A submission in response to

A New Planning System for NSW, *White Paper*

by the NSW Premier’s Council for Active Living (PCAL)

June 2013
Executive Summary

This brief submission has been prepared by the NSW Premier’s Council for Active Living (PCAL) in response to A New Planning System for NSW, White Paper. PCAL supports the comprehensive review of the NSW Planning System and has prepared the following submission to help inform the process.

To assist preparation of this submission, PCAL in collaboration with UNSW’s Healthy Built Environment’s Program (HBEP) convened a forum on April 30, 2013 of relevant healthy built environment stakeholders to identify the key issues that need to be addressed. A selection of government, non-government and industry representatives attended the forum and a list of agencies represented is provided at Attachment 1. The content of this submission draws upon the previous PCAL Submissions to the Planning Review and a compilation of suggestions and recommendations that emerged from the forum.

PCAL supports the overall directions of the White Paper as potentially beneficial to health and wellbeing. In particular, PCAL supports the inclusion of an object within the proposed new Planning Act to promote health, safety and amenity.

The submission provides responses to nine relevant components of the draft White Paper related to health and wellbeing. In particular three key recommendations are highlighted including:

- A state-level planning policy on health, safety and wellbeing should be developed to consolidate existing fragmented provisions.

- Health should be represented on the proposed Chief Executive Officer’s Group and as a key stakeholder on Regional Planning Boards.

- A NSW Healthy Planning Expert Working Group has been established to offer assistance to DP&I in relation to ongoing health planning matters.
1. Purpose of the Submission

This brief submission has been prepared by the NSW Premier’s Council for Active Living (PCAL) in response to A New Planning System for NSW, White Paper. The submission commences with a brief re-iteration of the strong body of evidence for acknowledging public/human health and wellbeing as a planning matter, followed by PCAL’s key recommendations in response to the White Paper.

Of note, PCAL supports the comprehensive review of the NSW Planning Act. To assist the preparation of suggestions and recommendations of how the 2013 NSW Planning System White Paper could respond to the compelling body of evidence linking the built environment to community health and wellbeing, PCAL in collaboration with the UNSW’s Healthy Built Environments Program (HBEP) convened another forum of relevant stakeholders to identify the key issues that need to be addressed. A selection of government, non-government and industry representatives attended the forum and a list of agencies represented is attached (see Attachment 1). The following recommendations represent a synthesis of priority responses from the stakeholder group.

2. Reiterating the case for health as a planning matter

Infrastructure Australia in its State of Australian Cities Report\(^1\) highlights that ‘the design of urban environments can contribute to the health and well being of communities by supporting active living, physical activity through walking, cycling and using public transport and opportunities for social interaction’. NSW research\(^2\) has demonstrated a negative relationship between urban sprawl and physical activity. For example, people living in outer Sydney suburbs tend to be 30-50\% more at risk of being overweight and 40-60\% less likely to be adequately active than inner-city counterparts.

A recent comprehensive review by the NSW Healthy Built Environments Program examined how the built environment impacted upon getting people active, strengthening communities and providing healthy food options\(^3\). The overwhelming evidence from the review was that built environments directly influence health and wellbeing.

The NSW Government has acknowledged and responded to the growing evidence linking the built environment, health and active living. The Department of Planning and Infrastructure issued an Active Living Position Paper\(^4\) that articulated active living principles as a priority of the NSW Planning System and acknowledging the role of supportive physical and social environments in promoting active living. The NSW Government subsequently released its plan for the State ‘NSW 2021’\(^5\) which includes several targets such as reducing population obesity

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\(^1\) Major Cities Unit (2010), State of Australian Cities, Major Cities Unit, Infrastructure Australia, Commonwealth of Australia, Available at: www.infrastructureaustralia.gov.au/mcu.aspx


\(^3\) Kent J; Thompson SM and Jalaludin B (2011) Healthy Built Environments: A review of the literature, Sydney: Healthy Built Environments Program, City Futures Research Centre, UNSW.

\(^4\) NSW Department of Planning Position Statement – Planning for Active Living, 2010.

\(^5\) Department of Premier and Cabinet,(2011), NSW 2021 A Plan to Make NSW Number One.
levels and increased active travel, which will be enhanced by more supportive environments for active living.

There is also a growing body of evidence demonstrating the positive economic advantage of investment in strategies to promote more walking. For example, PCAL commissioned a number of studies to inform the development of a NSW Walking Plan. One study estimated the benefits of achieving a 5% and 10% switch of vehicle trips of less than one kilometre in length within the Sydney Metropolitan area to walking. PWC estimated benefits of $134 million and $214 million over five and ten years respectively as a result of a switch to walking.6

3. PCAL’s Responses to Specific Sections

3.1 Objectives and definitions

PCAL supports the inclusion of an object within the proposed new Planning Act to promote: “health, safety and amenity in the planning, design, construction and performance of individual buildings and the built environment” (pg15). The proposed object is a positive response to the abundance of evidence on the impacts of the built environment upon health and builds upon similar objectives in the Planning and Development legislation of other States. For example, Queensland’s Sustainable Planning Act (2009) identifies that advancing the Act’s purpose includes ‘applying standards of amenity, conservation, energy, health and safety in the built environment that are cost effective and for the public benefit’.

Definitions are an essential element of a statutory planning system and PCAL supports the inclusion of “a high quality built environment that promotes the health of all communities” within the social component of sustainable development (pg16). PCAL supports the inclusion of the “wellbeing of all communities” within the economic component of sustainable development.

PCAL believes the inclusion of an internationally accepted definition of health is also required such as the World Health Organisation’s ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’7.

PCAL also supports subsequent references within the White Paper to health and wellbeing but believes more explicit reference to health considerations throughout the draft Act are required as detailed below.

3.2 Community Participation

PCAL fully supports the intent of enhanced community participation at the strategic planning stage, which if managed well, will lead to more effective and efficient delivery of the new system. PCAL recommends that;

- Clear engagement methods and processes be established, with input from experienced practitioners (including health professionals)

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7 World Health Organisation (1946)
• Participation should include an educational element, covering substantive issues such as health and wellbeing, as well as other Government imperatives such as housing and employment targets
• Adequate resourcing be provided to enable meaningful participation
• Key performance indicators and quality reporting be provided and implemented for community engagement processes.
• That a safety net be established in case the new community participation system is not completely effective (particularly during transition to the new system).

3.3 NSW Planning Policies
Given the significant role proposed for the NSW Planning policies to address ‘fundamental drivers of change such as population growth and demographic trends’ (pg69) and the body of established research linking planning, demographic trends such as an ageing society and health and wellbeing, a Planning Policy should be developed that addresses community health, safety and wellbeing.

The purpose of the policy would be to provide a clear and concise statement of the role and scope of the Planning system in promoting healthy and safe built environments, high in amenity. The instrument would require plan making and development assessment (DA) by State and local governments to address such matters and would improve current planning processes by consolidating existing Ministerial Directions and previous draft SEPPs. Precedents within the current system include;

• SEPP BASIX, requiring action at the DA level on environmental sustainability
• SEPP 65, Design Quality of Residential Flat Development, with its principles, legal requirements, Design Review Panels and Guidelines
• The ministerial S117 (2) direction requiring consideration of active transport at the plan making and DA stage; the direction replaced former draft SEPP 66 provisions relating to plan-making (the provisions requiring consideration of active transportation at the DA stage have not been replaced).

The policy would also be able to articulate health (and other) related matters not addressed within the policy’s scope such as:

• matters governed by other legislation (eg Mining Act)
• hospital operation

There would also be the opportunity to address health and safety matters such as Crime Prevention through Environmental Design (CPTED) within the one policy. PCAL has participated in the NSW Police CPTED training program over the last five years to collectively demonstrate the many common implementation strategies between CPTED and healthy built environment considerations (eg. passive surveillance to create safer environments that encourage people to be more active).

International examples provide further justification to prepare a health, safety and wellbeing policy. The UK Government’s National Planning Policy Framework (2012) lists promoting
healthy communities as one of 13 overarching objectives. The UK policy framework has been used as an example to inform the review of the NSW Planning System (see “A Review of International Best Practice in Planning Law: for the NSW Department of Planning”8) and provides an international example of material to be included within a health related policy.

All seven Objects of the draft NSW Planning Act that relate to content are included in the indicative list of potential planning policies (see pg69) except health and safety. The draft Planning Act notes that ‘key issues including health will be incorporated within a number of policies and/or reflected in more detail through the hierarchy of plans’. The preparation of a health, safety and wellbeing policy would not exclude the inclusion of health matters within other policies. A health, safety and wellbeing policy would rather help articulate the multifaceted impacts of health considerations.

A state-level planning policy on health, safety and wellbeing should be developed to consolidate existing fragmented provisions.

3.4 Regional Growth Plan and Subregional Delivery Plan
The introduction of Regional and Sub-regional Strategies into the Planning system has had a positive influence on the coverage of active living matters within the NSW planning system. PCAL supports the development of Regional Growth Plans, as they provide a mechanism to link with broad infrastructure plans (such as Transport for NSW’s Long-term Transport Masterplan) and an opportunity for positive state agency coordination. PCAL recommends that health should be represented on the regional boards and that PCAL provides a sustainable example of how a range of diverse agencies can collaborate to improve planning outcomes.

PCAL supports subregional coordination of local government and state government stakeholders and recommends health representation/ engagement on subregional planning boards. Given the significant role proposed for the Sectoral Strategies in the future system (especially at the regional and sub-regional delivery stages) these strategies will need to address health / well-being issues and actions.

Health should be represented on the proposed Chief Executive Officer’s Group. There is a compelling body of evidence demonstrating that failure to act on the planning system’s impact upon health matters will have dramatic longer-term effects on the ability of our settlements to support health and active living, with consequent impacts on community well-being and an exponential financial burden over time. Health representation on the CEO Group and Regional Planning Boards will ensure state and regional deliberations consider matters relating to the health impacts of planning decisions. Health agencies also bring extensive expertise and experience of evidence based practice and decision making.

Health should be represented on the proposed Chief Executive Officer’s Group and as a key stakeholder on Regional Planning Boards.

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*Stein, L (2012), A Review of International Best Practice in Planning Law: for the NSW Department of Planning.*
3.5 Strategic Impact Assessment (SIA)
PCAL supports the focus on Strategic Impact Assessment (pg88) at the strategic planning level and believe it should be retained as an essential step in the planning legislation. However established processes such as Health Impact Assessment should be incorporated into (SIA) in order to meet relevant strategic planning principles (as outlined on pg63).

3.6 Local Plans
PCAL supports Part I of the proposed Local Plans that address the strategic framework of the plans and the linkage to local council community Strategic Plans. Health considerations need to also be incorporated into the Local Plans. Universal Housing Design should also be included to address our rapidly ageing population.

The Development Guides need to include health related matters demonstrating health supporting development at the local level. The performance criteria of health related guides should be informed by existing health related guideline documents such as:

- Planning Guidelines for Walking and Cycling (NSW Government)
- Healthy Urban Development Checklist (NSW Health)
- Development and Active Living: Designing Projects for Active Living (PCAL)
- Healthy Spaces and Places (PIA/National Heart Foundation/ALGA).
- Healthy by Design (National Heart Foundation)

3.7 Development Assessment – State Significant Development
PCAL supports the retention of State Significant Developments with the following suggestions:

- Replace the term Environment Impact Assessment with Comprehensive (or Integrated) Impact Assessment, to more accurately reflect the breadth of their content and to include health impacts when relevant.
- Ensure that Director General Requirements (DGRs) continue to address health/social impacts (a list of sample DGRs addressing health/social impacts is provided within the PCAL Development and Active Living Resource).

3.8 Development Assessment – Code and Merit Assessment
PCAL is concerned that extended complying development will remove progress that has been made at the development application stage in addressing quality public domain, promoting healthy design and crime prevention through environmental design (CPTED). PCAL recommends:

- Ensuring that state-produced codes cover matters such as public-private domain interface; active streets, pedestrian access, on-site end-of-trip facilities, CPTED considerations.
- Including a list of matters for consideration (that addresses social and health impacts) in the Act, to replace s.79C matters. Alternatively, such matters should be included in the proposed Local Plans.
A schedule of regular monitoring and evaluation should also be required to assess the implications of increased private certification.

3.9 Infrastructure Provision
PCAL supports infrastructure provision being integrated with strategic planning. The definition of ‘approved infrastructure’ however should be broadened to address health enhancing community facilities.

PCAL’s work on evidence based key performance indicators featured in the Division of Local Government’s (DLG’s) Integrated Planning and Reporting (IP&R) Manual⁹ (pg 56-57) provides suggested guidance of demonstrated infrastructure to promote active living/health. That infrastructure includes (but is not restricted to) cycleways, footpaths, open space and parks, and street amenity amongst other things.

3.10 NSW Healthy Planning Expert Working Group
As noted in previous PCAL NSW Planning System Review submissions, a NSW Healthy Planning Expert Working Group has been established. The purpose of the working group is to offer assistance to DP&I in relation to ongoing health policy matters. The PCAL Secretariat continues to provide an initial point of contact when required.

A NSW Healthy Planning Expert Working Group continues to offer assistance to DP&I in relation to ongoing health planning matters.

## Attachment 1: Agencies representation at the PCAL/HBEP Supportive Environments Forum 30 April 2013

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<th>Agency</th>
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<tr>
<td>Australian Institute of Landscape Architects</td>
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<td>Centre for Health Equity Training, Research and Evaluation, UNSW</td>
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<td>Council on the Ageing</td>
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<td>Healthy Built Environments Program, UNSW</td>
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<td>Local Government NSW</td>
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<td>National Heart Foundation – NSW Division</td>
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<td>Northern Sydney Local Health District</td>
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<td>NSW Office of Preventive Health</td>
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<td>NSW Premier’s Council for Active Living</td>
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<td>Penny Finlay Consultants</td>
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<td>Planning Institute of Australia</td>
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<td>South Western Sydney &amp; Sydney Local Health Districts</td>
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