

9 March 2016

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Better Urban Planning Inquiry
New Zealand Productivity Commission
PO Box 8036

Attention: Steven Bailey

Via email: info@productivity.govt.nz

Dear Mr Bailey

RE: Better Urban Planning Inquiry Issues Paper

Part A: General Comments on Urban Planning and Public Health

1. A Role for District Health Boards and Public Health in Urban Planning

1.1. Relevant legislative functions

The Hawkes Bay District Health Board recognizes that the provision of regulatory and planning services to achieve social, environmental, and economic outcomes within urban environments is primarily the role of local government. The Health and Disability Services Act 2000 (section 22) does however provide District Health Boards with an objective “to improve, promote, and protect the health of people and communities”. Furthermore section 23 of the Act sets out DHB functions that includes: 23(h) to promote the reduction of adverse social and environmental effects on the health of people and communities. For this reason the DHB has an interest in promoting regulatory and other mechanisms that are likely to reduce adverse social and environmental effects in urban environments. It follows that this interest extends to regulatory and other processes that promote health and wellbeing in the urban environment.

More specific environmental health functions, such as the regulation of drinking water supplies, are set out in the Health Act 1956, Smokefree Environments Act 1990 and the Sale and Supply of Alcohol Act 2012. These functions are generally delivered by either Public Health Units within District Health Boards or Environmental Health services within territorial authorities. The inquiry into better urban planning presents an opportunity to consider how these and other regulatory instruments can most effectively achieve environmental health objectives as part of the urban planning framework.

1.2. Public Health origins of urban planning

A historical perspective on urban planning for health has been described by Professor M Rodenstein in a paper prepared for the World Health Organization's Healthy Cities Project(1). In this paper Rodenstein notes that the origins of planning can be traced to the ancient Greek science of dietetics.

¹ Rodenstein M. Health In The City – A Historical View. In: WHO Healthy Cities Project. The New Public Health in an Urban Context. WHO Healthy Cities Papers No 4. 1989.

This paradigm identified the need for balance in nutritional and other behaviours along with balance in the physical elements around human populations and led to the planning of cities to protect against imbalances in the elements. Greek ideas continued to influence urban development up until the 18th century. At that time a renewed interest in Greek and Roman planning gave rise to the establishment of medical authorities advising on the redesign of medieval cities to improve ventilation. Around the middle of the 19th century the advent of Cholera and other “fever” epidemics led to the emergence of the English sanitary movement under Edwin Chadwick along with other hygiene movements in the US and Europe. Much of the effort of these movements was to improve drinking water and waste water infrastructure, provision of services such as refuse removal and to mandate improvements in housing.

Zoning has also been regarded as a planning tool for Public Health. Howard Frumkin et al² note that zoning regulations first appeared in Germany and California in the late nineteenth century. In Germany the zones were used to keep abattoirs out of residential areas and in California to restrict Chinese laundries from certain neighbourhoods. Increasing industry within cities led to concern about the effects of industrial pollutants on residents and separating residential districts from noxious industrial uses was seen as an important public health strategy.

At the same time, at least in the US, zoning was regarded by some as a restriction on individual rights and legal challenges ultimately led to a Supreme Court case in 1926 that validated the concept of zoning.

Frumkin et al go on to discuss the effectiveness of zoning as a public health measure noting mixed results. They argue that although separation of incompatible uses has produced positive health benefits there have also been negative consequences for health. In particular they note that the emergence and dominance of automobile transportation alongside the separation of land uses that are neither inconsistent nor noxious (eg retail and residential) has resulted in urban environments that reduce air quality, increase transport injury, reduce physical activity and adversely affect mental health and health equity. The recognition of these issues in turn has led to the Smart Growth movement referred to in the issues paper.

We recommend:

- that the Commission conducts its inquiry into better urban planning in a way that recognizes that the creation of urban environments that are healthy and safe for their inhabitants remains the most fundamental function of urban planning. Urban planning continues to prevent communicable disease among urban dwellers and should now focus on addressing other emerging health issues for urban dwellers. These include: obesity, climate related health issues such as extreme weather events, traffic related injury, social isolation and mental health, housing related illness, health issues associated with aging populations and increasing inequity in health outcomes.
- that the Commission conduct a comprehensive search of planning and health literature to support future recommendations on options for an urban planning framework that will most effectively contribute to the maintenance and improvement of the health and safety of our urban populations.

² Frumkin H., Frank L., Jackson R. Urban Sprawl and Public Health. Designing, Planning and Building for Healthy Communities. Island Press, Washington DC. 2004.

2. A planning system for public health, economic development and environmental sustainability

2.1. International trends in urban planning for health

Recognition of benefits from greater collaboration between public health and planners can be discerned from recent policy documents in a number of different countries.^{3,4,5,6} In some cases such as in the UK the joining up of planning and health has been stimulated by national level reform of both public health and planning. For example the 2012 Health and Social Care Act has given local authorities a core role in public health.

There has also been recognition of the need for planning to not only consider social wellbeing as a key outcome but to focus reduction in inequalities as a key attribute of social wellbeing. The King's Fund⁵ guideline specifically identifies health and spatial planning as a key area for local authorities to address public health and inequalities along with related key areas such as active and safe travel, warmer and safer homes, access to green and open spaces.

Joint strategic needs assessment processes have been established as part of the spatial planning framework⁷ and more recently the linkage between health and planning has been evident in the establishment of the Healthy New Towns programme supported by Public Health England⁸. In Scotland a national planning policy has been released that calls for health checks in development plans as well as providing explicit policy to facilitate new housing development including affordable housing⁹.

2.2. Public Health and Sustainability

Alongside the increased recognition of the need to join public health and urban planning, described above, has been an international recognition of the broader benefits of urban planning for sustainability or ecosystem health alongside social and economic wellbeing. Much of this work internationally has been led by the United Nations Environment Programme (UNEP). Together with the Cities Alliance the UNEP described the benefits of this approach to urban environmental planning in its *Livable Cities* publication in 2007. More recently key principles for integrating environmental and urban planning have been developed and published¹⁰.

The focus of UNEP work has been on urban planning in developing nations but similar efforts to link environmental sustainability, urban planning and health have been undertaken in Europe and other developed nations. Researchers have identified links between urban green space and health including aspects of urban green space that contribute to effectiveness for health promotion.^{11,12} Other researchers have reviewed the evidence linking ecosystem health and human health through the development of Green urban infrastructure and proposed a conceptual framework to support further research¹³. This framework highlights the potential synergies for ecosystem and human health in planning approaches that support the development of green urban infrastructure. Furthermore this research identifies a benefit from planning processes that take these synergies into account.

³ <http://www.planning.org.au/viccontent/planning-for-health-2>

⁴ Ross A, Chang M. Reuniting health with planning. Town and Country Planning Association. 2012

⁵ Buck D, Gregory S. Improving the public's health. A resource for local authorities. The King's Fund, 2013.

⁶ Ricklin A, Kushner N. Healthy Plan Making. Integrating Health Into the Comprehensive Planning Process. American Planning Association.

⁷ Ellis H, Chang M. Spatial Planning for Health. Town and Country Planning Association. 2010.

⁸ <https://www.england.nhs.uk/2016/03/hlthy-new-towns/>

⁹ Scottish Planning Policy. Scottish Government June 2014

¹⁰ Dodman D, McGranahan G, and Dalai-Clayton B. Integrating the environment in urban planning and management. United Nations Environment Programme. 2013.

¹¹ Stigdotter U et al. Health promoting outdoor environments- Associations between green space, and health, health-related quality of life and stress based on a Danish national representative survey. *Scandinavian Journal of Public Health*, 2010; 0: 1-7.

¹² Schipperijn J, et al. Factors influencing the use of green space: Results from a Danish national representative survey. *Landscape and Urban Planning*. 95 (2010). 130-137.

¹³ Konstantinou T, et al. Promoting ecosystem and Human Health in Urban Areas using Green Infrastructure: A literature review. *Landscape and Urban Planning*. 81 (2007) 167-178.

The complexity highlighted above (and noted in the issues paper) was further examined by the University College of London – Lancet Commission on the role of urban planning in delivering health improvements through reshaping the urban fabric of our cities. The report of the Commission¹⁴ provides a review of key urban planning outcomes for human health in the context of cities as complex systems and provide 5 key recommendations that can be summarised as follows:

- The need for collaboration and stakeholder engagement
- Focus urban planning on health inequalities and incorporate community representation
- Take action at the urban scale and focus planning policies on maintain urban health advantages
- Undertake complexity analysis to understand overlapping relations affecting health outcomes
- Support local experimentation with sound assessment and engagement of communities in mutual learning.

We recommend:

- that the commission consider the potential for synergy between environmental, economic and social outcomes in identifying options for a new planning framework in New Zealand
- that the commission consider how the recommendations of the UCL – Lancet commission and other reviews of urban planning for health can be given effect through any reform of urban planning.

Part B: Responses to specific questions

Q 1. The appropriate scope of planning

It is clear from the discussion above that we consider urban planning should have a broad scope that focuses on supporting environmental, economic and social wellbeing outcomes. In addition we consider it essential that health equity is explicitly identified as being within the scope of urban planning.

The discussion in part A highlights a general direction towards recognition of the broad scope of urban planning internationally. This is perhaps contrasted by recent changes to local government legislation in New Zealand. It could be argued that changes to the Local Government Act have de-emphasised the role urban planning and local authority in general play in achieving social outcomes and equity in particular.

We suggest that these changes were driven primarily by concerns about the focus of local authority expenditure and resultant increases in rates. While these arguments have merit our concern is that councils may become reluctant to engage in local collaborative planning processes that aim to deliver health and environmental outcomes or to address health inequity as they perceive these to be no longer legitimate functions of local government. Furthermore we are concerned that by removing explicit reference to health and other social outcomes councils may be in danger of losing sight of what the plans, infrastructure and services it provides are actually for.

¹⁴ Rydin Y. et al. Shaping cities for health: complexity and the planning of urban environments for the 21st century. Lancet 2012 379 (9831): 2079-2108.

We recommend:

That in conducting its inquiry the Commission revisit the question of local government functions and in particular the legal mandate for local planning for health. We note that the Commission regards housing affordability as a key social concern and has previously proposed changes to planning to address this issue. We are concerned that responses to affordability need to be considered in a broader health context and include a range of options including market interventions when there is evidence that affordability can be achieved alongside other health outcomes rather than at their expense.

Q 2. The appropriate role for planning in controlling land use for design or aesthetic reasons
As discussed above the relationship between urban design including greenspace design and mental health is well established. There does not appear to be a great deal of evidence that market mechanisms alone can deliver urban environments that support cultural and mental wellbeing and we support a role for planning in creating urban places that are enjoyable to live for aesthetic and spiritual reasons providing communities are effectively engaged in these processes.

Q 6. Allocation of responsibilities to different levels of government to support better urban planning
We support the allocation of responsibilities at multiple levels for urban planning. In particular we would support a greater emphasis on urban planning at the national level with a stronger national framework for urban planning and more use of National Policy Statements and National Environmental Standards.

As noted we believe the Commission should consider models that more explicitly provide joint responsibility for planning to achieve health outcomes.

Q 18 Delivery of RMA on objectives in urban environment
It is not clear to us that a case for the complete failure of the RMA to achieve its objectives has been made in the issues paper and we consider the achievements of the RMA to be more mixed. We would however agree with the assertion that a failure of successive governments to utilize national level instruments for urban planning may have contributed to weaknesses and we would support an increase in their use.

Q 21. Lawsuits and private bargaining
Given the need to focus on reducing inequities highlighted above we regard a move to relying more on lawsuits and private bargaining as risky and likely to increase disparities. At a societal level there is also a risk of greater overall cost and while such an approach may initially be deemed more efficient it may ultimately be less so.

Q 25. International approaches to planning and environmental protection
International approaches have been discussed above. In addition to this discussion we wish to draw the Commission's attention to a recent publication on the effectiveness of urban planning for different planning outcomes in Houston as this is a model discussed in the paper.

This review¹⁵ compares Houston's combination of deed restriction and city ordinances with the zoning approach used in other urban plans. The review compares effectiveness of each system using the following seven criteria: separation of undesirable uses; protection of property value and preservation of character; achievement of good planning goals (economic, equity, ecology, livability); impact on market forces, flexibility over long and short run, governance, conflict resolution.

This submission will not detail the results of the comparison but notes findings that particularly relate to Public Health. Houston's use of an ordinance code does provide for some separation of uses that could adversely affect health. However the approach was found to be less rigorous and tends to be retrospective in that the code is amended after adverse health effects have occurred.

¹⁵ Logan K. Houston: Planning for Urban life without Zoning. Thesis, Columbia University. 2015 (accessed: <http://academiccommons.columbia.edu/catalog/ac%3A188792> on March 1, 2016)

The Houston model has contributed positively to economic development and equity but has been less successful in terms of livability and ecology. In terms of flexibility Houston has advantages over traditional zoning in the short term but there are concerns that in the long run this model will result in lack of land use efficiency and increasing urban sprawl.

In our view the Houston model would not be well suited to New Zealand towns and cities but there may be merit in adopting more flexible approaches to zoning particularly where current zoning results in lack of amenity within walking distance of homes and equity issues in housing.

Q 34. Managing natural hazard risks

We agree that urban planning plays an important role in managing natural hazards. The argument that informed individuals should be able to use land in natural hazard zones at their own risk can be countered by the reality that local and national government ultimately remain responsible for the wellbeing of citizens and has been seen by recent events tax payers remain liable for poor land use decisions in relation to natural hazard particularly when large scale events occur.

Once again thank you for the opportunity to respond to this issues paper.

Yours faithfully



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