



White Paper – A New Planning System for NSW:
Submission by the Healthy Built Environments Program
June 2013

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Faculty of Built Environment

Healthy Built Environments Program



THE HEALTHY BUILT ENVIRONMENTS PROGRAM

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Introduction

The Healthy Built Environments Program (HBEP) welcomes the opportunity to comment on the NSW Government's White Paper: *A New Planning System for NSW*.

The HBEP is an innovative collaboration that brings the built environment and health together. The Program is situated in the City Futures Research Centre, Faculty of the Built Environment at The University of New South Wales (UNSW). The HBEP receives its core funding from the NSW Ministry of Health. It is directed by Associate Professor Susan Thompson, and supported by a team of inter-disciplinary partners from across the health and built environment professions working in the public, not-for-profit and private sectors. The Program fosters cross-disciplinary research, delivers education and workforce development, and advocates for health as a primary consideration in built environment plan, policy and decision-making. It brings the combined efforts of researchers, educators, practitioners and policy makers from the built environment and health sectors to the prevention of contemporary health problems.

The Program's website has more information about the integration of human and environmental health considerations with the built environment. It also provides links to useful resources, many of which present evidence for the inclusion of specifically focused health policies, provisions and actions in the urban planning process.

See: <http://www.be.unsw.edu.au/programmes/healthy-built-environments-program/about>

For questions about this submission please contact Associate Professor Susan Thompson, Director, Healthy Built Environments Program. Email: s.thompson@unsw.edu.au; Phone: 9385 4395.

Acknowledgments

In preparing the HBEP's submission, the work of Dr Jennifer Kent, HBEP Research Associate, is gratefully acknowledged.

The Built Environment and Health

It is now well accepted that there are significant physical and mental health benefits from built environments that support active lifestyles, access to fresh, nutritious food, and opportunities for communities to be socially connected in safe and well designed public spaces. These environments are also recognised as environmentally sustainable. In the short, medium and long term, the economic and social burden of chronic disease will be reduced. Research and practice evidence to support healthy built environments is mounting both internationally and within Australia. The HBEP has published a systematic and comprehensive literature review which brings together much of the salient research on the built environment and health¹. The primary aim of the Review was to establish an evidence base to support the development, prioritisation and implementation of healthy built environment policies and practices in an Australian context. Further, the Review identifies gaps in the evidence to inform future research directions. The focus of the Review is on the key built environment interventions or domains that support human health. These are:

1. The Built Environment and Getting People Active
2. The Built Environment and Connecting and Strengthening Communities
3. The Built Environment and Providing Healthy Food Options

These built environment domains address three of the major risk factors for contemporary chronic disease, namely:

- Physical inactivity
- Social isolation
- Obesity

The full Literature Review can be downloaded from the HBEP's website:

<http://www.be.unsw.edu.au/programs/healthy-built-environments-program/literature-review>

¹ Kent, J, Thompson, SM & Jalaludin, B 2011, *Healthy built environments: a review of the literature*, Healthy Built Environments Program, City Futures Research Centre, University of New South Wales, Sydney.

A series of fact sheets summarising the key research, policy and practice issues from the Review can also be downloaded:

<http://www.be.unsw.edu.au/programs/healthy-built-environments-program/fact-sheets>

The evidence in these documents affirms planning’s fundamental role in creating healthy built environments. Such environments must be a principal outcome of the new Planning System for NSW.

Comments on the White Paper and Draft Planning Legislation

The White Paper and draft legislation are important steps towards the delivery of a new Planning System for NSW. The HBEP makes the following comments on the White Paper focussing on the Draft Planning Legislation.

Comment 1: The Objectives of the Act

As passionate advocates for the role of urban planning in health promotion, the HBEP is delighted to see that “health, safety and amenity” are proposed objects of the draft legislation. This inclusion represents timely recognition of health as a component of the world’s most liveable urban environments. It also acknowledges the strength of the research for healthy built environments and ensures that the new planning legislation will be evidence based. We congratulate the Review for taking this bold step and urge the Department of Planning and Infrastructure (DPI) to push forward with the actualisation of policy and processes to promote healthy built environments. The HBEP is very willing to assist the DPI in this process.

Comment 2: Community Participation

Participation in the shaping of the built environment supports psychological health by fostering feelings of empowerment and belonging. The way the built environment is governed can cultivate this participation. The HBEP therefore commends the inclusion of detailed provisions for community participation in the new planning system.

The following comments relate specifically to Part 2 of the Draft Planning Bill.

2.1 Community Participation Plans

The way community participation is encouraged and administered must be responsive to context. Because populations change over time, it is imperative that participation plans also evolve to incorporate the developing and changing needs of the community. Specific time frames for the review of participation plans need to be articulated in the new Act.

Recommendation 1

Clause 2.4(6) be amended to articulate a specific time frame for the review of community participation plans.

2.2 The Community Participation Charter

The principles articulated in the Community Participation Charter are comprehensive. There remains, however, some ambiguity and weakness in the wording of some sections. We recommend the following amendments.

Recommendation 2

Clause 2.1(1)(c) currently reads:

The community is to be provided with opportunities to participate in strategic planning as soon as possible before decisions are made.

We recommend that Clause 2.1(1)(c) be re-worded to clarify the intent of this clause. We suggest the following:

The community is to be provided with opportunities for effective and relevant participation in strategic planning. These opportunities should occur before decisions are made.

Clause 2.1(1)(d) currently reads:

The community has a right to be informed about planning decisions which affect them.

We recommend that Clause 2.1(1)(d) be re-worded to read:

The community has a right to participate in and be informed about planning decisions which affect them.

Clause 2.1(1)(f) currently reads:

Planning authorities are to seek the views of the community by selecting participation methods that are representative, inclusive and appropriate to the needs of the community.

We recommend that Clause 2.1(1)(f) be re-worded to read:

Planning authorities are to seek the views of the community by selecting participation methods that are representative, inclusive and appropriate to the needs of the community affected by the planning decision.

2.3 Assessing Successful Participation

The new system increases the onus placed on community participation in the planning process yet fails to articulate a vision for successful participation and, subsequently, a contingency plan should community participation fail.

Recommendation 3

Clause 2.4 should provide a mandate for the inclusion of benchmarks to assess community participation and provisions to ensure strategic planning remains responsive to social context in the absence of a community voice.

Comment 3: Strategic Planning

3.1 Making use of the Objectives of the Draft Legislation

As mentioned above, the HBEP is delighted that health and safety have been incorporated as objects of the draft legislation. This inclusion demonstrates the NSW Government's commitment to evidence based policy making. We are concerned, however, that the need to consider the objects of the Act in the preparation of strategic plans is not articulated in a robust way throughout Part 3 of the draft Planning Bill. For example, although clause 3.9.1 (4) deems that the relevant planning authority is to keep strategic plans under regular and periodic review to ensure consistency with the objects of the Act, there is no requirement for plans to be drafted in accordance with the objects in the first place.

Recommendation 4

We recommend an additional principle be added early to clause 3.3 as follows:

Strategic plans should reflect the objectives of this Act as outlined in clause 1.3.

3.2 Incorporating Health Targets

The preparation of regional growth and sub-regional delivery plans requires the assignment of targets for housing, employment and the environment. We propose that “health” targets be added to this list (clause 3.5(2)(d) and clause 3.6(2)(c)). Health outcomes are just as quantifiable as those relating to housing, employment and the environment and establishment of appropriate targets will be a relatively simple exercise. The HBEP would be willing to provide advice to the DPI of various indices that could be used for this purpose.

Recommendation 5

“Health” targets need to be added to the list of targets required to be included in the preparation of Regional Growth and Sub-Regional Delivery Plans as articulated in clause 3.5(2)(d) and clause 3.6(2)(c).

Comment 4: Representation for Health Professionals

We note that the draft Planning Administration Bill makes provision for interdisciplinary representation on the Planning Assessment Commission (4(13)), Regional Planning Panels (5(19)) and Council Independent Hearing and Assessment Panels (7(27)). We propose that health professionals be added to each list of appropriate experts articulated in these various clauses.

Recommendation 6

“Health professionals” need to be added to the list of professionals appropriate for representation on the various planning bodies convened by clauses 4(13), 5(19) and 7(27) of the draft Planning Administration Bill.

Comment 5: A NSW Planning Policy for Healthy Built Environments

NSW Planning Policies will guide planning across the state. They will apply to a range of sectors of significance to the state’s environment, economy and social fabric.

A state with a prosperous economy, strong social fabric and sustainable biophysical environment requires a healthy population. The health of the people for which we plan is therefore of primary importance to the state.

The need for health to be treated as a core planning issue is well researched and increasingly recognised in the planning of liveable cities around the world. Indeed, the NSW State Government’s proposal to include health as an objective of the new Planning Act recognises its core status.

HBEP understands that the intention is to incorporate health into a number of NSW Planning Policies. We propose that there should be a separate NSW Planning Policy for **healthy and safe built environments**. We agree that health is a key issue that applies across a number of planning policy areas. We contend, however, that the health and well-being of the population is a core planning issue that should not be buried amongst competing issues such as economic growth and the provision of infrastructure.

HBEP also realises that the term “health”, in the context of the built environment and urban planning, encompasses many elements traditionally seen as the responsibility of local government. We would like to reiterate to the DPI that a new role for planning has emerged in supporting the health of today’s population. Conceptualisations of health have shifted away from treatment of acute disease (such as prevention of food poisoning through provision of clean food preparation environments) and towards treatment of more chronic long term diseases (such as prevention of obesity through promotion of opportunities for physical activity and the availability of fresh, healthy food). This shift reflects the changing nature of mortality and morbidity in contemporary society. Today, illness is more likely to be related to chronic diseases such as heart disease, diabetes and depression. The way the built environment is planned, developed and managed plays a crucial and increasingly influential role in the prevention of these, and other related, chronic illnesses. Indeed, effective management of the chronic diseases currently experienced by modern societies cannot be addressed without the kinds of modifications to the built environment that can be managed by the planning system. The research evidence for this is strong. Further, inclusion of healthy built environments in the new Planning Legislation demonstrates the commitment to evidence based planning by the NSW Government.

This is a new way of thinking about environments and health. As such, HBEP proposes the relationship between environments and health requires a new focus in the NSW Planning System. This focus is best achieved with a specific “NSW Planning Policy for Healthy Built Environments”.

We have included an example below of possible high level components for inclusion in a potential “key element” of a NSW Planning Policy for Healthy Built Environments – the

promotion of physical activity. We would envisage such a policy would have several key elements, including the promotion of safe built environments. As proposed for all planning policies, the key elements for this policy would be supported by practice notes and guidelines, including technical guidelines around good design. The HBEP is very willing to assist the DPI in developing this Policy.

Table One: An example of a specific key element of a NSW Planning Policy for Healthy Built Environments

1. PROMOTE OPPORTUNITIES FOR PHYSICAL ACTIVITY	
Objective	Facilitate opportunities for people of all ages and abilities to include recreational and incidental physical activity in their everyday lives.
Policy	Planning authorities should promote development in both existing and new urban areas to provide opportunities for physical activity.
Delivery	The government will establish targets in Regional Growth Plans that must be implemented through Sub-regional Delivery Plans and Local Plans. The targets will inform the land use zones and development guides adopted in local plans. Targets will relate to the provision, treatment and management of a variety of types of green open space, the provision of infrastructure and other support for walking and cycling for transport, the accessibility of new housing to local services and other destinations and the provision of safe environments.

Recommendation 7

Healthy built environments should be recognised as a core planning issue of significance to the state. A State Planning Policy for Healthy Built Environments should be included in the final list of initial NSW Planning Policies.

HBEP Submission Summary

Main Points

This submission from the Healthy Built Environments Program, The University of New South Wales, makes the following key points:

1. The inclusion of health as an object of the draft legislation is a positive and welcome step. HBEP supports the DPI as it progresses to actualise this intention through explicit policy and processes.
2. Specific time frames for the review of participation plans need to be articulated in the Act.
3. The principles articulated in the Community Participation Charter are comprehensive. There remains, however, some ambiguity and weakness in the wording for specific sections.
4. Benchmarks are required to assess community participation. Provisions are required to ensure strategic planning remains responsive to social context in the absence of a community voice.
5. The need to consider the objects of the Act in the preparation of strategic plans is not articulated in a robust way throughout Part 3 of the draft Planning Bill.
6. Health targets need to be added to the list of targets required for inclusion in Regional Growth and Sub-Regional Delivery Plans.
7. Health professionals need to be added to each list of appropriate experts articulated as assisting various planning bodies.
8. A State Planning Policy for Healthy Built Environments should be included in the final list of initial NSW Planning Policies.

Summary of Recommendations

The following recommendations are made by the HBEP in this submission.

Recommendation 1

Clause 2.4(6) be amended to articulate a specific time frame for the review of community participation plans.

Recommendation 2

The principles articulated in the Community Participation Charter are comprehensive, however there remains some ambiguity and weakness in the wording for specific sections. We recommend specific amendments to clause 2.1(1)(c), clause 2.1(1)(d) and clause 2.1(1)(f) as articulated in Comment 2 above (see pages 5-7).

Recommendation 3

Clause 2.4 should provide a mandate for the inclusion of benchmarks to assess community participation and provisions to ensure strategic planning remains responsive to social context in the absence of a community voice.

Recommendation 4

An additional principle be added early to clause 3.3 as follows:

Strategic plans should reflect the objectives of this Act as outlined in clause 1.3.

Recommendation 5

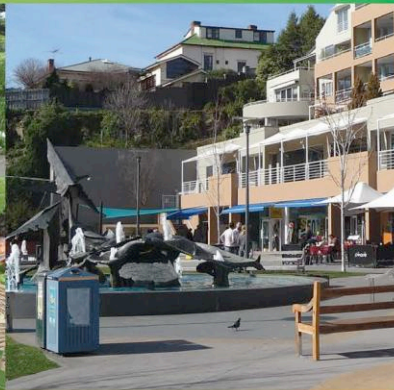
“Health” targets need to be added to the list of targets required to be included in the preparation of Regional Growth and Sub-Regional Delivery Plans as articulated in clause 3.5(2)(d) and clause 3.6(2)(c).

Recommendation 6

“Health professionals” need to be added to the list of professionals appropriate for representation on the various planning bodies convened by clauses 4(13), 5(19) and 7(27) of the draft Planning Administration Bill.

Recommendation 7

Healthy built environments should be recognised as a core planning issue of significance to the state. A State Planning Policy for Healthy Built Environments should be included in the final list of initial NSW Planning Policies.



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