

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Planning and Funding

6 May 2004

Comments to Christchurch City Council on the LTCCP

From Canterbury District Health Board, Planning and Funding Section.

Working together

Canterbury District Health Board is a key partner with local government in developing and maintaining healthy communities.

Canterbury DHB's Core Directions 2002-2007 include actively working with a range of intersectoral agencies towards improving the health of the people of Canterbury.

The top health gain priority areas for Canterbury DHB are:

- Child and Youth health
- Primary Health
- Maori Health
- Mental Health
- Disease Prevention and Management:
 - Cardiovascular Disease
 - Diabetes
 - Cancer

The DHB must work with the Christchurch City Council, and others, in order to achieve gains in these areas, because the health status of a community is determined by such a wide range of factors.

Employment, income, housing, and education are critical determinants of the health of communities, and the LTCCP should take into account the role the Council will play in contributing in a positive manner to these determinants.

Canterbury DHB has developed short and long-term goals for all our health gain priority areas. For example, in the area of Child and Youth Health, Canterbury DHB has a position statement on fluoridation, which obviously involves TLAs as a supplier of drinking water:

‘The CDHB recognises that water fluoridation is the most cost-effective, practical and safe means for reducing and controlling the occurrence of tooth decay in communities of over 1000 people.

The CDHB considers that, at less than one percent, the coverage of the Canterbury population by fluoridated water supplies is very low.

As part of its efforts to improve the oral health of Canterbury people, and to reduce health inequalities, the CDHB will work collaboratively with communities, tangata whenua, and local councils to expand the level of water fluoridation in Canterbury.

The CDHB supports research into the risks and benefits of water fluoridation, and into appropriate alternatives to water fluoridation in communities where fluoridation is not feasible.’

(Note: It is recognised that the addition of fluoride to Canterbury water supplies is an issue for debate and decision by the relevant Territorial Local Authorities in conjunction with their communities which includes the Canterbury District Health Board, and that technical and practical considerations may inhibit progression of this form of fluoride treatment in the near future.)

Healthy Communities

A recent Ministry of Health paper examined the causes of death in New Zealand due to risk factors (*Looking Upstream* – Public Health Occasional Bulletin No 20, Ministry of Health, 2003)

In New Zealand, 30% of deaths are attributable dietary factors, and 18% to tobacco consumption. Insufficient physical activity for accounts for almost 10% of deaths. Risk factors related to road traffic are responsible for 2% of all deaths, and other unintentional injuries for a further 2%.

This sort of information can be used by District Councils, DHBs, and Regional Councils to develop policies and plans to help avoid unnecessary and untimely deaths. By focusing on what keeps communities healthy, local authorities and health funders can attempt to reduce the human and financial costs associated with disability and deaths due to conditions such as diabetes, cardiovascular disease, cancer, and respiratory disease.

Canterbury DHB has developed, or will develop health action plans in these areas, all of which involve partnership with communities, and local authorities.

Specific comments on Christchurch City Council’s LTCCP:

Vol 2, p. 15. **Healthy Lifestyles.** Considering that 30% of deaths are due to dietary factors, and 18% due to tobacco, Christchurch City Council should ensure that the city’s public places are smokefree, and that businesses which sell food are not adversely endangering the health and well being of the population. This will be particularly important in reducing inequalities, in terms of the nutritional quality of the fast food available in highly deprived areas of the city.

Vol 2, p 16. **Health Inequalities.** In general, inequality is bad for your health. Social determinants of health (income, social support, education, employment, social environments) predict the greatest proportion of health status variance. While there is no doubt that accessible, appropriate, and responsible health services are essential, CDHB supports Christchurch City Council, and the Healthy Christchurch initiative, in addressing the health inequalities which result from poverty, lack of education, and poor housing.

Attached are comments from Canterbury DHB's Community and Public Health division (prepared by Brian Prendergast, Group Leader Health Protection, Community and Public Health).

Thank you for the opportunity to make this submission.

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6 May 2004

TO: Christchurch City Council

FROM: Brian Prendergast, Group Leader Health Protection, Community and Public Health, CDHB

SUBJECT: Long Term Council Community Plan (LTCCP)

1. The Canterbury District Health Board at several levels has formed close working relationships with the Christchurch City Council e.g.
 - The development of a memorandum of co-operation at a strategic level.
 - Co-founders of the "Healthy Christchurch" charter entity which has participants covering a wide range of health initiatives within the city.
 - At workforce level dual input of both the CCC & CDHB staff undertaking on-going work e.g. city planning, sale of liquor, social housing issues, resource management, water supplies etc. These are all excellent examples of co-ordinated efforts to achieve the health related outcomes of both organisations.

- At a more fundamental level DHB's/TLA and PHOs are required to undertake needs analysis in their areas. As part of further planning it is suggested **combined consultation** could occur (as communities are fairly well consulted out) and from that consultation congruent planning for provision of services around health and its wider determinants could be undertaken by these entities.
- 2. The CDHB proposes the application of **health impact assessments** to relevant council policy development. Health impact assessment is a formal approach to predict the potential health effects of a policy, with particular attention paid to impacts on health inequities. The promotion of these assessments is based on the recognition that the health status of people and communities is greatly influenced by factors that are outside the health sector, for instance in areas such as housing, employment and transport. Our Community and Public Health Division may be able to assist your Council in undertaking health impact assessments. (Please note Crown Public Health, which has been mentioned in (Volume 2 Page 23) has now changed its name to Community & Public Health).
- 3. **Injury** is a major public health concern. It is noted that the council has a goal of a "safe" city. We commend the role the city is taking in addressing this issue. The recently released "New Zealand Injury Prevention Strategy" identifies a number of roles, which the city can take a lead in.

The opportunity also exists to meet the six criteria of the World Health Organisation's "Safe Community" of which there are eighty in the world and two in New Zealand (Waitakere City and Waimakariri District). The criteria are consistent with the approach Christchurch and are listed below.

World Health Organisation Safe Community

- An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in the community.
- Long-term, sustainable programmes covering both genders and all ages, environments, and situations.
- Programmes that target high-risk groups and environments, and programmes that promote safety for vulnerable groups.
- Programmes that document the frequency and causes of injuries.
- Evaluation measures to assess their programmes, processes and the effects of change.
- Ongoing participation in national and international Safe Communities networks.

4. The CDHB is presently involved in a ‘**Smokefree Homes Campaign**’ to especially protect children from tobacco smoke in the home. Research shows the denormalising effect of not smoking in homes has an impact on smoking cessation and initiation rates. CDHB staff would like to engage with Council staff to look at initiatives to increase the number of smokefree homes in Christchurch. Similarly the CDHB would advocate for all indoor and outdoor venues/events the Council is involved with should be smokefree. CDHB is already involved with a number of local sports clubs in Christchurch becoming smokefree, both indoors and outdoors. This will have the progressive effect of continually saying that inhaling tobacco smoke is not acceptable. The CDHB will have a goal for reducing the number of people smoking in the region to 15% or less over the next 5 years (presently 24%). Christchurch City District Council contribution to this goal will be important.
5. CDHB considers the Christchurch City Council has a long-term leadership role in reducing **alcohol related harm** in their community. The Local Government Act 2002 provides for local authorities to play a role in promoting the social, economic, environmental and cultural well being of their communities.

At present, an Alcohol Policy is being produced by the Christchurch City Council in consultation with key stakeholders and the community. CDHB applaud this initiative.

For the Alcohol Policy to best achieve positive outcomes for our community it is essential that:

- Sufficient resources are directed into the implementation of the Alcohol Policy by CCC to meet its objectives.
 - That long-term commitment is given to the Policy and it’s implementation coupled with regular evaluation and review.
 - That CCC work in collaboration with other agencies, individuals involved in the reduction of alcohol related harm in Christchurch.
6. The plan acknowledges Christchurch has an ageing population (Volume 1 pages 13-14). The Council is proposing an approach which provides 'inclusive and diverse communities' and which seek 'a sense of social connection, place and identity' and 'reduce social inequalities'. (Volume 2 pages 13-14) The Council needs to take a long term planning approach to ensure the equitable distribution of a variety of housing options for the **elderly** within the city. For example, the eastern suburbs are not as well served as some other parts of the city by both the number and range of housing options for the elderly.

7. A prerequisite for good health is a **safe food** supply. Christchurch has a very high rate of enteric food borne disease, particularly Campylobacteriosis. The Council needs to make the provision of safe food for city residents and visitors, a high priority. Community and Public Health have concerns regarding the standard of food premises and food safety in Christchurch and have recently formally conveyed those concerns to Council Officers. C&PH considers that the food section within the Environmental Services Unit is currently not adequately resourced to carry out its role effectively or efficiently.
8. **Regulatory Services (Health and Liquor Licensing) (Volume 2 Page 103).** The Council needs to develop long-term strategies to ensure the provision of safe food within Christchurch. These strategies need to provide for regular inspection of premises and a high level of compliance approach to food premises and food safety practices, rather than the bottom-line approach adopted in the proposed plan e.g. the strategies should adopt a hazard analysis (HACCP) based approach for inspections rather than simply checking structural compliance and cleanliness of the premise. The formation of a ranking system to identify high risk and non-compliant premises would assist the development of work programmes and identification of the resources needed to provide a level of service to ensure safe food provision within Christchurch. Inspections of a wider range of premises needs to be conducted, i.e. non-registered food premises such as school canteens, to ensure they are providing safe food.

The introduction of bylaws aimed at improving food quality are desirable and have been adopted by other councils. Suggested bylaws include; requiring food safety training for managers and/or staff at all food premises, and a provision allowing for de-registration of premises for incidents of serious non-compliance.

The instigation of legal action for incidents of serious non-compliance gives a clear message to the food industry that the Council takes the provision of safe food seriously.

The performance measures for the first Environmental Service (Volume 2 Page 103) require deletion and replacement with other measures that are aimed at high levels of compliance across the wide range of premises that the Council has public health responsibilities for. Suggested new measures are:

- Minimum of annual inspections of all registered and non-registered premises, and partially exempt food premises using a hazard analysis based approach.
- High risk and non-compliant premises to be inspected more frequently to achieve high levels of compliance with statutory requirements.
- Legal action be taken for serious incidents of non-compliance.

The performance measure of the second Environmental Service requires deletion as it takes a bottom-line approach, which permits a poor level of food safety in premises and can be met as long as only a few premises are closed each year. An approach which seeks a high level of compliance across most of the City's food premises is more desirable. Suggested new measures are:

- 95% of registered, non-registered and partially exempt food premises (excluding those with Food Safety Programmes) to achieve high levels of compliance with statutory requirements.
- Reduction in food borne disease rates.

The service description and performance measures for the third point do not match. It is suggested that these both be replaced as follows:

- Service: Ensure the food industry workforce maintain high standards required for providing safe food.
- Measures: Introduction and enforcement of a bylaw requiring food workers to attend food safety training.
- Information on food safety provided to the food industry.

9. Whilst ensuring the minimisation of wastes is an excellent initiative, the proposal to focus a scheme on 'kitchen food scraps from commercial sources' is of concern. (Volume 1 page 4) The rationale for this concern is that presently the standard of food safety in city premises requires upgrading and significant attention needs to be focused by Council on improving this situation. Other initiatives at food premises should not divert resources from improving food safety.

10. **Regulatory Services Health & Liquor Licensing (Page 103)**

- Environmental – in first box add after “food premises” the words “*public & school swimming/spa pools*”
- Performance Measure – add the words “*All public swimming/spa pools to be inspected once per year to ensure compliance with the NZ Standard 5826:200 & appropriate statutes*” and “*Provide information on swimming/spa pool water quality management and promote courses run by approved providers to NZQA Unit Standards Criteria*”.
- Environmental – in a new box add the words “*Administer the MfE’s “Microbiological Water Quality Guidelines for Marine & Freshwater Recreational Areas*”.
- Performance Measure – add the words “*inform the public when the Action Level is exceeded within the agreed timeframes*” and “*When the Action Level is reached nuisance monitoring will be undertaken & all steps taken to remove or abate the nuisance*”.

- Environmental – in a new box add the words “*Design & implement public education & awareness programmes to help achieve the broad aims of the MfE guidelines*”.
- Performance Measure – add the words “*Produce information pamphlets/posters, hold public meetings & promote/develop educational programmes which involve the community in local monitoring programmes*”

11 **Wastewater Collection, Treatment and Disposal (Page 107)**

Under “Wastewater Collection”

- Performance Measures- Environmental in the 3rd box down add the word “*health*” so it now reads “*overflows are managed to acceptable health & environmental standards*”.

12. **Water Supply (Page 130)**

Under “Supply of Water”

- Performance Measures – Environmental add a new Performance Measure box with the words “Complies with the Drinking Water Standards for NZ”. Under “Social” & Performance Measure” in the 3rd box – this is not a performance measure. It should read – “*No human health incidents are reported to the Medical Officer of Health*”.
- On page 131 under “negative effects” under first bullet point add the words “*and microbiological/chemical contamination of the aquifers*”.
- On page 131 under “Levels of Service” in the box under “Responsiveness” add the words “*Transgressions of the water’s microbiological or chemical criteria should be responded to the timeframes as outlined in the Drinking Water Standards for NZ*”.
- On page 134 there is no mention of the financial impact the new proposed drinking water legislation will have on this Council activity.

13. **Waterways & Land Drainage (Page 137)**

Under “Waterways & Wetlands Management”

- Environmental – Add a new box and add the words “*Manage waterways & wetlands to minimize or prevent the breeding places for mosquitoes*”.
- Performance Measures – with this new box, add the words “*Monitoring for mosquito species indicates that the waterways & wetlands are not promoting mosquito breeding habitats.*”
- Environmental – Add a new box and add the words “*Managing*”

- *waterways to protect the health of recreational water users”.*
- Performance Measures – Add another box and add the words *“Monitoring indicates that the microbiological quality of the waterway is being maintained or improved”.*
- Under “Contribution to Outcomes” box, page 138. In the box “A Safe City” add the words (in right-hand box) *“The Waterway & Wetland system is designed & maintained to minimize or negate mosquito breeding habitats”.* *“The waterways are managed to minimize the impact of microbiological or chemical contamination”.*
- Under “Assets for level of Service Improvements” (page 139) add another box *“Insect Pest Management”* and under “Target Level of Service” add *“Monitoring for mosquitoes & mosquito breeding habitats will meet Ministry of Health expectations”.*
- Under “Maintenance & Renewals” (page 142) has the on going & increased costs of mosquito monitoring & habitat management been built into the anticipated expenditure in the waterways & wetlands area of responsibility?

We would like to be heard at any public submission hearing on these issues.