

**Nelson City Council's
He Rautaki
Whakatupuranga – City
for All Ages Strategy**

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Submitter details

1. Nelson Marlborough Health (Nelson Marlborough District Health Board) (NMH) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu o Te Waka a Maui. NMH appreciates the opportunity to comment from a public health perspective on Nelson City Council's He Rautaki Whakatupuranga – City for All Ages Strategy.
2. NMH 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. This submission sets out particular matters of interest and concern to NMH, and also provides recommendations to ensure that the concept of City of All Ages develops to include children and young people as well as older people.

General Comments

4. NMH commends the Council for developing a Strategy which has a vision for an age-friendly community that values the experience and wisdom of all people. The health sector has an interest in this Strategy because many of the Strategies' objectives overlay with the New Zealand Health Strategy's objective that "All New Zealanders live well, stay well and get well" and the objectives of the Disability Strategy that "A society that highly values the lives of people with disabilities and continually enhances full participation".
5. NMH notes that the Vision of the Strategy is very broad however the Principles predominately focus on older people. It would be good to have greater clarity on whether the Strategy will focus on integrating a clear intergenerational approach which NMH endorses or will focus predominately on older people.
6. Changes in family patterns, living arrangements, greater geographic mobility, and ageing segregated activities has been said to have resulted in older and younger people becoming increasingly disconnected.¹ However both older adults and younger adults have resources of considerable value to each other, they also face similar concerns such as social isolation, housing and employment. Reciprocity between generations is one means of addressing concerns that face all

¹ Generations Working Together (n.d.) Intergenerational approaches to improving health and wellbeing, NHS Health Scotland <https://generationsworkingtogether.org/downloads/536a04c11694b-GWT%20web%20FINAL.pdf>

generations. Meaningful relationships based on mutual understanding between intergenerational family members are indispensable for social integration and cohesion.² The Scottish Government³, along with Generations Working Together and the National Forum of Ageing have created Guidelines to adopting Intergenerational Practice within a policy context. These guidelines contain a set of eight core principles when adopting an intergenerational approach:

- a. *Mutual and Reciprocal Benefit*: all participating generations gain benefit
 - b. *Participatory*: based on the aspirations of the generations participating
 - c. *Asset based*: focuses on discovering strengths and building assets rather than being focused on problem identification.
 - d. *Well Planned*: offers structures programmes or projects.
 - e. *Culturally Grounded*: acknowledges that the needs and context of each group may differ which the principles of the approach remain the same.
 - f. *Strengthens Community Bonds and promotes active citizenship*: promotes engagement of people from across the generations with each other and those around them.
 - g. *Challenges ageism*: Young and old can be victims of ageist attitudes. This is a mechanism for generations to meet and work together.
 - h. *Cross disciplinary*: provides opportunity to broaden the experience of professionals to working in a more inclusive way.
7. Adopting intergenerational practices have been shown to reduce stereotypes and ageism between generations, improve general health and wellbeing, and relieve social isolation. It can promote positive behaviours by sharing skills and creating safe environments for activities and exchanging life skills and experiences.⁴ Intergenerational approaches have a potential to address many social development priorities, such as building of active communities, promoting responsible citizenship, as well as addressing inequality and social exclusion.⁵ NMH

² United Nations Youth (n.d) Youth and Intergenerational Partnerships <http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-intergenerational-partnerships.pdf>

³ Generations Working Together (2015) Guidelines: Bringing Together Local Authorities and Intergenerational Practice in a Scottish Policy Context, NHS Health Scotland <https://generationsworkingtogether.org/downloads/54dc74c1bd045-NFA%20GENERATIONS%20WORKING%20TOGETHER%20PP%20GUIDLINE.pdf>

⁴ Generations Working Together (n.d.) Intergenerational approaches to improving health and wellbeing, NHS Health Scotland <https://generationsworkingtogether.org/downloads/536a04c11694b-GWT%20web%20FINAL.pdf>

⁵ United Nations Youth (n.d) Youth and Intergenerational Partnerships <http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-intergenerational-partnerships.pdf>

recommends that the core principles are incorporated into the City for All Ages Strategy (the Strategy).

8. Currently the Nelson City Council has a Youth Strategy, NMH recommends that the City for All Ages Strategy supersedes the Youth Strategy and that the objectives, policies and actions within the Youth Strategy are clearly reflected within the new Strategy. This is one way to ensure that Strategy takes an intergenerational approach.
9. *Strategy Implementation:* NMH notes that the Strategy lacks an implementation plan, as well as timelines, evaluation methods and the opportunity to monitor and review any actions listed throughout the Plan. There is a concern that if there is no visibility and accountability of the Actions within the Plan, then the Actions may not occur and therefore the Strategy will not deliver on its intended outcomes.
10. NMH notes that the Actions in the Strategy celebrate the fantastic work that the Council already undertakes but it does not capture potential work that the Council could work on with associated partners.

Specific Comments

Wellness:

11. NMH endorses the inclusion of a section on physical and mental wellness. NMH support that statements made in the document about mental wellness and supporting the perspective that many older people at risk of suicide are responding to adverse events in the lives as they grow older. NMH would ask for specific Actions that can be delivered by the Council in collaboration with other community players , to address those risks.

They could include:

- a. Greater support for initiatives like the Wellby project that support community connection opportunities for isolated members of the community.
- b. Greater opportunity for safe and supportive gatherings in communities
- c. More opportunity for Council facility staff (e.g. librarians, bus drivers, etc.) to be able to engage with customers who are isolated and know where to refer
- d. Improved oversight of accommodation facilities that provide accommodation for people who are transient or require temporary accommodation (e.g. campsites and holiday parks) to ensure that staff

of those facilities know how to identify people at risk and where to go for help.

12. The Strategy identifies alcohol harm as an issue but there are no specific actions to specifically address this. There is also an absence of actions on mental wellbeing. NMH would like the opportunity to engage further on programmes that could be included. NMH notes that there are no specific actions to address elder abuse within the Strategy. In the community, there are groups such as Age Concern that do address this but it would be useful to have visibility of this work with the Strategy.

Social:

13. NMH is pleased to see that there is a focus within the Strategy to provide and support age-friendly and intergenerational community events and recreational services. It is important that people of all ages are supported, empowered and engaged in community life. Creating opportunities for people to interact can foster this, and this can be done through events or public spaces.

14. Within the Social section, NMH recommends that acknowledgement is given to the cohort of older people who do not have family/whanau support and as such are reliant on external networks.

15. The Strategy clearly articulates the issues and challenges relating to the Social Realm but the Strategy is lacking on specific actions relating to intergenerational activities. Consideration could be given to the introduction of more intergenerational community spaces and places such as community vegetable gardens that would promote healthy eating and sharing of gardening skills; chess tables in Upper Trafalgar Street or events i.e. holding an intergenerational games where people across the ages compete together in a variety of events.⁶

Work

16. Work provides many physical and mental health benefits including providing people with social contact, a sense of self-worth and achievement. Additional income may alleviate some of the financial burden that older people face. NMH supports the approach taken to this section.

⁶ <https://www.gu.org/app/uploads/2018/05/Intergenerational-Report-MMMI-Creating-Livable-Communities-Toolkit.pdf>

Housing

17. NMH is pleased to see that universal design has been included as a part of the Housing Discussion but it is disappointing that no specific actions have been included especially as the Nelson District Plan is currently under review and could include requirements for universal design for new developments. NMH has also advocated for energy efficiency standards to be included in the District Plan to ensure that more houses are built to warm drier standards. NMH strongly recommends that a new action is included in the Strategy that includes a requirement for universal design standards and energy efficiency standards are applied to new residential developments.
18. In addition, NMH has advocated for the District Plan to include further requirements to ensure that the number of smaller dwellings (1-2 bedroom houses) is increased to match demand. NMH would like to see these requirements for the District Plan to be added as an Action into this Strategy.
19. Consideration could also be given to ensuring a proportion of the new Kainga Ora housing is provided to both older adults and a proportion given to younger adults, and this could be reflected within the Strategy.
20. NMH recommends that the Strategy includes detail about the quality of housing. Poor housing exacerbates existing health conditions leading to increased GP and hospital visits. Older people living in colder dwellings have an increased risk of respiratory problems. Offering a service for households that gives independent advice about how to improve the health of homes would be beneficial and enable older residents to stay in their homes longer, as well as helping families keep their homes healthier. NMH supports the current work of the NCC's Eco Design Advisor.

Mobility

21. NMH recommends that there is a range of safe, accessible, affordable transport options for children and older people.
22. *Walkability*: Walking and cycling are low-impact forms of exercise in which almost everyone can participate.⁷ Physical activity among older people has been linked to better cognitive performance, reductions in morbidity and mortality and increased mental wellbeing.⁸ Consideration should be given to reviewing footpaths and

⁷ Bauman, A., Rissel, C., Garrard, J., Ker, I., Speidel, R., Fishman, E. 2008. Cycling: getting Australia moving. Barriers, facilitators and interventions to get more Australians physically active through cycling. Melbourne, Cycling Promotion Fund. <http://www.cyclingpromotion.com.au/images/stories/downloads/CPFHlthRpr08V3prf1.pdf>

⁸ Holley-Moore, G. and Creighton, H. (2015) The Future of Transport in an Ageing Society, International Longevity Centre and Age UK

walkways in the region, in particular review the surface conditions, improve kerb transitions, limit the number of free standing signs and consider the possibility of widening footpaths in high pedestrian areas to accommodate two mobility scooters to pass each other.

23. *Safe cycling networks*: Nelson is very fortunate to have many high quality cycleways /shared pathways which are very popular especially for those on ebikes. Encouraging higher rates of cycling in our older population can lead to significant health benefits; a study by King's College London on a group of cyclists aged 55 to 79 found these cyclists had levels of physiological function that are comparable to people much younger.⁹ The Council has already noted that there are significant gaps within the cycling networks especially with access east and west. NMH supports initiatives that would improve these links. An Action could also be to promote safe cycling, or e-bike use.

24. *Parking*: In order to enable access for those with mobility impairments, consideration should be given to increasing the number of mobility car parks in town centres, near health services and key places of interest. An additional action could be the creation of 'age-friendly' parking spaces (similar to parent and baby spaces but wider). Normal parking rules would apply but the public are encouraged to leave 'age friendly' spaces free as a courtesy to older people in the community. This approach has worked successfully in Ireland¹⁰

Information

25. Library services have an essential role as community hubs and they are an important place for people to access information and upskill.

26. Consideration should also be given for all digital initiatives to be tested by older people. Anecdotal evidence has shown that some online initiatives have been wholly designed by digital natives rather than those who may not be as technologically savvy.

27. The Information Section lacks mention of promoting intergenerational interactions. There could be opportunities for younger people to support/train assist older folks with the digital divide. The Strategy could promote "Volunteering Nelson" as a place to start to link people.

28. Consideration could also be given to extending SeniorNet Services into a learner's home, at least in an introductory basis, this may alleviate shyness or inadequacy before attending in a class situation.

⁹ Pollock, R.D. et al. (2015). An investigation into the relationship between age and physiological function in highly active older adults. *The Journal of Physiology*. 593 (1).

¹⁰ <http://www.thejournal.ie/old-age-parking-cork-3629515-Oct2017/>

Outdoors

29. NMH supports the approach that NCC has taken to this section.

30. The urban environment can be difficult for people with disabilities or dementia to navigate, therefore consideration needs to be given to creating urban spaces that are more accessible. A more accessible built environment will benefit everyone, not just people with disabilities, but older people, those with young children, and people with temporary mobility issues. NMH recommends that there is a focus on ensuring that Council buildings, facilities, transportation networks and services are accessible and inclusive for all members of the community. Accessibility for All (A4A)'s [Good Access + Good Business resource](#) could be used to check inclusiveness. NMH also recommends that the Council considers adding a new requirement for accessibility audits¹¹ for new commercial enterprises.

31. The national Dementia organisation in Australia¹² have created a toolkit on creating dementia friendly communities for local government which could be incorporated. In addition, acknowledgement could be given within the Strategy to emerging technology could also be used to help people navigate environments e.g. mapping apps or Bluetooth audio cues.

32. NMH recommends that NCC use the attributes¹³ that the University of Bristol created for an "All-Age-Friendly City project" in relation to the built environment:

- a. Representation and voice of children, young people and senior citizens in democratic processes and citizenship while recognising the heterogeneity of these groups;
- b. The experience and perception of safety in the city, including physical, economic and psychological safety, for children, young people and senior citizens;
- c. A sense of ownership of the city, in particular its public spaces, and feelings of belonging, being considered and being welcome in these spaces;
- d. A walkable city, supported by high quality, accessible and low cost transport systems, that encourages mobility and participation in public life;
- e. Integrated planning processes and service design that consider and encourage beneficial opportunities for interactions between children, young people and older adults in all areas of education, health, family and civic life.

11 <https://www.barrierfree.org.nz/>

12 <https://www.dementia.org.au/files/NATIONAL/documents/Dementia-friendly-communities-toolkit-for-local-government.pdf>

13 <https://www.smartcitiesdive.com/ex/sustainablecitiescollective/what-age-friendly-city/908736/>

33. NMH would like to see NCC take Melbourne's approach of adopting the "20-minute neighbourhood"¹⁴ – giving people the ability to meet most of their daily needs within a 20-minute walk from home, with access to safe cycling and local transport options.

34. *Seating in Public Places:* Seating allows people to take a rest while they move around town centres and hilly areas. Seating also can give people areas to socialise especially if seating is clustered in places of interest. Seats in public spaces need to have a plain design and be easily recognised as chairs to help those people with sight impairments and dementia.¹⁵ Public benches need to include a centre handrail so that people are easily get in and out of seats. The level of public seating in the Nelson region should be reviewed to see if it will meet the changing demands of an ageing demographic.

35. *Signage in Public Places:* As more people will have dementia, it is important that signage that allows for line of sight orientation, and uses words and pictures. Bright primary contrasting colours with easily recognisable pictures should be used in signs.

Baseline Assessment

36. The data relating to residential care is based on older data. NMH recommends that the Sector Relationships and Contracts Manager – Health of Older People is contacted in relation to obtaining the correct data (Chelsea Martin, chelsea.martin@nmdhb.govt.nz).

¹⁴ <https://www.planning.vic.gov.au/policy-and-strategy/planning-for-melbourne/plan-melbourne/20-minute-neighbourhoods>

¹⁵ Alzheimer's Australia Vic (2016) Creating Dementia-friendly communities: A toolkit for local government Commonwealth and Victoria Government's Home and Community Care program
<https://www.fightdementia.org.au/files/NATIONAL/documents/Dementia-friendly-communities-toolkit-for-local-government.pdf>

Omission

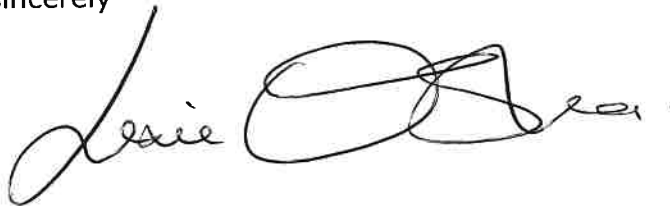
37. NMH sees that there is no mention of Climate Change within the Strategy.

Increased risk of extreme weather events will effect older people. Older people may be physically, financially and emotionally less resilient dealing with the effects of a changing climate than the rest of the population. Consideration should be given to including an additional action around supporting emergency preparedness. Emergency preparedness has been acknowledged as important in the World Health Organization's Checklist of Essential Features of Age-friendly Cities. By adding an additional objective with also align this policy with the National Disaster Resilience Strategy¹⁶.

Conclusion

38. NMH thanks the Nelson City Council for the opportunity to feedback on the He Rautaki Whakatupuranga – City for All Ages Strategy

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lexie O'Shea', with a stylized flourish at the end.

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¹⁶ <https://www.civildefence.govt.nz/cdem-sector/plans-and-strategies/national-disaster-resilience-strategy/>