

TE WAI ORA



Nelson Marlborough  
District Health Board

# **Submission on Marlborough District Council Annual Plan 2016/17 Consultation Document**

**9 May 2015**

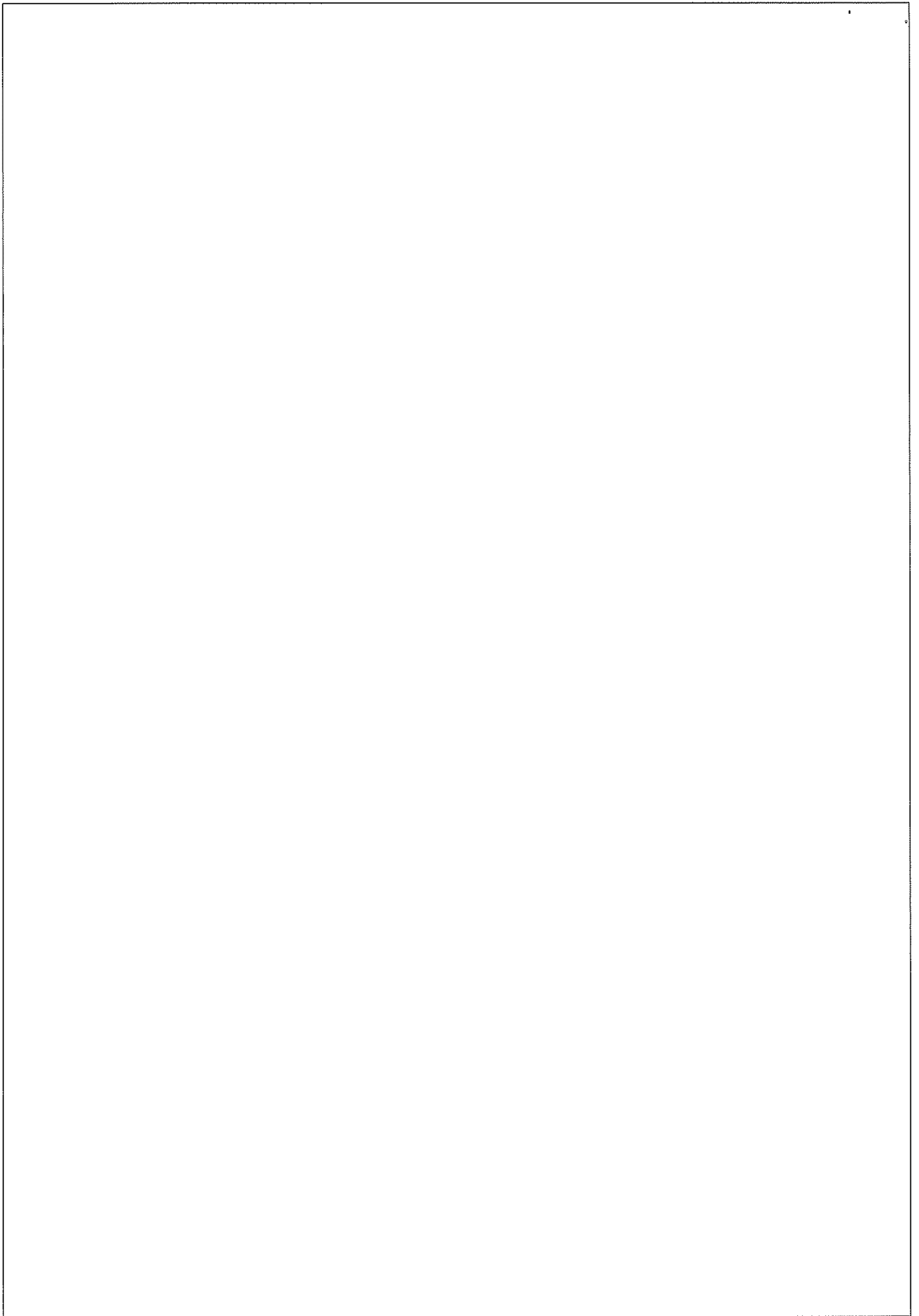
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## Introduction

1. Nelson Marlborough District Health Board (NMDHB) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu. NMDHB's Public Health Service (NMDHB-PHS) appreciates the opportunity to comment from a public health perspective on the Marlborough District Council (MDC) Draft Annual Plan 2016/17.
2. The NMDHB-PHS makes this submission in recognition of its responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.
3. The NMDHB-PHS notes that the MDC Draft Annual Plan only contains two variations from the Long Term Plan 2015-2025. This submission sets out particular matters of interest to the NMDHB-PHS around one of the two variations relating to '*Sharing the costs of good quality drinking water*'. The NMDHB-PHS also takes this opportunity to provide recommendations in relation to the Landsdowne Park project and smokefree environments.

## Sharing the costs of good quality drinking water

4. The MDC Long Term Plan 2015-2025 sets out projects proposed over the life of the Plan in providing drinking water supplies to Havelock, Renwick, and Awatere and Seddon that meet the Drinking Water Standards for New Zealand 2005 (revised 2008) (DWSNZ). It is noted that although these projects are budgeted, in some cases further public consultation will be required with the relevant community before their implementation. It is also stated that MDC has no proposal to upgrade the Wairau Valley Township water supply due to its expense and unaffordability.
5. The NMDHB-PHS notes that past consultation undertaken by MDC resulted in these smaller communities voicing that they did not want the treatment upgrades if they had to pay for it.
6. The Consultation Document for the Draft Annual Plan 2016/17 suggests a new formula to pay for the upgrade of household water supplies – being a shift away from the largely applied “user pays” system to sharing costs more evenly across users of Council provided water. This approach is planned for Seddon as a result of submissions made to MDC in 2014 expressing community support for the District as a whole to help pay for the required upgrades.
7. The NMDHB-PHS strongly supports MDC considering different funding model options in order to achieve its goal of providing drinking water supplies to Havelock and Renwick that meet the DWSNZ by the timelines set out in the Long Term Plan. The NMDHB-PHS recognises that this initiative goes toward MDC meeting its legislative requirements and the DWSNZ.
8. Should the wider community support shared funding of the Havelock and Renwick water supplies, the NMDHB-PHS considers that MDC should take this approach wider and apply it to the Wairau Valley Township water supply in future planning rounds in order to address the prior stated unaffordability issues.

9. As previously expressed by NMDHB in its submission on the MDC Draft Long Term Plan 2015-2025, the NMDHB-PHS strongly supports the work MDC is doing to meet its water supplier duties set out in Part 2A of the Health Act 1956.

#### **Landsdowne Park**

10. The NMDHB-PHS fully supports the proposed redevelopment of Landsdowne Park into a multisport facility.
11. Given that MDC is in the early planning stages of the project, including the development of a concept plan over 2016/17, the NMDHB-PHS would like to recommend that MDC considers opportunities to ensure that a healthy and safe environment results, for example, the provision of safe drinking water, and implementation of the crime prevention through environmental design (CPTED) principles to ensure that effective design principles are used to reduce the incidence and fear of crime.

#### **Smokefree environments**

12. The NMDHB-PHS acknowledges that MDC has already undertaken some good work in this area by adopting a smokefree position statement endorsing smokefree environments, making Market Place within the Blenheim Central Business District (CBD) smokefree, and introducing smokefree signage into some of the outdoor environments administered by MDC. The NMDHB-PHS commends MDC for these initiatives in extending smokefree environments beyond what is currently required by legislation and notes that this provides a good base to build further work on.
13. The NMDHB-PHS recommends that MDC considers making the streets and other public spaces of Marlborough's CBDs, beyond Market Place, smokefree environments.
14. Evidence indicates that smokefree environments result in environmental benefits and improved community health and wellbeing. In summary, extending smokefree areas:
- does not harm business<sup>1,2</sup>
  - can reduce the impact of cigarette-related litter in outdoor areas, resulting in reduced cleaning costs, fire risk and environmental impacts<sup>3</sup>
  - is generally supported by the public<sup>4</sup>
  - reduces the risk of adverse health effects from second-hand smoke exposure, de-normalises smoking especially around children,<sup>4</sup> and encourages smokers to quit.<sup>2</sup>

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<sup>1</sup> Loomis BR, Shafer PR, van Hasselt M. 2013. *The economic impact of smoke-free laws on restaurants and bars in 9 states*. Preventing Chronic Disease 10:120327

<sup>2</sup> World Health Organization. 2015. *Tobacco*. Fact sheet No 339. Copenhagen: WHO Regional Office for Europe

<sup>3</sup> Cancer Society of New Zealand and Health Sponsorship Council. 2008. *Smokefree councils implementation kit: A guide for local health promoters*. Wellington: Cancer Society of New Zealand and Health Sponsorship Council

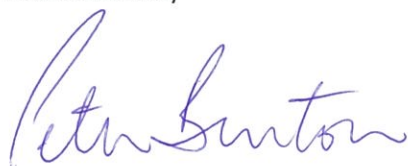
<sup>4</sup> Health Promotion Agency. 2013. *Acceptability of extended smokefree areas and smokefree cars*. Wellington: Health Promotion Agency

15. The NMDHB-PHS is aware that smokefree environment policies are implemented in the CBDs or service areas of Palmerston North, Napier, Hastings, and Horowhenua. Additionally, Wellington and Christchurch city councils have made a commitment in their long term plans to introduce such policy.
16. While councils tend to use self-policing signage as a means for implementing their smokefree policies and no fines apply, experience indicates that this approach is educative through promoting smokefree messages and is effective in achieving smokefree objectives.<sup>5</sup> Signage can deter people from smoking, empower members of the public to ask people to comply, and can support it becoming an accepted behaviour not to smoke in the designated areas over time.<sup>5</sup>

## Conclusion

17. The NMDHB-PHS thanks the MDC for the opportunity to comment on the Annual Plan 2016/17 Consultation Document.
18. The NMDHB-PHS strongly supports MDC considering different funding model options in order to achieve its goal of providing drinking water supplies to Havelock and Renwick that meet the DWSNZ by the timelines set out in the Long Term Plan.
19. The NMDHB-PHS also supports the redevelopment of Landsdowne Park and recommends that MDC considers opportunities to ensure that a healthy and safe environment results.
20. The NMDHB-PHS also recommends that MDC considers making the streets and public spaces of Marlborough's CBDs, beyond Market Place, smokefree environments. Evidence indicates that smokefree environments protect the health of non-smokers, are popular, do not harm business, encourage smokers to quit,<sup>2</sup> reduce litter impacts<sup>3</sup>, and de-normalises smoking, especially around children.<sup>4</sup>
21. The NMDHB-PHS sees it as very important for the NCC to continue to work in partnership with the NMDHB-PHS on community drinking water supplies and healthy and safe environments (including smokefree environments) and welcomes further discussion on these matters.
22. The NMDHB-PHS **does not wish to be heard** in support of its submission.

Yours sincerely



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<sup>5</sup> Marsh L, Robertson LA, Kimber H, Witt M. 2014. *Smokefree outdoor areas in New Zealand: How far have we come?* The New Zealand Medical Journal 127:1389

