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13 February 2015

Mr Tom Wise
Clerk of Committees
Legislative Council
Parliament House
Hobart Tasmania 7000
E: tom.wise@parliament.tas.gov.au

Dear Mr Wise,

Joint Select Committee on Preventative Health

Please find attached the Planning Institute of Australia, Tasmanian Division's, submission to the Joint Select Committee on Preventative Health.

This submission adds to the PIA submission and verbal evidence to the previous Select Committee on Preventative Health Care.

If you require any additional information, please contact Mr Alex Brownlie, President, Planning Institute Australia, Tasmanian Division 6210 0701 or 0418 133 152.

We would be happy to appear before the Committee to elaborate on our submission.

Kind regards

A handwritten signature in black ink that reads 'Alex Brownlie'.

President
Planning Institute Australia,
Tasmanian Division

Attach.

Joint Select Committee on Preventative Health

1. Planning Institute of Australia (PIA)

- 1.1 PIA is the national body representing the planning profession. Through education, communication and professional development, PIA is the pivotal organisation serving and guiding planning professionals in their role to create sustainable communities.
- 1.2. PIA's *Health Spaces and Places* website, manual and training is our national program developed as a unique collaboration between the Australian Local Government Association, National Heart Foundation of Australia and the Planning Institute of Australia and funded by the Australian Government. The training is especially developed for local government employees. The program primarily focuses on the link between health and planning.
- 1.3 PIA in Tasmania was also a key collaborator on *Healthy By Design* produced in 2009 by the Heart Foundation and the Premier's Physical Activity Council.
- 1.4 This submission seeks to elaborate on PIA's submission to the 2013 Committee inquiry.
- 1.5 This submission is primarily relevant to Terms of Reference (1) and (3).

In respect to TOR (1) PIA submits that the built environment contributes to inequalities in Tasmanian communities and is a major factor in improving the social determinants of health. We also submit that health and the built environment affects both physical and mental health where sterile impersonal environments can have negative effects upon mental health. A built environment that focuses on preventative health will enhance the capacity for health and community services to meet the needs of populations adversely affected by the social determinants of health.

For TOR (3) PIA submits that structural and economic reforms through the lens of health and the built environment can facilitate the prevention or reduction of the incidence of ill-health and poor wellbeing. Specifically policies addressing the built environment and health to encourage and facilitate physical activity will change many of the conditions conducive to chronic disease. In this case a State Policy is an available vehicle for enduring policy settings for the built environment and preventative health.

2. Joint Houses of Parliament Inquiry into Preventative Health Care 2013

- 2.1 The PIA submission to the Joint Houses of Parliament inquiry into Preventative Health Care contended:
 - a) The built environment is a key determinant to longer-term improved health outcomes.
 - b) Healthy communities are central to planning processes.
 - c) There is an economic imperative to address the social determinants of health.
 - d) Planning of cities and towns can address many aspects of the social determinants of health and contribute significantly to improving the health of communities.
 - e) The health of communities and the corollary preventative health care should be the focus of governments at all levels.

- f) The social determinants of health must gain better traction in the Tasmanian planning system.
- g) Proposals for the use and development of land should carry an onus to demonstrate the health and wellbeing benefits of the proposal.
- h) The recommendations of the Inquiry can be pivotal to addressing the social determinants of health.
- i) Policy for healthy communities should be embodied into the planning system through a State Policy. This would see health integrated into decision making at all levels of land use planning, including the strategic and permit assessment.
- j) A State Policy has the imprimatur of parliament for the policy settings and activities of State government and councils including the subsequent regulatory environment of planning directives and planning schemes.

3. Joint Select Committee on Preventative Health 2015

- 3.1 Our earlier submission contended a whole-of-State focus on preventative health, particularly delivered through the mechanism of a State Policy under the *State Policies and Projects Act 1993*. A State Policy could set the aspirational policy agenda on preventative health and for the built environment to be a key focus for intervention to reduce death and suffering through chronic disease. The key matters for a State Policy should be active living, active travel, mixed residential density, mixed use, open space and building and site design.
- 3.2 This submission focuses on aspects of the regulatory and strategic planning settings under a State Policy.

4. Integration of Land Use and Transport

- 4.1 The interrelationship between land use and transport is fundamental to addressing the social determinants of health.
- 4.2 PIA's earlier submission referred to active transport (walking, cycling and public transport) assisting to address the social determinants of health.
- 4.3 Without effective 'active transport' (the preferred term now is 'active travel') many in the community are at a considerable disadvantage in their ability to access healthy food, work places, education, recreation, general shopping and the wide range of community services. Where almost 50% of the population do not have a driving license, a reliance on others for transport is clear. It therefore follows that the remit for public transport providers, in term of service levels and coverage, is fundamental to improving the social determinants of health.
- 4.4 Public transport is part of active travel due to the most often need for physical activity (walk or bicycle) to both origin and after destination of the public transport journey.
- 4.5 The built environment must permit, walking, cycling and public transport to function effectively. Hence the need for land use and development (mixed housing density and mixed land use) to integrate and facilitate active travel and not just road transport, primarily private cars as is the feature of current planning.

5. Strategic Planning for Improving the Social Determinants of Health

- 5.1 With changing demographics for housing and an ageing population, a strategic approach to development of our cities and towns is required to halt and repair fragmented urbanisation and to encourage and facilitate more people to live closer to services including convenience shops and schools.
- 5.2 The need for additional residential zoning of peripheral urban areas needs to be demonstrated concurrently with policies that allow and encourage intensification of existing urban areas. Policies for intensification include encouraging mixed residential densities and mixed land use particularly in areas close to trunk public transport routes, existing and proposed.
- 5.3 Strategic planning for land use and infrastructure, and subsequent translation into planning schemes can implement the focus on the social determinants of health to the built environment.
- 5.4 The provision of infrastructure for the built environment requires price signals that support agreed strategic planning. Policies on headworks charges for a range of on-site and off-site infrastructure can set the price signals that support the land-use strategies for urban consolidation and to reduce the current attraction for fragmented fringe urban development.

6. Residential Subdivisions and the Social Determinants of Health

- 6.1 Land subdivision primarily sets the framework for the built environment, which can be for all time. The location of roads and streets, open space, building lots, the design of footpaths and links to adjoining areas etc all contribute to a built environment that ultimately either reduces or increases inequalities. A focus on active travel means thoughtfully designed and safe paths are provided and are useable, for instance, by people who are not able-bodied or are pushing prams or that provide child safe access to schools.
- 6.2 The regulation of subdivision is primarily through the Local Government planning scheme and the *Local Government (Building and Miscellaneous provisions) Act 1993*. This 1993 Act absorbed earlier legislation that essentially has not been reviewed since 1962. A review of this legislation to better integrate with related planning legislation is overdue. Legislation is still needed for matters such as the requirement to provide public open space, essential for policy settings that concern the social determinants of health.
- 6.3 As part of the hierarchy of policy setting, guidelines promoting good design can support the instruments comprising State Policy, strategic planning and planning schemes. A number of thoughtful guidelines have been produced locally and from interstate and overseas. Such guidelines need to be tested for contemporary and local conditions and to ensure they represent adequate responses to reducing inequities and improving the social determinants of health.

7. Conclusion

7.1 Whilst a number of measures affecting the built environment are in train to improve the social determinants of health and to reduce inequities eg pedestrian and cycle ways, PIA's fundamental positions are that:

- a) The built environment is a key determinant to the longer-term improvement of health outcomes for chronic diseases and to reducing the inequalities that affect the social determinants of health.
- b) A State Policy is a valuable instrument for setting enduring policy for affecting the social determinants of health and the built environment.
A State Policy has the imprimatur of parliament for the policy settings and activities of State government and councils. In addition a State Policy would see preventative health through the built environment integrated into decision making at all levels of land use planning through the regulatory environment of planning directives and planning schemes. Matters for a State Policy that focuses on health and the built environment should be active living, active travel, mixed residential density, mixed use, open space and building and site design.
- c) We look to the Inquiry for recommendations pivotal to having the built environment holistically address the social determinants of health for the better health and wellbeing of all Tasmanians.