

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

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## Submission on Ashburton District Council Draft Long Term Plan 2021-31

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**To:** Ashburton District Council

**Submitter:** Community & Public Health  
A division of the Canterbury District Health Board

Attn: Sandy Brinson

**Proposal:** Ashburton District Council is consulting on their long-term plan to ascertain views on how best to manage infrastructure and services in the district over the next 10 years.

## SUBMISSION ON ASHBURTON DISTRICT COUNCIL DRAFT LONG TERM PLAN

### Details of submitter

1. Canterbury District Health Board (CDHB)
2. The CDHB is responsible for promoting the reduction of adverse environmental effects on the health of people and communities and to improve, promote and protect their health pursuant to the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.
3. These statutory obligations are the responsibility of the Ministry of Health and, in the Canterbury District, are carried out under contract by Community and Public Health under Crown funding agreements on behalf of the Canterbury District Health Board.

### General comments

4. Health and wellbeing (overall quality of life) is influenced by a wide range of factors beyond the health sector. These influences can be described as the conditions in which people are born, grow, live, work and age, and are impacted by environmental, social and behavioural factors. They are often referred to as the 'social determinants of health'<sup>1</sup>. Barton and Grant's Health Map<sup>2</sup> shows how various influences on health are complex and interlinked.
5. The Long Term Plan provides Ashburton District Council with a unique opportunity to influence the determinants of health for the people of the Ashburton District through prioritising funds for activities which support health and wellbeing. Initiatives to improve health must involve organisations and groups beyond the health sector, such as local government, if they are to have a significant impact<sup>3</sup>.
6. The CDHB supports the LTP's strategic direction with a strong focus on communities and the environment as well as an innovative economy.
7. The CDHB is supportive of the consideration being given to climate change and COVID-19 economic recovery. These actions show that Ashburton District Council

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<sup>1</sup> 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.

<sup>2</sup> Barton, H. and Grant, M. (2006) *A health map for the local human habitat*. *The Journal for the Royal Society for the Promotion of Health*, 126 (6). pp. 252-253. SSN 1466-4240 Available from: <http://eprints.uwe.ac.uk/7863>

<sup>3</sup> McGinnis JM, Williams-Russo P, Knickman JR. 2002. *The case for more active policy attention to health promotion*. *Health Affairs*, 21(2): 78 - 93.

understands the importance of these issues in managing risks to public health and wellbeing. We wish to emphasise the importance of equity and health co-benefits being expressly considered in the development of recovery and climate change plans.

8. The CDHB would welcome opportunities to partner with the Ashburton District Council, with its efforts to improve the health and wellbeing of the residents of the Ashburton District.

## **Specific comments**

### ***Drinking water meters***

9. CDHB acknowledges this as one of the key decisions for the Council during this LTP period. CDHB supports the installation of drinking-water meters at each 'on-demand' drinking-water supply connection. In addition to asset management and sustainability considerations, leaking pipes also allow the potential ingress of contaminants into a drinking-water supply network. Water connection metering, as part of a comprehensive leakage reduction programme, is an essential tool for managing the public health risks associated with leaking pipes. Spreading the cost of meters over the three years will improve affordability for consumers.

### ***Elderly persons housing***

10. CDHB acknowledges that elderly persons' housing is a priority area for engagement. CDHB supports an affordable rent increase where it will ensure a better quality of housing. CDHB supports the Council being involved in housing but also acknowledges the future of the portfolio may need to be considered over time. However, the CDHB urges that the wellbeing of the target group is prioritised in any decision making.

### ***Rates proposals***

11. The CDHB recognises the need for the proposed rates increase. The risk to public health from deteriorating assets and reduction in community services outweighs the benefits of rates remaining unchanged. However, the CDHB acknowledges that rises in rates will have an inequitable impact on disadvantaged populations, particularly older people on fixed incomes. CDHB is unclear if there is a rates rebate scheme offered for low income earners or a rates postponement policy but if not,

recommends that this could be an option for those in the community struggling to meet the increased costs.

***Water supply, wastewater and stormwater***

12. CDHB agrees that upgrading drinking water infrastructure should be the first priority. A preventive risk-based approach covering drinking-water supplies from source to tap provides the best public health protection against waterborne illness. The Ashburton District Council is to be commended for taking a proactive stance towards ensuring drinking-water supply protection.
13. The CDHB is aware that many privately-owned drinking-water bore sources in the Ashburton district are affected by both water availability and quality issues. As recently evidenced in the north Ashburton area, water quality is often affected to the extent that sources are no longer considered potable without additional and sometimes costly treatment steps in place. The continued impacts of surrounding land use activities and climate change will only exacerbate these already observed effects. The CDHB supports the Council's preferred option to proactively plan for reticulation extensions. The CDHB respectfully suggests that residents are sufficiently consulted with and informed of the benefits of connecting to a reticulated drinking-water supply.
14. CDHB recommends ensuring any infrastructure planning takes into account the impacts of natural disasters and climate change. CDHB notes the replacement of wetlands at Ocean Farm as a positive step.
15. The CDHB acknowledges the current uncertainties around the central government Three Waters Review and proposed regulatory changes, and the difficulties this poses for infrastructure planning and funding.
16. However, the impacts of current infrastructure ageing, population growth and climate change will continue to place pressure on existing systems. The CDHB recommends that Council further the investigative and plan steps for wastewater and stormwater infrastructure in this LTP cycle to front foot any future problems and safeguard public health.
17. The CDHB recommends that planning should include a move towards Council managed wastewater schemes in community areas currently serviced by individual

septic tanks. The potential health effects from a high density of septic tanks are significant and are further accentuated if one or more of those septic tanks should fail.

### ***Transport***

18. The CDHB notes the large transport programmes are around roading infrastructure and there is no mention of supporting active transport modes. Supporting and encouraging active transport through infrastructure changes and urban design decisions is an important contributor to health, as active people are healthier than those with more sedentary lifestyles. CDHB does acknowledge the challenges without a public transport system currently in place but increasing walking and cycling would be a positive step forward yet it does not get a mention in the plan.
19. The CDHB notes the intention for a central parking building in Ashburton. While the CDHB acknowledges the need for convenient parking, especially for those with mobility issues, we also support sustained effort being given to funding and promoting active transport modes. CDHB also recommends taking a universal design approach to the car parking building, bringing in technical accessibility audit processes throughout the design and build. With an aging population, catering to the needs of disabled people will pay off in the long term.

### ***Facilities***

20. The CDHB supports increased investment in community facilities and parks such as prioritising the new library and civic centre and improvements to parks and domains. Community facilities such as libraries and recreational facilities have the potential to improve the resilience of communities and support physical and mental health and wellbeing by providing places for people to meet and participate within their community.
21. The CDHB supports making funding provision for use of universal design principles in all projects, renovations and new builds, again incorporating technical accessibility audit processes. It is important that community facilities are fully accessible for all people to use, no matter their age or abilities. Accessibility is not necessarily more expensive, especially when designed-in from the beginning, and when considering lifetime costs of facilities.

22. The upgrade to public toilets is also noted and CDHB recommends ensuring that consultation with the disability community is undertaken to ensure they meet the needs of all, with provision of accessible toilets. CDHB also recommends all toilets are gender neutral as much as possible. Unisex, accessible toilet facilities are increasingly being seen as a good choice.

23. The future of primary and community health care in Canterbury is likely to manifest as Integrated Family Health Centres (IFHCs) or Community Hubs servicing population clusters. These arrangements are seen as the preferred option to deliver health and social services to meet community needs and are part of Ministry of Health policy for 'better, sooner, more convenient' healthcare. They offer increased access to services for patients, closer to home in the community setting and have the potential to provide activities traditionally delivered in hospitals. CDHB would welcome any opportunity to discuss the development of such services in Ashburton.

### **Conclusion**

24. The CDHB does not wish to be heard in support of this submission.

25. Thank you for the opportunity to submit on Ashburton District Council's draft Long-Term Plan.

### **Person making the submission**



Dr Cheryl Brunton

Date: 19<sup>th</sup> April 2021

Public Health Specialist

### **Contact details**

Sandy Brinsdon

