

28 February 2013

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

Dear Mr Wise,

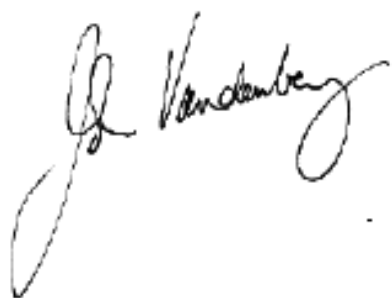
Joint Houses of Parliament Inquiry into Preventative Health Care

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

If you require any additional information, please contact Mr John Vandenberg, President, Planning Institute Australia, Tasmanian Division on 03 6348 5607.

We look forward to hearing from you in due course.

Kind regards



John Vandenberg
President
Planning Institute Australia,
Tasmanian Division

Joint Houses of Parliament Inquiry into Preventative Health Care

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.

2. Joint Houses of Parliament inquiry into Preventative Health Care

2.1 PIA congratulates the Parliament for setting up this inquiry, determining the terms of reference (TOR) and inviting public submissions.

3. Acute care and healthy communities

3.1 In making this submission PIA is aware of the increasing community discussion about the health of communities as society moves from dealing with infectious diseases to emerging epidemics in the area of chronic or so-called 'lifestyle diseases'.

3.2 No doubt the Inquiry will hear from submitters who will quantify the rising rates of chronic diseases, particularly cardiovascular and type 2 diabetes, arising from interrelated factors; obesity, sedentary living, an aging population and a significant proportion of the population of lower socio-economic ranking. Also relevant to the Inquiry is the increasing difficulty for governments to manage and fund acute care. PIA accepts the contentions of health professionals that social determinants are a major factor contributing to poor population health.

3.3 PIA contends that the emerging population health concerns must be addressed and that the built environment is a key determinant to longer-term improved health outcomes. It is the built environment that is largely responsible for setting the parameters for how we live, eat, learn, work, shop and play.

3.4 PIA supports the importance of this Inquiry's investigation into preventative health care.

4. Healthy communities and planning

4.1 PIA has had and continues to have a commitment to preventative health through a focus on healthy communities. While the themes have changed over time, from the interest in primary public health advocating the provision of potable water and proper disposal of waste water to, in recent times, raising issues about the design of our cities and towns to improve population health.

4.2 PIA, in collaboration with other bodies, has been instrumental in pushing for preventative health to be central to planning processes and outcomes. PIA advocacy has included involvement in the¹ research for *Healthy by Design A guide to planning and designing environments for active living in Tasmania* (National Heart Foundation 2009), training programs around *Healthy Spaces and Places*, and the concept of creating 'sustainable communities'.

4.3 PIA wishes to assist the Inquiry and has responded to TOR 1,3,4 & 5:

5. TOR (1) The current impact of inequalities in the major social determinants of health on the health outcomes, including mental health outcomes of Tasmanians and including current evidence describing social gradients in health, and the capacity for health and

community services to meet the needs of populations adversely affected by the social determinants of health;

- 5.1 Planning of cities and towns, where the prime focus is on active living¹ and active transport,² will assist in addressing aspects of the social determinants of health.
- 5.2 There is an economic imperative in addressing the social determinants of health. Unless there is change to how communities respond to the social determinants of health, their ability to fully participate in society, to access jobs and to lift productivity will decline for this and subsequent generations. Healthier people have fewer sick days, are more productive and are less prone to injury.
- 5.3 Planning of cities and towns can address many aspects of the social determinants of health. For example housing in locations that allow for walking and cycling connectivity and permeability through urban areas improves access to work places and services and when supported by open space networks clearly favour active forms of transport. This type of strategic land use planning can reduce transport disadvantage and costs by providing more equitable access to services as well as supporting a healthier lifestyle.
- 5.4 There is a need for the social determinants of health to gain better traction in the planning system. This involves taking the good intent as displayed in documents such as *Healthy by Design* and promotion of good practice demonstration sites to having the concepts embodied in the Tasmanian legislative framework for planning. That is to embrace the planning system by having a State Policy that sets the aspirational agenda of parliament where the policy principles are set for the subsequent regulatory environment of planning directives and planning schemes.
- 5.5 A State Policy will drive the health policy agenda through all planning schemes in the state and will also guide the policy directions of government more widely.
- 5.6 The Schedule 1 Part 2 Objectives of the *Land Use Planning and Approvals Act 1993* include the following: -
 - (f) to secure a pleasant, efficient and safe working, living and recreational environment for all Tasmanians and visitors to Tasmania;
 - (g)...
 - (h) to protect public infrastructure and other assets and enable the orderly provision and co-ordination of public utilities and other facilities for the benefit of the community;The thoughtful, integrated planning of cities and towns as a legislative requirement to be furthered, can help address inequalities and the social determinants of health.
- 5.7 PIA advocates that by setting the policy and regulatory environments through the available legislation there is scope to bring health and equity issues central to planning in Tasmania.
6. **TOR (3) The need for structural and economic reform that promotes the integration of a preventative approach to health and wellbeing, including the consideration of funding models;**
- 6.1 For people to lead happy, efficient and effective lives, maintenance of good health is paramount. Therefore the terms of reference for assessment of projects should place an emphasis on demonstrating the health benefits of good design for healthy living. This change would require structural reform at State and local government levels which is required if there is to be integration and collaboration for preventative health regimes and improved wellbeing for communities. The intent for administrative and funding models should be on efficiency and effectiveness, the removal of duplication and agreement on the best level of delivery.

¹ **Active living** means a way of life that integrates physical activity into daily routines.

² **Active transport** means travel modes that involve physical activity such as walking and cycling and includes the use of public transport that is assessed via walking or cycling and may allow for integration of multi-modal transport in the course of a day.

The structural reform needs to encapsulate both human services infrastructure and physical infrastructure.

- 6.2 However structural reform is only part of the story, it is outcomes that are important. An effective governance structure is required which integrates existing State and regional policy to deliver integrated strategic planning particularly at the city-wide level and that ensures health outcomes are integrated in all areas and levels of government policy.
- 6.3 PIA advocates for strategic planning that focuses on community health and wellbeing (including concepts of active living and active transport) for major projects, major infrastructure and major employment generators that effect city structure.
- 7. TOR (4) The extent to which experience and expertise in the social determinants of health is appropriately represented on whole of government committees or advisory groups;**
- 7.1 PIA supports this term of reference to have members with experience and expertise in the social determinants of health represented on whole of government committees and advisory groups. The brief for such committees and advisory groups should include a planning model with a focus on active living and active transport.
- 8. TOR (5) The level of government and other funding for research addressing social determinants of health;**
- 8.1 PIA supports this term of reference to address levels of research funding. PIA contends that decision making on research projects, funding sources and ethics committees etc should encompass the social determinants of health. Research projects should address the cross sectional interests of a particular piece of research as well as the specific line of inquiry that is the subject of a particular research project.
- 8.2 Incidental to TORs 3, 4 and 5 are the opportunities enhanced by the National Broadband Network for remote consultation, diagnosis and public health education using 2-way video. PIA encourages the provision of video link facilities in schools, medical centres and neighbourhood houses, in order to improve access to medical and lifestyle advice for communities and individuals who are socially disadvantaged or isolated.
- 9. Conclusion**
- 9.1 The health of communities and the corollary preventative health care must be the focus of governments.
- 9.2 Planning, the design of cities, towns, and networks - whether on the expanding urban fringe or within existing settlements - can contribute significantly to improving the health of communities. The recommendations arising from the Inquiry can be pivotal to addressing the social determinants of health. PIA seeks support for having healthy communities embodied into the planning system at a State Policy level, so that the consideration of health related outcomes are integrated into the decision making at all levels of land use planning, including the strategic and development assessment.
- 9.3 PIA would welcome the opportunity to expand on this submission by appearing before the Inquiry if required.

John Vandenberg
President
Tasmanian Division
Planning Institute of Australia
28 February 2013