

28 March 2018

Auckland Council

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**Submission on the 10-year Budget 2018-2028 and the Auckland Plan 2050.**

Thank you for the opportunity for the three District Health Boards in the Auckland region (DHBs) and the Auckland Regional Public Health Service (ARPHS) to provide a submission on the *10-year Budget 2018-2028* and the *Auckland Plan 2050*. These documents are very relevant to the work of the DHBs and ARPHS. Social, economic, environmental and cultural factors all have an impact on health and wellbeing of the people of Auckland. Auckland Council can play an important role in improving population health and reducing inequity both through its activities and by working with others.

We welcome an opportunity to meet with you to discuss our submission.


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Yours faithfully,



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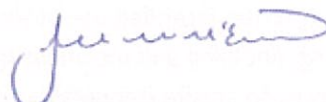
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## 1. Overview

Congratulations on the *Auckland Plan 2050* and the *10-year Budget 2018-2028*. For Auckland to prosper its people require good health, productive lives and to feel included in society. Good health is determined by quality housing, strong communities, easy access to public transport, plentiful employment opportunities and a health-promoting physical environment.

The DHBs and ARPHS acknowledge the complexities confronted by Auckland Council (Council) in raising the revenue required to implement the *Auckland Plan 2050*. We also appreciate that due to historic disparities in investment Council is in “catch-up” mode. As health organisations in the Auckland region, we care about achieving equity for our community and we are concerned about the potentially regressive impact of rates and taxes. We recognise that there needs to be an increase in funding to provide the services and infrastructure required to make Auckland a great city. We urge Council to consider the most equitable revenue-raising mechanisms. If regressive taxes are implemented we recommend that their impact is mitigated by corresponding investment in those areas most in need.

We endorse the overall vision of the *Auckland Plan 2050* and support it being implemented through the *10-year Budget 2018-2028* process. Given the *10-year Budget 2018-2028* is at a macro level, we are unable to comment on specific areas of importance to us.

Key points that the health sector would like you to consider include the following:

1. Reducing social and health inequities must be prioritised when considering additional revenue-raising mechanisms.
2. If implemented, we recommend that any revenue generated from a regional fuel tax be directly reinvested into areas that currently lack public transport options to help mitigate the impact on those who can least afford the tax.
3. Provision of infrastructure that promotes active transport, prioritising areas of high socioeconomic deprivation and, where feasible, ready access to tap water in public spaces.
4. Adopting a net-zero emissions target by 2050.
5. We believe that the local board funding formula (90% population base, 5% deprivation and 5% land area) should be modified to help address health and social inequities. Local boards would require clear direction as to the intended use of the targeted funds.
6. We strongly endorse promoting, enabling and incentivising the *Auckland Plan 2050*, including the multi-nodal aspects, to ensure it meets its goals of creating walkable, health-promoting and cohesive communities with quality employment nearby.

The following sections contain more detailed commentary on the *Auckland Plan 2050* and the *10-year Budget 2018-2028* respectively.

## 2. Context

The *Auckland Plan 2050* and the *10-year Budget 2018-2028* identify the housing shortage, infrastructure, water quality and the environment as key factors affecting the region's future. Auckland faces a number of challenges through increasing numbers of residents, an ageing population, and from a health perspective, a rising incidence of long-term health conditions. The latter include obesity, type 2 diabetes, mental health conditions and the harms associated with tobacco consumption and hazardous alcohol intake. Furthermore, population increases, housing and infrastructure standards, and climate change have an impact on the rates of infectious and non-communicable diseases. Addressing the issues identified above will improve population health and reduce inequity. These are the health concerns that inform the comments below on the *Auckland Plan 2050* and the *10-year Budget 2018-2028*.

The Auckland health sector is a major presence in the region, accounting for around 10% of the region's economy. It employs over 75,000 people, of whom about 26,000 work directly for the three DHBs. The DHBs operate the major public hospitals and fund the majority of regional health services and some residential care services. The direction which Council sets through its plans, programmes and funding is of considerable relevance to health service planning and provision. We outline the *Long Term Investment Plan* of the three Auckland DHBs and Northland DHB in Appendix One.

### 3. Responses to the *Auckland Plan 2050*

The DHBs and ARPHS appreciated the opportunity to contribute a health perspective to the *Auckland Plan 2050* during the pre-consultation phase.

Our main recommendations in relation to the *Auckland Plan 2050* include:

- Provision of infrastructure that promotes active transport, prioritising areas of high socioeconomic deprivation and, where feasible, ready access to tap water in public spaces;
- Continue with the move to a multi-nodal model of urban development; and
- Adopt a net-zero emissions target by 2050.

Below are responses to the questions posed by you in the consultation document.

#### **Question 1: An inclusive Auckland**

Achieving an inclusive Auckland will require the engagement and participation of a wide range of stakeholders.

Alongside the health sector, Council has a key leadership role in public health. We look forward to ongoing collaboration to achieve the vision of an inclusive Auckland. The DHBs regularly see the impact of long term health conditions and enabling health-promoting environments is one specific area in which the health sector sees a significant leadership role for Council. Two drivers for these conditions include changes in the built environment and the food system over the past three decades that have led to higher levels of physical inactivity and availability of cheap, energy-dense, nutrient-poor foods.<sup>1</sup>

Marked inequities exist in the distribution of chronic conditions. Significant opportunities exist for Council to address these inequities through health-promoting food environments and providing avenues for physical activity. For example, Council can play a leading role in providing access to tap water in public spaces and infrastructure that promotes active transport. These opportunities should be prioritised for areas of Auckland most impacted by chronic health conditions.

Our organisations commend Council's work in honouring Te Tiriti o Waitangi, building relationships with mana whenua, raising awareness of Te Ao Māori throughout the Council family and working toward the recognition and celebration of Māori cultural values and heritage. We encourage the respecting and honouring of mana whenua kaitiaki roles.

**Recommendation: provide infrastructure that promotes active transport, prioritising areas of high socioeconomic deprivation and, where feasible, ready access to tap water in public spaces.**

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<sup>1</sup> See for example: Swinburn, B.A., Sacks, G., Hall, K.D., McPherson, K., Finegood, D.T., Moodie, M.L., Gortmaker, S.L. (2011). The global obesity pandemic: shaped by global drivers and local environments. *The Lancet*, 378(9793), 804-814.

## Question 2: Advancing Māori wellbeing

Auckland's health sector is strongly committed to accelerating Māori health gain, improving the health outcomes of Māori and strengthening Māori communities. We therefore fully support the aspirations of the *Auckland Plan 2050* to advance Māori wellbeing and promote Māori success, innovation and enterprise. Fulfilling these aspirations will require focused and dedicated collective action across sectors, and Council's work is acknowledged in the areas of increasing effective Māori participation and demonstrating Te Ao Māori in day-to-day work.

## Question 3: Affordable homes

The DHBs and ARPHS support all of the Directions and Focus Areas for the *Homes and Places* Outcome. Housing is a major determinant of health, and the link between health and housing is well established.<sup>2</sup> Issues such as dampness, mould and overcrowding all have an impact on rates of infectious diseases and chronic conditions as well as mental wellbeing.<sup>3</sup> The number of New Zealanders affected by poor, insecure housing has a major health impact and cost. A focus on developing healthy, affordable homes with secure tenure for all Aucklanders is a priority we strongly endorse.

There is a critical shortage of quality housing for those in low to middle income brackets in Auckland, and we support Council and central government initiatives to prioritise this shortfall. Any housing policy and strategy should effectively incentivise the housing construction industry to direct its resources into meeting this urgent need, and away from housing development that has low social and health gain.

The DHBs encourage Council to further explore opportunities through Haumaru Housing and the zoning changes under the *Unitary Plan* to support the development of suitable housing for older people.<sup>4</sup> As indicated in the *Housing for Older People (High Level Project Plan)*, consideration of

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<sup>2</sup> See for example: Baker, M. G., Zhang, J., Blakely, T., Crane, J., Saville-Smith, K., & Howden-Chapman, P. (2016). Collaborating with a social housing provider supports a large cohort study of the health effects of housing conditions. *BMC Public Health*, 16(1), 159.

<sup>3</sup> See: Statistics NZ (2016). *Perceptions of housing quality in 2014/15 from the 2014 New Zealand General Social Survey*. Retrieved from: Statistics NZ: [http://www.stats.govt.nz/browse\\_for\\_stats/people\\_and\\_communities/housing/perceptions-housing-quality-2014-15.aspx](http://www.stats.govt.nz/browse_for_stats/people_and_communities/housing/perceptions-housing-quality-2014-15.aspx). See also: The Royal Australasian College of Physicians (2017). *Make it the norm: Equity through the social determinants of health*. Retrieved from: <https://www.racp.edu.au/docs/default-source/default-document-library/make-it-the-norm-pres-letter.pdf?sfvrsn=4>. See also: Howden-Chapman P, Pierse N, Nicholls S, Gillespie-Bennett J, Viggers J, Cunningham M, et al (2008). Effects of improved home heating on asthma in community dwelling children: Randomised community study. *Br Med J*. 337, 852–5.

<sup>4</sup> See research from New Zealand here: Jamieson, H. A., Gibson, H. M., Abey-Nesbit, R., Ahuriri-Driscoll, A., Keeling, S. and Schluter, P. J. (2018). Profile of ethnicity, living arrangements and loneliness amongst older adults in Aotearoa New Zealand: A national cross-sectional study. *Australas J Ageing*, 37, 68–73.

housing that is close to transport networks, in a mixed community, and that enables access to health and social facilities is supported.<sup>5</sup>

#### **Question 4: Moving easily around Auckland**

Our organisations support the move to a multi-nodal model of urban development for Auckland.

A benefit of this model is that it will support Aucklanders to have the choice to shop, play and live locally, study and use parks and services near their homes or within reasonable distances on foot, bike or public transport. Strong local economies with public amenities in Manukau, Westgate and Albany, as well as Warkworth and Pukekohe, will enable better walkability and fewer car trips. This will help reduce congestion and greenhouse gas emissions.

Within the Transport and Access section of the *Auckland Plan 2050*, we encourage Council to consider setting a target for emissions. Low emission policies, particularly those aimed at the transport and household energy use sectors, are likely to benefit our population's health through improved air quality, social wellbeing, physical health, and obesity reduction. The DHBs and ARPHS suggest a net-zero emissions target by 2050 consistent with the recent recommendation by the Parliamentary Commissioner for the Environment. This would align with both national and regional emissions targets; and provide Auckland with a clear long-term goal for improvements.

**Recommendation: continue with the move to a multi-nodal model of urban development**

**Recommendation: a net-zero emissions target by 2050**

#### **Question 5: Protecting and enhancing our environment**

The DHBs and ARPHS strongly support the preservation, protection and care for Auckland's natural environment and cultural heritage. We endorse, in particular, the protection of the quality soils that support and maintain important food production. Our organisations encourage alignment between the *Auckland Plan 2050* and Low Carbon Auckland.

#### **Question 6: Equipping people for future jobs**

Meaningful employment and opportunities for skills growth can provide better health outcomes for Aucklanders and their families, particularly through increasing household incomes. The DHBs and ARPHS support the *Auckland Plan 2050* focus on opportunity and prosperity for all.

We congratulate Council and Panuku on their social procurement work. The wider community will benefit from the improved infrastructure in those areas targeted for regeneration.

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<sup>5</sup> See further information here: Auckland Design Manual. *Keeping our elders close...* Retrieved from: <http://www.aucklanddesignmanual.co.nz/resources/articles/elders>

### **Question 7: Shaping our growth**

There have been uneven benefits of growth in Auckland. In response, the DHBs and ARPHS recommend:

- Continuation of the investment that Council has made in social and community innovation in South Auckland through the Southern Initiative.
- Prioritise the redevelopment of brownfield sites that integrate with current and future planned public transport.
- Panuku's statement of corporate intent is reviewed to ensure that mixed developments result in affordable housing that is linked to public transport and is properly integrated into local neighbourhoods. Similarly, Panuku could be prioritising sale of land for affordable development, rather than market development with limited affordability.

### **Question 8: Other feedback: Linking the *Development Strategy* to other sectors**

The *Development Strategy* of the *Auckland Plan 2050* raises a number of important issues for long-term planning and investment across Council and its council controlled organisations, the health sector, especially with regard to the Northern Region's *Long Term Investment Plan* (refer appendix one); education sector and infrastructure agencies. Cross-sector collaboration will be required to progress the *Auckland Plan 2050*. The Auckland health sector recommends that there is a mechanism developed between agencies for sequencing and dealing with these construction demands and capacity constraints.

## 4. Responses to the 10-year Budget 2018-2028

The DHBs and ARPHS have many areas of common interest with Council, including transport, infrastructure, housing, community facilities and services, environmental management, and the social and health impact of council policies. The *10-year Budget 2018-2028* does not provide enough detail to comment on all the issues that would be important to us. For this reason, we have provided our input on the specific points pertinent to health raised in the *10-year Budget 2018-2028*.

### Question 1: Transport system

The DHBs and ARPHS support the government's current position statement on transport, and Auckland Transport's prioritisation of mass transit approaches. Evidence shows that active (walking and cycling) and public transport will have a positive impact on the Auckland population's wellbeing.<sup>6</sup> As health organisations, we are keen to see a range of transport options available, and support Council's resourcing of active and public transport.

The proposed regional fuel tax is usually regressive in nature and will most affect those who can least afford it. As organisations with a concern for equity, we recommend that if the regional fuel tax is implemented, that Council takes measures to mitigate the inequities associated with the tax over time. This could, for example, include increasing public transport options in the communities most affected by the tax, such as those in the outer suburbs and rural areas, where there are currently limited transport options.

**Recommendation: continue resourcing active and public transport**

**Recommendation: revenue generated from a regional fuel tax is directly reinvested into areas that currently lack public transport options to help mitigate the impact on those who can least afford it**

### Question 2: Cleaning up our harbours, beaches and streams

There are clear links between human health and the environment,<sup>7</sup> including air and water quality and the recreational environment. The health sector has a strong interest in minimising the risk of disease associated with stormwater, wastewater and recreational water.<sup>8</sup> The DHBs

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<sup>6</sup> See: Flint, E. & Cummins, S. (2016). Active commuting and obesity in mid-life: cross-sectional, observational evidence from UK Biobank. *Lancet Diabetes-Endocrinol*, 4(5), 420-435. See also: Litman, T. (2010). *Evaluating public transportation health benefits*. Victoria, BC: Victoria Transp. Policy Inst. and Washington, DC: Am. Public Transp. Assoc. Retrieved from: [http://www.vtpi.org/tran\\_health.pdf](http://www.vtpi.org/tran_health.pdf)

<sup>7</sup> Extensive research available in this book: Frumkin, H. (ed) (2016) *Environmental Health: from global to local* (3<sup>rd</sup> ed). John Wiley & sons, New Jersey, US.

<sup>8</sup> See: Fewtrell, L. & Kay, D. (2015). Recreational Water and Infection: A Review of Recent Findings. *Current Environmental Health Reports*, 2(1), 85–94. See also: World Health Organization. (2003). *Guidelines for safe recreational water environments. Volume 1, Coastal and fresh waters*. World Health Organization, Geneva.



and ARPHS support continued investment in water infrastructure as that has important health consequences.

#### **Question 4: Rates**

The health sector is not in the position to comment on general rate increases. We acknowledge that the local government sector requires additional revenue to finance major projects, and we support Council exploring a range of options. Implementation of these options should be done in a way that minimises any potential exacerbation of social and health inequities.

#### **Question 6: Local priorities**

Local boards have a critical role in maintaining and upgrading built and physical environments, supporting local communities, and advocating for better regional strategies, policies and plans. The DHBs and ARPHS acknowledge the unique role of local boards to directly affect the health of their communities and create more liveable and vibrant neighbourhoods.

The current funding formula for local boards (90% population base, 5% deprivation and 5% land area) appears to be mismatched with the vision of creating an inclusive Auckland which values and advances Māori wellbeing. At five percent of the total, the proportion of local board budget that acknowledges levels of socioeconomic deprivation is considered insufficient. The current funding formula masks and possibly exacerbates inequity between local boards. A review of the local board funding formula will better support the equity aspirations of the *Auckland Plan 2050*.

Furthermore, the pressures on existing infrastructure in areas of Auckland targeted for growth within the *Development Strategy* will place an additional financial burden on local boards. Some of these boards contain significant areas of socioeconomic deprivation. It is extremely important, in our view, that local boards are adequately resourced to address the costs of growth.

**Recommendation: review the local board funding formula with a view to mitigating historic and current socioeconomic deprivation**

## 5. Conclusion

Thank you for the time taken to consider our submission.

Auckland faces significant challenges as it continues to grow and the health sector shares those challenges and highlights the importance of working together to address these.

We welcome further discussion with you in due course about any of the contents of this submission.

## Appendix 1 - Northern District Health Boards' Long Term Investment Plan

The three Auckland DHBs and Northland DHB are developing a *Long Term Investment Plan*, with input from Council. The key issues the health sector is addressing include: health inequities; changes in health service delivery to become more patient- and whānau-centred; and the challenges of growth, ageing and diversity. Like other key sectors, the public hospitals in Auckland are at or nearing full capacity, with growth in demand exceeding the growth in total population.

The *Long Term Investment Plan* identifies three investment themes for the Northern Region health sector which are to:

- **Accelerate** changes to models of care, investing in changing the way we do things to improve health outcomes, to reduce inequalities, and to mitigate demand for health care services for our whole population. This will include increased integration across our regional health service delivery network to change the number and mix of health services being delivered in community settings and at community hubs.
- The health sector will facilitate further opportunities for Council to ensure the alignment of the *Auckland Plan 2050* with the *Long Term Investment Plan*. In particular, consideration will need to be given to how best to facilitate the location of health service providers in response to population factors and health need. This will include the ability for health services to hold land in local service centres so they can be located alongside other community services.
- **Fix, remediate and redesign** our current health facilities, to ensure they are fit for their future purpose. Significant investment in the existing health service asset base is required, including upgrading and replacing buildings; and improving the resilience of enabling infrastructure such as water, power, information technology and clinical equipment.
- **Future Proof** capacity to ensure we can meet upcoming demand. The DHBs need to grow capacity on our current hospital sites. The plan signals that we will develop one new large hospital site in the south of Auckland over the next 10-20 years. We will also prepare for the future requirement of a new large hospital site in the north of Auckland in 15 to 25 years' time.

The *Auckland Plan 2050* and the *Development Strategy* are highly relevant for the *Long Term Investment Plan*. Auckland health sector developments need to be consistent with Council growth and spatial planning assumptions. Further alignment of the detail of zoning, consenting, infrastructure and transport planning will be part of an on-going dialogue between Council and the Auckland health sector.