



**Heart Foundation Victoria**

***Modernising Victoria's Planning Act:  
Submission to the Victorian Department of Planning and Community  
Development***

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## **The Heart Foundation**

The Heart Foundation is a not-for-profit organisation committed to improving cardiovascular health in Australia. The Heart Foundation's vision is for Australians to have the best cardiovascular health in the world. Through its research, health promotion programs and policy development, the Heart Foundation promotes healthy public policy to support better health for all Australians.

### **Cardiovascular disease**

Cardiovascular disease is the term used for a group of diseases including heart disease, stroke and blood vessel disease. It affects more than 3.7 million Australians and is this country's leading cause of death – more than 46,000 Australians die each year because of cardiovascular disease.

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## 1. Executive summary

*A new Planning Act should reflect the close links between planning and health.*

The Heart Foundation believes the time is right for Victoria to introduce a new Planning Act. A new Planning Act should place people at its centre by protecting and promoting liveability and health and wellbeing.

The current *Planning and Environment Act 1987*, now more than 20 years old, reflects narrow and in some cases, outdated priorities. Today's challenges – including climate change, population growth, chronic disease, transport congestion and urban sprawl – highlight the need for a contemporary approach to planning that has a broader focus than land use alone.

The Heart Foundation believes that far greater consideration should be given to the needs of the community as the 'end users' of the built environment. The planning system should be about planning land for people and provide direction by the Victorian government regarding use and development of land that puts the needs of the community first.

### Recommendations

1. Broaden the scope of planning legislation to reflect a greater emphasis on the link between planning and people.
2. Expand the Objectives of the Planning Act to make explicit reference to health and wellbeing.
3. Align the Planning Act with the new *Public Health and Wellbeing Act 2008* and transport legislation to strengthen intersectoral collaboration for health outcomes.
4. Investigate opportunities for the Department of Human Services to act as a referral authority.
5. Build the consideration of health and social impacts into the permit process.
6. Create a separate system for assessing state-significant projects which considers health and social impacts.
7. Introduce provisions for the protection of agricultural land

## 2. Introduction

*The review represents a unique opportunity for Victoria to modernise its approach to planning.*

### **A new Planning Act**

The Heart Foundation commends the Victorian Government for undertaking a review of the *Planning and Environment Act 1987* (the Planning Act). The review represents a unique opportunity for Victoria to modernise its approach to planning by ensuring this state's planning system recognises and responds to contemporary challenges, including those presented by poor health.

The Heart Foundation believes the time is right for Victoria to introduce a new Planning Act. The new Act should be forward-looking by reflecting the link between planning and health, and practical by providing the necessary legislative framework to ensure that health can be successfully incorporated into Victoria's planning system. The Planning Act should ensure our communities are planned in such a way to support equitable access to food, health care, walking and cycling, public transport, education, employment, housing and recreation.

The review of the Planning Act also provides a timely opportunity to link key parts of the Planning Act with Victoria's recently proclaimed *Public Health and Wellbeing Act 2008*. This would give legislative recognition to a strong body of research that confirms health is determined by multiple factors, including the environments in which we live.<sup>1,2</sup> As Victoria's population grows and ages, and as the burden of chronic disease continues to rise,<sup>3</sup> the need for legislation and public policy to support and promote health has never been greater. (An overview of the health and economic costs associated with chronic disease is provided in the Appendix.)

### **This submission**

*How can the Planning Act better reflect the needs of communities?*

Rather than addressing each question raised in the Department of Planning and Community Development's discussion paper, *Modernising Victoria's Planning Act*,<sup>4</sup> the Heart Foundation's approach considers how the Planning Act can better reflect the needs of communities. We believe that a new Planning Act would look significantly different to the current Act. It would put people first and give priority to urban design that protected and promoted liveability<sup>5</sup> and the health and wellbeing of the Victorian population. From the Heart Foundation's perspective, characteristics of liveability include open, safe and accessible public spaces; walkable and cycleable destinations; and access to public transport.

With these points in mind, the Heart Foundation's submission is broken into two parts:

- Firstly, we provide an overview of the link between planning and health and make the point that the review of the Planning Act presents an opportunity for planning to incorporate principles of healthy urban design.

- Secondly, we make seven recommendations that if implemented, would strengthen and modernise the Planning Act and give legislative application to the link between planning and health.

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### 3. Heart Foundation's interest in planning

*Planners of mid-nineteenth century cities were both public health workers and what we today call urban planners.*

#### The link between planning and health

Urban planning and health are drawn together by close historical ties. Indeed, the origins of town planning began with a concern for health. A 1999 World Health Organization report noted that “the planners of mid-nineteenth century cities were both public health workers and what we today call urban planners.”<sup>6</sup> According to Thompson, “concerns for the health of city inhabitants ... stimulated the development of two principles that have dominated planning ever since: the concept of zoning and that of the suburb.”<sup>7</sup>

Similarly, public health's origins coincided with a population-wide approach to disease control that sought to improve nineteenth-century living conditions and prevent the spread of diseases such as cholera and yellow fever. Subsequent improvements in housing and living conditions and the development of infrastructure for water sanitation, sewerage systems and other public hygiene works were driven in some part by the industrial revolution's need for a healthy workforce.<sup>6,8</sup> Throughout the twentieth century the combined efforts of public health, civil engineering and environmental science were at the forefront of better health. Access to clean water, garbage and waste removal, and the regulation of industrial waste, effluent and emissions became increasingly common for more people.<sup>9</sup>

*Health is everyone's business.*

Today, there is renewed interest in re-establishing the once close ties between planning and health, which drifted, in part due to health's gravitation towards a biomedical model.<sup>6</sup> The World Health Organization's 'healthy cities' project is a practical example of this interest. The 1998 'Athens Declaration for Healthy Cities' proclaimed that “health is promoted most effectively when agencies from many sectors work together and learn from each other”, adding that “health is everyone's business.”<sup>10</sup>

Although efforts to prevent the spread of communicable disease remains the major focus of public health in many parts of the underdeveloped world, attention in affluent countries such as Australia has turned towards a focus on chronic disease. Of particular interest is the link between diseases such as cardiovascular disease and diabetes, their shared risk factors, and broader factors that affect health, including work, education, housing, transport and the urban environment.<sup>9,11</sup>

*How we live, work, travel and spend our leisure time ... affects our health.*

The contemporary focus on chronic disease is supported by a strong and growing evidence-base that shows health is socially determined.<sup>1</sup> How we live, work, travel and spend our leisure time affects our health.<sup>12</sup> It is for this reason that in 2004 *The Lancet*<sup>13</sup> called for “the discipline of urban planning for health ... to be strengthened”. Today, such concerns are increasingly becoming important for public health.<sup>6,9,14</sup>

*Modern environments have been described as 'obesogenic'.*

### **A healthy approach to planning**

Modern environments have been described as 'obesogenic', in part because they limit opportunities for physical activity to be easily incorporated into daily routines, leading to sedentary lifestyles.<sup>12,15</sup> This prompted *The Lancet* to editorialise:<sup>13</sup>

*"Now at the beginning of the 21<sup>st</sup> century, hardly a week goes by without further evidence that developed countries are at the dawn of an exploding new threat to population health ... People are getting fatter and less physically active, and are therefore more prone to killer chronic illnesses, such as cardiovascular disease, stroke, cancer and diabetes."*

Planning can make a significant contribution to the creation of obesogenic environments by allowing design and implementation of plans that create barriers to physical activity in the built environment. The design of many cities and towns limits opportunities for incidental physical activity (activity that can be built into daily routines such as walking for transport to work or the local shops) and has contributed to an over reliance on cars as a primary mode of transport, even for very short trips.<sup>7,16</sup>

*Policy and legislation across all sectors must be orientated to support health.*

While the Heart Foundation supports the role played by individuals in maintaining good health, we also recommend that policy and legislation across all sectors must be orientated to support health. This concept, described by the World Health Organization as 'healthy public policy', recognises that many of the factors that influence health are situated outside the health sector. Sectors such as education, transport and planning impact significantly on the health status of the community, often without realising it.<sup>17</sup>

The notion of healthy public policy is applicable to urban planning. A new Planning Act presents an opportunity for Victoria's planning system to reflect the National Preventative Health Taskforce's recommendation<sup>18</sup> that urban environments should be reshaped towards healthier options. Healthy and liveable environments provide opportunities for citizens, irrespective of where they live, to enjoy equal access to local community facilities, employment, transport, housing and public spaces.<sup>19</sup>

### **Healthy by Design**

The Heart Foundation's interest in urban planning, and specifically the opportunity to comment on the Department of Planning and Community Development's discussion paper, *Modernising Victoria's Planning Act*, comes from our view that urban environments can, and should, be planned in such a way as to support and promote health.

This view is the basis of the Heart Foundation's *Healthy by Design: a planner's guide to environments for active living*<sup>20</sup> resource, which is used by local governments to embed healthy

urban planning principles into Council policy and practice. *Healthy by Design* makes the following point:

*“When ‘health’ is integrated into planning, the choice for people to be active becomes more convenient, easy, safe and enjoyable. Providing convenient, easy-to-access built environments that encourage people to be ‘out and about’ on a daily basis will contribute to a more active and vibrant society.”*

*Healthy by Design guides planners to consider the health impacts of their work.*

*Healthy by Design* has a strong focus on creating environments that facilitate walking and cycling for transport purposes, either as the primary mode of travel, or in combination with public transport for longer journeys. It guides planners to consider the health impacts of their work and outlines seven key design considerations for the development of urban environments that support communities to lead active and healthy lives. These design considerations are: walking and cycling routes; streets; local destinations; open space; public transport; seating, signage, lighting, fencing and walls; and fostering community spirit.

The use of *Healthy by Design* by local government to embed healthy urban planning principles into Council policy has resulted in a number of significant outcomes, in particular the amendment of Municipal Strategic Statements in a number of municipalities to reflect the design considerations of *Healthy by Design*.

Implementing these changes at an individual local government level is significant given that the foundation of the planning scheme, the Planning Act, does not identify improving health and wellbeing as an explicit aim of planning in Victoria. That local governments have used *Healthy by Design* to integrate planning and health demonstrates a readiness to address health as a core consideration of planning. The review of the Planning Act is an opportunity to achieve this in a systematic way.

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## 4. Heart Foundation recommendations

### 3.1 Broaden the scope of planning legislation to reflect a greater emphasis on the link between planning and people

As we have outlined in greater detail in Part 3 of our submission, the Heart Foundation believes that the scope of planning legislation should be broadened to give greater emphasis to the link between planning and people. This should be reflected in the name of a new Planning Act that brings together planning and communities in a similar way that the creation of the Department of Planning and Community Development did when it was established in 2007.

*The concept of 'planning for people' should also be reflected in a set of new principles for the Act.*

The concept of 'planning for people' should also be reflected in a set of new principles for the Planning Act. These can be included in the preliminary section, and are intended to guide administration of the Act and action to achieve its Objectives. The *Public Health and Wellbeing Act 2008* illustrates the use of guiding principles in Part 2 – Objectives, Principles and Application. (These are attached with this submission.)

The principle related to planning for people should stress the importance of providing equity of access to key life opportunities (such as housing, employment, education and recreation) and key services (such as transport, health care and food) for the health and wellbeing of all Victorians.

### 3.2 Expand the Objectives of the Planning Act to make explicit reference to health and wellbeing

*The Planning Act should make explicit reference to health and wellbeing in the objectives of planning in Victoria.*

The most significant change required to a new Planning Act is the inclusion of an explicit reference to health and wellbeing in the Objectives of planning in Victoria.

The Objectives of planning are the basis of every planning decision made at the state and local government level. Objectives shape the values enshrined in the Victoria Planning Provisions (VPP) and the detailed planning mechanisms that operate in this State. The current Objectives are very broad and general in nature and fail to acknowledge that the built environment has the capacity to act as either a support or barrier to health and wellbeing.

Although the inclusion of health and wellbeing in the Objectives could be achieved by amending the current Objectives, the Heart Foundation recommends the development of a set of new Objectives. These should give greater consideration to the needs of future generations and incorporate issues related to health and wellbeing, environmental sustainability, and community participation in the decision-making process.

The specific Objective related to health and wellbeing could

read:

- To facilitate land use and development in ways which promote the health and wellbeing of all members of the community.

The inclusion of such an Objective (in combination with principles as discussed above) will legitimise health and wellbeing considerations in the planning system and help establish a more health-conscious decision making process. (Such is the importance of this change that the Heart Foundation has indicated to the Minister for Planning our interest in participating in the working group to consider the Objectives of the Planning Act.)

Subsequent to the review of the Act, and any changes that may arise as part of it, the VPP will need to be amended to reflect the above recommendation. This will present a significant opportunity to establish major policy statements relating to health and wellbeing.

### **3.3 Align the Planning Act with new *Public Health and Wellbeing Act 2008* and transport legislation to strengthen intersectoral collaboration for health outcomes**

Section 26 of the *Public Health and Wellbeing Act 2008* (the Health Act) requires all Councils to prepare a Municipal Public Health and Wellbeing Plan (MPHP), a document that often contains policy that overlaps with, or is to be addressed through, planning and design interventions.

The Health Act specifies the MPHP must be consistent with the Municipal Strategic Statement (MSS) prepared under section 12A of the Planning Act, as well as the Council Plan prepared under the *Local Government Act 1989*. However, the MPHP is not required to inform the local planning scheme, or be considered in the planning process. Section 12A of the Planning Act requires Municipal Strategic Statements to be consistent with the current council plan prepared under section 125 of the Local Government Act 1989, with no mention of the council's MPHP.

*A new Planning Act should mandate the alignment of municipal planning schemes with the Council Plan and the MPHP.*

The Heart Foundation believes that a new Planning Act should mandate the alignment of municipal planning schemes with the Council Plan *and the MPHP* to help consolidate public health objectives and provide an integrated framework for local policy actions. Alignment with the new Transport Act (to be released in 2009) should also be considered.

### **3.4 Investigate opportunities for the Department of Human Services to act as a referral authority**

*The Department of Human Services could act as a referral authority.*

A closer alignment of the Planning and Health Acts would provide an opportunity for the Department of Human Services to act as a referral authority to provide advice on the public health implications of specific planning decisions and to protect public

health interests.

The nature of such referrals would be identified by the state and include, for example, major development proposals, large subdivisions, or specific types of development that are known to influence unhealthy behaviour (such as gambling premises, fast food outlets, and out-of-centre developments).

### **3.5 Build the consideration of health and social impacts into the permit process**

The new Planning Act should enable decision making that balances the Victorian Government's broad policy objectives. Specifically, the Act should identify ways to ensure that potential health or broad social impacts of planning are genuinely considered in the planning process.

*Social and Health Impact Assessments provide established methods of informing strategic planning decisions.*

Social and Health Impact Assessments (SIA and HIA) provide established methods of informing strategic planning decisions and would be worthy of investigation in relation to land use planning. SIA and HIA, usually undertaken before a project commences, seek to identify the potential positive and negative health and social impacts on the exposed population and to ensure that the long term effects of development decisions on the wider community are considered in the planning process.<sup>21,22</sup>

There are numerous methodologies for conducting SIA and HIA and they can be undertaken within a streamlined process to facilitate efficient decision making.<sup>22,23</sup> The Department of Human Services is well placed to provide advice in this regard as the *Public Health and Wellbeing Act 2008* includes provisions that give the Minister for Health the power to require that a HIA be carried out. This provision could be linked to the role of the Department of Human Services as a referral authority, as discussed previously. (Refer to S. 53 'Health Impact Assessment' of the *Public Health and Wellbeing Act 2008*.)

It would not be appropriate to require SIA and HIA in all instances, and the Act could identify in what circumstances they would be required, and the process for undertaking them. For example, SIA and HIA might be used for large scale developments or community projects, applications for subdivision greater than a certain number of dwellings, large growth areas, or for certain uses deemed to have the potential for detrimental health impacts (e.g. liquor and fast food outlets). SIA and HIA could be used in both the permit application process and the planning scheme amendment process.

### **3.6 Create a separate system for assessing state-significant projects which considers health and social impacts**

*We recommend a separate system to assess state-significant projects.*

The Review Discussion Paper suggests that a separate system for assessing state-significant projects be considered, and we recommend that this option be pursued.

The Heart Foundation does not have a preference for one of the

identified options, but regardless of which model is adopted, we feel it is important that the assessment facilitate collaboration between local and state government in the decision making process. The assessment should also consider health impacts, both in the short and long term. This may include the use of SIA and HIA as described above.

The Act will need to clearly identify when a project is deemed to be state-significant. The Heart Foundation would expect that such projects are held to the highest and most stringent standards of assessment, rather than using it as a means of fast tracking development through the planning process.

### **3.7 Introduce provisions for the protection of agricultural land**

*The current Act does not sufficiently protect some of the most productive agricultural lands on the city fringe.*

The current Planning Act and provisions for managing Melbourne's outward expansion fail to provide long term protection for some of the most productive agricultural lands on the city fringe, such as those within the municipalities of Casey and Cardinia.<sup>24</sup> This has become particularly evident with the expansion of the urban growth boundary, announced in late 2008.

This policy shift, coupled with the creation of 'urban growth zones' that facilitate the rezoning of agricultural land into urban land, illustrates the vulnerability of the planning system to development pressure. This pressure is accelerating the conversion of high-quality agricultural land to residential development without consideration of the impacts on food production capability in and around major population centres.<sup>23</sup>

Currently there are no mechanisms available in the Victorian planning system to identify and protect green space and agricultural land for food production purposes. Protecting agricultural land from urban development is important for health and the environment: it provides access to locally produced food, including fruit and vegetables, and helps to minimise the environment impact (and cost) associated with food transportation.

The concern for quality agricultural land has been addressed through the land use planning program in Oregon (USA) and provides some valuable lessons which could be transferred to the Victorian context. One of the most significant aspects of Oregon's planning legislation is Senate Bill 1011, approved in 2007. This Bill enables identification of rural reserves – areas of valuable farm or forest land outside the urban growth boundary that will be protected from urban development for a period of 40 to 50 years. Similar to our 'urban growth zones', the Bill also enables the establishment of urban reserves – those areas outside the urban growth boundary that may be better suited to accommodate population growth over a similar period of time.<sup>25</sup>

The designation of urban *and rural* reserves is considered central to the successful implementation of Oregon's '2040

Growth Concept', a long range plan for managing growth similar to Melbourne 2030.

The Heart Foundation believes that the Planning Act be strengthened to reflect the true value of agricultural land around the metropolitan fringe *and* throughout Victoria's regional areas to ensure its protection from urban development. This could be achieved by amending Part 2 – Planning Schemes and Part 3AA – Metropolitan Green Wedge Protection in the current Act. We also recommend that the Objectives of the Growth Areas Authority, as specified in Part 3AAB, be broadened to reflect a role in ensuring that development of land does not reduce capacity for local food production by impinging on quality agricultural land.

The strengthening of this legislation should also address the importance and value of green space for food production within urban areas and ensure that agriculture (as a primary purpose) is not placed into direct competition with other uses such as residential development, which can obtain a much higher value for land.<sup>26</sup> Protection of our current and future capacity to grow and provide a fresh food source for our urbanised population is essential for good public health and an imperative of modern urban planning.

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## Appendix: Chronic disease

*Chronic diseases are becoming increasingly prevalent.*

Chronic diseases, including cardiovascular disease, cancer, and diabetes are becoming increasingly prevalent, leading to greater demand for health care and higher health costs.

According to the Australian Institute of Health and Welfare.<sup>27</sup>

- Over three-quarters (77%) of Australians have at least one chronic condition;
- Chronic diseases account for 80% of the total health burden;
- Chronic diseases account for 70% of all health expenditure;
- Chronic diseases are responsible for over one-in-five (21.6%) of all hospital episodes;
- One in two adults do not undertake adequate levels of physical activity; and
- More than half (54%) of all Australian adults are overweight or obese.

*Cardiovascular disease is Australia's leading cause of death and disability.*

Cardiovascular disease is Australia's leading cause of death and disability and is marginally second (18%) to cancer (19%) as Australia's leading cause of the burden of disease and injury.<sup>28</sup> Cardiovascular disease affects 3.7 million Australians and is the cause of disability for 1.4 million Australians.<sup>29</sup> In 2007 cardiovascular disease was the cause of death for 46,626 Australians, the equivalent of 33.8% of all deaths that year.<sup>30</sup>

In Victoria, cardiovascular disease affects 850,000 people, the equivalent of 17% of Victoria's population.<sup>31</sup> In 2007, 11,240 Victorians died due to cardiovascular disease, the equivalent of 33.1% of all deaths in this state.<sup>30</sup>

As well as being Australia's (and Victoria's) leading cause of death and disability, cardiovascular disease is responsible for high economic costs. A study by Access Economics<sup>31</sup> estimated the cost of cardiovascular disease in 2004 was \$14.2 billion. Costs included \$7.6 billion in direct health costs and \$6.6 billion in indirect costs. Indirect costs include lost productivity and carer costs.

Projections show that the impact of an ageing population will lead to a 28% rise the number of people living with cardiovascular disease by 2032-2033.<sup>32</sup> During this same time, health and residential aged care expenditure for cardiovascular disease is expected to grow by 142%, from \$9.3 billion in 2002-03 to \$22.6 billion in 2032-2033.<sup>33</sup>

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