

7855

Canterbury

District Health Board

Te Poari Hauora o Waitaha

**Submission from
Canterbury District Health Board**

April 2009

**Christchurch City Council's
Draft Long Term Council Community Plan 2009 – 2019**

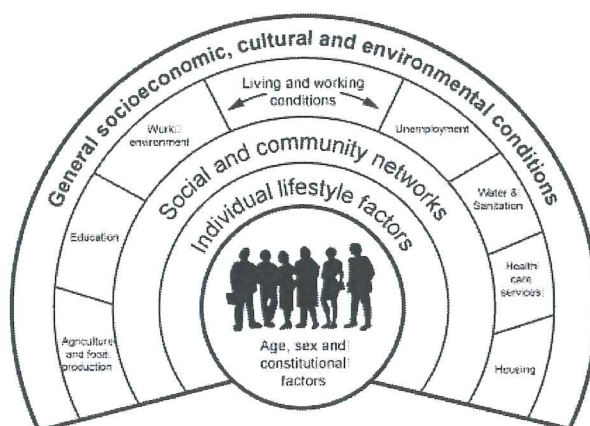
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Introduction

1. We welcome the opportunity to comment on the Christchurch City Council's Long Term Council Community Plan (LTCCP). The LTCCP is an important public health document.
2. Health is influenced by a wide range of factors beyond the health care sector. Health care services help to restore people to good health or provide care for people when they are in need. However, analyses of gains in life expectancy over recent decades have attributed between 10 and 30 percent to health services.¹
3. Much greater impacts are attributed to environmental, social and behavioural factors.² The diagram below presents some of the main factors determining the health of our local populations.



Dahlgren G and Whitehead M (1991) Policies and strategies to promote social equity in health. Stockholm, Institute for Futures Studies

4. Many of these health determinants can be influenced by Council activities. For example, the quality of a person's health is closely related to a range of factors such as lifestyle (for example, physical activity), social and community influences (for example, whether people belong to strong social networks, feel valued and empowered to participate in decision-making), living and working conditions (for example safe and appropriate housing, decent working conditions, urban design), environmental factors (such as water and air quality) and socioeconomic conditions (including income, education and employment).
5. Our submission focuses on the key health issues in the LTCCP. These issues have been selected because they are i) determinants of health ii) major risk factors for disease, and /or iii) identified priorities in the New Zealand Health Strategy.
6. We have based the structure of our submission on the Groups of Activities identified in the Council's LTTCP:
 - Water Supply (page 6 of our submission)
 - Wastewater Collection and Treatment (page 12)

¹ Ministry of Health 2005 Advice to Incoming Minister of Health. Ministry of Health: Wellington. Also: McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. *Health Affairs*. 2002;21(2):78 – 93 And: Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *JAMA*. 2004;291(10):1238 - 45.

² Public Health Advisory Committee. 2004. *The Health of People and Communities. A Way Forward: Public policy and the economic determinants of health*. Public Health Advisory Committee: Wellington.

- Streets and Transport (page 14)
 - Regulatory Services (page 16)
 - Recreation and Leisure (page 20)
 - Parks, Open Spaces and Waterways (page 22)
 - Democracy and Governance (page 24)
 - Cultural and Learning Services (page 25)
 - Community Support (page 27)
7. This submission has been developed by CDHB staff and elected representatives. All divisions of the CDHB were invited to contribute to the submission and a draft submission was referred to Board members for comment. The final submission was approved by the Chair and Deputy Chair of the Board.
8. **We wish to present our submission at a hearing.** We will be represented by staff and elected representatives of the CDHB.

Evon Currie
General Manager
Community and Public Health
Canterbury District Health Board

Water Supply (pages 63 – 71 of LTCCP)

Links to Health

9. A secure and safe supply of drinking water is fundamental to public health. The introduction of safe drinking water and sanitation in the developed world is estimated to have had a greater positive impact on public health than any other single measure.³ Nearly half of the impact on mortality and life expectancy in the twentieth century can be attributed to the provision of safe drinking water.⁴ Safe water was responsible for three-quarters of the decline in infant mortality, nearly two-thirds of the decline in child mortality and the near eradication of typhoid in the early 20th century.⁵
10. Challenges still remain and outbreaks of waterborne disease continue to be a threat. For example, outbreaks in major urban centres have the potential to cause widespread and serious illness, and substantial economic and social impacts.⁶
11. We note that the long-term supply of clean water drinking water was rated as the most important issue for Christchurch in the 2004 Annual Survey of Residents.⁷ We also note that 96% of respondents in the Urban Development Strategy (UDS) consultation considered protecting water quality as very important.
12. Christchurch City is fortunate in having access to high quality groundwater. It is crucial that the sources of Christchurch's water supplies are protected to ensure that there is ongoing provision of suitable drinking water for the population. Banks Peninsula is not as fortunate and alternative, more consistent sources need to be pursued.
13. It is encouraging to note that the strategies, plans and activities described in the draft LTCCP indicate a commitment by the Council to strive for improved drinking water supplies for all Christchurch communities, including Banks Peninsula. It is also encouraging to note that the Council has considered further investments to improve drinking water supplies in its financial strategy (Vol. 2, pg 37).

Compliance with Health (Drinking Water) Amendment Act 2007

14. The CDHB believes that it would be beneficial for the LTCCP to align more closely to the requirements of the Health (Drinking Water) Amendment Act 2007 (HDWAA) and the Drinking Water Standards for New Zealand 2005 (revised 2008) (DWSNZ), specifically the Public Health Gradings, the development and implementation of Public Health Risk Management Plans (PHRMPs) and drinking water quality compliance criteria.
15. All Council supplies must achieve compliance with Sections 69S – 69ZC by 2013 – or within the life of the proposed LTCCP. This includes compliance with “Section 69V – Duty to take all practicable steps to comply with drinking-water standards”.

³ Centres for Disease Control and Prevention. 1999. Achievements in public health 1900–1999. *Morb Mortal Wkly Rep* 48(29):621–628.

⁴ Cutler, D and Miller., G.. 2005. The Role of Public Health Improvements in Health Advances: the Twentieth-Century United States. *Demography* 42(1): 1-22.

⁵ Cutler, D and Miller., G. 2005. The Role of Public Health Improvements in Health Advances: the Twentieth-Century United States. *Demography* 42(1): 1-22.

⁶ Levin R., Epstein P., Ford T., Harrington W, Olson E, and Reichard, E..2002 Drinking water challenges in the twenty-first century. *Environ Health Perspect*;110:43–52.

⁷ National Research Bureau. 2004. *Annual Survey of Residents 2004* Christchurch City Council: Christchurch.

16. The timeframe for compliance with the HDWAA for each of the Council supplies is outlined in Table 1 below.

Table 1: Compliance dates for various supply sizes applicable to the Christchurch City Council

Supply	Population	Compliance Date
Akaroa	1350	01 July 2011
Birdlings Flat	240	01 July 2012
Brooklands / Kainga	2,300	01 July 2011
Christchurch	311,000	01 July 2009
Duvauchelle	440	01 July 2012
Little River	240	01 July 2012
Lyttelton (including Diamond Harbour and Governors Bay)	3720	01 July 2011
North West Christchurch	83,000	01 July 2009
Pigeon Bay	50	01 July 2013
Takamatua	280	01 July 2012
The Groynes	150	01 July 2012
Wainui	320	01 July 2012

Public Health Grading of Supplies

17. The Public Health grading of supplies is used as a measure of the extent to which a community drinking-water supply achieves and can ensure a consistently safe and wholesome product.
18. The LTCCP makes it clear that Council is committed to improving water supplies. However, there is little or no indication in the LTCCP about how the Council plans to achieve the improved public health grades for various supplies.

Table 2: Public Health Grades (current, proposed and minimum acceptable grade) for CCC supplies

Name of Supply	Current Grade	Proposed Grade	Minimum acceptable grade based on pop. served ⁸
Christchurch			
Christchurch	Ba	No change	Ba
Lyttelton	Uu	Cc	Cc
The Groynes	Uu	Cc	Cc
Banks Peninsula			
Akaroa	Ee	Cc	Cc
Birdlings Flat	Uu	Cc	Cc
Duvauchelle	Uu	Cc	Cc
Little River	Uu	Cc	Cc
Pigeon Bay	Uu	Cc	Cc
Takamatua	Uu	Cc	Cc
Wainui	Uu	Cc	Cc
North west			
North West Christchurch	Da	Achieve Ba (by 2013)	Ba (Da is not acceptable for a supply of this size)

⁸ As specified in the Explanatory Notes on Public Health Grading of Community Drinking-Water Supplies 2003.

Note – Eight supplies are currently ungraded. However, the LTCCP does not provide any guidance on how the gradings for these supplies will be improved (if at all).

19. We note that Christchurch City is now divided into two separate supplies (as described in the Ministry of Health's Register of Community Drinking Water Supplies), one served by sources that have met the definition of security in the Drinking Water Standards for New Zealand 2005 and another separate supply called Northwest Christchurch where some of the sources do not meet the definition of secure ground water (having water which proved to be affected by surface or climate influences).
20. The grading for Northwest Christchurch is currently Da (the 'D' part for source and 'treatment' is not satisfactory for the population).⁹ The Ministry describe this as an "unsatisfactory level of risk" (For a population >10,000 this should be at least 'B'). There is no indication about how the Council is going to improve this grade for Northwest Christchurch.
21. The LTCCP notes that "... treatment processes for most of the Peninsula schemes do not meet Ministry of Health Standards." [Vol. 2, pg 17]. However, plans for addressing this have not been adequately covered in the LTCCP. Upgrades have only been proposed for the Akaroa and Little River supplies. Other equally critical supplies in the peninsula have not been addressed.

Public Health Risk Management Plans

22. We congratulate the Council for its foresight in developing Public Health Risk Management Plans (PHRMPs) for most supplies, including most Banks Peninsula supplies.
23. Implementing the PHRMPs should significantly improve the levels of service, protect the health of the population, boost public confidence in water supplies (especially in Banks Peninsula) and help achieve compliance with the requirements of the HDWAA and the DWSNZ.
24. We note that the LTCCP only identifies improvements to supplies with approved PHRMPs in place. There is no allowance for improvements to supplies currently without PHRMPs.
25. We also note that several significant risks to quality of drinking water have been identified (Vol. 2, pg 17). There appears to be a lack of detail on how these risks will be mitigated or managed.

Responsibility to Ensure Appropriate Supply

26. The LTCCP incorrectly states (Vol. 2, page 19) that "...most of the responsibility for ensuring that water supplies are appropriate rests with the Medical Officer of Health...who is charged with this responsibility through the Health Act...".
27. The responsibility for ensuring that drinking water supplies are appropriate and conform to the Health (Drinking Water) Amendment Act (HDWAA) rests entirely with the supplier i.e. Christchurch City Council.
28. The Medical Officer of Health and Community and Public Health's drinking water assessors are entrusted with the task of assessing whether drinking water supplies meet

⁹ Some of the wells in the northwest area are not considered to be 'secure' under the DWS (ie the water has not been underground for greater than a year)

compliance criteria and requirements specified in the HDWAA and the Drinking Water Standards for New Zealand 2005 (revised 2008).

Water Supply Asset Management

29. We support the Council's stated intent to take a proactive approach to water supply asset management by "replacing the assets before they are exhausted and smoothing workload so that the Council and contractors have the resources to carry out the work." (Vol. 2, pg 38)
30. However, we believe that there is no clear link between the intent and the renewal and replacement plans in the LTCCP. For example, the LTCCP states
- "...Wells and well heads are assessed on a 60 year cycle..." (Vol 1, page 68). We note that current practice is well head assessment every 5 years (20% of wells/wellheads assessed each year).
 - "Storage tanks have an expected life of around 100 years" (Vol 1, page 68). We believe that this is a highly optimistic assumption as actual lifespan may be less than stated.
 - "Pumps and mechanical equipment assessed on a 20-50 year cycle" (Vol 1, page 68). We believe that as these are critical components of the supply, they should be assessed on a more frequent basis and replaced when required.
31. We suggest that Council needs to review the water supply renewal and replacement plans in the LTCCP to ensure they are realistic and consistent with good practice.

Service Performance Measurement

32. It is pleasing to note that the Council has employed appropriate indicators for service performance measurement. Currently the indicators used include:
- Amount of water abstracted
 - Leak detection
 - Public awareness of water conservation
 - Supply continuity and disruptions (planned and unplanned maintenance)
 - Improved public health grading of supplies
33. We believed that the following indicators could also be used to measure performance of the water supply service:
- Compliance with requirements specified in HDWAA and DWSNZ
 - Implementation of PHRMPs (for supplies that have approved PHRMPs)
 - Development of PHRMPs (for supplies which do not have approved PHRMPs)
 - Customer complaints and complaint response timeframes

Council Supply Network

34. The LTCCP allows for non-council owned supplies choosing to merge with the Council supply network and describes the issues this may present for water supply in future.
35. We congratulate the Council for presenting clear strategies for allowing non-council owned supplies to connect to the Council's reticulation network.

Submission

- a) We congratulate the Council for its commitment to improving drinking water supplies for all Christchurch communities, including Banks Peninsula

- b) We congratulate the Council for its foresight in developing Public Health Risk Management Plans
- c) We recommend a stronger link between the Council's proposed plans and activities and the requirements of the HDWAA and criteria specified in the DWSNZ 2005 (2008) in relation to water supplies.
- d) We recommend that the LTCCP includes specific plans to improve the public health grades for various supplies for Banks Peninsula and North West Christchurch.
- e) We recommend that the Council provides details on how it intends to mitigate or manage the several significant risks to quality of drinking water identified in the LTCCP (Vol. 2, pg 17).
- f) We ask Council to note that responsibility for ensuring that drinking water supplies are appropriate and conform to the Health (Drinking Water) Amendment Act (HDWAA) rests entirely on the supplier not the Medical Officer of Health as suggested in the LTCCP
- g) We recommend that the Council review its practice relating to renewals and replacement of key asset items to ensure these meet good practice standards
- h) We recommend that the Council include the following indicators to measure performance of the water supply service: Compliance with requirements specified in HDWAA and DWSNZ 2005 (revised 2008); Implementation of PHRMPs (for supplies that have approved PHRMPs); Development of PHRMPs for supplies which don't have approved PHRMPs; and Customer Complaints & complaint response timeframes

Oral Health and Fluoridation of the Water Supply

- 36. Teeth and gum disease are common health problems and most are preventable. While everyone is potentially susceptible to dental decay, children are particularly at risk. For children oral health has implications beyond more fillings in deciduous and permanent teeth: poor dental health causes pain and discomfort and can impact on children's dietary intake and therefore their physical and cognitive development. Older people are also negatively affected by poor oral health.¹⁰
- 37. Water fluoridation is the single most effective tool for the prevention of tooth decay within a population. Fluoridation of drinking water is recommended as a safe and effective public health measure by the Ministry of Health, and by health and dental authorities around the world.¹¹ National and international research has shown there is no persuasive evidence

¹⁰ Elderly people suffer an increased risk of dental decay if their general health worsens. Elderly people in poor health may change their diets which may result in further complications. Certain members of society, as a result of either physical or intellectual disability, are unable to look after their teeth and require regular extensive dental treatments. Due to their disabilities these treatments quite often require the use of general anaesthesia, which is never without risk. There is a small but significant mortality (death-rate) associated with dental treatment carried out under general anaesthesia

¹¹ Public Health Advisory Committee. 2003. Improving Child Oral Health and Reducing Child Oral Health Inequalities. Report to the Minister of Health from the Public Health Advisory Committee. National Health Committee: Wellington. Bates M. 2000. Fluoridation of water supplies – an evaluation of the recent epidemiological evidence. Ministry of Health: Wellington. Wright JC, Bates MN, Cutress TW, Lee JM. 2001 The cost-effectiveness of fluoridating water supplies in New Zealand. *Australia and New Zealand Journal of Public Health*. 25: 170-8. Canterbury District Health Board. 2003. Oral Health Strategy. Part A and Part B. Canterbury District Health Board: Christchurch.

of harmful effects from water fluoridation.¹² Conversely, there is persuasive evidence that fluoridation benefits oral health.¹³

38. Canterbury District Health Board supports community water fluoridation, and has actively encouraged local authorities throughout Canterbury to consider fluoridation of their water supplies.
39. Canterbury DHB has a position statement on fluoridation:

'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.'
40. Christchurch drinking water has a natural fluoride level of around 0.1ppm, approximately one eighth of the level recommended for optimal protection against tooth decay.
41. It has been shown that children in Christchurch have significantly poorer oral health than children living in fluoridated areas. For example, a recent comparison of the oral health of children from Canterbury and Wellington showed that decay levels were 30 percent lower in the fluoridated areas.¹⁴
42. Fluoridation is currently provided in certain New Zealand cities such as four Auckland Cities, Wellington, Dunedin and Invercargill. It is not currently provided in others such as Nelson, Napier, and Christchurch.¹⁵
43. Like several other public health strategies, such as immunisation, a vocal minority of people question the benefit of, and raise concerns about, the risk of water fluoridation.¹⁶

¹² Epidemiological studies (cross-sectional, cohort and clinical trials) in different geographical areas and in different populations have shown that long-term exposure to levels of fluoride optimal for the reduction of dental decay does not have an adverse effect on bone strength, bone mineral density or fracture incidence. There is no detectable risk of cancer associated with the consumption of optimally fluoridated water (United States Public Health Service Report 2001). However, increases in the occurrence of dental fluorosis were linked to increased fluoride exposure, predominantly from 'discretionary' (toothpaste, drops/tablets etc) sources

¹³ Its safety and effectiveness have been endorsed by international bodies such as the World Health Organisation (WHO), the United States Public Health Service (USPHS), the Centre for Disease Control and Prevention (CDC) and the United States Surgeon General. Also see U.S. Department of Health and Human Services. (2002) "Recommendations for using fluoride to prevent and control dental caries in the United States and Forum on Fluoridation (2002). The Report of Forum on Fluoridation Stationery Office. Dublin

¹⁴ Canterbury District Health Board. 2003. Oral Health Strategy". Part B. Canterbury District Health Board: Christchurch.

¹⁵ Approximately 317 million people in 39 countries benefit from artificially fluoridated water and an additional 40 million benefit from water supplies which are naturally fluoridated. The United States is now 65% fluoridated and will soon reach the low 70s when California's water fluoridation law is implemented. In Australia approximately two-thirds of the population reside in fluoridated areas, while in New Zealand 57% of the population consumes fluoridated water. The Japanese Government has recently endorsed water fluoridation. Vietnam commenced water fluoridation in the last 10 years. In South Korea, 39 cities are now fluoridated and 9 others are in the process of installing fluoridation equipment. South Africa has enacted mandatory legislation requiring all water systems to be fluoridated.

CDHB recognises that the addition of fluoride to Canterbury water supplies is an issue for debate and decision by the relevant territorial authorities in conjunction with their communities, which includes the CDHB.

44. Focusing on water fluoridation may have the effect of losing sight of the goal – improving oral health. While water fluoridation is currently the best-proved method of improving oral health, it is not the only potential option. Other options include delivery of fluoride through toothpaste or tablets; and health promotion initiatives aimed at limiting the frequency of sugar intake.

Submission

- i) We recommend that improving oral health becomes a priority under the healthy city community outcome.¹⁷
- j) We encourage the Council to support all efforts to improve public understanding of the link between fluoridation and oral health.

Wastewater Collection and Treatment (pages 72 – 79 of LTCCP)

Links to Health

45. The control of infectious diseases, partly through proper disposal of solid waste and sewage, is considered a significant public health achievement of the twentieth century.¹⁸ Untreated sewage carries a dangerous cargo of infectious bacteria, viruses, parasites and toxic chemicals. When it ends up in our recreational and drinking water and in groundwater, it takes a severe toll on human health and the environment.
46. The LTCCP identifies that the Council aims to provide a reliable and efficient wastewater treatment and disposal service that protects public health and meets the needs of present and future generations (Vol 1, page 74).

Strategic Issues

47. The LTCCP states that there are no major strategic issues or challenges facing the city regarding wastewater collection and treatment (Vol 1, page 23).
48. The CDHB notes that the overflow of wastewater into residential areas has recently been reviewed by the Council and identified as an issue requiring a substantial upgrade.

¹⁶ Water fluoridation does impinge, to some extent, on individual freedom. Whenever there is an intervention that has the potential to benefit large number of the population there is potential to impact on individual rights. Drink Driving and Smokefree Environment Legalisation are examples of such interventions - in order to protect the health and safety of the wider public the rights for individuals are curtailed. There is also legislation that allows IRD to share information between Department of Courts, ACC, and Work and Income. This infringement of individual rights is in order to protect the tax payer from benefit fraud. In that case the risks are money, in the case of oral health it is children's health and well being. The protection of Historic Buildings is another example of policy which can impinge on individual rights.

¹⁷ We note that the Local Government Act 2002 allows for additional outcomes to be identified outside the Section 91 provisions. Section 12 allows local authorities to identify additional outcomes through consultation (Section 12, Local Government Act 2002).

¹⁸ Centres for Disease Control and Prevention. 1999. Achievements in Public Health 1900–1999. *Morb Mortal Wkly Rep*;48(29):621–628.

49. We also note that there is a wide range of wastewater issues associated with development in and around Banks Peninsula. The future collection, treatment and disposal of wastewater from Lyttelton Harbour Basin communities will require considerable Council input
50. The topography and soil types on much of the peninsula together with isolated nature of some settlements present an environment where effective and safe disposal of wastewater is difficult and may create potential adverse impacts on health. The numerous locations of on-site sewage systems on the peninsula are not carefully managed and operated and adequate soak-away is not always achievable. Some community systems discharge wastewater directly into the Akaroa or Lyttelton Harbours. The recent Akaroa Harbour Basin Settlements Study issues and options document identified problems with Tikao Bay where the plant struggles to meet consent conditions and where additional loading without improvements to the plant would exacerbate the situation.
51. The CDHB believes that these are major strategic issues which should be included in the LTCCP.

Wastewater on the Peninsula

52. As discussed above, the CDHB believes that the LTCCP fails to acknowledge or address the wide variety of issues associated with wastewater on Banks Peninsula.¹⁹
53. The CDHB suggests that the recommendations in the Akaroa Harbour Settlement Study, and the Banks Peninsula District Council Water and Sanitary Services assessment, together with the various Council study documents should be specified in the LTCCP. In particular we note the recommendations regarding:
 - Options for managing the sludge from wastewater plants
 - The implementation of an area wide wastewater management strategy
 - Charteris Bay and Purau Bay (currently served by individual onsite systems) being reticulated and connected to the Diamond Harbour Treatment Plant.
 - Barrys Bay and Robinsons Bay sewage being pumped to Duvauchelles for treatment
 - Takamatua wastewater being pumped to Akaroa.
 - The development of a community scheme for Little River (the use of septic tanks in this area is problematic due to the high water table, surface water flooding and poor infiltration).
 - Monitoring of the ground water quality at Birdlings Flat

Overflow of Wastewater into Rivers

54. The overflow of wastewater creates the potential for contamination of the rivers which are used for recreational activities, and food gathering, and where illness may be spread through the community. We accept occurrences of wastewater overflow are inevitable in some circumstances, especially after significant rainfall. We are aware that these notifications will exceed the current performance measure of four or fewer, and therefore this measurement may not be appropriate.

¹⁹ We note that Vol 2 of the LTCCP acknowledges some issues associated with wastewater on the peninsula, for example the degradation of the seawater quality due to discharge of treated effluent. However, the risk areas are not consistent with the issues identified in the Akaroa Harbour study or the Banks Peninsula District Council Water and Sanitary Services Assessment April 2005.

Submission

- k) We recommend that the planned future collection, treatment and disposal of wastewater from Lyttelton Harbour Basin be identified as a strategic issue in the LTCCP
- l) We recommend that the planned upgrade of the Christchurch sewage network be identified as a strategic issue in the LTCCP.
- m) We recommend that the recommendations in the Akaroa Harbour Settlement Study, and the Banks Peninsula District Council Water and Sanitary Services assessment, together with the various Council study documents should be addressed in the LTCCP

Streets and Transport (pages 80 – 91 of LTCCP)

Links to Health

- 55. Transport choices have major implications for the health and well-being of citizens. Transport facilitates social interaction, access to social and economic opportunities and access to health services. However, it can also have negative impacts (including road traffic injuries or the effects of air pollution).²⁰ High volumes of traffic can restrict people's sense of mobility and their ability to interact in public spaces which in turn can increase stress and isolation. Transport configurations can either create more opportunities for physical activity or restrict opportunities by encouraging sedentary forms of transport such as cars.²¹
- 56. The links between active transport (walking and cycling) and health outcomes are well documented.^{22 23 24} Active commuting is associated with lowered all cause mortality, increased fitness, decreased body weight and diastolic blood pressure among adults.^{25 26} Active commuting is associated with greater physical activity among children.²⁷
- 57. Facilitating active transport not only gets the public more active, it also reduces traffic growth which makes our streets safer and our air cleaner.
- 58. The LTCCP gives a broad overview of the current state and forecasted future of our roads and transport system in Christchurch. We believe that it would be beneficial for the LTCCP to align more closely with the Greater Christchurch Travel Demand Management Strategy (TDM). The TDM clearly articulates the need to improve our transport infrastructure to support the uptake of walking and cycling and public transport.

²⁰ Ministry of Transport. 2002. *New Zealand Transport Strategy*. Ministry of Transport.: Wellington.

²¹ Public Health Advisory Committee. 2003. National Health Committee, Intersections Between Transport and Health: The Impacts of Transport on Health. Background Paper. The, National Health Committee: Wellington.

²² Ministry of Transport, 2003. *New Zealand Transport Strategy*. Ministry of Transport: Wellington.

²³ Ministry of Transport. 2002. *New Zealand Transport Strategy*. Ministry of Transport: Wellington. Page 41

²⁴ Minister of Transport. 2005. *Getting There – on Foot, by Cycle: A strategy to advance walking and cycling in New Zealand transport*. Ministry of Transport : Wellington.

²⁵ Hamer M and Chida ,Y. 2008. Active commuting and cardiovascular risk: A meta-analytic review .*Preventive Medicine* Jan. 46(1):9-13.

²⁶ Murphy M., Nevill, A., Murtagh, E. and Holder R. 2007. The effect of walking on fitness, fatness and resting blood pressure: a meta-analysis of randomised, controlled trials. *Preventive Medicine*. 44:377-385.

²⁷ Faulkner, G., Buliung, R., Flora, P. and Fusco C. 2009. Active school transport, physical activity levels and body weight of children and youth: A systematic review. *Preventive Medicine*. Jan. 48(1):3-8.

Cycle Safe Programme

59. The CDHB fully supports the cycle safe programme (Vol.1, pp 82,83). We believe that this should be augmented by providing parents/caregivers with cycle training. This is an initiative suggested in the TDM. In several other centres around New Zealand adult cycle training has been found to be effective in getting adults cycling.

Public Transport

60. We congratulate the Council for continuing to provide and plan for a public transport service. We support plans for the new transport interchange along with the ongoing provision and maintenance of comfortable bus shelters, bus priority lanes and the inner city shuttle bus service (Vol. 1, pp 84-85).
61. We believe the free shuttle service within the city is an excellent measure to address congestion in the CBD and offers a much needed service to people with mobility problems, the elderly, parents with young children and those without other means of transport.
62. We note that the Budget 2008 contained \$72 million over four years to provide free off-peak travel for SuperGold Card holders on all forms of public transport. Public transport is a critical means of getting about for many older residents and helps break down social isolation and loneliness for many older people. The CDHB believes that the Council and Environment Canterbury (ECan) could work together to increase awareness of this initiative among older residents.

Targets for Active Transport and Public Transport.

63. The CDHB believes that the targets for Active Transport and Public Transport are too low. We note that the LTCCP forecasts that current levels of cycling, walking and public transport will be maintained through to 2014. We would like to see a vision where these modes are encouraged and developed and the percentage of people using private vehicles is reduced.
64. We note that the TDM identifies that if each household made only one less trip by private vehicle each week this would be enough to stop traffic growth. This was not reflected in the LTCCP.

Provision (funding for and implementation) of infrastructure.

65. The CDHB seeks an assurance that plans to increase walking, cycling and the use of public transport are supported by committed funding

Road Safety

66. Road traffic injuries are responsible for a considerable proportion of morbidity, disability and mortality. This is a major public health problem that is preventable.
67. The impact of injury on individuals, families and communities is substantial. In 2006 on local roads in Christchurch City there were 772 injury crashes and 1656 non-injury crashes. In addition there were 171 injury crashes and 320 non-injury crashes on State Highways.²⁸ A significant proportion of the cost of road casualties is borne by acute and rehabilitatory health services, meaning fewer resources are available for other aspects of health care and promotion.

²⁸ <http://www.landtransport.govt.nz/performance/2007/docs/safety-christchurch-city.pdf>

68. We support the Christchurch Road Safety Strategy and encourage the Council to work with other agencies to implement that strategy. We note that there is no specific mention of the strategy in the LTCCP and no indication of any funding allocated to its implementation.

Submission

- n) We request that the Council consider extending the route of the inner-city shuttle bus service to include Christchurch hospital within the route
- o) We recommend that the cycle safe programme be augmented by providing parents/caregivers with cycle training
- p) We support the Christchurch Road Safety Strategy and encourage the Council to work with other agencies to implement that strategy
- q) We request that plans to increase walking, cycling and the use of public transport are supported by committed funding
- r) We recommend that Council works with ECan to increase awareness of the availability of free off-peak public transport for older residents.

Regulatory Services (pages 92 – 99 of LTCCP)

Links to Health

69. Regulatory services include licensing of food premises, liquor licensing, and regulation of gambling venues, housing and rental stock, and pool fencing. All of these are linked to health. A safe food supply is a determinant of health, and food-borne outbreaks remain an important cause of illness and lost productivity. Alcohol misuse is related to health through its immediate effects, with alcohol intoxication being associated with increased risk of injury, violence, and death, and through its long-term effects on health. People who abuse alcohol also place the health of others at risk, through impaired judgement which can lead to dangerous driving and violence. Problem gambling is a threat to the health and wellbeing of problem gamblers and their families, and has been shown to be associated with the availability of electronic gaming machines (pokies). Cold, damp housing is associated with poor health, in particular respiratory illness, especially for children and older people, and New Zealand research has shown that interventions to improve the warmth and dryness of houses can increase indoor temperatures, reduce humidity, and improve children's health. Pool fencing is an important way to reduce drowning in young children.

Food Premises Licensing

70. A prerequisite for good health is a safe food supply. Christchurch has a very high rate of enteric (gastrointestinal) food borne disease, particularly campylobacteriosis. The Council needs to make the provision of safe food for residents and visitors a high priority.
71. We congratulate the Council on the implementation of a hazard analysis based approach (HACCP) for food premises inspections, in particular their commitment to the Food Control Plans (FCP) Voluntary Implementation Programme (VIP).
72. We recommend the Council review staff resources allocated to food safety to allow for more premises to participate in the VIP Food Control Plans.

Submission

- s) We endorse the Council's implementation of a hazard analysis based approach (HACCP) for food premises inspections
- t) We recommend the Council review staff resources allocated to food safety to ensure the full implementation of the hazard analysis based approach for food premises inspections, including the Voluntary Implementation Programme (VIP)

Alcohol Related Harm

73. We are disappointed that the draft LTCCP does not acknowledge the major impact that alcohol abuse has on the citizens of Christchurch.
74. The 2006/07 New Zealand Portrait of Health Survey found that approximately 21% of all adult drinkers surveyed had a potentially hazardous drinking pattern. This equates to approximately 17.7% of the New Zealand adult population.²⁹ The 2006-07 ALAC Monitor also found that of those adults aged 18+ years surveyed approximately one-quarter were binge drinkers (i.e. consumed 7+ standard drinks on their last drinking session or on at least one occasion within the last two weeks prior to being surveyed).³⁰ In New Zealand the excessive consumption of alcohol is a major personal and public health issue. Harmful alcohol use in 2005/06 cost New Zealand an estimated \$4,794 million of diverted resources and lost welfare.³¹
75. Problems related to public drinking can include vandalism, negative impacts on businesses, noise, a negative civic image, violence and disorder.
76. We congratulate the Council on its Policy to Reduce Alcohol-related Harm at Public Events.³² We also congratulate the Council for its involvement in a number of projects focusing on reducing alcohol abuse. For example, the Community Violence Reduction Project, has among other things resulted in the Christchurch CBD Alcohol Accord which instigated the voluntary One Way Door. The Combezone in Riccarton is an attempt to deal with alcohol abuse focused primarily but not solely on student drinking and subsequent anti-social behaviour. We also recognise the work of the Sale of Liquor Inspectors employed by the Council to reduce alcohol abuse.
77. The report of the Auditor General issued on 6 November 2007 entitled "*Liquor Licensing by Territorial Authorities*" sets out expectations of Territorial Local Authorities in carrying out their responsibilities as District Licensing Agencies. We recommend that the Christchurch City Council considers and implements the recommendations contained in the Auditor General's report, in particular the development of an Alcohol Strategy.
78. We believe an Alcohol Strategy would assist the Council to properly identify current and potential alcohol related issues in the community and implement appropriate strategies to limit alcohol related harm. The Sale and Supply of Liquor and Liquor Enforcement Bill, currently under consideration by Parliament will, if enacted, provide greater ability for

²⁹ Ministry of Health. 2008. *A Portrait of Health: Key Results of the 2006/07 New Zealand Health Survey*. Ministry of Health: Wellington.

³⁰ Palmer, S., Fryer, K. and Kalafatelis, E. 2007. *ALAC Alcohol Monitor: Adults & Youth 2006-07 Drinking Behaviours Report*. Alcohol Advisory Council of New Zealand: Wellington.

³¹ Slack, A., Nana, G., Webster, M., Stokes, F. and Wu, J. 2009. *Costs of Harmful Alcohol and Other Drug Use*. Report to: Ministry Of Health and ACC. BERL: Wellington.

³² Christchurch City Council policy register <http://www.ccc.govt.nz/Policy/AlcoholRelated.asp>

territorial authorities to control the availability of alcohol in their areas, but this is dependent on the council having a properly consulted Alcohol Plan/Strategy.

79. We are aware that the Council developed an Alcohol Policy in 2004³³, but believe that there is a need for an overall alcohol strategy based on the Alcohol Advisory Council of New Zealand (ALAC)'s guidelines.³⁴

Submission

- u) We recommend that the LTCCP acknowledges the major impact that alcohol abuse has on the citizens of Christchurch
- v) We recommend that the Council develop an Alcohol Strategy based on the Alcohol Advisory Council of New Zealand (ALAC)'s guidelines
- w) We recommend the Council review staff resources allocated to Liquor Licensing. The review should be focused on determining and providing adequate FTE staff tasked with Sale of Liquor Licensing Inspections and administrative support.

Gambling Venue Policy

80. We congratulate the Council on its Gambling Venue Policy³⁵ Electronic gaming machines (pokies) are a major cause of gambling harm (to individuals as well as the community).
81. Access to and availability of pokies is associated with problem gambling. The main gambling mode of problem gambling clients seeking help is pokies. 78.6% of callers to gambling phone counselling cited non casino gambling machines as their primary mode of gambling. 9% cited casino gambling machines.³⁶ 75.6% attending face to face counselling cited non casino gambling machines as their primary mode of gambling.³⁷ It is estimated that 1 in 4 (25%) of regular gaming machine players will experience a problem at some point and 1 in 5 (20%) of regular gaming machine players have current problems.³⁸
82. By placing a moratorium on gaming machines, the Council has potentially limited some of the harm caused by gambling, and in doing so will help to protect the health of some of its most vulnerable citizens.
83. We note that there have been recent situations where societies have been given a gambling consent in breach of the policy. For example, the Council granted both the Christchurch Working Men's Club (CWMC) and Sumner RSA territorial authority consents (decisions inconsistent with the policy)^{39 40} We seek assurances that appropriate

³³ <http://www.ccc.govt.nz/Policy/AlcoholPolicy.asp>

³⁴ The Alcohol Advisory Council of New Zealand .2008. Guidelines for Preparing an Alcohol Strategy. November 2008. The Alcohol Advisory Council of New Zealand: Wellington.

³⁵ Christchurch City Council Gambling Venue And Totalisator Agency Board (Tab) Venue Policy <http://www.ccc.govt.nz/Policy/GamblingVenueAndTotalisatorAgencyBoardVenuePolicy.asp>

³⁶ Ministry of Health. 2008. *Problem gambling intervention services in New Zealand. 2007 Service-user statistics.* Ministry of Health: Wellington.

³⁷ Ministry of Health. 2008. *Problem gambling intervention services in New Zealand. 2007 Service-user statistics.* Wellington: Ministry of Health: Wellington.

³⁸ Department of Internal Affairs. 2008. *People's participation in, and attitudes to, gambling, 1985-2005.* Department of Internal Affairs: Wellington

³⁹ Council Minutes Thursday 4 December 2008

<http://www.ccc.govt.nz/Council/proceedings/2008/December/RegulatoryPlanning4th/GamblingConsentApplication.pdf>

systems are in place to ensure no future consents that are inconsistent with the Council's Gambling Venue Policy will be granted.

84. We note that the Council intends to review its Gambling Venue Policy in 2009.⁴¹ We wish to be involved in the review of the Council's policy.

Submission

- x) We endorse the Council's Gambling Venue Policy.
- y) We recommend retention of the moratorium on gaming machines.
- z) We seek assurances that appropriate systems are in place to ensure no future consents will granted that are inconsistent with the Council's Gambling Venue Policy
- aa) We ask to be involved in the review of the Council's Gambling Venue Policy planned for later this year

Housing and Rental Stock

85. Insulated and safe housing is important for improving and protecting health particularly of children, elderly persons, and people on low incomes.
86. Hospitalisation rates at Christchurch Hospital are avoidably high in the winter months for respiratory and cardiovascular illness, both of which are closely linked to cold housing.
87. The regulatory services of the Council have a very important and ongoing role to ensure that providers of substandard housing are investigated and monitored to ensure that rental properties and housing generally are maintained to an appropriate standard and/ or remediated as appropriate.⁴²

Submission

- bb) We recommend that regulatory Services place a higher priority on ensuring an adequate standard of housing and rental stock.
- cc) We welcome the opportunity to work in partnership with the Council to explore ways to improve the quality of rental housing stock.

Pool Fencing

88. New Zealand has the highest rate of youth drownings among OECD countries, at almost twice the rate of Australia. A 2005 report from the Child and Youth Mortality Review

⁴⁰ Council Minutes 4th October 2007

<http://www.ccc.govt.nz/Council/proceedings/2007/October/CnclCover4th/SuppDeferredApplicationCWMC.pdf>

⁴¹ Report to Council 4th December 2008.

<http://www.ccc.govt.nz/Council/agendas/2008/December/RegulatoryPlanning4th/GamblingConsentApplicationRSA.pdf>

⁴² The Affordable Housing: Enabling Territorial Local Authorities Act 2008 allows for councils to carry out housing needs assessments to find out if there is sufficient affordable housing in their districts. The Council also has powers to make bylaws including those related to housing, if it wishes. Section 42 of the Health Act 1956 empowers the Council to issue repair notices and closing orders and also to deal with nuisance issues. The Council has powers under the Resource Management Act 1991.

Committee reported that 42% of drownings of one to four year olds were in home pools.⁴³ We encourage Council to maintain its commitment to inspect all pools within the city and ensure compliance with national Standards

Submission

- dd) We encourage Council to maintain its commitment to inspect all pools within the city and ensure compliance with national Standards

Recreation and Leisure (pages 110 – 119 of LTCCP)

Links to Health

89. Increasing peoples' physical activity is important to improving and protecting health. People who are active are healthier. Lack of regular physical activity is a modifiable risk factor for cardiovascular disease, type II diabetes, stroke, osteoporosis, some cancers including cancer of the colon and breast, anxiety and depression, and falls in the elderly. Health benefits from physical activity include reductions in cardiovascular disease, some cancers, diabetes, musculoskeletal problems, obesity and poor mental health.^{44 45}
90. The Ministry of Health has determined that the health burden created by physical inactivity is second only to that created by smoking.⁴⁶ An estimated 2,100 premature deaths each year in New Zealand are due to physical inactivity.⁴⁷
91. As identified in your strategic issues, obesity is a key public health challenge (Vol 1, page 22). There is considerable evidence that obese children and adults are at greater risk of both short-and long-term health problems. In New Zealand 20.9% of children (aged 5-14 yrs) are overweight with a further 8.3% obese, and in adults 36.2% are classified as overweight and 26.5% obese. There is evidence to show that the burden of obesity is greater for Maori, and Pacific people.⁴⁸ In Canterbury, an estimated 90,800 adults and 4,800 children are classified as obese.⁴⁹
92. The Ministry of Health and the CDHB are committed to creating an environment and society where individuals, families and whanau, and communities are supported to eat well, live physically active lives, and attain and maintain a healthy body weight.⁵⁰
93. We congratulate the Council for its commitment to promoting healthy active lifestyles by improving access to physical activity opportunities, including the provision of facilities, walkways and recreation programmes.

⁴³ McDonald, G. Taylor, B. Carter, M. and Ward, B. 2005. Circumstances surrounding drowning in those under 25 in New Zealand (1980-2002). Child and Youth Mortality Review Committee: Wellington

⁴⁴ Bauman AE. Updating the evidence that physical activity is good for health: an epidemiological review 2000-2003. *Journal of Science & Medicine in Sport*. 2004;7:6-19.

⁴⁵ Department of Health Physical Activity. 2004. Health Improvement and Prevention. At Least Five a Week: Evidence on the Impact of Physical Activity and Its Relationship to Health. Department of Health: London.

⁴⁶ Ministry of Health (2001) New Zealand Health Strategy DHB Toolkit: Physical Activity. Ministry of Health: Wellington.

⁴⁷ Ministry of Health. 1999. *Our health, Our Future: Hauora Pakari, Koiroa Roa*. Ministry of Health: Wellington.

⁴⁸ Ministry of Health. 2008. *A Portrait of Health. Key results of the 2006/07 New Zealand Health Survey*. Ministry of Health: Wellington.

⁴⁹ Ministry of Health. 2008. *A Portrait of Health. Key results of the 2006/07 New Zealand Health Survey*. Ministry of Health: Wellington.

⁵⁰ <http://www.moh.govt.nz/healthyeatinghealthyaction>

Edgeware Pool Site

94. We note that the LTCCP proposes that the site of the former Edgeware Pool be sold for housing, except for an area to be kept as a community garden. The LTCCP identifies that the proceeds be used to expand the St Albans Resource Centre.
95. We suggest that given the loss of the Edgeware Pool has reduced the availability of opportunities for physical activity, consideration should be given to redeveloping the site to provide opportunities for physical activity in St Albans/Edgeware.

Submission

- ee) We recommend the Council consider redeveloping the Edgeware Pool site to provide opportunities for physical activity in St Albans/Edgeware

Healthy Food and Council Facilities

96. Poor food choices also have a substantial impact not only on the overweight and obese, but also on the overall health of the population. Nutrition is a major modifiable factor in non-communicable disease.⁵¹ The Nutrition and Burden of Disease in New Zealand analysis shows that in 1997 approximately 40% of deaths were attributable to nutrition-related factors.⁵²
97. Increasing the availability of and access to healthy foods is linked with increased sales of healthy food.⁵³ Children are more likely to eat foods that are available and easily accessible, and they tend to eat greater quantities when larger portions are provided.⁵⁴ Vending machines promote easy access to energy-dense, nutrient-poor foods.
98. Healthy vending machine guidelines were introduced by the Canterbury District Health Board in 2006. An evaluation of changes to the drinks vending machines shows a removal of 1.86 tonnes of sugar.⁵⁵ Healthy food vending guidelines have also seen the move to 70% healthy food items stocked in food vending machines on CDHB hospital sites. An evaluation of the introduction of similar guidelines shows that total energy, fat, saturated fat and sugar sold from food vending machines decreased. Sales figures were not adversely affected and staff satisfaction with vending machines increased.^{56 57} Similar

⁵¹ World Health Organization. 2003. Diet, Nutrition and the Prevention of Chronic Diseases: Report of a Joint FAO/WHO Expert Committee. *Technical Report Series 916*. World Health Organization: Geneva.

⁵² Stefanogiannis N, Lawes, C., Turley, M., Tobias, M., Hoon, S. and Mhurchu, C. 2005. Nutrition and the Burden of Disease In New Zealand: 1997-2011. *Public Health Nutrition* 2005;8(4):395-401.

⁵³ Glanz, K and Hoelscher, D. 2004. Increasing Fruit and Vegetable Intake by Changing Environments, Policy And Pricing: Restaurant-Based Research, Strategies And Recommendations. *Preventive Medicine*. 39:S88-S93.

⁵⁴ Patrick, H and Nicklas, T. 2005. A Review of Family and Social Determinants of Children's Eating Patterns and Diet Quality. *Journal of American College of Nutrition*. 24(2): 83-92

⁵⁵ Nesbitt, R. 2007. Evaluation of the CDHB Healthy Eating Active Living Policy: Staff Perception of Beverage Vending Machine Changes. HUNT 480 paper submitted as part of Post-Grad Diploma in Dietetics, University of Otago.

⁵⁶ Waitemata District Health Board. 2008. Better Vending For Health Guidelines. Waitemata District Health Board : Auckland. <http://www.waitematadhb.govt.nz/Portals/0/BVFH%20A4%20Booklet%20-%20FINAL%20-%20110108.pdf>

⁵⁷ HeaVen - Healthier Vending at Waitemata District Health Board: An evaluation of the impact of Better Vending for Health Guidelines Aug 2008

initiatives have also been implemented in Auckland as a partnership between the local authority and the district health board.⁵⁸

99. NZ Well@Work is a Ministry of Health funded and run initiative to support workplaces to become healthier. NZ Well@Work is currently finalising 'Healthy Food in the Workplace Guidelines' which provide simple and practical advice for workplaces to improve the quality of the food and beverages available through vending machines, snack boxes, cafeterias, and for both on-site and off-site catering.⁵⁹
100. We encourage the Council to explore ways to improve access to healthy foods for both their staff members and the Christchurch community at various food outlets linked to council facilities, and at onsite cafeterias, vending machines and event catering.⁶⁰

Submission

- ff) We recommend that the Council adopt healthy catering guidelines and contracts for food providers and
- gg) We recommend that the Council adopt vending machine guidelines that introduce healthier food options at community based facilities and events.
- hh) We recommend the Council improves access to healthy food options for their staff members by adopting the 'New Zealand Well@Work Healthy Food in the Workplace Guidelines' for vending machines, snack boxes, cafeterias, and catering.

Parks, Open Space and Waterways (pages 120 – 145 of LTCCP)

Links to Health

101. Parks, open spaces and waterways play an important role in delivering both physical and mental health benefits for the people of Christchurch, and visitors to our city.
102. We support the Council's ongoing commitment to provide a network of parks, open spaces, waterways and wetland. These facilities meet a different range of interests - it is not just about sport but wider leisure and activity. They provide venues in which to walk and cycle, space for physical activities and play, and activities for older people and others tackling isolation.

Smokefree parks and playgrounds

103. Tobacco smoking remains a key risk factor for illness and death, and reducing tobacco consumption is a major objective to improve health. 1 in 5 deaths can still be attributed to tobacco smoking.⁶¹ Smokers have a 1 in 2 chance of dying from smoking related

⁵⁸ Consumer demand for healthier food options is increasing. Australian Consumer research shows that, "80% people want healthier food at events"

http://www.heartfoundation.org.au/Professional_Information/Tick/Foodservice/Pages/default.aspx

⁵⁹ www.nzwellatwork.co.nz

⁶⁰ Counties Manukau District Health Board (CMDHB) and Manukau City Council have worked in partnership to increase the availability of healthy foods on sale at Polyfest in Auckland, March 2009. A formal CMDHB evaluation of the process and the health outcomes achieved will be available in the near future. Auckland University, School of Population Health will review the impact on sales and revenue for food stall owners.

⁶¹ Statistics New Zealand. 2001. Smoking and Alcohol. Statistics New Zealand: Wellington.

<http://www.stats.govt.nz/dominio/external/web/ProfileNZ.nsf/htmldoc/8.4>,

diseases.⁶² Tobacco causes, or exacerbates, about 40 different medical conditions.⁶³ Nearly 9,000 people over the age of 35 are admitted to hospital in Canterbury every year with smoking related illnesses costing the district's hospitals around \$23 million annually.⁶⁴ The CDHB has identified that reducing the rate of smoking would reduce health costs in the short and long term.⁶⁵

104. We congratulate Council on its willingness to support the Smokefree Parks and Playgrounds pilot, and to develop policy options about smokefree parks, playgrounds and public spaces.
105. Evaluation of the Smokefree Parks and Playgrounds pilot was positive, with 93% of those surveyed in the three smokefree playgrounds in the Hornby area supporting smokefree playgrounds and 75% supporting smokefree parks. A proposal to undertake consultation and develop policy options about smokefree parks, playgrounds and public spaces was approved by the Council on 13 November 2008. Subsequently a consultation workshop was held for stakeholders, in partnership with the Council and Smokefree Canterbury. Policy development about Smokefree Parks and Playgrounds is now underway.
106. Smoke-free areas:
 - provide good role modelling, especially for children and young people
 - de-normalise smoking for adults, providing extra triggers encouraging those who smoke to stop
 - support non-smokers to speak up and be more vocal about not wanting to be around smoking
 - reduce smoking and assist in decreasing inequalities in health caused by smoking
 - reduce the environmental impacts of smoking (for example discarded cigarette butts and matches)
107. Parks and playgrounds are the initial targeted areas; however Council may wish to consider additional outdoor spaces, for example, the CDHB has had complaints about smoking at bus stops in the CBD.
108. We encourage the Council to have playgrounds, parks and other outdoor spaces designated as Smoke-free. Smoke-free outdoor areas, where the public are asked to choose not to smoke are increasingly being adopted by TLAs around the country and overseas.⁶⁶ Such designated areas do not require any enforcement by councils or passing of by laws.

Submission

- ii) **We recommend that the Council extends the smoke-free park model to other Council playgrounds and parks, and other outdoor spaces**

⁶² Cancer Society. 1998. *Policy Statement: Tobacco*, Cancer Society: Wellington.

⁶³ Canterbury District Health Board. 2001. *Health Needs Assessment for Canterbury Part A*, Canterbury District Health Board: Christchurch.

⁶⁴ Canterbury District Health Board (2008) *District Annual Plan 2008-2009*. Canterbury District Health Board: Christchurch http://www.cdhb.govt.nz/communications/documents/pdf/annualplan/dap2008_2009final.pdf

⁶⁵ Based on Australian data and excluding the cost of passive smoking, the most recent estimate for the total cost of smoking is \$22.5 billion for the 1990 year. Cancer Society. 1998. *Tobacco Policy Statement*. Cancer Society: Wellington.

⁶⁶ For example, South Taranaki District Council has a smoke free public spaces policy which includes promoting all council-owned playgrounds and parks and swimming pools and outdoor surrounds as smoke free. It is also provides information on the legislation and related health issues (South Taranaki District Council. 2005. Policy position on the Smoke Free Environments (Workplace and Public Spaces)

Waterways and Land Drainage

109. The CDHB is concerned about the increasing breeding habitats for mosquitoes and biting midges, which have been created through residential developments and the increasing nuisance effect to the community.
110. The Council is responsible for administering sections of the Health Act 1956 including those relating to inspection for nuisance conditions and taking action to have nuisance conditions abated if found.
111. We suggest that mosquito and midge breeding should be minimised in the following ways:
- **Location-** Consider locating artificial wetlands/water impoundments at sites where the wind direction will enhance wave action. Wave action prevents larvae from breathing and female mosquitoes from laying eggs.
 - **Depth-** Artificial wetlands/water impoundments should be more than 60 centimetres (or at least 30 centimetres) deep so that they are not suitable for mosquito breeding. Increasing the water depth may achieve other benefits, such as having fish as predators. Design of wetlands should not support rapid, extensive growth of emergent aquatic plants or the formation of vegetation hummocks during periods of low water level.
 - **Vegetation-** Prevent the dense growth of emergent vegetation in artificial wetlands/water impoundments, as this will reduce mosquito breeding, allow predators to reach mosquito larvae and increase wave action.
 - **Bank-** Plant suitable vegetation on the walls and banks of water impoundments to prevent erosion and run-off of nutrients. Choose vegetation that does not vigorously invade the water body and support mosquito breeding.
 - **Drainage systems** for irrigation, sewage effluent and stormwater channels should be designed to minimise mosquito and biting midge breeding. Stormwater retention basins should be designed to exclude mosquito and midge breeding and include provision for ongoing maintenance.

Submission

- jj) We recommend that the Council implements policies and procedures to minimise mosquito and midge breeding in wetlands/waterways

Democracy and Governance (pages 158 – 163 of LTCCP)

Links to health

112. Health is determined by many factors, including the age, sex, and constitutional makeup of individuals, lifestyle factors, social and community networks, living and working conditions, food supplies, access to essential services such as health care, and socioeconomic, cultural and environmental conditions. Decisions made at local government level influence the health of populations because they contribute to socioeconomic and environmental conditions, to living and working conditions, and to people's ability to make healthy lifestyle choices.
113. We note that the Principles of the Local Government Act 2002 (Section 14) suggest that local authorities should collaborate and cooperate with other bodies to promote or achieve their priorities and desired outcomes and makes efficient use of resources.

114. The CDHB is surprised that it was not involved in, or consulted regarding the development of the LTCCP.
115. We also note that special briefings on the LTCCP were planned for the Employers Chamber of Commerce, the Manufacturers Association, the Property Council and ECAN.⁶⁷ We are surprised that despite being the largest employer in the city and a key partner organisation no special briefing was provided for the CDHB.
116. We welcome the opportunity to work in partnership with the Council to improve the health of the people in our community. We ask that in the future the CDHB is involved in the development of the LTCCP.
117. We would like to work more closely with the Council on future Community Outcomes Processes – with the aim of identifying shared health and wellbeing outcomes for the Council and the Canterbury District Health Board.
118. The CDHB welcome the Council's contribution to the development of our Strategic Plan process and our master facilities planning (which is currently now underway). We would like an opportunity to discuss these processes with you in the future.

Submission

- kk) We request that the CDHB is involved early in the development of the LTCCP.
- ll) We request the opportunity to work with you on future Community Outcome Processes.
- mm) We invite the Council to contribute to the CDHB Strategic Plan process

Cultural and Learning Services (pages 164 – 173 of LTCCP)

Links to health

119. Health status improves with level of education.⁶⁸ Literacy and education contribute to health by equipping people with knowledge and skills for problem solving, and helps foster a sense of control and mastery over life circumstances. Education and literacy increase opportunities for job and income security and job satisfaction, and improve people's ability to access and understand information to help keep them healthy.

Libraries

120. We endorse the Council's commitment to providing library services and maintaining free access to library facilities.
121. People with low literacy skills are more likely to be unemployed and poor, to suffer poorer health and to die earlier than people with high levels of literacy. People with higher levels of education have better access to healthy physical environments and are better able to prepare their children for school than people with low levels of education. They also tend to smoke less, to be more physically active and to have access to healthier foods.

⁶⁷ <http://www.ccc.govt.nz/Council/proceedings/2009/February/CnclCover16-18th/Clause3Appendix1.pdf>

⁶⁸ Nutbeam, D. 2000. Health Literacy as a Public Health Goal: A Challenge for Contemporary Health Education and Communication Strategies into the 21st century. *Health Promot Intl.* 15:259-67

Baker, D., Parker, R., Williams, M., et al. 1997. The Relationship of Patient Reading Ability to Self-Reported Health and Use of Health Services. *Am J Pub Health.* 87(6):1027-30.

122. Libraries are a key contributor to community education and literacy. They are the repositories of recorded knowledge in local communities and play a major role in the development of socially cohesive and inclusive communities.
123. We support the ongoing assessment of location and style of libraries and a planned approach to development, which was outlined in a presentation to libraries called Libraries 2025. Such a planned review should take account of citizens needs about the library and information services, the ability to co-locate with other community facilities, the changes taking place in library service delivery and design.
124. We support the strategic framework for public libraries: *Public Libraries of New Zealand: A Strategic Framework 2006 to 2016*. We believe that the Council should continue to align its strategies for libraries with that document.

Submission

- nn) We endorse the Council's ongoing commitment to providing quality library services
- oo) We believe that the Council should continue to align its strategies for libraries with the *Public Libraries of New Zealand: A Strategic Framework 2006 to 2016*.

Early Learning Centres

125. There is a large body of research that clearly documents how crucial the formative years of childhood development are to overall lifelong health and wellbeing.^{69 70 71} There is strong evidence that quality early childhood education plays a major role in children's development and is a key contributor to health and wellbeing.^{72 73 74 75 76 77 78}
126. The longitudinal New Zealand Competent Children Study continues to demonstrate that children who start their ECE experience earlier, and have a longer time in a quality early childhood programme, do better educationally.⁷⁹

⁶⁹ Royal New Zealand Plunket Society. 2002. College of Nurses Aotearoa (NZ) inc. *Te Puawai – The Blossoming. Plunket Nurses in 2002: Who are we and what do we do?* Refer <http://www.nurse.org.nz?TePuawai/0302/0302%sen.html>.

⁷⁰ Brainwave Trust, New Zealand. 2005. Refer <http://www.brainwave.org.nz/content/blogsection/14/68>

⁷¹ McKey, R.; Condelli, L.; Ganson, H.; Barrett, B.; McConkey, C. and Planz, M. 1985. *The Impact of Head Start on Children, Families, and Communities. Final Report of the Head Start Evaluation, Synthesis and Utilization Project.* CSR Inc.:Washington.

⁷² Vinson, T. 2003. *Inquiry into the Provision of Public Education in NSW*. Sponsored by NSW Teachers Federation and Federations of P&C Associations of NSW (First Report), 78.

⁷³ Vimpani, G. 2003. Promoting Early Childhood Development. Invest now or Pay Later. Oral Public Presentation. Supported by the Canterbury District Health Board: Christchurch.

⁷⁴ Public Health Agency of Canada. 2002. Early Childhood Education and Care as a Determinant of Health. http://www.phac-aspc.gc.ca/phsp/phdd/overview_implications/07_ecec.html

⁷⁵ Belfield, C. with McEwan. P. 2005. An Economic Analysis of Investments in Early Childhood Education in Massachusetts. Research paper commissioned by Strategies for Children, Inc. January

⁷⁶ Cleveland, G. and Krashinsky, M. 1998. The benefits and costs of good child care: the economic rationale for public investment in young children. University of Toronto: Toronto.

⁷⁷ Shonkoff J. and Phillips D. 2000. *From Neurons to Neighbourhoods. The Science of Early Childhood Development.* National Academies Press: Washington.

⁷⁸ Lynn A. Karoly, M., Kilburn, R., and Cannon. J. 2006. Early Childhood Interventions: Proven Results, Future Promise RAND: Santa Monica.

⁷⁹ <http://www.educationcounts.govt.nz/publications/series/2567>

127. The Council proposes to outsource the operation of the QEII preschool and Pioneer learning centres, and to sell the Tuam Street early learning centre as a going concern. These Council-operated centres are among few in the city which offer casual bookings to parents and caregivers of young children, and it is very important that this flexibility in childcare arrangements is not lost. For parents and caregivers who cannot afford regular childcare, these casual bookings allow them to access affordable childcare so that they can attend appointments (such as job interviews) and participate in physical activity (at the leisure facilities).

Submission

- pp) We support Council's ongoing support for early childhood education.
- qq) We support the ongoing provision of affordable quality early childhood centres at recreation facilities for casual use.
- rr) We recommend that Council ensures that affordable casual early learning education is available in Christchurch

Community Support (pages 174 - 187 of LTCCP)

Links to Health

128. We acknowledge that the Council has an important role to play in supporting communities and building social capital. Strong communities provide benefits in two respects:
- Firstly they provide support, services and developmental opportunities to community members.
 - Secondly participation by people in community activities builds social capital⁸⁰
129. There is increasing international evidence that social capital is critical to the population health as well as social cohesion, economic growth and successful democracy.⁸¹
130. According to the World Health Organisation:
- A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential. (WHO, 1995)*

⁸⁰ Social capital refers to the creation of networks, goodwill, trust, shared values, norms, and generalised reciprocity which arise from interactions between people. Social capital acts as a resource that can be used to help realise certain interests. Forms of social capital facilitate, through multiple channels, the achievement of goals unattainable in its absence, or achieved only at a higher cost.

⁸¹ Mounting evidence of an association between social capital and a number of desirable outcomes, for example social cohesion, public health, successful democracy, and economic growth (Putnam 1993, Fukuyama 1995, Blakeley 1997, Cox, 1995, Kawachi 1997, Walzer 1995). Research indicated how levels of social capital affected outcomes in education (Teachmann et al 1997, Knaul and Partinos 1998, Braatz and Putnam 1998, Francis et al 1998), income levels (Burt 1997, Montgomery 1991, Belliveau et al 1996, Narayan and Pritchett 1997, Grootaert 1998, Robison and Siles 1997, and Simpson et al 1992), health outcomes (Kawachi et al 1997 and Braum 1999, Berkman, L. and Syme, S. 1979, Gillies, P. 1998), the performance of firms (Barr 1998, Fountain 1997, Kantor 1995, Brautigam 1997, Fafchamps 1996, Weidenbaum and Hughes 1996, and Gulati 1995, collective action at the community level (Narayan and Nyamwaya 1996, Molinas 1998, and Grootaert 1998), opening up economic and employment opportunities within ethnic groups, gender and racial equality (Zhou 1992, Nee, Sanders and Sernau 1994 and Waldinger 1995) and effective democratic governance, and financial performance (Coleman 1990; Putnam 1993; Fukuyama 1995; Evans 1996).

131. We are particularly interested in the health benefits to communities from a community development approach. We believe that community development activities undertaken by the Council have made a positive difference. We wish to see ongoing collaborative relationships with the Council, the Department Internal Affairs, CDHB, the Ministry of Social Development, other government agencies, and the voluntary sector.

Community Funding

132. We support the Council's ongoing commitment to funding community initiatives and services. We endorse the Council's recent explicit commitment to maintaining its current funding level.

133. Council funding plays a significant role in the Christchurch community funding picture. Its strength is the flexibility that the Council provides in response to local needs and in its ability to provide different kinds of funding to meet different needs. Council has frequently provided crucial infrastructure funding when a project doesn't quite fit the more rigid categories of other funders.

134. Grants funding to community organisations is an effective and efficient way for Council to meet some of its social, cultural, environmental and economic objectives. In addition to delivering services, community organisations provide opportunities for participation, provide avenues for communities to solve their own problems, provide re-entry to the workforce and skill enhancement, and build the networks, trust and collaboration essential for social cohesion, population health, economic growth and successful democracy.

135. We note that the LTCCP proposes to reduce the level of discretionary funding by \$1.5m (11%) to staff time and overheads to administer total grants. This brings the total discretionary grants down to \$12.6m from \$14.1m.⁸²

Submission

ss) We endorse the Council's explicit commitment to maintaining its current funding level.

tt) We recommend that the Council restores the discretionary funding to its former level

uu) We support the Council's active involvement in community development and believe it has made a positive difference.

Social Housing

136. The Ottawa Charter for Health Promotion (World Health Organisation) recognised shelter as a basic prerequisite for health. Poor quality housing is also closely linked to ill health amongst infants, the elderly and people with chronic illness and is detrimental to mental wellbeing.⁸³ ⁸⁴ Children in bad housing are significantly more likely to suffer from poor health as other children.⁸⁵

⁸² The Council proposes to deduct the administration costs from the discretionary grant fund
<http://www.ccc.govt.nz/Council/proceedings/2009/February/CnclCover16-18th/Clause3Appendix2.pdf>

⁸³ Mitchell, F., Neuburger, J., Radebe, D. and Rayne, A. .2004. Living in limbo: Survey of Homeless Households Living in Temporary Accommodation. Shelter.: London
http://england.shelter.org.uk/_data/assets/pdf_file/0005/66443/Living_in_limbo.pdf

⁸⁴ British Medical Association, 2003. Housing and Health, Building for the Future. British Medical Association: London. http://www.bma.org.uk/images/Housinghealth_tcm41-146809.pdf

⁸⁵ Dunn, J.; Hayes, M., Hulchanski, J., Hwang, S. and Potvi, L. 2006. Housing as a Socio-Economic Determinant of Health: Findings of a National Needs, Gaps and Opportunities. *Canadian Journal of Public Health*; Sep/Oct 2006;

137. Affordable housing is important for people's wellbeing. High housing costs relative to income are often associated with severe financial difficulty, and can leave households with insufficient income to meet other basic needs such as food, clothing, transport, medical care and education.⁸⁶
138. Having a mental illness can result in different housing requirements, and those with mental illness are more likely to encounter housing problems and the negative impacts of poor housing.⁸⁷ Increasingly, the CDHB's approach to mental illness is to focus on community based care, backed up by specialist services.⁸⁸ This magnifies the need for appropriate housing for those with mental illness.
139. We congratulate Council for its ongoing commitment to the provision of social housing.
140. We note that the Council is currently consulting on future directions of social housing. We also note that the Council is intending to form a working group to find solutions to challenges facing social housing. We would like to be included in this working group.

Submission

- vv) We endorse the Council's ongoing commitment to social housing
- ww) We request that CDHB be invited to participate in the proposed working group on the future direction for social housing

City Planning and Development (pages 188 - 201 of LTCCP)

141. We congratulate the Council for developing the *Health Promotion and Sustainability Through Environmental Design Guide for Planning (HPSTED)*. As Mayor Bob Parker identifies in HPSTED, the link between urban planning and healthy populations is well established.
142. The plans, policies and initiatives of urban planners and related professions affect the conditions in which people live and work, their access to facilities and services, their lifestyles and their ability to develop strong social networks. These are key determinants of the health, well-being and quality of life of people in cities.
143. The HPSTED explores the links between health and urban planning, and focuses on the positive impact that urban planning can have on health.
144. We would like to see explicit reference to HPSTED in the LTCCP

Submission

- xx) We endorse the Council's development of the *Health Promotion and Sustainability Through Environmental Design Guide for Planning*

97. http://www.urbancentre.utoronto.ca/pdfs/researchassociates/2007_Dunn-Hulchanskietal%20HousingHealthNGOACJPH2006.pdf

⁸⁶ Ministry of Social Development. 2008. Social Report 2008. <http://www.socialreport.msd.govt.nz/economic-standard-living/housing-affordability.html>

⁸⁷ Mental Health Commission. 1999. *Housing and Mental Health*. MHC: Wellington.

⁸⁸ Canterbury District Health Board. 2004. *Canterbury Needs Assessment 2004*. Wellington: Canterbury District Health Board: Christchurch. Page 86.

- yy) We recommend that the LTCCP makes explicit reference to developing the *Health Promotion and Sustainability Through Environmental Design Guide for Planning*

Financial Policies (Vol 2)

Fees and Charges Recreation and Leisure

145. We note that the LTCCP Volume 2 (page 79) includes proposed changes to the fees and charges for recreation facilities.⁸⁹
146. We note that in the LTCCP the General Manager is given discretion to set fees for the majority of recreation and leisure activities either up to a 10 percent increase; or to the market rate
147. We note the report to Council on 16th February 2009 stated that recreation and leisure prices had not been inflation adjusted for several years.⁹⁰
148. However, evidence suggests that this is not the case. We note that some fees have increased by 33% over the last three years. For example, pool membership for beneficiaries has increased by 33% over the last 3 years and a further 10% would put these fees 46% higher than they were in June 2006.⁹¹ Similarly the proposed increase to pool entrance for children will mean that the price is 50% higher than it was 3 years ago.
149. The barriers to physical activity participation faced by individuals and families have been well documented, and have persisted over time. We note that already 10% of respondents in your annual survey identified cost as a barrier to participation in leisure activities.⁹² We also note that research commissioned by the Council identified cost was a potential barrier to participation.⁹³
150. We believe that the proposed increases to fees and charges for physical activity, for example pool membership, pool concessions, children casual swim, parent caregiver, family, and fitness membership, are a threat to equity and will act as a barrier to participation.⁹⁴ We remind the Council that obesity and physical inactivity are strategic issues for Christchurch (Vol 1, page 22).

Submission

- zz) We recommend that the Council reviews the equity issues associated with increased fees and charges.
- aaa) We recommend that the Council reviews the impact any fee increase will have on people's participation in recreation activities

⁸⁹ Fees and charges payable for a certificate, authority, approval, permit or consent from or inspection by the Council in respect of a matter provided for in a bylaw or under any statute other than the Local Government Act. These must be prescribed in the bylaw or by using the special consultative procedure under Sections 150(1) and (3) of the Local Government Act. Such fees or charges include those payable under such statutes as the Building Act 2004, Resource Management Act 1991, and the Sale of Liquor Act 1999.

⁹⁰ <http://www.ccc.govt.nz/Council/proceedings/2009/February/CnclCover16-18th/Clause3Appendix2.pdf>

⁹¹ Christchurch City Council. 2006 City Council Fees & Charges 2006/07 [proposed]

<http://www.ccc.govt.nz/Council/proceedings/2006/March/CnclCover30th/Clause14AttachmentA.pdf>

⁹² National Research Bureau 2004 *Annual Survey of Residents 2004* Christchurch. Christchurch City Council.

⁹³ Saunders, C., Dalziel, P and Greer, G. 2005. *Pricing Recreation in Christchurch*. Lincoln University: Lincoln.

⁹⁴ Saunders, C., Dalziel, P and Greer, G. 2005. *Pricing Recreation in Christchurch*. Lincoln University: Lincoln.

Fees and Charges Parking

151. We note that the LTCCP proposes a 9% increase in hospital building car parking fees (vol 2 page 164). This follows from price increases imposed in 2008.
152. The CDHB strongly opposes these price increases as they directly affect patients and visitors to Christchurch Hospital – who already face parking restrictions in the area, including some imposed by the Council..
153. The CDHB notes that the Council has yet to explain the revenue and costs from its Hospital car parking to satisfy the previous increases.
154. The CDHB also notes that this increase has not been consulted on separately (as legally required) with the CDHB.

Submission

bbb) We request that the Council not impose any fee increases at the Hospital car park.

Strategic Issues (pages 18 - 25 of LTCCP)

155. The LTCCP identifies a number of strategic issues. We are concerned that a) the section includes a somewhat random selection of key issues and b) the plan fails to respond to some of the issues identified.

Changing Population

156. The LTCCP identifies that Christchurch's population is ageing. It acknowledges that the growing number of older residents has implications for almost every aspect of life in the city, including how we design facilities and services, from footpaths and park benches to buildings and recreation and transport networks; demand for different kinds of housing; demand for health and social support services and demand for different kinds of leisure activities (Vol 1. Page 20).
157. The LTCCP does not explicitly identify in the subsequent sections how the Council will respond to this issue. There is no mention of how services or facilities will respond to the aging population.

Health

158. The LTCCP argues: "The key public health challenge of our generation, in Christchurch as in the rest of New Zealand, is the increasing rate of obesity" (Vol 1, page 22).
159. CDHB agrees that obesity is one of the key public health challenge and is a risk factor for a multitude of diseases. However, there are also a number of other public health challenges, including tobacco smoking; communicable diseases; alcohol-related harm; depression and road traffic injury. We suggest that you refer to the CDHB Strategic Plan and Needs assessment.⁹⁵

⁹⁵ <http://www.cdhb.govt.nz/communications/documents/pdf/strategicplan06/StrategicPlan2006-2010.pdf>

160. We have discussed ways in which the Council can respond to some of these challenges in this submission.

Socioeconomic Disadvantage

161. The LTCCP identifies that "despite a buoyant economy in recent years, socioeconomic disadvantage continues to affect a significant section of the population." (Vol 1, page 21) At no point does the LTCCP identify how it will respond to this challenge. Some proposal may exacerbate this issue, for example out sourcing of ECE, increased fees for leisure facilities, reduced community funding, and proposed changes to social housing.
162. Socioeconomic inequalities have significant implications for health. For example, the Ministry of Health reported a 9 year difference in life expectancy at birth for males between the least deprived and the most deprived areas of New Zealand society. For women this difference was smaller, but still more than 6.5 years.⁹⁶ These inequalities hold for disease rates, health service use, hospital admission and self-rated health.
163. In Canterbury, socioeconomically deprived people are hospitalised with potentially preventable conditions at almost twice the rate of those less-deprived.⁹⁷
164. Individual behaviours, such as smoking and diet, only partly explain this relationship and such behaviours themselves are strongly related to social and economic factors, e.g. housing, income, education and employment.
165. Tackling health inequalities continues to be a major challenge for the city and country as a whole. The NZ Health Strategy identifies:
- To improve the overall health of New Zealanders, particular attention must be paid to those with the poorest health. ...
Addressing health inequalities is a major priority requiring ongoing commitment across the sector.*⁹⁸
166. The CDHB has identified health inequalities as a key priority for the health sector. Our Strategic Plan states:
- We aim to improve the health and wellbeing of the people of Canterbury with a particular focus on providing support to those groups where the greatest health disparities currently exist, such as Maori, Pacific peoples and those on low incomes.*⁹⁹

Air Quality

167. We are aware that air quality is dealt with under the regional air quality plan. However, we believe that the Council should have a strategic view on this significant issue and that this should be reflected in the LTCCP.

⁹⁶ Ministry of Health 2001 *Life Expectancy and Small Area Deprivation in New Zealand*. Ministry of Health: Wellington.

⁹⁷ Canterbury District Health Board (2008) *District Annual Plan 2008-2009*. Canterbury District Health Board: Christchurch http://www.cdhb.govt.nz/communications/documents/pdf/annualplan/dap2008_2009final.pdf

⁹⁸ Minister of Health. 20002 *New Zealand Health Strategy*. Ministry of Health: Wellington. Page 4

⁹⁹ Canterbury District Health Board. 2005. Statement of Intent 1 July 2005 – 30 June 2008 Christchurch. <http://www.cdhb.govt.nz/planning/documents/SOI-finalversion-05-08.pdf>. Canterbury District Health Board. 2002. *Strategic Plan 'Toward a Healthier Canterbury: Directions 2006'*. <http://www.cdhb.govt.nz/communications/documents/pdf/strategic-plan-for-cdhbwebsite.pdf>

Climate Change

168. We note that climate change has been identified as a strategic issue but believe that it would be useful to have a more detailed analysis of what this might mean for the Council, its infrastructure and district plan. The plan does not appear to reflect work that is being done on a climate change strategy by Council staff

CONCLUSION

169. We commend the Council on its approach to health related issues identified in the plan.
170. We welcome the opportunity to work in partnership with Council to improve the health of the people in our community. Some of the largest opportunities for health gains are through aligned and combined policies and programmes across local government and the CDHB. We believe that by working together we can be more effective and efficient. We would like to suggest that we explore opportunities to work together in the following areas:
- Joint research and sharing of information.
 - Joint health status reports – as part of your work on reporting on progress towards Community Outcomes and the CDHB statutory requirements to undertake Health Needs Assessments.
171. We would like to work more closely with you on future Community Outcomes Processes – with the aim of identifying shared health and wellbeing outcomes for the Council and the Canterbury District Health Board.
172. We would like to collaborate with the Council on the development of the following strategies/policies
- Social Housing Strategy
 - Alcohol Strategy
 - Smokefree Parks, Playgrounds and Public Spaces Strategy
173. We request that the Council not impose any fee increases at the Hospital car park because this directly affects patients and visitors to Christchurch Hospital.

