Designing Places for Healthy Living Design Principles* *f) A National Guide to Designing Places for Healthy Living Key Points PowerPoint* *g) A National Guide to Designing Places for Healthy Living – Parks and Open Space* *h) A National Guide to Designing Places for Healthy Living Strategic Planning Document*
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Table 2: Resources for planners to incorporate health outcomes into planning

5. **Determine 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;**

While many of the resources provided in the previous section are valuable and effective tools, it is important to note that as mentioned in the previous section, there are no statutory measures which specifically require health outcomes to be a foremost consideration in planning decisions. As such, planners are not under legal obligation to

prioritise health, moreover, if they do, there is potential they are open to challenge at the Victorian Civil and Administrative Tribunal (VCAT).

Guidelines, toolkits and demonstration projects are therefore only useful if a willingness to use them exists. Otherwise they will only go as far as a public private partnership, for example the Selandra Rise demonstration project. If a willingness to incorporate specific health considerations into planning decisions is lacking, then it needs to be mandated by legislation.

In Victoria, planning decisions are always made based on planning schemes. Planning schemes set out policies and provisions for the use, development and protection of land. Each local government area in Victoria, and some special planning areas, is covered by a planning scheme. Planning schemes are legal documents prepared by the local council or the Minister for Planning, and approved by the Minister.

At present very few planning schemes in Victoria specifically mention health and wellbeing - or even people - as a priority within their Municipal Strategic Statement (MSS) visions. The inclusion of health and wellbeing in the MSS (and therefore planning scheme) means councils would be legally obliged to consider the health impacts of their planning decisions, and is a key recommendation of this submission.

Alone, local planning schemes are not strong enough to stand up in VCAT against state legislation and policy, so in addition to including health in local planning schemes, it also needs to be included as a specific direction in the State Planning Policy Framework and as an objective in the *Planning and Environment Act (1987)* (for further detail see Appendix 1). In addition, it could also be included in other state wide consistent areas such as Particular Provisions.

It is important to consider how these legal obligations will then be undertaken by built environment professionals in their day to day work. Any changes to legislation need to be complemented by simple and effective tools which allow the built environment professions to incorporate health without increasing an already complex task. This recommendation is addressed in more detail in Section 5c 'Health Impact Assessment'.

Recommendations

→ That health and wellbeing be included in all local Municipal Strategic Statement 'Visions'

→ That health and wellbeing be included as a specific direction in the State Planning Policy Framework

→ That health and wellbeing be included as an objective in the *Planning and Environment Act (1987)*

6. **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 *Public Health and Wellbeing Act 2008* currently encourages Municipal Public Health and Wellbeing (MPHP) plans to use the Environments for Health framework to emphasize the relationship between social, built, natural and economic environments. If this is not reinforced throughout other relevant local government plans such as the Council Plan and Municipal Strategic Statement (MSS), however, it will remain a stand-alone document which is not embedded across all Council areas and will fail to be effective. In addition, whilst the separation of social, built, natural and economic environments makes the issues simpler to understand and assess, it can create a silo effect where issues which should be integrated are not.

Recommendations

→ Use of the Environments for Health Framework is reinforced through other relevant local government plans such as the Council Plan and MSS.

→ The Framework's division of social, built, natural and economic environments is exercised with caution and recognition that these are integrated issues, not silos.

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

These Acts don't 'talk to each other' in a way which ensures consistent and integrated outcomes. For example, Section 26 of the *Public Health and Wellbeing Act 2008* requires all Councils to prepare a Municipal Public Health and Wellbeing Plan (MPHP). The Health Act specifies the MPHP must be consistent with the Municipal Strategic Statement (MSS) prepared under section 12A of the *Planning and Environment Act 1987*, as well as the Council Plan prepared under the *Local Government Act 1989*. On the other side of the fence however, the planning process does not require that the MPHP inform the local planning scheme, or be considered in the planning process.

Section 12A of the *Planning and Environment Act 1987* requires Municipal Strategic Statements to be consistent with the current council plan prepared under section 125 of the Local Government Act 1989, with no mention of the council's MPHP.

Recommendations

→ Section 12A (4) of the *Planning & Environment Act 1987* be amended to included consistency with the MPHP and thus close the loop and ensure consistency within all relevant legislation.

The *Transport Integration Act 2010* is strong in its acknowledgement of the impact transport has on many determinants of health. It was developed with consideration to the broader social, environmental and economic

benefits the community expects from its transport system. Importantly, the Act recognises the need for collaboration in all forms of transport and land use planning, however once again, this is not reciprocated by the much older *Planning and Environment Act 1987*.

Recommendations

→ A holistic and independent review of the *Planning and Environment Act 1987* is undertaken so that it complements, rather than contradicts, the *Transport Integration Act 2010* and the *Public Health and Wellbeing Act 2008.*

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

World Health Organisation and the Healthy Cities initiative

The World Health Organisation (WHO) has long recognized the influence of community cities in the promotion of good health.

The WHO Healthy Cities program engages local governments in health development through a process of political commitment, institutional change, capacity building, partnership-based planning and innovative projects. A key feature of a 'healthy city' (as assessed by WHO) is ensuring that the social determinants of health are taken into consideration in urban design and governance. It promotes comprehensive and systematic policy and planning with a special emphasis on health inequalities and urban poverty, the needs of vulnerable groups, participatory governance and the social, economic and environmental determinants of health. It also strives to include health considerations in economic, regeneration and urban development efforts. Over 1,200 cities and towns from over 30 countries in the WHO European Region are healthy cities.

Recommendations

→ That Learning's from established programs such as the World Health Organisation Healthy Cities Program are included in the Victorian State and Local government's approach to healthy environments. These lessons could accompany learning's from the use by local governments of the Victorian State Government's Environments for Health Framework.

There are currently 8 members of the Australian chapter of the Alliance for Healthy Cities, two of which are Victorian – the Corio Norlane Development Advisory Board, and the City of Casey.

Community Indicators Victoria (see Table 2) are undertaking some work in the Health Impact Assessment area, providing profiles for different LGAs and useful tools which could be harnessed to help achieve Healthy City status for more Victorian cities.

Bogota, Colombia

Thanks to the establishment of complimentary programs and policies to establish a more sustainable and healthy transport system, Bogota is recognised as a world leader in health planning. In particular, Bogota has created a shift from car-use to cycling as the preferred method of transport, which is complimented by improved rapid and affordable bus systems (inspired by the bus system in Curitiba, Brazil). The 300km of bike lanes are arranged into several hierarchical networks which maximise connectivity. Bicycle use has increased fivefold since the lanes were constructed. Vehicle use has also been reduced by 40% by limiting vehicles in the urban area during peak hour, and a culture shift has occurred where cycling is a recognised as a celebratory activity. On Sundays the city enjoys 'car free Sunday', known as *Ciclovia*. *Ciclovia* has additional social benefits as public streets are treated as parks and social interaction is maximised.

Recommendations

→ That the built environment in Victoria take a similar approach to Bogota, Colombia in shifting transport priorities from private motor vehicles to active transportation options such as cycling, walking and running.

Health Impact Assessment

Health Impact Assessments provide an established means of informing strategic planning decisions, and could be implemented effectively in Victoria. The submission does, however recognise that the process of development assessment is highly complex, and planners may not welcome the introduction of another complex assessment process like that required by environmental impact assessments. A variety of Health Impact Assessment (HIA) tools exist in both Australia and internationally and it is important that any tool adopted into the planning process be effective, but not overly complicated, and fit within existing planning activities. The 'Design for Health' suite (see Table 2) is considered to be an excellent example of planning appropriate HIA tools. Detailed information about Design for Health has been included in Appendix 4 ('Resources').

Recommendations

→ This submission recommends that the *Planning & Environment Act 1987* be amended to define certain types of development as requiring a HIA.

→ That any HIA tool adopted be simple for planners to incorporate within their existing activities, for example the 'Design for Health' suite.

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

There are many State Government Departments who undertake planning to some degree. When considering the concept that 'health is everybody's business', they should therefore also be considering health as part of their planning responsibilities. There is currently no consistency across the Victorian Government with regards to planning and health policy approaches. Examples include the location of hospitals and schools – a specific example includes the Casey hospital, which is on a freeway but with no easily accessible public transport, which means visitors and staff are unable to get to the hospital without a private vehicle.

Many strong policies exist across Victorian Government departments in relation to health promotion, however the recognition of the role that planning policy can take as preventative policy is very limited, and links across policies and acts need to be strengthened. An appropriate example is the lack of reciprocal links between the *Public Health & Wellbeing Act 2008* and the *Planning and Environment Act 1987*, an issue addressed in more detail in the response to TOR 5(b).

Recommendations

→ Links across all policies and acts relating to health and the built environment be strengthened

e. The role of public open space in promoting health

This submission would like to highlight that requirements for public space – open or otherwise – should focus both on the quantity and quality of the space provided. This means that the *amount* of public space in a community is not necessarily the best indicator of success. This submission does not recommend a specific number of square metres of public space be set aside per development, as it can encourage the provision of generic open spaces without consideration of quality or context, in order to meet minimum requirements. It is however important to consider the context of development, particularly higher density development, to ensure that people retain access to quality public open space.

There is a need to 're-imagine' public space as something more than the traditional footy oval or school playground. Public space is varied and this submission recommends that requirements should focus on quality and accessibility, not quantity, and take into consideration its context (e.g. surroundings, proximity to other amenities, demographic of the area etc.). In some instances, a good quality footpath may deliver better health outcomes for a community than the installation of a generic park/playground/oval combination nearby. Public open spaces also provide a unique opportunity to create community gardens which, as well as promoting learning and sharing about sustainable and healthy living practises, have proven benefits for actively building connected communities.

Evidence also exists which suggests high-density living can be healthier than a large proportion of public spaces, as residents benefit from increased walkability, social interaction and less reliance on individual transport such as cars. High density must, however, be complimented by public open spaces which are of very high quality.

Recommendations

→ That any requirements stipulated around for public space are qualitative, varied and contextual rather than prescriptive

Conclusion

The health sector widely recognises that a supportive environment is a key ingredient for any effective health promotion strategy. In Victoria, the built environment sector is fast becoming aware of this relationship, and many voluntary measures exist to aid the profession to incorporate health into their everyday considerations. This recognition is not, however, currently reflected in the legislative framework of planning processes in Australia or in Victoria.

The key opportunity for the built environment to improve the health and wellbeing of Victorian communities therefore lies in changing the planning framework to recognise health as a key priority. This can be achieved by ensuring there is a link between local government Municipal Public Health Plans and planning schemes, inclusion of 'health' in the objectives of the *Planning & Environment Act 1987*, and by community health and wellbeing being included as a clear direction by the State Planning Policy Framework.

Appendices

1) Healthy Environments Coalition Submission to Planning & Environment Amendment (General) Bill 2009
2) Evidence (CD)
3) Putting Health at the Centre of Planning Fact Sheet
4) Feedback from industry forum
5) Resources (CD)

12 February 2010

Planning and Environment Act Review
Department of Planning and Community Development
GPO Box 2392
Melbourne VIC 3001
PEActreview@dpcd.vic.gov.au

Dear Sir/Madam,

Re: Submission to Planning and Environment Amendment (General) Bill 2009

Thank you for the opportunity to make a submission to the Department of Planning and Community Development regarding commentary on the draft *Planning and Environment Amendment (General) Bill 2009*.

The feedback and recommendations presented within this response for consideration have been drafted in collaboration by a group of stakeholders with an interest in the community health and wellbeing implications resulting from the proposed changes in the draft Bill.

For all enquiries relating to this submission, please contact Micaela Drieberg from the Planning Institute Australia on 03 9347 1900 or email mdrieberg@planning.org.au

Yours sincerely,

Kathy Bell
Chief Executive Officer
Heart Foundation (Victoria)

Stuart Worn
Executive Officer
Planning Institute Australia Victorian Division

Dr Ben Rossiter
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The relationship between planning and public health is not a new concept. In fact the planning profession as we now know it stems from the historical need to address basic sanitation and disease.

Today there is a growing body of evidence that recognises the links between the built environment and health outcomes. In fact a supportive environment is a key approach for any effective health promotion strategy and has the capacity to positively impact on multiple health outcomes simultaneously.

The Objectives of Planning in Victoria

The proposed changes to the current objectives of the Act to recognise the importance of planning in *'equal consideration of social, economic and environmental factors in decision making'* and 'a *healthy environment'* are welcomed. We congratulate the Department of Planning and Community Development for recognising this important relationship between planning and the community's health and wellbeing.

Under Proposal 15(1) of the draft Bill it is proposed to amend section 4(1)(b) to:

> *"To secure a pleasant, efficient, **healthy** and safe working, living and recreational environment for all people in Victoria"*

Whilst this change is welcomed there is a concern that the definition of 'healthy' could be misinterpreted and thus not have the ultimate impact that was intended with its inclusion.

It is proposed that the intention of the inclusion of 'healthy' under Objective (1) (b) is further clarified with the insertion of 'health' under **Definitions** of the Act.

Potential sources for the definition of 'health' include the World Health Organisation or other Victorian Legislation and Parliamentary documents.

(The World Health Organization defines heath as: "…a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.")[1]

Under Proposal 15(1) of the draft Bill it is proposed to amend section 4(1)(c) to:

> ***"To balance environmental, social and economic considerations and to respond to population and demographic changes in decisions about the land use and development of land"***

This change is welcomed and will further strengthen the emphasis of the Department of Health's 'environments for health framework'[2] and its use in particular for the development of local government municipal public health and wellbeing plans. It is however proposed that 'health' is also included in the aforementioned objective.

It is proposed that 'health' is inserted under Objective (1)(c) to increase consistency with the Public Health and Wellbeing Act 2008 emphasis on the built environment in municipal public health and wellbeing plans.

[1] See 'Constitution of the World Health Organization', Accessed from http://www.who.int/governance/eb/who_constitution_en.pdf on 10 February 2010.
[2] The Victorian Department of Health's Municipal Public Health Planning Framework - Environments for Health "provides a framework for planning that considers the impact on health and wellbeing of factors originating across any or all of the built, social, economic, and natural environments." Further information can be found at http://www.health.vic.gov.au/localgov/mphpfr/index.htm. Accessed on 10 February 2010.

Under Proposal 15(1) of the draft Bill it is proposed to amend section 4(1)(i) to:

> *"To protect **natural, agricultural and man-made resource, infrastructure**, utilities and other assets and enable the orderly provision and co-ordination of **infrastructure**, utilities and other facilities for the benefit of the community.*
>
> *To facilitate **use and** development **of land** in accordance with **these** objectives"*

This change recognising the impact of access to man-made and natural infrastructure on community wellbeing is welcomed but could be further strengthened with the inclusion of a focus on food security.

It is proposed that *agricultural* is inserted under Objective 1(i) to reflect and strengthen the whole of government approach and prioritisation of food security as an issue.

The Planning Permit Process

The draft Bill proposes that specific matters to be considered by the responsible authority are amended to reflect the proposed changes to the objectives of planning in section 4(1)(c) that seek to balance environmental, social and economic considerations in decision making on land use and development.

As mentioned previously it is proposed that 'health' is also included under Objective (1)(c) and therefore this should also be reflected under the matters to be considered by the responsible authority.

It is proposed that 'health and wellbeing' is included under section 60 (1A)(a)

State Significant Development

The new proposed process is intended to assess the impact of projects that have the potential for significant economic, social or environmental impacts. In order to be consistent with the proposed objectives of the Act, and specifically the emphasis on 'healthy environments', state significant projects should also be recommended to complete a health impact assessment.

It is proposed that health impact assessments are included as a mandatory assessment when undertaking any state significant projects

Other

Public Health and Wellbeing Act 2008

Section 26 of the *Public Health and Wellbeing Act 2008* (Health Act) requires all Councils to prepare a Municipal Public Health and Wellbeing Plan (MPHP). The Health Act specifies the MPHP must be consistent with the Municipal Strategic Statement (MSS) prepared under section 12A of the Planning Act, as well as the Council Plan prepared under the *Local Government Act 1989*. However, the MPHP is not required to inform the local planning scheme, or be considered in the planning process.

Section 12A of the *Planning and Environment Act 1987* requires Municipal Strategic Statements to be consistent with the current council plan prepared under section 125 of the Local Government Act 1989, with no mention of the council's MPHP.

It is recommended that Section 12A(4) is amended to include consistency with the Municipal Public Health and Wellbeing Plan and thus close the loop and ensure consistency within relevant legislation.

Transport Legislation Review

The State Government is at present reviewing all existing legislation in relation to transport to meet current and emerging transport challenges. As land use planning and development is intrinsically linked with transport needs and requirements there is a need for consistency between planning and transport legislation.

It is recommended that any proposed changes to the Planning and Environment Act aligns with any new transport legislation introduced to address emerging transport challenges.

National Directions

Recent shifts in Commonwealth policy reflect the growing recognition of the relationship between the built environment and community health and wellbeing.

The **National Preventative Health Task Force** was established to provide evidence-based advice to governments and health providers on preventative health programs and strategies, focusing on the burden of chronic disease currently caused by obesity, tobacco and the excessive consumption of alcohol.

In the **National Preventative Health Strategy** that was launched in September 2009, there were many explicit references to working with urban planners and the need for a supportive environment to sustain any investments in prevent to increase the health and wellbeing of Australians.

With this emphasis on health, the Australian Government also recognises the impact of social inclusion with a vision of a socially inclusive society as one in which all Australians feel valued and have the opportunity to participate fully in the life of society. The Australian Social Inclusion Agenda calls for significant changes in the way government works and in the way in which government interacts with other sectors in society – again with an emphasis on the impact of the built environment and its influence on accessibility and inclusion.

It is recommended that any proposed changes to include health at the forefront of planning is consistent with or ideally leads the national agenda for preventative health and social inclusion

International Directions

The **World Health Organisation** (WHO) has long recognized the influence of community cities in the promotion of good health.

The WHO **Healthy Cities** program engages local governments in health development through a process of political commitment, institutional change, capacity building, partnership-based planning and innovative projects. It promotes comprehensive and systematic policy and planning with a special emphasis on health inequalities and urban poverty, the needs of vulnerable groups, participatory governance and the social, economic and environmental determinants of health. It also strives to include health considerations in economic, regeneration and urban development efforts. Over 1200 cities and towns from over 30 countries in the WHO European Region are healthy cities.

It is recommended that established programs such as the World Health Organisation Healthy Cities program learnings are included in the Victorian government's approach to healthy environments.

Why health is a planning issue

Well established principles of urban design such as physical identity and diversity, social cohesion and richness of experience underpin successful places and healthy communities. Planning for health outcomes means people have more choices. Well-designed open spaces near homes increases opportunities for participation in active recreation and builds social contacts. Lighting, signage and other infrastructure helps people to feel safe in their local neighbourhood and encourages them to be out and about.

Mixed land uses, walkable neighbourhoods and clustering services, such as corner stores and community facilities close to public transport connects communities and contributes to local economies. Land use planning influences our food system from production to distribution. Fresh, local produce is more accessible and affordable and reduces energy consumed through storage and transport. Planning is essential to deliver sustainable and supportive environments that promote physical activity, community engagement and food security.

Health needs to be at the centre of planning considerations. Too frequently poor health is a consequence of poor planning.

Where are we now?

The Victorian Government is implementing a series of policies that embrace healthy outcomes, such as:

- Melbourne 2030,
- Growing Victoria Together,
- Meeting our Transport Challenges,
- A Fairer Victoria,
- Our Environment Our Future,
- Our Water Our Future, and
- Go for your life.

These policy initiatives firmly place community health and wellbeing into the government's program delivery. In addition, Local Governments prepare Council Plans, Municipal Health Plans, Planning Schemes and other strategies which all have the potential to deliver improved health outcomes through planning.

The evidence tells us:

- In 2002, a Murdoch Childrens Research Institute study showed an estimated 23% of Victorian children and adolescents were overweight or obese;[1]
- 70% of children aged seven to eight-years-old are driven to school (in the 1970s 80% of children walked to school); [2]
- Physical inactivity is responsible for an estimated 8,000 deaths per year in Australia and costs the health system at least $400m in direct health care costs; [3]
- Cardiovascular disease is the leading cause of death among Australians, accounting for 39% of all deaths. Much of the death, disability and illness caused by cardiovascular disease is preventable through better diet, not smoking and exercise. [4]
- In 2005, only 1 out of 10 Victorians met the healthy eating guidelines for vegetable intake. 94% of males did not consume the minimum quantities of both fruit and vegetables. [5]
- In disadvantaged neighbourhoods, supermarkets and grocery stores are not always accessible by public transport or walking. People living in these areas have 2.5 times the number of fast food outlets, and are 3 kilograms heavier than those in other neighbourhoods. [6]
- Almost 1 in 20 Victorians indicated that on at least one occasion in the last 12 months they ran out of food and could not afford to buy more. This may increase with the rising cost of food due to drought, and the expense of transporting and storing fresh food. [7]
- 18% of the Victorian population has a disability; this will increase with the growing ageing population. [8]
- In 2001, 1 in 6 Victorians are 'seniors' – aged 60 years or more. By 2010, 1 in 4 Victorians will be seniors [9]

1 Murdoch Children's Research Institute, http://www.mcri.edu.au/pages/news-events/media/media-release.asp?rid=14&y=2002);

2 Harten, N., & Olds,T.S. (2004), Patterns of active transport in 9-12 year old Australian children. Summary of changes in active transport to schools. *Australian and New Zealand Journal of Public Health*, 28 (2), 167-172.

3 Stephenson, J. Bauman, A. Armstrong, T. et al (2000), The costs of illness attributable to physical inactivity, Commonwealth Department of Health and Aged Care: Canberra.

4 Australia Institute of Health and Welfare (2002), Australia's Health 2002, AIHW, Canberra Chapter 2.

5 Victorian Population Health Survey (2005) www.health.vic.gov.au/healthstatus/vphs.htm. p.8.

6 King, T Kavanagh AM, Jolly, D., et al (2005) Weight and Place: a multileve1 cross-sectional survey of area-level social disadvantage and overweight/obesity in Australia. International Journal of Obesity. p.1-7

7 Victorian Population Health Survey 2005, Department of Human Services, Victoria, (unpublished data)

8 Australian Bureau of Statistics (2003), Disability, Ageing and Carers, Australia,(Cat. no. 4430.0)

9 Office of Seniors (2001), http://www.seniorscard.vic.gov.au/Web19/osv/rwpgslib.nsf/GraphicFiles Seniors+Wall+Chart/$file/Seniors+Wall+Chart.pdf

Planning for a good health legacy

Planning can contribute much towards good health. Planners can do more to achieve good health outcomes when preparing State and Local Government strategies and policies and when proposing and evaluating developments. If planning and planners do not embrace this issue, the results of poor nutrition, physical inactivity, social isolation and the associated escalating costs will be our legacy to the future generations.

By better integrating health and planning, planners will assist in delivering:

- A planning system that achieves healthy and liveable communities and ensures the consideration of health and well-being impacts at all decision-making levels;
- Health as a priority in planning. The establishment of the Office of Planning and Urban Design in Department of Sustainability and Environment strengthens the opportunity to take this step;
- Increased integration of planning and health between state government departments and agencies, relevant authorities and local governments so as to coordinate planning efforts and deliver liveable communities;
- The audit of Melbourne 2030 to ensure that the metropolitan strategy delivers good health outcomes;
- Sustainable local food systems through embracing these issues in local decision making.

The Planning for Health and Wellbeing project, supported by PIA Victoria and VicHealth, is a strong advocate for planning performance and planning systems that actively promote economically, socially and environmentally sustainable communities. Further improvement can be made in key areas that contribute to liveable communities. The challenge for Victoria is to demonstrate significant progress in making healthy choices easy choices to make.

The project is committed to working with the Victorian Government, Local Government, the planning industry and communities to ensure a healthy future for all Victorians.

The challenge for Victoria is to demonstrate significant progress in making healthy choices easy choices to make.

Planning for Health & Wellbeing

VicHealth

Putting health at the centre of planning

Planning for Health & Wellbeing

VicHealth

Inquiry into Environmental Design and Public Health

Feedback from Industry Forum

1. Social Inclusion

The public spaces within the built environment can increase or decrease levels of social interaction within a community.

Public spaces need to encourage people to share space. Encouraging a mix of uses which appeal to broad variety of groups (e.g. ethnic, gender or age) can maximise social interaction. In addition, spaces need to include supportive infrastructure such as shade, barbecues or seating.

A large contributor to social inclusion is the accessibility of amenities, services etc. Accessibility issues can be physical in terms of distance or obstacles, or be related to affordability, or even in understandings or culture.

Planning has a significant impact on physical accessibility, both by determining where such amenities will be located, and also in providing transport options to these amenities. Affordability is also increased by the provision of public transport or free transport such as cycling or walking.

Car-dependence creates areas which are inaccessible to the many groups who can't drive (e.g. unable to afford cars, underage or elderly), and discourages social interaction.

Prioritising public transport and minimising urban sprawl and car dependency increases both accessibility and social interaction.

2. Mental Health

The impact of the built environment is strongly linked to its opportunities to maximise social inclusion, physical activity and public open spaces.

There is a gap in research into the relationship between loneliness and housing tenure type. Evidence suggests that there is a link between renting and loneliness, however this may also be influenced by other socioeconomic or household formation factors. The built environment and planning profession can help to identify the best opportunities to diversify housing and tenure type and potentially decrease loneliness (and therefore support mental health).

3. Physical Activity

Open spaces such as sporting ovals or courts tend to cater only to a small proportion of society and often favour one gender (e.g. football ovals cater predominantly for young males). There is huge capacity for the built environment to encourage physical activity a much wider range of individuals.

Public open and shared spaces need to cater for the entire course of life, from small children to the elderly, and be more flexible than one specific type of use.

The built environment has the ability to greatly improve the convenience and attractiveness of bike travel.

Some opportunities include providing safe and connected bike paths on roads, but also by providing improved bike parking facilities, particularly in high density apartment dwellings and at public transport stops such as train stations.

Planners need to create a built environment which maximises and promotes physical activity in the community.

Consultation with the entire community about what their wants and needs are, as well as bringing them along with the benefits and advantages of physical activity measures can greatly assist in this. Open space should use the most appropriate, not the cheapest, land in a development.

4. Food Security

Protecting arable farm land in the peri urban area and surrounding major population centres allows food to continue to be grown within close proximity to consumers, reducing the cost of transport and building resilience to weather events which can otherwise limit the movement of food.

Planners need to develop mechanisms which explicitly protect arable farm land, including support for farming families

Resilience at a municipal and household level can be significantly increased by ensuring physical access to a healthy food supply for people using all modes of transport and with all levels of mobility.

Planners can address this with a variety of food sensitive planning strategies such as identifying other opportunities to grow food within urban and township environments, including in open spaces and along streetscapes.

Planners need to be able to readily employ known strategies to build food resilience in neighbourhoods and households by creating a supportive policy environment. Consultation with community can ensure sustainability and an improved understanding of the benefits.

5. Childhood Health

High quality outdoor spaces like backyards or parks make a big contribution to the amount of 'active play' children can engage in.

Levels of play can be enhanced through ensuring spaces are varied and encourage a wide range of activities from exploring, playing to bike riding.

Public space is particularly important for children, as it provides opportunity to meet others and socialise.

Planners need to ensure that access to easily accessible and safe open space is a priority when planning for high density developments which are likely to house families.

Trips by children to and from school every day are an excellent opportunity to increase their physical activity. Currently, approximately 70% of children are driven to and from school even though 80% of children live within 3km of their school.

Planners can encourage children to walk to and from school by providing street environments which are safe and encourage all types of transport (e.g. scooting, walking or biking), not just cars. Schools also need to be located where they can be easily accessed by pedestrians.

The majority of public open spaces have the capacity to act as play spaces for children.

Planners can actively maximise play space for children by creating hierarchy whereby all open space is considered play space for kids as an overarching requirement. Opportunity for children to play needs to be considered during both open space provision, and in public realm provision (e.g. streetscapes)

6. Safety

People are more likely to engage in physical activity when they feel safe. An example of an unsafe (perceived or otherwise) built environment is the 'high front fence' which isolates activity on the street from any type of natural surveillance by residents. It is also important, however, that the concept of 'safety' is viewed as more than just safety from crime, but also safety from other things such as injury, exposure to UV or heat, or to self-harm.

Planning and urban design need to place greater emphasis on safety in public spaces – these can be addressed by both ‘hard’ measures such as streetlights, shade, CCTV and ‘soft’ measures such as encouraging diversity of uses and users throughout the day.

While each of these key priory areas are recognised to varying degrees by the planning profession, there is a significant opportunity to greatly increase planner’s use of the built environment as a way to improve health.