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Ms Alison Frame
Dep Secretary Planning, Policy, Strategy and Governance
Planning Legislation Updates 2017
NSW Department of Planning & Environment
GPO Box 39
Sydney NSW 2001

Dear Alison,

RE: REVIEW OF THE NSW PLANNING LEGISLATION - SUBMISSION FROM THE HEALTHY PLANNING EXPERT WORKING GROUP

Thank you for the opportunity to contribute to the review of the NSW planning legislation, and specifically the public consultation draft *Environmental Planning and Assessment Amendment Bill 2017* (the Bill). This submission has been prepared on behalf of the Healthy Planning Expert Working Group (HPEWG), an independent expert group comprising members with backgrounds in medicine, public health, planning and architecture. The HPEWG is committed to supporting the integration of health considerations in planning policy and legislation, with the aim of improving health outcomes for individuals and communities. Further details regarding the membership and Terms of Reference for the HPEWG are attached to this letter.

This submission builds on the wealth of national and international evidence that clearly demonstrates the link between the built environment and its influence on individual and community health. Governments across Australia are increasingly recognising the benefits that can be achieved through a planning system that addresses the social determinants of health. Built environments can promote physical activity to reduce obesity and risk of heart disease; connect and strengthen communities to encourage social interaction to reduce the risk of mental illness; and provide equitable access to healthy food to reduce obesity, risk of heart disease and other chronic conditions. It is becoming accepted practice to embed this approach within legislative frameworks¹.

In reviewing the current planning legislation, the NSW Government has an opportunity to consider how planning decisions can support broader Government objectives relating to improved health outcomes for our communities².

¹ *Planning Bill 2013* (NSW); *Planning, Development and Infrastructure Bill 2015* (South Australia); *Land Use Planning and Approvals Act 1993* (Tasmania)

² This includes the Premier's Priority to tackle childhood obesity and reduce overweight and obesity rates of children by 5 per cent within 10 years <http://www.health.nsw.gov.au/heal/Publications/Premiers-priority-childhood-obesity-delivery-plan.pdf>

To achieve these aims, this submission offers the following five (5) key recommendations:

1. **Health and wellbeing should be explicitly identified as an object in the Bill as:**

“To promote the health and wellbeing of all communities across NSW “

To support this, the World Health Organisation definition of health should be inserted in Section 4 Definitions: *“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”*

2. **Embed health considerations in strategic planning.**

Local strategic planning statements should be used as an opportunity to reconcile population forecasts and infrastructure delivery priorities, build greater social connection and equitable access to healthy food, and address locally occurring clusters of health disadvantage.

3. **Engage the community to create connected and inclusive communities**, where a sense of empowerment aids mental and physical wellbeing. Community Participation Plans offer an opportunity to achieve this, however to maintain integrity, this process must be appropriately resourced and incorporate regular timely review.

4. **Evidence based indicators should be developed** to focus delivery, evaluate healthy planning considerations, and encourage accountability in decision making. Such indicators should be agreed at State level and implemented through strategic plans.

5. **Increase healthy built environment expertise in decision making** by adding to the list of preferred expertise for membership of planning bodies. This will support improved decision making and assist to optimise opportunities for consideration of health in large developments and planning proposals.

Further detail on each of these recommendations is included as an attachment to this letter.

We look forward to continuing to work with the NSW Department of Planning & Environment to garner positive outcomes for individual and community health as part of these important revisions to the NSW planning legislation.

Yours sincerely,



Norma Shankie-Williams
Chair

SUBMISSION ON NSW PLANNING LEGISLATION REVIEW 2017

Prepared by the NSW Healthy Planning Expert Working Group

The importance of health in planning

This submission principally presents the argument that the *Environmental Planning and Assessment Act* should explicitly refer to health and well-being in the Objects of the Act in acknowledgment that they are already included in many strategic planning documents in NSW and of the growing awareness of the critical role the planning system can play in supporting the health and wellbeing of the community.

Recognising the importance of shaping our towns and cities to maximise the health of current and future generations, planning processes across NSW have seen health related outcomes written into the State's Regional Plans and the draft Sydney District Plans, as well as local planning instruments generated by Local Government.

Consequently, today's urban planners already acknowledge a broader focus in the way we manage the built environment in NSW, including how the design and type of streets, buildings and places, directly influence peoples' health, including allowing for sufficient physical activity and social interaction as a normal part of everyday life. To exclude the need to plan for health and infer it can be addressed through good design is seen as a serious omission in a modern planning system, (see below).

It is vital to ensure planning for health is reinforced throughout the NSW planning system at this critical opportunity, the review of the *Environmental Planning and Assessment Act*, which underpins the whole system and influences all subordinate plans and strategies. This will achieve the alignment of the Act with Regional Strategies, reinforce the importance of health in planning, and bring NSW in line with other Australian jurisdictions.

Health is now embedded in the Tasmanian and South Australian planning legislation and as of 3 July 2017, Queensland will also include health in the objects of its Planning Act. Each of these States recognise, in an increasing global trend, that the influence of urban planning can directly affect health outcomes, can impact feelings of social inclusion and belonging, and can address greater equity if the right principles and mechanisms are in place.

'Design' is not enough

It is the view of the HPEWG that the current object "to promote good design in the built environment" is not enough to achieve health and wellbeing for communities in NSW.

A focus on design alone misses the point that planning for health includes the location of buildings, interplay between places and their function and accessibility. A focus on design alone misses the fundamental importance of connectivity, being the connections between places, people and uses, and does not cover other planning actions that may impact on health outcomes such as activities, programs, education and incentives.

Health and well-being must be included as an object in the Act in recognition of the important role the planning system plays in achieving these outcomes beyond the scope of design.

HPEWG submission

This submission from the HPEWG seeks that health and wellbeing is included specifically as an **Object of the draft *Environmental Planning and Assessment Bill 2017*** and identifies areas where it can be strengthened to deliver on this objective.

1. Health and wellbeing should be explicitly identified as an Object in the Bill

The Objects of the Bill provide the context for the planning system in NSW. Whilst Objects of Acts do not have an operative function, they signal the Government's intention and provide a frame of reference for strategic planning and decision making, especially in reference to subordinate Regulations. The importance of an explicit reference to health and wellbeing in the Objects of the *Environmental Planning & Assessment Amendment Bill 2017* should not be underestimated.

We would suggest the wording of the Object to be:

“To promote the health and wellbeing of the all communities in NSW “

To assist in giving effect to this Object, and ensure a consistent and shared understanding of the desired outcomes, the HPEWG recommend that the World Health Organisation definition of health is adopted in Section 4 Definitions of the Act. This definition states:

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

Recommendation 1
Health and wellbeing should be explicitly identified as an additional Object in the Bill as : <i>“To promote the health and wellbeing of all communities in NSW “</i>
To support this, the World Health Organisation definition of health should be inserted in Section 4 Definitions: <i>“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”</i>
What would this recommendation achieve?
This approach will embed health as a strategic planning outcome in the legislation and subordinate instruments and set the context for future decision making regarding planning in NSW. It will ensure a consistent and shared understanding of the desired healthy planning outcomes.

2. Embed health considerations in local strategic planning by councils

The HPEWG supports embedding health considerations in strategic planning. The HPEWG therefore supports the preparation of local planning statements as set out in Schedule 3.1[20] (section 3.#, to be inserted after 75A1). Local planning statements can provide certainty with respect to decisions which impact on economic, social, environmental and health matters.

Local planning statements also provide an opportunity to form linkages with broad State infrastructure plans (such as a Long Term Transport Master Plan), enable opportunities for legible transit oriented development and underpin the framework for creating healthy spaces and places. Local planning statements could include future-oriented structure plans to identify commercial, business and residential areas, green space and transport networks within a local government area (LGA). In doing so, the local planning statements could acknowledge the relationship between infrastructure and land use in promoting active living, social inclusion and more sustainable travel options and consequently garner healthy outcomes for communities.

To promote healthy outcomes within the context of local strategic planning statements, we recommend an additional principle be added to '[20] Section 3.# Local strategic planning statements of councils' to underscore the object of health in the Bill, as highlighted **bold** below.

Recommendation 2

Local strategic planning statements of councils

Local strategic planning statements should be used as an opportunity to reconcile population forecasts and infrastructure delivery priorities, build greater social connection and equitable access to healthy food, and address locally occurring clusters of health disadvantage

Amend Section 3.# Local strategic planning statements of councils as indicated in bold below:

(2) The statement must include or identify the following:

(a) the basis for strategic planning in the area, having regard to economic, social, **health** and environmental matters,

What would this recommendation achieve?

This approach will emphasise the consideration of health outcomes as part of the preparation of local strategic planning statements.

Local planning statements will influence local planning of land use, housing, infrastructure, public areas and services. This approach will also provide opportunities for advice and feedback from local communities during the formulation of the local planning statements and improve the outcomes for community health over time.

3. Engage the community to create connected and inclusive communities

The HPEWG supports the preparation of community participation plans as set out in cl.2.23. Indeed, community participation in the shaping of the built environment supports psychological health by fostering feelings of empowerment and belonging (Healthy Urban Development Checklist, 2009).

The HPEWG understands that the preparation of community participation plans aims to enhance community involvement in decisions that influence development. While such a step is supported we believe that further explanation is required on how this can be achieved. That is, an explanation of how these new plans should embrace the principles of community engagement including: equity, early engagement, interdependence and partnerships (Healthy Urban Development Checklist, 2009). This approach will strengthen the implementation of the plans and make them defensible and measurable.

Guiding Principles of Community Participation

Within the context of urban planning, equity is about access to all aspects of community (including health, safety, open space, transport and economic development) and is fair to all residents regardless of socioeconomic status, cultural background, gender, age or ability. For NSW, consideration of equity is important as Sydney, in particular, is expected to experience substantial and continuing population growth in the future. The management of this growth will have a significant influence on whether equity is improved, maintained or degraded over time for communities across Sydney (Healthy Urban Development Checklist 2009, p13).

Therefore, how community participation is encouraged and administered must be responsive to context of a local area. This is because it is important to identify the 'make-up' of a community (e.g. median age and socio-economic status) and which individuals and/or groups in that community are most likely to be adversely affected by a development.

It will also be vital to provide sufficient, ongoing resources for effective community participation. Practitioners will need to develop the skill sets required to engage the community using evidence based methods. Educating the broader community about planning issues, planning impacts and their participatory role will also be important. Community members need to understand the nature of strategic input, given the enhanced focus on engagement early in the planning process. This is an area where we believe the health and planning sectors can successfully collaborate to better engage and inform the community.

Timely Review of Community Participation Plans

Since local populations change over time then it is reasonable to assume that community needs and aspirations also change, it is imperative that participation plans evolve to incorporate the changing needs of a community. To do this, we suggest that specific time frames for the review of the community participation plans are proposed in the Bill and performance measures are identified in the development of the plans. These performance measures would be time-framed indicators of healthy outcomes for the community and aim to evaluate the effectiveness of the plans. This approach would provide an opportunity to manage the effectiveness (and relevance of) the community participation plans over time.

We suggest that the proposed review of environmental planning instruments includes a timely review of community participation plans. This approach would ensure that all the council policies remain relevant and form strategic links with one another. The recommended changes in the Bill are bolded below:

Recommendation 3
Amend Schedule 3 3.1 [3] Section 73 Review of environmental planning instruments to read: (2) Every 5 years following such a review, the Planning Secretary is to determine whether relevant State environmental planning policies should be updated and a council is to determine whether relevant local environmental plans and community participation plans should be updated.”
What would this recommendation achieve?
Ensure that council policies remain relevant and form strategic links with one another.

4. Evidence based indicators for simpler/faster planning

Use of indicators to focus delivery and accountability

The HPEWG supports the standardised format of development control plans (DCPs) as set out in Section 74E of the Bill.

In developing a standardised DCP format, the HPEWG recommends the inclusion of indicators that evaluate the effectiveness of the plans over time, in relation to community health and wellbeing. Such indicators could be used to investigate levels of health and physical activity which would then be used to inform plan making at the local and regional levels.

The NSW Premier’s Council for Active Living developed a suite of performance indicators that could be adopted. These indicators are featured in the Office of Local Governments Integrated Planning and Reporting Manual (2013, p56-58) and include:

- Pedestrian access and mobility;
- Public transport location and patronage;
- Open space provision and location.

The aim of these indicators is to provide councils with evidence-based indicators that will contribute to the aims of healthy planning and promote healthy outcomes of individuals and communities.

Recommendation 4
Evidence based indicators should be developed to focus delivery, evaluate healthy planning considerations, and encourage accountability in decision making. Such indicators should be agreed at State level and implemented through strategic plans.
What would this recommendation achieve?
Promote healthy planning outcomes within the context of local areas and local community needs.

5. Increase healthy built environment expertise in decision making

The HPEWG notes that the Bill makes provision for interdisciplinary representation on the Planning Assessment Commission (Division 2.2, cl.2.8(3)), members of Sydney District and Regional Planning Panels (Division 2.2, cl.2.13(3)) and Local Planning Panels (Division 2.2, 2.18(3)).

We propose that “healthy built environment” experts be added to each list of appropriate expertise. Using clause 2.8(3) of the Bill, this recommendation is demonstrated in Table 1.

The role of the built environment in supporting human health as a part of everyday living is now well established. Both nationally and internationally the evidence base exists that highlights:

1. *The built environment can support physical activity.*
For example: integrating land use and transport to promote walking and cycling for transport; preserving a variety of open spaces for recreation; designing street networks and providing infrastructure for walking and cycling for recreation and transport.
2. *The built environment can connect and strengthen communities.*
For example: providing streets and public spaces that are safe, clean and attractive; encouraging residential development that is integrated, yet private; enabling community empowerment through meaningful participation in land use decisions.
3. *The built environment can provide equitable access to healthy food*
For example, retaining peri-urban agricultural lands as a source of easily accessed healthy food; encouraging the establishment of farmers’ markets and community gardens.

Expertise in healthy built environments considers how the aesthetic, physical and functional qualities of the built environment (relating to both land use patterns and the transportation system) might be supportive of human health as part of everyday living (Healthy Urban Development Checklist, 2009).

In designing healthy buildings and places, factors such as walkable access, outlook and views, access to nature/vegetation, natural light and ventilation, enhanced opportunities for social interaction and recreation, visually stimulating yet relaxing environments all become important considerations (Government Architect New South Wales, 2016).

Table 1. Clause 2.3(3) of the Bill and the proposed amendment to the Bill. The recommended changes are bolded. The HPEWG proposes similar changes to clauses 2.13(3) and 2.18(3).

The Bill (cl2.8(3))	HPEWG amendment to the Bill (cl2.8(3))
(3) Each member is to have expertise in at least one area of planning, architecture, heritage, the environment, urban design, land economics, soil or agricultural science, hydro-geology, mining or petroleum development, traffic and transport, law, engineering, tourism or government and public administration.	(3) Each member is to have expertise in at least one area of planning, architecture, heritage, the environment, urban design, healthy built environment , land economics, soil or agricultural science, hydro-geology, mining or petroleum development, traffic and transport, law, engineering, tourism or government and public administration.

Recommendation 5

Amend the following sections to include healthy built environment expertise on the relevant planning panels:

- **2.8(3) Independent Planning Commission**
- **2.13(3) Sydney district and regional planning panels**
- **2.18(3) local planning panels**

What would this recommendation achieve?

This will support better decision making and optimise opportunities for consideration of health in large developments and planning proposals. Expertise in healthy built environments will enable the merits of different developments to be considered in light of the potential for healthy outcomes of an affected community (Paine & Thompson, 2016).

Including expertise in healthy built environments on planning panels acknowledges the link between urban planning and health. On a broad scale, land use and transport planning, land use mix and infrastructure all impact on population health. While on a local level, the design and availability of green space, public transport and street networks all influence individual the incidence and duration of physical activity and health.

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