



Submission from staff of the Department of Public Health, University of Otago, Wellington, on the *Local Government (Community Well-being) Amendment Bill*

25 May 2018

We as staff of the Department of Public Health, University of Otago, Wellington, welcome the opportunity to make a submission on this Bill.

We are public health experts who have studied and published on a wide range of issues of relevance to local government including:

Housing and homelessness; Public transport; Smokefree and potential smokefree areas (in playgrounds, parks, cafes/bars, sports fields and footpaths); Drinking fountains in public places, including playgrounds; Food advertising in public places; Alcohol marketing in city streetscapes; Shade in playgrounds; The quality of walkways; The effectiveness of dog control (signage and owner behaviour); Tobacco-related littering.

We support the Bill whole-heartedly and have no suggestions for amending it.

Summary

Local government authorities are critical to the delivery of public health services in the community. Local authorities also deliver a wide range of services and provide for infrastructure that profoundly influences health outcomes.

The 2012 and 2014 amendments reduce the scope of what local authorities may do, inhibit cross-agency collaboration, impose barriers around long-term planning, and are inconsistent with statutory duties under the Health Act 1956 which require local authorities to carry out broad functions relating to improving, promoting and protecting public health (Section 23).

We agree therefore with the Bill and its reforms: they are timely and essential for those authorities in the midst of long-term planning.

While we have no suggestions for refining the Bill, we note that, if a broad review of local government law were ever contemplated, staff from the Department of Public Health would be likely to make other comments. These would range from the relatively general to matters of comparative detail (such as powers under the LGA for by-law making; issues relating to enforcement). We acknowledge, however, that raising such issues is not appropriate at this point.

Reasons for our support

The Bill gives effect to its policy intent mostly through replacing key definitions in the present Act with definitions closer to the LGA as first enacted. These definitions are critical to the way the Act works, and cascade throughout the Act.

The 2012/2014 amendments impose restrictions on local authorities that curtail what they are able to do through, for example, the definition of 'core services' (present s 11A). The provision of social housing and action to address homelessness, for instance, would not fit the definition of 'core services' to which local authorities must have 'particular regard'.

The amendments inhibit collaboration between local authorities and other agencies with wide-ranging social, economic, environmental and cultural functions. The broader mandate now proposed for local authorities in relation to 'promoting the social, economic, environmental, and cultural well-being of their communities, taking a sustainable development approach' will encourage an integrated whole-of-government planning approach; and will enable realistic planning both in the short and long term.

The 2012/2014 amendments are inconsistent with statutory duties and functions set out for local authorities by the Health Act 1956 in relation to the duty 'of every local authority to improve, promote, and protect public health within its district...'. The concepts of 'improve' and 'promote' involve functions that go significantly beyond core services as defined in section 11A. Local authorities may promote and improve public health at the local level, often in conjunction with other agencies, in such diverse ways as provision of support for vulnerable communities such as migrants; resilience programmes for those with fragile mental health; action to address gambling harms, and varied legal, policy and educative functions in relation to child well-being, healthy eating, physical fitness, alcohol harm reduction, and freedom from addictions.

Conclusions

We support a broad role for local government and fostering of local democracy.

We support the reinstatement of the 4 aspects of community wellbeing (social, economic, environmental and cultural wellbeing). Recognition of these aspects acknowledges the need for integration of all these dimensions, mandates realistic planning in relation to the required long-term plans, and encourages cross-agency collaboration. We endorse the reference to sustainable development given its link to the United Nations Sustainable Development Goals. Given their roots in the communities which they serve, local authorities are best placed to deliver a wide range of services.

We agree with the proposed definition of 'community outcomes' as both realistic and appropriate to the role of local authorities. We support the amendments relating to development funding. Thanks again for providing the opportunity to submit.

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