MCLENNAN HEALTH IMPACT ASSESSMENT

APPRAISAL REPORT

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COUNTIES MANUKAU DISTRICT HEALTH BOARD
A Community Partnership
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ACKNOWLEDGEMENTS

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Synergia is grateful to the support provided by Auckland Regional Public Health Service, Counties Manukau DHB, McConnell Property and Safe Communities Foundation of New Zealand for the provision of area, health and demographic information to inform the wide-ranging discussions and analysis that took place.

We are also grateful to peer review of the HIA process and draft report provided by Dr Alexandra MacMillan.

Finally, our sincere thanks to the significant number of stakeholders that actively participated in the workshops and interviews and provided information, advice and feedback throughout the process.
EXECUTIVE SUMMARY

INTRODUCTION

In late 2007, a Health Impact Assessment (HIA) was initiated to focus on the McLennan housing development, which is a planned new housing area within Papakura District, sited on the former Papakura Army Camp. Once completed, the McLennan development will contain approximately 450 properties and house approximately 1500 people. Up to one-third of the properties will be purchased by Housing New Zealand Corporation.

The McLennan project was initiated by Housing New Zealand Corporation (HNZC), the current land owner, who selected McConnell Property as the developer. McConnell Property, as the developer, is managing the project with Papakura District Council (PDC) and HNZC as strategic partners.

Key features of the McLennan design include:

- Use of slow traffic principles
- Access to open space
- Mixed tenure housing, with ‘pepper potting’ of HNZC tenants
- Range of housing types
- Point of sale covenants or rules that sustain the quality of the housing, landscaping and open spaces
- Access to services
- Integrated neighbourhoods/communities

The project is due to begin construction in January 2009 and will be delivered over a three to four year period.

The development is part of PDC’s long-term plan for the development of the Takanini area; significant population growth is expected in the area over the next 20 years. Planning has already allowed for a small retail/community facility development near the McLennan site, and a Plan Change process underway is expected to support the development of a larger suburban town centre, also close to the McLennan site.

PROCESS UNDERTAKEN FOR THIS HIA

HIA is a formal process through which policy and planning are able to maximise their beneficial effects on health and wellbeing, and minimise or eliminate their potential harms through innovative solutions. The Auckland Regional Public Health Service (ARPHS) initiated and managed this HIA.
The project is funded by Counties Manukau District Health Board (CMDHB), through its Let’s Beat Diabetes programme. The LBD programme recognised that urban design and planning can directly influence physical activity opportunities in communities - and therefore on obesity, a significant driver of type two diabetes. LBD has used a strategy of supporting ‘exemplar models’ before, in terms of demonstrating how something can work and holding it up as an example for others to examine and adopt/follow. They chose to fund this HIA for that reason.

The HIA process and reporting was led by Synergia Ltd.

A scoping workshop was held in December 2007, to identify the parameters of the HIA. Ideally, HIAs occur in the ‘window of opportunity’ between a decision being made and the completion of detailed planning. At the scoping workshop, it was evident that in many respects, a range of key decisions had already been made. However, although the project was well advanced, there were a number of issues where there were outstanding detailed decisions to be made, affecting the McLennan development directly and also the wider surrounds. There was also the view that the findings from the HIA could usefully inform future urban planning in the district and the wider Auckland region.

This led to three areas being selected for focus in the HIA:

- **service access**: to identify the scope of services that will be available in the short, medium and long term, and any potential gaps
- **walkability**: to identify opportunities for walkability and in so doing maximise the potential of the design
- **community cohesion**: to identify ways in which the community functioning can be positively developed, social cohesion (neighbourliness) maximised and local identity and diversity fostered.

An appraisal workshop was held in February 2008, followed by a range of key informant interviews, to explore the potential impacts of the development on these key focus areas.

Participants in the process were from a range of organisations, including the health, social services and education sectors, local and regional government, HNZC, McConnell Property, local iwi, police and the New Zealand Defence Force.

A systems-based approach underpinned the HIA process. This approach actively seeks to understand and map the web of issues that impact on health, and works with stakeholders to develop a range of responses that address underlying causes across a system.

**KEY FINDINGS**

The evidence base provides some very clear signals on the links between the three focus areas and health:
- Access to and use of local resources such as health services, grocery shops and parks provide opportunities for health through use of the services, and thru the physical activity involved in reaching them. Lack of such services constrain opportunities for health, as well as community cohesion.

- The degree of walkability of an urban environment is an important contributor to physical activity. Car-dominated urban environments discourage walking and cycling, and pose further health risks through harmful impacts on air quality.

- Community cohesion has been linked with health through such indirect mechanisms as exercising informal social control over undesirable behaviours, supporting collective action towards shared goals; supporting the spread of health promotion messages, as well as direct influences on the mental health and wellbeing of residents.

With this evidence base in mind, a striking feature of this HIA is the position of strength from which it starts. Throughout the HIA process, it was clear that McLennan was developed through an extensive process of inter-organisational engagement, underpinned by leading thinking in urban design. From this starting point, there are many features of the design of the development that already go some distance towards promoting walkability, community cohesion and service access.

Throughout the HIA, service access was seen as a pivotal issue in its own right, and also as a key enabler of walkability and community cohesion. A key concern identified through the HIA was the development of services in the area surrounding McLennan. This is particularly important given that one-third of the McLennan residents will be Housing New Zealand tenants, who are selected on the basis of their high deprivation and social needs. These people are more likely to suffer from poor health, and so are a key population of concern in the development.

In particular, primary health care services were seen by HIA participants as being in short supply in Takanini, a problem which could be exacerbated by the population growth in the area. Important opportunities to address this shortfall were identified through the Plan Change process underway for a new community and retail centre close to McLennan; and CMDHB’s locality service planning. HIA participants were keen for engagement between PDC and the health sector to occur as soon as possible to identify ways in which this could be addressed.

The lack of a community facility inside or near to the development, or shops/cafe facilities, was seen as a potential impediment to promoting walkability and community interaction. However, the Plan Change being processed by Council would allow for provision of a library and retail services within close distance. Dual use of existing facilities, such as the local school and Bruce Pulman Park, was proposed to address these issues in the interim, with a view to establishing purpose-built community facilities in the future.
Public transport was a further area of service shortages in the Takanini area. Although ARTA is currently working on bus sector planning, the timeframes and scale of public transport investment in Takanini was not known at this stage.

A potential barrier to walkability in the immediate external environment of the development is the traffic along Porchester and Walters Roads, both of which are busy roads with high speed limits. Changes to speed limits were discussed and the Council’s plans in this regard were outlined.

There is a challenge in establishing community networks in a place where all residents may be relatively new to the area, given that community networks often emerge over time. However, there was general endorsement of the approaches being undertaken by McConnell towards establishing community networks in McLennan, and suggestions were offered to further support this direction.

RECOMMENDATIONS

An HIA, if it is to be effective, is more than simply the development of a report, with recommendations for action as an end point. Rather, the HIA should be seen as the start of a process of building relationships across agencies and collective action on the key issues of concern. Without such collective action, key opportunities for service and community development could be lost, together with the positive health outcomes that can result.

It is recommended that a ‘Partner Agreement’ is forged between interested parties involved in the HIA. A more formal Memorandum of Understanding was proposed by stakeholders, but this was seen as difficult to secure. If a formal agreement proves unfeasible or difficult to secure, an alternative approach that many stakeholders also supported would be identification of a joint project where collaboration across organisations could be established, as a platform for closer long-term cooperation.

It is also recommended that the Auckland Regional Public Health Service implements an ongoing process of monitoring and review of the HIA recommendations, and feeds progress to stakeholders at regular three to six-monthly intervals over the first five years of the development, linked to a comprehensive evaluation.

The table on page 10 details the key challenges, opportunities and recommendations for action, for each of the three focus areas. An extensive set of detailed recommendations is contained in section 7 of this report.

CONCLUSIONS

Because of the relatively late stage at which this HIA took place, the potential scope of the HIA was limited. Although a wide range of recommendations have
emerged, some of which are potentially far-reaching, the experience of this HIA does highlight the importance of early use of HIAs in design and planning.

Supporting this HIA is a strong foundation of planning and engagement between the three lead organisations involved in the McLennan development. The development is also able to build from a platform of local strategies which support the three focus areas of the HIA.

The HIA was able build from the existing partnerships in place to bring together people from other agencies and organisations, including the health sector, iwi, transport planners, the neighbouring military base, and social service agencies. There is clearly a strong willingness across all participants to forge partnerships and take action on issues of common concern.

The challenge will be in ensuring that the enthusiasm generated through this process translates into momentum for ongoing collaboration, so as to improve the health of the McLennan community and neighbouring areas. The next 12 months will be pivotal for developing and maintaining that momentum.
## Recommendations specifically supporting focus areas

<table>
<thead>
<tr>
<th>Focus area</th>
<th>Challenges</th>
<th>Opportunities</th>
<th>Recommended actions</th>
<th>Lead agency</th>
<th>Supporting organisations</th>
<th>Timeframe for action</th>
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<tbody>
<tr>
<td><strong>Service access</strong></td>
<td>Potential shortage of primary health care services in the area</td>
<td>Plan change process underway for Takanini development, coupled with DHB locality planning activities Platform of engagement established by McLennan development</td>
<td>DHB and other health organisations to identify gaps and take steps to address under-provision, working with PDC, and linking to wider service planning Explore dual use of facilities, such as local school/Bruce Pulman Park, with a view to establishing permanent community facility in longer term Clear and transparent programme of public transport development flowing through the McLennan site, and addressing under-provision in Takanini</td>
<td>CMDHB</td>
<td>PHOs/PDC</td>
<td>April 2008- March 2009</td>
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<td></td>
<td>Some concern re other service availability e.g. community meeting places</td>
<td></td>
<td></td>
<td>CMDHB</td>
<td>PHOs/PDC</td>
<td>April 2008- March 2009</td>
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<td></td>
<td>Availability of public transport access</td>
<td></td>
<td></td>
<td>CMDHB</td>
<td>PHOs/PDC</td>
<td>April 2008- March 2009</td>
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<tr>
<td><strong>Walkability</strong></td>
<td>Ensuring linkages from McLennan to external areas</td>
<td>Strategic base, e.g. PDC walking and cycling, LBD Emphasis in McLennan design on walkability</td>
<td>Ensure safe flow of walking routes to destinations outside development Traffic calming in key routes (Porchester Rd, Walters Rd) Maps, signage, artwork throughout McLennan; supported by development of walking group action plan Establishment of walking school buses in parallel with settlement in McLennan Implementation of health promotion programmes (e.g. Green Prescription) in McLennan development</td>
<td>PDC</td>
<td>McConnell Property</td>
<td>2008-2010</td>
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<td>Safety of access to areas outside McLennan</td>
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<td>PDC</td>
<td>McConnell Property</td>
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<td>McConnell Property</td>
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<td>McConnell Property</td>
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<td>ARTA</td>
<td>Schools</td>
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<td>PHOs</td>
<td>CMDHB/ARPHS/CM Sport/HNZC</td>
<td>2008-2009</td>
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<tr>
<td><strong>Community cohesion</strong></td>
<td>Establishing sense of community where all residents are new</td>
<td>McConnell-led activity Other services, e.g. Neighbourhood support, community programmes</td>
<td>Building culture or tikanga of engagement, including street activities, ambassadors to welcome new residents Building sense of place, including welcome packs with area/site history, services available and principles of neighbourliness Establishing linkages with existing community programmes (e.g. Neighbourhood Support) Involvement of HNZC and private tenants in residents’ society to ensure representation and involvement in decisions</td>
<td>McConnell Property</td>
<td>HNZC</td>
<td>2008- early 2009</td>
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<td>McConnell Property</td>
<td>HNZC/PDC/other stakeholders</td>
<td>2008-early 2009</td>
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<td>McConnell Property</td>
<td>HNZC/Residents’ Society</td>
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1. Introduction

1.1 Focus of the Health Impact Assessment

In late 2007, a Health Impact Assessment was initiated to focus on a planned new housing area within Papakura District. Once completed, the McLennan development, sited on the former Papakura Army Camp, will contain approximately 450 properties and house approximately 1500 people. Up to one-third of the properties will be purchased by Housing New Zealand Corporation.

The map below details the location of the development within Papakura district, and nearby major facilities.
The project was initiated by Housing New Zealand Corporation (HNZC), the current land owner, who selected McConnell Property as the developer. McConnell Property, as the developer, are managing the project with Papakura District Council (PDC) and HNZC as strategic partners.

The Auckland Regional Public Health Service (ARPHS) initiated the Health Impact Assessment (HIA) to assess the potential impacts of the development, and to influence aspects of its design and implementation so that positive health outcomes could be maximised and potential negative impacts reduced or eliminated.

The project is funded by Counties Manukau District Health Board, through its Let’s Beat Diabetes initiative, and contributes to the Urban Design workstream of Let’s Beat Diabetes. The LBD programme recognised that urban design and planning can directly influence physical activity opportunities in communities - and therefore on obesity, a significant driver of type two diabetes. LBD has used a strategy of supporting ‘exemplar models’ before, in terms of demonstrating how something can work and holding it up as an example for others to examine and (hopefully) adopt/follow. They chose to fund this HIA for that reason.

Synergia Ltd were contracted by ARPHS to lead the HIA through its scoping and appraisal phases. This document reports on the findings of the HIA process, gathered through a series of workshops, stakeholder interviews and evidence reviews undertaken between December 2007 and February 2008.

1.2 HEALTH IMPACT ASSESSMENT: BACKGROUND AND PURPOSE

HIA is a formal process through which policy and planning are able to maximise their beneficial effects on health and wellbeing, and minimise or eliminate their potential harms through innovative solutions.

The determinants of health and wellbeing are influenced by environments, policies and activities occurring both within and outside the health sector. HIA offers the opportunity to systematically explore potential health effects of a policy, plan, programme or project, and to incorporate health and wellbeing considerations into policy and planning. HIA complements the use of economic and environmental impact assessment at national and local levels.

Using local and published evidence, a HIA process delivers a set of evidence-based recommendations to inform and influence decision-makers.

An important consideration in HIA is the distribution of health effects, by identifying which populations bear disproportionate impacts on their health, and to what extent these inequalities can be reduced.
HIAs are gaining increasing recognition in New Zealand, and are a well-established approach internationally. The National Health Committee has championed the use of HIAs since publishing their Guide to HIA in 2004, and in 2007 issued a follow-up report on new opportunities for HIA in New Zealand.

HIA’s influence is prospective – it is systematically applied in the window between the initial formulation of policy and planning and their detailed finalisation. Applied in this way, HIA supports democratic engagement, equity, sustainable development, ethical use of evidence, openness and transparency. HIA fosters cross-sectoral approaches to policy development and aligns with the ‘whole of government’ philosophy.

HIA considers the broad scope of determinants of health, encompassing the social and economic environment, the physical environment, as well as individual characteristics and behaviours.

Further details on HIA can be found in Appendix 4 (page 65).

2. Papakura and McLennan Profile

2.1 Population and Area Features

Papakura is located between the Manukau Harbour and the Franklin District, 32km south of Auckland city. The town’s name originates from Maori words papa-kura meaning “red earth”, reflecting the rich, fertile soil upon which the community was founded.

The Papakura District Community Report notes that the district has long been home to Maori belonging to Waiohua ki Waikato. The district’s traditional name is Wharekawa and the people of Wharekawa derived mana from their association with the Manukau Harbour and from the Hunua Ranges which provided all their needs.

The area was settled by Europeans in 1847, and became a military outpost in the 1860s before becoming a thriving rural township. Papakura has been met by the growth of Manukau City southward, now forming the southernmost extent of the Auckland urban area. Its physical environment includes forest covered Hunua foothills and agricultural and horticultural land linking with Franklin District.

Papakura is changing rapidly and has been identified as a growth area in the Auckland Regional Growth Strategy. In the period leading up to 2050, it is expected that the population will double. Planning has been undertaken by the Council and the community so that this growth is managed sustainably to 2020 and beyond. There is significant Greenfield development underway in the district, principally in Takanini and Hingaia.
It is within this context of growth that the McLennan development is taking place. The McLennan development is located on the edge of Papakura township, near Takanini. The surrounding urban/semi-rural areas where the development lies has a combined population of approximately 40,000 people, comprising 59% NZ European, 28% Maori, 11% Pacific and 8% Asian. The total population of the entire Papakura district was 45,000 people in 2006. Compared to the rest of Auckland, Papakura has a high Maori population and a low Pacific population.

The area has relatively high deprivation levels; more than half the population of these areas live in deciles 8 to 10 (the highest deprivation level in the New Zealand Index of Deprivation). Takanini, which lies next to the McLennan development, is an area with generally poorer socio-economic indicators compared to other parts of South Auckland. Note however that the composition of the McLennan development may not mirror the characteristics of the existing population; for example, the diversity of housing types in McLennan is expected to attract a range of people and age groups.

2.2 OVERVIEW OF THE MCLENNAN URBAN DEVELOPMENT

McLennan will be a major housing development on the site of the former Papakura Army Camp. Over the next four to six years, the site will grow to include 450 properties housing 1500 residents, with a new secondary school and early childhood centre at one end and the established McLennan Park at the other. Additional soccer fields are being developed by the expansion of McLennan Park. Opposite the site on Walters Rd is the multi-sports complex Bruce Pulman Park.

McConnell Property is undertaking the design and development of the site. The development of a McLennan Plan was a collaborative process over two to three years, led by McConnell Property, underpinned by a Memorandum of Understanding with Housing New Zealand and Papakura District Council. A Master Plan was approved by Papakura District Council in 2007 (as part of the notified plan change), and most of the remaining consent work focuses on the housing to be developed in the area.

Housing New Zealand will purchase back up to 33% of the properties for state housing, and these will be located around the development in a ‘pepperpotting’ manner. Some 3-8% of Housing New Zealand’s share will be affordable housing provided by the NZ Housing Foundation.

* Encompassing the following Census area units: Ardmore, Massey Park, Opaheke, Pahurehure, Papakura Central, Papakura East, Papakura North, Papakura North East, Papakura South, Red Hill, Rosehill, Takanini North, Takanini South, and Takanini West. This excludes the areas of Hingaia, Drury and Bremer within Papakura District.
The overall layout and concept of the site is detailed below.
Key features of the design include:

- Use of slow traffic principles
- Access to open space
- Mixed tenure/pepper potting
- Range of housing types, from 1½ bedroom apartments to 5 bedroom family homes
- Point of sale design covenants or rules that sustain the quality of the housing, landscaping and open spaces
- Local character
- Connectivity (i.e. development that is connected with its surrounding environment and community, thereby facilitating ease of access)
- Access to services
- High quality public areas
- Sustainable housing (low impact design; passive solar gain; crime prevention through environmental design (CPTED) principles; construction specification)
- Integrated neighbourhoods/communities

The project is due to begin construction in January 2009 and will be delivered over a three to four year period. The cost of housing will range from the high $300,000s to the high $400,000s.

The development is part of a long-term plan for the development of the Takanini area (established in the District Council’s 2001 Takanini Structure Plan). Papakura District Council has been an active partner in the development of McLennan from early planning and design guidance through to the statutory processes. This has included:

- Guidance on planning, architectural design concepts and urban design ahead of development of the Master Plan
- Integration of the development into the existing communities, and provision of access to walking, cycling and vehicle facilities
- Facilitation and support of design workshops (including councillors, officers, HNZC and McConnell Property).
2.3 HISTORY OF THE SITE

At the time the HIA was being undertaken, there was no resident population living on the McLennan site. However, the site has a long history of use dating back to Maori settlement in the area. For Maori living in the area both before and after European settlement, the Papakura district provided strategic access to the east, south and to the ‘foodbowl’ of the Manukau harbour. The forests that grew in the area provided at the very least a seasonal basis for gathering forest resources and hunting.

The area was rich with natural resources, including bird and fish life in the wetlands, swamp forests providing building and weaving materials, and rongoa (medicinal resources).

Ihaka Taka-a-nini was a prominent rangatira who resisted many efforts by the Crown to take ownership of the land, and an ancestor of many Maori who continue to live in the area, including the suburb of Takanini that bears his name.

In 1849, the McLennan family settled on 440 acres of land, establishing the Fernaig farm, clearing the forests and draining the swamps in the area.

In 1939, the Papakura Military camp was established on the McLennan farm site, which continued into the 1990s. A number of participants in the HIA process grew up in the army camp as children. Karl Flavell, a representative of Te Roopu Kaitiaki O Papakura, spoke of the sense of pride and loyalty in the army community on the site.

This rich history of the area has given rise to what mana whenua refer to as ‘the three losses’: the loss of the land through raupatu/confiscations, the ecological loss of the wetlands and wildlife following clearances, and the loss of whanau in various wars.

In 2002, part of the military camp was decommissioned and purchased by Housing New Zealand Corporation and the Ministry of Education. In 2005, McConnell Property was selected as the development partner for the land owned by HNZC.

2.4 HEALTH STATUS OF PAPAKURA

A range of health issues have been identified by the Counties Manukau District Health Board (CMDHB) and Ministry of Social Development relating to Papakura. These include:

- Papakura residents have a life expectancy at birth of 77.7 years, 1.3 years lower than their counterparts from the rest of New Zealand. The
life expectancy at age 65 is 18 years, 0.7 years below the rest of New Zealand.

- Around 6% of Papakura’s child population are admitted each year for what could be considered avoidable conditions. The equivalent figure for adults is 5.8%; these are higher than would be expected for neighbouring Manukau and Franklin.

- The main areas of potentially avoidable mortality in Papakura are cardiovascular disease and diabetes, cancer, suicide and skin cancer.

- Areas of concern noted by CMDHB were heart disease, respiratory diseases and skin cancer. Type 2 diabetes is a further area of concern which is the focus of the Let’s Beat Diabetes strategy.

- The road traffic injury mortality rate (published for 2000-01) was markedly lower in Papakura district than Manukau and Franklin.

- In 2005, leading causes of injury hospitalisations in Papakura were falls (31%); adverse effects of injuries (16%), and motor vehicle accidents (10%). One in four injury hospitalisations occurred in people aged over 60 years.10

- Maori in Papakura represent a population with particular health needs.

For some health issues, data is not available that relates specifically to Papakura. Looking at the wider Counties Manukau area, the following information is of interest:

- Data from the 2002/03 New Zealand Health Survey, for the wider Counties Manukau District, indicated that regular physical activity† in Counties Manukau (52.3%) was similar to national levels (52.5%). There was a higher prevalence of males (58.4%) than females (46.8%) obtaining regular physical activity. Pacific peoples and Asians were generally less likely to be physically active than Maori and other ethnic groups.

- The prevalence of obesity‡ in Counties Manukau is higher than the other Auckland district health boards (DHBs) for both females (24.7%) and males (22.1%). Maori and Pacific peoples have consistently higher levels of obesity than other ethnic groups.

- Adequate fruit and vegetable intake (i.e. 5 or more fruit and vegetables per day) was significantly lower in Counties Manukau (34.2%) than in the Waitemata (41.8%) and Auckland (40.5%) DHBs, or nationally (40.5%). A significantly greater proportion of females than males

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† Undertaking at least 150 minutes of physical activity per week, comprising at least 30 minutes on five or more days of the week

‡ BMI (Body Mass Index) ≥ 32.0 for Maori and Pacific, or a BMI ≥ 30.0 for Europeans, Others and Asians.
received 5+ a day. Maori, Pacific and Asian groups generally had poorer fruit and vegetable intakes than Other ethnic groups.

- 23% of the Counties Manukau adult population smoke. This is second only to Northland.
- Children’s oral health in Counties Manukau is poorer than other DHBs in the Auckland region.

2.5 STRATEGIC CONTEXT

The Papakura District’s Long Term Council Community Plan (LTCCP) sets the strategic direction for the district. It highlights eight overarching community outcomes. These are:

- Pride in our community and heritage
- Town centre as the heart of the district
- Releasing the potential of our rangatahi
- Safe and stable community
- Healthy lifestyles
- Fostering involvement in arts and recreation
- Accessible and cared for natural environment
- A well-planned and built natural environment.

Supporting the outcomes of the LTCCP is Papakura District’s Walking and Cycling Strategy, which has three overarching goals:

1. Community environments and transport systems that support walking and cycling;
2. More people choosing to walk and cycle more often; and
3. Improved safety and security for pedestrians and cyclists.

The strategy’s priorities focus around local residents being able to walk and cycle for transport and pleasure. It assumes that the majority of these journeys will be relatively short (1 – 5km) and that popular destinations will include schools, the Town Centre, Public Transport, reserves and parks and local businesses/industries.

Also of notable relevance to the HIA is CMDHB’s Let’s Beat Diabetes (LBD) strategy. LBD was developed to provide a long-term approach to tackling the growing problem of type 2 diabetes. The strategy aims to:

1. Prevent and/or delay the onset of diabetes,
2. Slow down disease progression, and
3. Increase the quality of life for people with diabetes.
The strategy creates a long-term framework and a broad set of community partnerships, working within a 20-year horizon. An important workstream within LBD is Action Area 3: Changing Urban Design to Support Healthy, Active Lifestyles. This workstream was established because of the importance of physical activity as part of daily life, in helping to prevent obesity and the onset of diabetes. CMDHB have been actively involved in the McLennan HIA with this area of activity particularly in mind.

The significant involvement of HNZC in this project reflects the priority of the government towards development of state housing stock, particularly in Auckland. The New Zealand Housing Strategy signals a clear intention by the government to significantly expand state housing stock, as part of an overarching strategy that seeks to:

- reduce unmet housing need
- reduce inequalities in housing
- improve the quality of New Zealand’s housing stock
- develop a housing sector that encourages appropriate provision of, and investment in, housing.

3. Development of this Health Impact Assessment

There are four key stages to Health Impact Assessments. These are identified as:

(a) Screening – the initial selection process to assess a policy’s suitability for HIA;

(b) Scoping – highlighting the key issues needing to be considered to define and shape the HIA;

(c) Appraisal and reporting – identifying the relevant determinants of health and using specific tools to identify potential health impacts then assessing the significance of these impacts and drawing out practical changes to the policy;

(d) Evaluation – assessing how the process was undertaken and the extent to which the recommendations were taken up by the policy-makers.

The first phase of the HIA, screening, was effectively undertaken through the selection of the McLennan development. This document focuses on the processes and findings of the scoping and appraisal phases. It also outlines an evaluation framework that could be applied to assess the overall outcomes of the HIA process.
3.1 SCOPING

A scoping workshop was held on 14 December 2007, to identify the parameters of the HIA. This informed the appraisal workshop held in early 2008. The workshop was held in Bruce Pulman Park, a substantial recreational facility neighbouring the McLennan site.

Participants in the workshop represented the following organisations and/or interests:

- Auckland Regional Public Health Service, with a role in health promotion services and health advocacy
- Auckland Regional Transport Authority, responsible for funding and planning of transport services, including active transport
- Counties Manukau District Health Board, responsible for the planning, funding and/or delivery of health services
- Housing New Zealand Corporation, responsible for the provision of housing to those in the greatest need
- McConnell Property, who are leading the McLennan development
- New Zealand Police
- Papakura District Council
- Procare Network Manukau PHO, a network of primary health care services, with a health promotion function
- Te Kupenga o Hoturoa PHO, another PHO operating in the district, with functions similar to Procare and with a particular focus on the health needs of Maori
- Te Roopu Kaitiaki O Papakura, a grouping of five Papakura iwi
- Work and Income New Zealand, with core roles in providing financial assistance to people; helping people get into education and training

Ideally, HIAs occur in the ‘window of opportunity’ between a decision being made and the completion of detailed planning. At the scoping workshop, it was evident that in many respects, a range of key decisions had already been made; and initial construction on the site was at that time due to begin in a few months’ time. Decisions already made included road layout; walking and cycling routes; location of reserve and open space areas; park locations, layout and landscaping design; housing typologies; housing location (including pepperpotting of social housing) and design. Furthermore, District Plan changes enabling development to take place as set out in Master Plan had been adopted.

However, although the project was well advanced, there were a number of issues where there were outstanding detailed decisions to be made, affecting the McLennan development directly and also the wider surrounds.
There was also the view that the findings from the HIA could usefully inform future urban planning in the district and the wider Auckland region.

This led to three areas being selected for focus in the HIA: **community cohesion, walkability and infrastructure for service access** (discussed in section 4, page 24), all of which are important determinants of health.

### 3.2 APPRAISAL

An appraisal workshop was held on 11 February 2008 at Bruce Pulman Park. Some 25 stakeholders were present from the following organisations and/or interests:

- Auckland Regional Public Health Service
- Auckland Regional Transport Authority
- Counties Manukau District Health Board
- Housing New Zealand Corporation
- McConnell Property
- Ministry of Education
- New Zealand Defence Force
- Papakura District Council
- Papakura Normal School
- Procare Network Manukau PHO
- Te Roopu Kaitiaki O Papakura
- Work and Income New Zealand

Following the workshop, a series of stakeholder interviews were conducted with people who were unable to attend the workshops or had expert views to contribute.

A full list of participants in the HIA is listed in Appendix 1 (page 50).

To inform workshop discussions, a profiling exercise of the Papakura district was undertaken. The key findings are detailed in section 2. Mapping of population and area features of Papakura can be found in Appendix 2 (page 52).

The remainder of this report details the findings of the appraisal phase and recommendations that emerged.
3.3 APPLICATION OF SYSTEMS THINKING APPROACHES

An important element of the approach that Synergia brought to this HIA was the application of ‘systems thinking’ approaches. Systems thinking is described as an approach that

‘...considers connections among different components, plans for the implications of their interaction, and requires transdisciplinary thinking as well as active engagement of those who have a stake in the outcome to govern the course of change’.12

Systems thinking enables people to develop insights into the nature of a system and how it behaves, and then design effective solutions to meet complex challenges. The approach is holistic and deals with complex situations by taking a ‘whole picture’ view of the critical dynamics across an issue or situation, rather than seeking to divide the problem into small and separate elements.

Key features of systems-based approaches include:

- Recognition that complex issues such as health are affected by actions within and outside the health sector
- Actively seeking the input of individuals and organisations with significantly different perspectives, cultures and goals
- Consideration of both the causes and consequences of different actions, and the interplay between different issues across a system
- Involvement of stakeholders in the identification of problems and issues, and in developing of strategies and interventions in response to these issues
- Assessment of problem analysis and responses against the empirical evidence.

Although these features have commonalities with core approaches to HIA, a key point of difference is the explicit consideration given to the linkages and interconnections in the causal pathways of the issue under examination. This requires a consideration not only of impacts, but also of the factors that give rise to a situation, and how they are linked together.

A common approach used in many HIAs is to focus on analysing the impacts, with an assumption that the underlying causes are independent of each other. Furthermore, many HIAs place a strong emphasis on impacts and a much smaller emphasis on developing responses.

A systems approach, in contrast, actively seeks to understand and clearly map the web of linkages and work with stakeholders to develop a range of responses that address the underlying causes working across a system. This will be evident in the discussion in sections that follow, exploring the key focus areas of the HIA.
4. **Key Focus Areas**

4.1 **Linkages of Key Focus Areas with Health**

The links between all three focus areas and health are well-documented; it is important to note however that there is only a limited evidence base for the impacts on community health for intervening in urban design, and there are few experimental or quasi-experimental works in this area. The available evidence base is however supportive of the directions pursued in this HIA.

The first area of focus, **service access**, has an important influence on health and is shaped by the local urban design and planning priorities. Access to and use of local resources such as health services, grocery shops and parks, can provide opportunities for health through use of the services themselves, and also through physical activity involved in reaching such services. Lack of service or amenity access, or an obsolete or inappropriately designed built environment, can also act as a constraint on achieving health.

Access to services can also facilitate community cohesion, which is a recognised determinant of health. Venues such as community centres, schools, parks and open spaces, health facilities and shopping facilities, may enable interaction between people that supports a sense of belonging and participation in a community.

The degree of **walkability** of an urban environment (the second focus area) is an important contributor to levels of physical activity. Car-dominated urban environments discourage walking and cycling, and encourage sedentary lifestyles, as a result of risks or perceptions of the safety and quality (such as air quality or amenity value) of the environment. Observations of urban development in the United Kingdom and the United States – where in some areas access to parks, footpaths and other forms of public open space have been restricted or removed in favour of roading for private transport – suggest the options for walking and cycling as part of a daily routine have been lost, and that consequently more people are overweight and physically inactive.

Walkability can be influenced by a range of factors, including service access, but also perceptions of safety, quality of the walking environment (e.g. state of footpaths) and the visual appeal of an area. Changes to urban environments that foster physical activity as part of daily life is a notable workstream within Counties Manukau DHB’s Let’s Beat Diabetes strategy.

Promoting walkability within urban development is not simply the concern of health promoters, but is a goal shared in common with urban designers and planners. Walkability offers a reduced reliance on motorised transport and the benefits associated with that, and promotes a more dynamic community life.

**Community cohesion**, the third focus area, is a very broad concept, and its role in health has been explored through many different approaches. In this
A brief review, it is sufficient to note that the strength of a community (often described as ‘social capital’) has been linked with health through such mechanisms as exercising informal social control over undesirable behaviours; supporting collective action by communities towards shared goals; supporting the spread of health promotion messages; and a direct effect on the mental health and wellbeing of residents. It is important to note in this discussion that although the three focus areas all have an impact on health, there is also a strong supportive relationship between the three.

- Service access provides opportunities for walkability and community activity
- The degree of walkability can affect the way in which people are able to interact with other members of a community and access services
- The strength of a community can provide leverage to local efforts to improve service access and support walking as a mode of transport.

What this suggests is these factors should not be treated in isolation, but need to be considered for their relationships with each other, and the factors that can support their development, as much as their impacts on health. This multi-layered approach of examining impacts, causes and mitigation strategies underpins the systems approach taken in this HIA.

### 4.2 Planning to Date Undertaken in Focus Areas

#### 4.2.1 Service Access

- **HIA Purpose:** To identify the scope of services that will be available in the short, medium and long term, and any potential gaps

The McLennan site is largely a residential development, with no services internal to the site (such as retail or community/cultural facilities), apart from the parks and a secondary school scheduled for development in around 2014. The site sits adjacent to Bruce Pulman Park, which has extensive sporting facilities, as well as McLennan Park, which has both active and passive recreation facilities. An existing retail centre is approximately 1 km distance down Walters Rd, and the Takanini rail station (scheduled for re-development over the next 2-3 years) is approximately 2km from the site.
The McLennan development is part of the wider development of the Takanini area. The Structure Plan, the District Plan and subsequent Plan changes allow for the development which is expected to include:

- New residential areas with up to 20,000 more people
- New business areas creating up to 3,000 more jobs
- Two new mixed use nodes with retail services
- New education facilities (2-3 primary and 1 secondary)
- Improved public transport, with new or upgraded station supported by bus network.

Of particular note in the development of Takanini and McLennan is a Plan Change underway which would allow for a new suburban town centre, located near to McLennan on Porchester Rd, opposite Bruce Pulman Park. This is expected to include a library and supermarket, and connected by public transport. PDC are keen to engage with health planners and providers on the possible location of health services in this planned development. In addition, a site for a small community/retail centre nearby has already obtained council consent, and its development is subject to commercial feasibility of the site.

The diagram below details the long-term plans for the Takanini area, as detailed in the Takanini Structure Plan developed by Papakura District Council.
At the time this HIA was undertaken, there were relatively few health facilities in the Takanini area; the main primary health care providers are Conifer Grove Medical Centre and Takanini Care on Great South Road, some 3km distant. The Papakura Maternity Hospital is approximately 2km distant towards Papakura township.

Also at this time, Counties Manukau District Health Board, through its Health Services Plan, is looking to develop a number of health "hubs" around the district. These are planned to be the base for a number of primary and community health services for the 6-8 localities in the district. These will be funded through public/private partnerships and private sector investment capital. The planning for these service developments are at an early stage and will involve the local communities and stakeholders across the Papakura/Takanini locale to work up the more detailed plans. This is likely to occur over 2008/09.

The Ministry of Education, in its Takanini Area Strategy, envisages there will be up to 4000 5-17 year olds in Takanini by 2020. To meet this need, 2-3 new primary schools are envisaged in the next 10-15 years, and one secondary. The new primary school is not expected to be developed before 2010, and the secondary school some two to four years later (current indications are 2014).24

4.2.2 Walkability

- **HIA Purpose:** To identify opportunities for walkability and in so doing maximise the potential of the design

McConnell Property’s design of McLennan is intended to foster walkability. This includes:

- rejuvenation of adjoining parks;
- a ‘tree park’ path system for internal active recreational space;
- edges of properties that face to open space promoting visual surveillance and a sense of safety;
- connections to Papakura walking and cycling routes;
- place-marking to aid navigation;
- application of CPTED principles (Crime Prevention Through Environmental Design);
- linkages between green open spaces
grid roading layout promoting ease of access across development on foot.

Papakura District Council’s walking and cycling strategy will establish a network of walking and cycling routes across the district, including and linking with the routes internal to the McLennan development. This strategy provided the basis for provision of walking and cycling infrastructure within the McLennan development. An implementation plan is currently being developed; its implementation in the McLennan area will be actioned through the Plan Change and resource consents. Funding is committed through the LTCCP for a ten-year delivery programme across the district. Takanini has been flagged as a higher priority area given its status as a development node.

4.2.3 Community cohesion

- **HIA Purpose:** To identify ways in which the community functioning can be positively developed, social cohesion (neighbourliness) maximised and local identity and diversity fostered.

Although a great deal of planning is underway, this focus area was noted as one where there is significant room for input from the HIA. The developers were keen to hear from HIA participants how the social fabric of the new community could be developed and strengthened.

McConnell Property is seeking to foster an inclusive community in the McLennan development, with a strong sense of place and local identity. At the time the HIA was undertaken, this had to date included:

- Incorporation of parks within the design as shared open spaces
- Commissioning a Cultural Values Assessment through the Te Roopu Kaitiaki O Papakura
- Commissioning a ‘Living Histories, Living Memories’ project to document the history of the site and develop a sense of place among residents (in progress)
- Commissioning a collaborative public art project (in progress)
- Engaging with the local Papakura Normal School in developing art work and community activities

Further work in which was underway at the time of the HIA was the establishment of an incorporated society to oversee the ongoing management of the site, audience segmentation and community research, a new residents’ welcome programme, and development of community activities.
A critically important aspect of the social composition of the development is the purchase by Housing New Zealand Corporation of up to one-third of the properties, as housing for its own clients. HNZC focuses on providing housing for those with the greatest need; people who generally have difficulty affording the costs of appropriate accommodation.

HNZC tenants will be pepperpotted across the development, and tenants will be matched appropriately to the available housing. The tenants will include existing tenants, people with disabilities and older people (currently no older people are housed by HNZC within Papakura).

Adjacent to the McLennan site is a remaining the New Zealand Defence Force facility. NZDF are keen to work with its neighbours to mitigate community issues due to NZDF activities (such as helicopter or industrial noise) at Papakura Camp in a partnering environment, and form a working relationship with the community and service agencies.

5. Potential Impacts and Enablers

During the appraisal workshop, participants were asked to discuss the potential impacts (positive and negative) of each of the key focus areas, and to identify the foundations that need to be in place to maximise positive outcomes. These were framed through four central questions for each focus area:

- What would be the health impacts if the development has good [service access/walkability/community cohesion]?
- What would be the health impacts if the development has poor [service access/walkability/community cohesion]?
- What needs to be in place to ensure good [service access/walkability/community cohesion]?
- How do you ensure they are put in place?

These questions were posed in concurrent working groups for each focus area. The purpose was to explore both the potential consequences of the development on the focus areas and on health; and to then explore potential mitigation or support strategies. Using a 'world cafe' format, participants were asked to move between tables in rounds of conversation, to create a dense web of ideas and connections that were developed in a short period of time. The strengths of this approach are firstly, that many people are able to contribute across all focus areas; and secondly, that ideas developed by participants can be built upon by others as participants move between groups.

Full transcripts of these breakout sessions can be found in Appendix 3.
The diagrams on the following pages synthesise these discussions, focusing on the potential positive outcomes and the steps needed to put these in place. Each diagram depicts two sets of pathways identified by HIA participants:

- The foundations that are required to enable service access, walkability, and community cohesion to occur
- The positive health impacts that can flow from having the focus areas in place (and where the inverse negative impacts can occur if walkability, service access and cohesion are not achieved).

These discussions provided the foundation for identifying key health issues for the McLennan development, and recommendations to address them, which are explored in sections 6 and 7.

5.1 SERVICE ACCESS

Impacts: Two main pathways of service access to health were identified, detailed in the diagram on the following page. The first avenue was through having localised community, retail and health services within easy reach of the community. This supports the ability to access services when they are needed, and reduces travel distances and travel costs.

The second pathway is by creating increased opportunities for walking and other forms of physical activity. Physical activity itself directly impacts on health, as well as indirectly through reducing traffic congestion, air pollution and risk of vehicle injury. Together, these were also seen as helping create a more vibrant community life.

The potential for health inequalities to be reduced through improving service access or exacerbated through lack of access was noted by participants, particularly through travel costs and distances, and the ability or inability to access services when needed. The relative lack of health services in the area was a noted concern by participants.

Enablers: Putting service access in place requires planning and investment in the development of local services. To do this effectively requires a clear view of population growth patterns using existing available information, understanding of residents’ needs, as well as communication to residents of the services available. In addition, participants were of the view that service access could also be supported by greater inter-agency cooperation, and a Memorandum of Understanding between agencies was suggested as a means to achieve this.
5.2 WALKABILITY

Impacts: The key impacts of walkability were seen to be physical activity, community interaction, reductions in use of motorised transport, and improved sense or levels of safety in the community. These flow through to air quality, and physical and mental health. They were also seen to assist with building the reputation of the area.

Enablers: The potential enablers of walkability were suggested as:

- having access to a range of local services and facilities development
- a strong amenity value in terms of pathways, parks and general area attractiveness

[Note: Red arrows indicate reduction as a consequence of prior condition (e.g., access to local services can reduce travel costs, and can also reduce health inequalities)]

What needs to be in place

[Diagram showing flow of health consequences with interconnections between walkability, mental health, physical health, vibrant community life, road congestion, travel distances and costs, and having access to local services and facilities development.]

[Diagram showing what needs to be in place with interconnections between service access, development of local services, information on service access, resource investment and development, identify residents' needs/expectations, forecasting and planning, engagement with residents, inter-agency cooperation/engagement, memorandum of understanding between agencies, and walkability.]

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• a strong sense of safety in the area
• establishment of walking groups and walking school buses
• establishment of walking routes and information on these routes (including signage).

To achieve these requires high quality urban design and planning, investment in service and amenity development and information resources, open communication channels with residents, and the fostering of community networks.

5.3 COMMUNITY COHESION

Impacts: Participants suggested that the primary impacts of community cohesion were:
• enhanced connections with neighbours and community networks
• increased levels of social support across the community
• reductions in crime
• stronger sense of personal ownership in the area.

These benefits can be seen to flow through to a stronger sense of safety in the community, more friendly environments, and fewer barriers to physical activity, all of which impact on physical and mental health.

Enablers: A wide range of means were suggested for achieving community cohesion. These included establishing linkages with local organisations (such as schools and the Defence Force facility), building a vibrant community life, building a strong and functional incorporated society on the site and establishing a collective vision for the community.

Setting these in place could be achieved through a range of strategies, including:
• Establishing opportunities for strong channels of engagement with residents, starting with identified HNZC tenants
• Building or enhancing inter-agency cooperation on issues of community concern
• Developing welcome packs and welcoming activities for new residents
• Establishing some ground rules or expectations of what it means to be part of the community; these were seen not so much as a ‘do not’ list, but more of a positive statement of how a McLennan resident could be a good neighbour and contribute to community life.

5.4 COMMON THEMES AND INTERCONNECTIONS

The potential health impacts identified by participants, and the pathways through which they can occur, are consistent with the brief exploration of the literature (discussed in section 4).

It is notable that the interconnections between the three focus areas are very evident in the discussions that took place. Moreover, the impacts in one focus area are often the foundations for another. For example, access to local services and facilities was seen as a necessary foundation for a vibrant community life, and for promoting the walkability of the area. The extent to which people were able to walk in their local neighbourhood was similarly seen as an underpinning of community cohesion.

These findings suggest that it is difficult to disentangle the three focus areas from each other, and that recommendations arising from this HIA are likely to have ramifications for all three focus areas.

Common themes that emerged from these discussions were:

• Access to local services and amenities as a key enabler
• A concern about levels of health service availability in the area
• The importance of a safe community environment as both an outcome and a foundation of all three focus areas
• The need to engage with residents and potential residents on their needs and expectations as the community develops
• The imperative to foster a community spirit from the beginning of the development, through welcome packs, information resources and resident activities
• Support for stronger inter-agency linkages, through a Memorandum of Understanding, partner agreement or collaborative projects.
It is also clear that many of the outcomes envisaged by the appraisal participants require two forms of investment. Firstly, there was a call for investment in the physical infrastructure of the area, in terms of services and the amenity value of the site. Secondly, there was a clear call for investment in the relationships within the community, as well as between agencies that provide services to the community.

6. OPPORTUNITIES AND CHALLENGES PRESENTED BY THE DEVELOPMENT

6.1 OPPORTUNITIES

A striking feature of this HIA is the position of strength from which it starts. Throughout the HIA process, it was clear that McLennan was developed through a long and extensive process of inter-organisational engagement, underpinned by leading thinking in urban design.

From this starting point, there are many features of the design of the development that already go some distance towards promoting walkability, community cohesion and service access. The HIA process therefore had a strong component focused on potential improvements that can be made to the design and implementation of the development, with less emphasis needed on mitigating or avoiding potentially health damaging elements.

The McLennan HIA was also starting from a platform of local strategies supporting the three focus areas, particularly the Long-Term Council Community Plan, the Papakura Walking Cycling Strategy (together with the associated implementation plan under development), and the Counties Manukau Let’s Beat Diabetes strategy. The Cultural Values Assessment developed by local iwi for the McLennan development provides important guidance from mana whenua. Together, these provide locally grounded frameworks and opportunities for action.

In terms of promoting service access, participants from Papakura District Council identified a key window of opportunity over the next 12 months, with a district plan change underway focusing on the Takanini area. Through this, the Council are developing the framework for another section of the Takanini area, allowing for the provision of retail services, employment, parks and community facilities. Specifically, this identifies planning provision for a new retail and community facility close to McLennan (as discussed in section 4.2.1). Council staff saw this development as an important opportunity for health care service planning that could address current and future need. This could provide an important platform for dialogue and planning between the council, CMDHB and
PHOs; of note is that the DHB is concurrently undertaking a locality service planning exercise around future population growth and health needs.

The plans for McLennan give emphasis to promoting walkability within the development, and connect into existing and proposed walking and cycling networks.

It was also evident through the HIA that the developer was taking an active role in building a strong and cohesive community, with a range of initiatives underway.

At the time the HIA was undertaken, the McLennan development had a well-established partnership between McConnell Property, Housing New Zealand and Papakura District Council. Additionally, there were also in place a range of relationships with local interests, including the neighbouring school and iwi.

The HIA was able to build on this solid partnership by bringing together people from other agencies, particularly the health sector, but also social service agencies and the New Zealand Defence Force, to build a common response to issues raised by the development.

6.2 CHALLENGES

The discussions held at the appraisal workshop and in subsequent key informant interviews revealed that although health promoting potential of the development is strong, there are a number of issues that are of concern.

There were concerns voiced during the appraisal workshop about the shortage of primary health care services in the vicinity. The local practice was reported to be taking no new patients, forcing many local residents to seek care further afield, often at high cost. At the same time, the district council is planning for significant population growth in the Takanini area; the McLennan development alone will see 450 new houses built and over 1000 new residents, one-third of whom will be low income HNZC tenants. The influx of new residents will add further pressure to primary health care services in the area. Given the strong associations of deprivation with poorer health, the HNZC tenants are likely to be an important client group for local health services.

The lack of services within the McLennan development, apart from the extensive park and walking network, were seen as a concern by some participants. The lack of a community facility inside the development, or shops/cafe facilities, was seen as a potential impediment to promoting walkability and community interaction. However, the Plan Change being processed by Council would allow for provision of a library and retail services within close distance, in the nearby Addison development. This will be in addition to the retail centre 1km down Walters Rd.
The nearby primary school currently allows limited use of its facilities outside of school hours for community groups, but there are few other opportunities for community gathering points in the immediate area. The new high school planned for the area could potentially provide a community focal point, but its development is not expected to occur before 2014. A review of community facility provision is currently underway, which will include identification of areas in the district that are over- or under-resourced in community facilities, and the condition of existing facilities.

Public transport was a further area of service shortages in the Takanini area. Although ARTA is currently working on bus sector planning, the timeframes and scale of public transport investment in Takanini was not known at this stage. There were also concerns voiced about ARTA’s priorities towards developing services around centres where populations have become established, rather than as new housing areas develop.

A potential barrier to walkability in the immediate external environment of the development is the traffic along Porchester and Walters Roads. Both are busy roads, and Walters Rd currently has an 80km/h limit. If this continues, it may work against a sense of safety and limit people’s enthusiasm to walk into Bruce Pulman Park or to access other services in the area when they are developed. Changes to speed limits were discussed and the Council’s plans in this regard were outlined.

There is a challenge in establishing community networks in a place where all residents may be relatively new to the area, given that community networks often emerge over time or develop in response to an external pressure (such as closure of a local facility). However, there was general endorsement of the approaches being undertaken by McConnell towards establishing a community that is more than simply a collection of houses; one where people have a sense of being part of a place and linked into the neighbourhood network.

The lack of an existing community living on the site meant that the stakeholder input was largely from organisations with service delivery or planning functions, with some input from advocacy-oriented organisations. Although there was a strong level of stakeholder interest in the process and the impacts of the development on the new residents, a limiting factor of the HIA was that there was no-one to say how they wanted their community to look or feel. There were however many opportunities in the design and planning process for input from potential residents and the wider Papakura community.

6.3 ISSUES IDENTIFIED FOR VULNERABLE POPULATIONS

The discussions also focused on the particular needs of vulnerable populations in the development: Maori, Pacific peoples, people with disabilities, young people,
and older people (detailed in appendix 3). The key challenges that were identified for these populations were:

- **Cultural relevance**: Ensuring the housing design is relevant to cultural needs; a good example is ensuring toilets are not placed next to kitchens. It was also suggested that housing design should make Maori and Pacific people feel comfortable in their surroundings, reflecting their large families who often have lots of visitors.

- **Mana whenua**: It was recognised that the development had already gone some way towards reflecting the concerns of mana whenua. This included commissioning a cultural values assessment from local iwi; implementation of the protocols identified in the assessment; and commissioning an artwork to reflect the values and history of mana whenua. The active engagement of iwi representatives from the outset in the project was appreciated.

- **People with disabilities**: Issues identified for people with disabilities included ensuring the design of houses, particularly those housed by Housing New Zealand, were suitable for people with disabilities; ensuring connections to services in district were available; the longer-term maintenance of the design and walkways in the development; and involvement in the community structures that emerge in McLennan.

- **Older people**: The key concerns that were suggested for older people were ensuring walkability in the area, and a sense of safety in the neighbourhood. Steps to promote these were suggested through establishment of neighbourhood support networks for crime prevention, promoting an inclusive neighbourhood, ensuring accessible destination points such as shops and other community facilities, and incorporation of CPTED principles.

- **Young people**: Issues identified for young people included access to recreational parks over the full year; the ongoing maintenance of the development’s design; the safety of pedestrian routes within and outside the development; and the availability of programmes for youth.

### 7. Recommendations

This HIA’s engagement process drew together a wide variety of stakeholders from Papakura and the wider Auckland region. As mentioned earlier, the appraisal process incorporated a strong element of developing recommendations to maximise the positive health outcomes, and eliminate or offset potential negative health impacts.

To do this, participants at the stakeholder workshop were divided into two groups. One was asked to take the perspective of community advocates, and to
identify who needs to do what to get the best possible results for the McLennan development. The second group was asked to take the perspective of service providers and developers and to identify the key actions that their organisations can take to ensure the best possible outcomes from the development. The summaries of these discussions are located in Appendix 3 (page 59).

From these discussions, and a series of key informant interviews held following the appraisal workshop, the following recommendations are proposed.

7.1 GENERAL RECOMMENDATIONS

Memorandum of Understanding between key agencies

We recommend that a ‘Partner Agreement’ is forged between interested parties involved in the HIA. A more formal Memorandum of Understanding was proposed by stakeholders, but this was seen as difficult to secure. A Partner Agreement could:

- Establish a general framework for collaboration and coordination between organisations on long-term planning and service provision in the district, with the McLennan development acting as a catalyst for such action
- Facilitate stronger linkages between planning and delivery agencies
- Provide mechanisms through which the service needs of Papakura/Takanini residents can be identified and delivery agreed.

If such an agreement proves unfeasible or difficult to secure, an alternative approach that many stakeholders also supported was identification of a joint project where collaboration across organisations could be established, as a platform for closer long-term cooperation. Planning and provision of health services, or the pending Plan Change, were suggested as possible projects.

- Lead organisation: Papakura District Council
- Suggested timeframe: April-June 2008

Ongoing monitoring of HIA implementation

We recommend that Auckland Regional Public Health Service implements an ongoing process of monitoring and review of the HIA recommendations, and feeds progress to stakeholders at regular three to six-monthly intervals over the first five years of the development, linked to a comprehensive evaluation. This should encompass:

- Implementation of HIA recommendations
- Development of services around the McLennan development
- Implementation of walking and cycling facilities
- Indicators of wellbeing outcomes

- Lead organisation: Auckland Regional Public Health Service
- Timeframe: 2008-2013 (as development progresses)

**Ongoing monitoring of design impact**

Accompanying the above monitoring, we recommend monitoring is undertaken by PDC of the extent to which the promise of the development, in terms of its design principles around walking and cycling, CPTED, lighting, safety and open space provision, is translated into a positive living environment for residents. As well as providing information on the welfare of McLennan residents, such monitoring will provide important lessons for future developments.

- Lead organisation: Papakura District Council
- Supporting organisations: McConnell Property/HNZC
- Timeframe: 2008-2013 (as development progresses)

**Early HIA engagement**

We recommend that ARPHS, and others interested in undertaking HIAs in the future, factor the inclusion of HIAs as early as possible in the planning process. Because of the relatively late stage at which this HIA took place, the potential scope of the HIA was limited. Although a wide range of recommendations have emerged, some of which are potentially far-reaching, the experience of this HIA does highlight the importance of early use of HIAs in design and planning.

- Lead organisation: Auckland Regional Public Health Service
- Supporting organisations: CMDHB/other organisations funding or implementing HIAs

**Housing design**

HIA participants were keen to ensure that the housing design in McLennan and future developments is appropriate to the needs of different cultural groups (an example given was the location of toilets next to kitchens as being inappropriate for Maori and Pacific peoples); as well as to the needs of other population groups, such as older people and people with disabilities. There were also suggestions for incorporation of IPTED (Injury Prevention through Environmental Design) principles into housing construction, to accompany the CPTED principles in the overall development.
We recommend that HNZC and McConnell Property review the internal housing layout designs of the HNZC properties to establish if the designs are appropriate for HNZC and its different cultural groups without affecting the long-term appeal and usability of the properties. It is further recommended that such issues should also underpin future design considerations.

- Lead organisations: McConnell Property
- Supporting organisations: Housing New Zealand Corporation

7.2 SERVICE ACCESS

Health service provision

The 450 new residences in McLennan will add significant pressure to the limited available primary health care services in the area. Furthermore, one-third of the McLennan residents will be HNZC tenants, who are by definition on low incomes and are therefore more likely to have poor health. Papakura District Council identified a significant opportunity for health services to be co-located within the planned nearby retail/community facilities, working with current District Plan change processes.

Building on CMDHB’s locality service planning that is underway, we recommend that an action plan for the long term provision of primary health care services in the area is instigated by CMDHB, to identify current or potential under-provision and the steps required to address shortfalls, working with Papakura District Council, PHOs and other health providers or interested organisations.

- Lead organisations: CMDHB
- Supporting organisations: PHOs/Papakura District Council
- Timeframe: April 2008-March 2009

Dual use of community facilities/development of new facilities

HIA Participants expressed concerns about the lack of community meeting places in or near the development. We recommend that PDC explore the use of existing local facilities as community meeting places in the short-term. Options include Bruce Pulman Park or the local primary school. Bruce Pulman Park in particular offers a range of existing public facilities, and could be a potentially important community meeting place (balanced against its revenue-earning operations). In the longer term, we recommend that PDC explores options for establishing a permanent community meeting facility in the area, as part of PDC’s review of community facilities underway.

- Lead organisation: Papakura District Council
Public transport access

The McLennan development sits some 1km distant from the nearest retail centre, and 2km from the nearest rail station (Takanini). Given the existing under-provision in Takanini, coupled with the high proportion of Housing New Zealand tenants, who are likely to be on low incomes and least able to afford private transport, the McLennan site will need to be well-served by a public transport network. At the time the assessment was undertaken, plans for this were being developed by ARTA, but the scale and timing were not clear.

We recommend that ARTA leads a clear and transparent programme of public transport development through McLennan, with transport provision running parallel to settlement in the area. ARTA should communicate its plans for public transport development and bring them to stakeholders for discussion and input. Progress in this area should be part of the monitoring by ARPHS.

- Lead organisation: Auckland Regional Transport Authority
- Timeframe: April 2008-September 2009

7.3 WALKABILITY

Availability of accessible destination points

The McLennan design includes extensive walking opportunities within the development, with the key destination points within the development being the park network and planned public transport routes. As the wider area develops further, particularly the planned nearby community and retail facilities, there will be a need to ensure the promises of the McLennan design and the district’s walking and cycling strategy are reflected in walking and cycling routes that feed into these facilities outside the development.

We recommend that PDC’s planning and consent process ensures that walking and cycling routes from McLennan link in a safe and accessible manner to the facilities that exist or are to be developed in areas surrounding the site.

- Lead organisation: Papakura District Council
- Timeframe: 2008-2010, as McLennan site construction is completed along with that of neighbouring developments.
Links with Papakura walking and cycling network

Related to the above, the Papakura Walking and Cycling Strategy will bring about a network of walking and cycling routes across the district. Given the relatively small size of the McLennan development, any walking and cycling routes need to be able to link smoothly with the walking and cycling network in the wider district.

We recommend that PDC progresses and adopts the Walking and Cycling Strategy and Implementation Plan. We further recommend that McConnell Property's walking and cycling provision meets the outcomes of the strategy and links with the wider walking and cycling network.

- Lead organisation: Papakura District Council/McConnell Property
- Timeframe: 2008-2009, to be completed as residents move into McLennan

Safety of access to services and facilities outside McLennan

Currently, access from the McLennan site to the sports fields of Bruce Pulman Park is via the busy Walters Rd, which has a high speed limit (80km/h). To ensure walkability immediately outside McLennan, we recommend that traffic calming is in place to promote safety of access. Similar measures should be considered as other facilities in the area are developed over the longer term.

- Lead organisations: Papakura District Council/Transit New Zealand
- Timeframe: 2008-2009 as first wave of housing development is completed and first residents move in

Walking school buses

The arrival of new families in the development, many of whom will be seeking to enrol their children in Papakura Normal School (as well as any new schools in the area), provides an ideal opportunity to establish Walking School Bus routes from the beginning of the development. To encourage walking in the area, we recommend the establishment of Walking School Buses as families arrive in the McLennan development.

- Lead organisations: Auckland Regional Transport Authority
- Supporting organisation: Papakura Normal School
- Timeframe: 2009-2010, as residents move into the new housing areas

Walking groups and signage

As a way of encouraging walkability we recommend that walking groups are established by the McLennan’s community structures with the purpose of meeting regularly for walks within and outside of McLennan to places of interest.
To stimulate interest, promote activity and assist with activity goal setting, we recommend that artwork, signage and distance markers are located throughout the development and pointing to areas outside of it and that their location is determined with PDC and local community organisations.

To ensure the walking groups are sustainable and remain accessible for all McLennan residents it is recommended that a walking group action plan is jointly drawn up by McConnell Property, PDC, PHOs, HNZC and/or Counties Manukau Sport to identify what each stakeholder needs to do to in order to support the community organisation or incorporated society establish and run the walking groups.:

- Lead organisation: McConnell Property and then the community organisation/ incorporated society
- Supporting organisations: Papakura District Council/ PHOs/HNZC/CM Sport
- Timeframe: 2008-10; Action plan, artwork and signage to be completed before the first residents move into McLennan, and walking groups to be established as residents settle.

Availability of Green Prescription and other health promotion programmes

We recommend that local PHOs explore ways in which the Green Prescription programme (an exercise programme operated through primary health care), and other health promotion programmes can be offered to McLennan residents, particularly those who are HNZC clients. Once suitable means of implementing such programmes have been identified, appropriate actions should be taken to make these programmes available to residents.

- Lead organisations: Procare Network Manukau PHO/Te Kupenga O Hoturoa PHO
- Supporting organisations: CMDHB/Auckland Regional Public Health Service/CM Sport
- Timeframe: 2008-09, to be made available as residents settle in McLennan

7.4 COMMUNITY COHESION

Welcome packs for new residents

Building on the work already undertaken by McConnell Property in other developments, we recommend that McConnell Property include in their proposed welcome packs for new residents the following information: information on the
history, character and identity of the area; charting a positive set of principles or expectations of neighbourliness; details of the range of available services and how to access and make use of them; and maps of walking routes in the area

- Lead organisation: McConnell Property
- Supporting organisations: Papakura District Council/ Iwi/ PHOs/ CMDHB/ ARTA
- Timeframe: 2008-09, to be completed and before the first houses are sold and before residents move into McLennan

Building a culture or tikanga of engagement

We recommend that a process and engagement plan for welcoming people in to McLennan is developed to ensure new residents connect with their new neighbours and other residents. Suggestions by HIA participants included street barbeques and recruiting volunteer 'community ambassadors' to welcome and assist new arrivals.

- Lead organisation: McConnell Property and then the community organisation/ incorporated society
- Supporting organisations: Housing New Zealand Corporation/PDC
- Timeframe: The engagement plan and processes are to be completed and committed to before the first residents move in to McLennan

Building a sense of place

Participants were supportive of the design principles in street layout and landscaping, and the plans for artwork in the development, to assist with building a sense of place and identity with McLennan.

We recommend that McConnell Property Ltd and PDC continue to work with local iwi so where practical and possible, Maori themes and kaupapa are incorporated into the McLennan design, and in particular within the open spaces as a way of recognising and acknowledging past presence and future association with this area. The Incorporated Society/ community organisation and HNZC will require ongoing support from local iwi and PDC to sustain the tikanga and kaupapa of Maori design.

- Lead organisation: McConnell Property and then the community organisation/ incorporated society
- Supporting organisations: Te Roopu Kaitiaki O Papakura/Papakura District Council
- Timeframe: To be completed before the first residents move in
Building linkages with existing community programmes

There are already in place in Papakura a range of existing community programmes offered through the district council and other providers, including the Ministry of Social Development, health organisations and the NGO sector. A good example is Neighbourhood Support which is aimed at crime prevention and fulfils a dual purpose of connecting neighbours with each other.

It is recommended that McConnell Property Limited with the HIA stakeholders identify the range of programmes locally available so that they can be made known to McLennan residents by including the information the welcome packs, made known to HNZC and be incorporated in the wider community development programme for the area and made known to McLennan residents.

- Lead organisation: McConnell Property
- Supporting organisations: All HIA stakeholders
- Timeframe: Range of deliverable programmes (and funding) identified and agreed to before the first residents settle

Diversity of HNZC tenants

The diversity of housing types on the site offers an opportunity to bring in a diverse range of tenants into McLennan, from different cultures and age groups. We recommend that the housing design should meet these needs, and the selection of tenants should support the positive interaction of community members in the development.

- Lead organisation: Housing New Zealand Corporation
- Timeframe: 2009-2012 (as residents settle in McLennan)

Involvement of HNZC tenants in incorporated society/decision making

The incorporated society will be a key mechanism for allowing property owners to maintain the development and enhance the value of their homes and provide through the levies some funding of community engagement activities. There is a danger in establishing an incorporated society, if it mirrors the model of a body corporate, that it may reflect the views of property owners and not the HNZC tenants or private tenants in the area.

We recommend that McConnell Property establish a community organisation that is part of the incorporated society as a means of giving voice to all McLennan residents, including HNZC tenants and private tenants, so they feel they are represented in the community and involved in the McLennan decision making processes.

- Lead organisations: McConnell Property
- Supporting organisations: Housing New Zealand Corporation
Linkages with New Zealand Defence Force facility

The New Zealand Defence Force representative in the HIA indicated that the neighbouring facility requires certain activities to take place, including the occasional use of Iroquois helicopters and industrial noise. NZDF are however keen to develop a relationship with McConnell Property and the incorporated society that is established on the site. We recommend that NZDF builds on the goodwill established through the HIA to forge a constructive working relationship with the residents and HIA stakeholders.

- Lead organisations: NZDF
- Supporting organisations: McConnell Property/PDC
- Timeframe: 2008-2009

8. HIA Evaluation Framework

The time and resources available for this project prohibited an evaluation of this HIA. We can however suggest an evaluation framework that would allow an understanding of the successes or otherwise of the HIA. The ‘Learning by Doing’ Fund established by the national HIA Support Unit in the Ministry of Health provides an important opportunity for securing funding for undertaking a comprehensive evaluation of this HIA.

Evaluation is generally used to identify the strengths and achievements of programmes or projects, by focusing on the strength of the processes undertaken, and/or the extent of outcomes achieved in comparison to overarching goals.

The process evaluation is the most straightforward component of an evaluation, although it can nevertheless be a significant undertaking. This assesses the way in which the HIA was conducted, the strength of the evidence and analysis, the extent of stakeholder findings and explores participant feedback.

Outcome evaluation is more difficult and works over a longer term. As with health promotion programmes, high level morbidity and mortality outcomes are almost impossible to measure as an outcome of HIA, but these can be extrapolated from intermediary outcomes, such as physical activity levels and walkability assessments, and community capacity building outcomes.
An outcome evaluation of the McLennan HIA could be informed by the longer term monitoring discussed in the recommendations, including:

- Implementation of HIA recommendations
- Development of services around the McLennan development
- Implementation of walking and cycling facilities
- Indicators of wellbeing outcomes, including residents’ quality of life, community capacity building outcomes, environmental or sustainability indicators, social cohesion/social capital, and intermediary measures of wellbeing, such as time spent walking.

The extent to which data is available across these domains depends on the level of resources that can be invested in an evaluation, and the extent to which such factors are measured through existing instruments, such as council surveys. Outcome evaluation can also explore the strength of relationships established through the HIA, and the actions that resulted from the HIA.

An evaluation that was able to examine some aspect of these outcomes would add greatly to our understanding of the strength between the link between urban design and wellbeing, and the potential of HIA to benefit community wellbeing.

Both process and outcome evaluation are valid approaches and are often applied to HIAs; and given that HIAs are intended to influence the direction of planning or policy to maximise possible health outcomes, this is justifiable.

However, recent analyses have argued that HIAs also need to be evaluated for their predictive validity. That is to say, the extent to which the forecasts that are fundamental to HIAs are robust, based on evidence, and crucially, are reflected in the longer term outcomes of the issue being studied. Assessing predictive validity is challenging, because it often requires a long-term examination of the extent to which predictions are confirmed by facts. In the absence of predictive validity, HIAs can be judged by the plausibility of the predictions made and by the strength of the methods applied.

The diagram on the following page suggests some of the issues that could be explored by Auckland Regional Public Health Service should they wish to undertake an evaluation of this HIA. The approach suggested below has three key areas of evaluation: process, outcomes and validity. They are drawn in part from HIA guidance published by the National Health Committee, recent literature on the subject and issues raised through applying a systems perspective.
McLennan HIA Evaluation

Outcome evaluation
- Relationships established through HIA
- Extent to which HIA informed decision-making
- Decisions implemented as a result of HIA
- Impact of those decisions on McLennan residents and vulnerable populations
- Extent to which aims and objectives of HIA were met
- Unanticipated consequences of HIA

Process evaluation
- Strength of evidence used
- Comprehensive of issues identified in scoping addressed
- Extent to which interests of vulnerable populations investigated
- Extent of stakeholder involvement
- Transparency of discussions and findings
- Timeliness of HIA and recommendations
- Feedback from participants on process and suggested improvements

Validity
- Accuracy of descriptions of current situation
- Strength of causal relationships suggested or identified
- Range of determinants of health included
- Breadth of possible outcomes investigated
- Inclusion of key affected populations
- Comparison of historical data and subsequent outcomes
- Extent to which predictions align with outcomes, and explanations for differences
**APPENDIX 1: HIA PARTICIPANTS**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Members</th>
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</thead>
<tbody>
<tr>
<td>Auckland Regional Public Health Service</td>
<td>Simon Baker</td>
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<td>Marilyn Burton</td>
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<td></td>
<td>Ron King</td>
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<td></td>
<td>Jennifer Lamm</td>
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<td></td>
<td>Cherry Morgan</td>
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<td>Ewen Ross</td>
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<td></td>
<td>Pita Paul</td>
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<tr>
<td>Auckland Regional Transport Authority</td>
<td>Pila Fatu</td>
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<td></td>
<td>Anna Percy</td>
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<tr>
<td>Counties Manukau District Health Board</td>
<td>Tony Kake</td>
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<td></td>
<td>Brandon Orr Walker</td>
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<tr>
<td>Housing New Zealand Corporation</td>
<td>Judy Colebourne</td>
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<td></td>
<td>Brendon Liggett</td>
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<tr>
<td>McConnell Property</td>
<td>Charlotte Fitzgerald</td>
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<td>Dominic Foote</td>
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<td></td>
<td>Mark Fraser</td>
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<td>Ministry of Education</td>
<td>Malcolm Glenny</td>
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<td>NZ Police</td>
<td>Andrew Judson</td>
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<td></td>
<td>David Montgomery</td>
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<td>NZ Defence Force</td>
<td>Stuart Fieldes</td>
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<tr>
<td>Papakura District Council</td>
<td>Nicky Hayhaw</td>
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<td>Graeme McCarrison</td>
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<td>Nicola Mochrie</td>
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<td>Nathanael Savage</td>
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<td>Papakura Normal School</td>
<td>Judy Morgan</td>
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<tr>
<td>Procare Network Manukau PHO</td>
<td>Hinemoa Buffet</td>
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<td>Parvin Kapila</td>
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<tr>
<td>Safe Communities Foundation NZ</td>
<td>Carolyn Coggan</td>
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<td>Synergia Ltd</td>
<td>Adrian Field</td>
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<td></td>
<td>Miles Shepheard</td>
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<td>David Rees</td>
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</table>
Te Roopu Kaitiaki O Papakura  Karl Flavell
Te Kupenga o Hoturoa PHO  Tony Iwikau
Work and Income New Zealand  Peter Anderson
                           Debi Hackett
To support the HIA, the Auckland Regional Public Health Service (ARPHS) undertook a series of health and area analyses (detailed in section 2), as well as detailed mapping of population and area characteristics.

The first map below details the levels of deprivation recorded at the 2006 Census. The areas shaded blue indicate areas of relatively high deprivation, of which there are many in these areas. The McLennan site is shaded yellow.

**Deprivation levels, 2006 Census**
The second map indicates levels of access to green open space. Areas that are shaded dark green have high levels of access to green open space. The map indicates the McLennan development is nestled between two areas of green open space (these being the Brice Pulman Park on one side and soccer fields on the other).

Green Open Space Access
The third map below indicates levels of access to general practitioners. The map suggests that communities surrounding the McLennan development have access to GP facilities within 1-3 km. Note however that geographic access does not necessarily indicate use, and that other factors such as costs of GP services can support or inhibit uptake of GP services.

**Distance to nearest General Practitioner**

![Map showing distance to nearest General Practitioner](image)
The fourth map below details the population densities at the time of the 2006 Census, alongside the main shopping centres in the area and areas of open space. The map indicates the new McLennan population will adjoin existing populated areas, with urban open access nearby.

**Population density, shopping centres and urban open space**
### APPENDIX 3: APPRAISAL WORKSHOP SESSIONS

Note: This section details the discussions as reported in feedback from group discussion.

#### SESSION 1: IMPACTS AND ENABLERS

<table>
<thead>
<tr>
<th>What would be the health impacts if the development has good service access?</th>
<th>What would be the health impacts if the development has poor service access?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No barriers, provides options</td>
<td>• Greater cost – travel further for services</td>
</tr>
<tr>
<td>• Less pressure on hospital services</td>
<td>• Choose not to access services; or worse, loss of choice to access services</td>
</tr>
<tr>
<td>• Localised services with input from community – design, planning and governance</td>
<td>• Increased inequalities</td>
</tr>
<tr>
<td>• Retail/wrap around service access/libraries etc</td>
<td>• Pressure on other services further afield</td>
</tr>
<tr>
<td>• Walking School Buses</td>
<td>• Congestion on road and increases in injuries, with negative impacts on walkability</td>
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<tr>
<td>• Creating a “My Place” buzz – economic, health, social, ownership, cultural</td>
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<table>
<thead>
<tr>
<th>Who benefits?</th>
<th>Who suffers?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Environment</td>
<td>• Environment</td>
</tr>
<tr>
<td>• Residents</td>
<td>• Residents</td>
</tr>
<tr>
<td>• Wider community</td>
<td>• Wider community</td>
</tr>
<tr>
<td>• Tax payers</td>
<td>• Tax payers</td>
</tr>
<tr>
<td>• Rate payers</td>
<td>• Rate payers</td>
</tr>
</tbody>
</table>

**Service access**

**What needs to be in place to ensure there is good service access?**

1. Preventative strategies
2. Information on access to services
3. Collaboration strategy – involve all key stakeholders
4. Strong information and data – sharing needs assessments
5. Engagement with community – identify needs
6. Physical access
7. Resources, budget and commitment – long term
8. Adequate health services – now
9. “What do you all do?” Make clear roles of respective agencies
10. What are the opportunities within the physical space of this project?

**How do you ensure they are put in place?**

(Note numbered points in section below relate directly back to same numbered points in previous section)

1. Identify what community is going to look like and what it needs
2. Develop a welcome pack – services linked to community sites; think about years later
3. MoU – agencies, stakeholders, community, incorporated society; ongoing cross-agency meetings and discussion; identification of existing mechanisms
4. See 1
5. Engagement with HNZC groups, potential residents, wider community/residents, users of services
6. Identifying agencies, when issues of access are identified
7. See 3
8. Bring all agencies together and identify location/personnel
9. Get everyone together and present what they do – identify gaps/opportunities/resources
10. HNZC design their community houses so that services can access this or existing facilities; dual use of facilities?
What would be the health impacts if the development successfully promoted walkability?
- Promotes Papakura as a great place to live
- Better air quality and fewer respiratory problems
- Greater fitness and fewer injuries
- Role model for New Zealand
- Long term health impacts
- Mental health and sense of wellbeing
- Economic benefit of service centres
- Community interaction/sense of belonging and ownership – maintain higher quality environment
- Knowing your area
- Activity encourages sense of safety/reduced threat of crime and provides increased security for public assets
- Creates an ‘alive’ place
- Family activity; teaches children to walk
- Encourage communities to look after children
- Access services and employment without car

Who benefits?
- Papakura District as a whole
- Immediate residents and wider community using area
- Service providers
- Neighbours (schools, NZDF)
- Others using other forms of transport

What would be the health impacts if the development failed to promote walkability?
- Inverse of positive health impacts
- Discrimination against people with disabilities and older people
- Disappointment across key parties (HNZC, PDC, McConnell)
- Impact on wider community and particularly HNZC residents
- Opportunity for learning
- Area reputation suffers

Who suffers?
- Everyone (inverse of who benefits)

What needs to be in place to ensure there are good levels of walkability?
- Public spaces, good lighting, paths, attractions
- Maps, walking routes
- Area manual
- Playgrounds, skateboard park, rollerblading (who is responsible for maintenance)
- Community networks
- Walking School Buses
- Walking group, with pedometers available
- Safe cycling routes within and outside of site
- Dog control

How do you ensure they are put in place?
- Build community networks
- Establish community/street ambassadors
- Involve local schools
- Incorporate distance indicators/markers
- Establish cultural activity
- Develop community travel plans
- Communication with residents
Community cohesion (1)

**What would be the health impacts if the development successfully promoted a strong and cohesive community?**

- Encourages walking and cycling
- Sense of safety – encourages activity and interaction
- Happy and friendly environment (leads to above)
- Knowledge of neighbours – leads to support, tolerance and respect
- Support and psychological wellbeing
- Removes isolation and estrangement
- Children/adults play/activity – maximising use of common areas and parks
- Reduced crime

**Who benefits?**

- Residents
- Social agencies (reduced reliance/remedy required) e.g. Police, HNZC, WINZ, schools, council, health
- Ratepayers (lower maintenance costs)
- Surrounding residents (directly, via quality of infrastructure; indirectly, via raising bar for better community)
- Developer (track record)
- HIA process (success/best practice)
- Papakura district with flow on to national

**What would be the health impacts if the development failed to promote a strong and cohesive community?**

- Financial costs (use of cars, security, distance for recreation)
- Fewer recreation opportunities
- Social isolation/exclusion
- Mental and physical health, due to reduced activity and support
- Lost opportunities and failed expectations
- Carbon and other pollutants
- Risk of harm to children (road and personal safety)
- Increased crime, less reporting and vigilance
- “Not my problem syndrome”
- Increased transience and stigma; less community commitment, respect and tolerance
- Increased vacancies and lower continuity of tenure

**Who suffers?**

- Residents (including children)
- Social agencies
- Wider community
- Papatuanuku (Earth mother)
- HIA process (especially developers, council and HNZC)
- Developing mixed tenure developments in general

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**What needs to be in place to ensure a cohesive community?**

- Community ownership (recognising it is not yet an existing community)
- Process to engage community – a framework for the new residents
  - Community management structure
  - Opportunities to meet
- Sense of place (including history, identity and character)
- Encouragement of long-term tenancy
- Avoid high tenancy (including private allocation)

**How do you ensure they are put in place?**

- Future planning by agencies and community engagement
- HNZC to identify and work with chosen residents before construction completed – get best fit and understanding of expectations
- Identify opportunities for grass-root activity and foster that
- Build a collective vision
- Community groups and community channels
- Inter-agency cooperation (Memorandum of Understanding level); resourcing implications
- Build buy-in to concept from existing community
- Survey existing residents (e.g. Addison development) and review evidence (overseas examples) for similar initiatives
What would be the health impacts if the development successfully promoted a strong and cohesive community?

- Longer, healthier lives
- Lower need for medical assistance
- Ability to have frank conversations
- Happier people
- Active for longer
- People would feel safer
- Feeling more in control of their lives
- Sense of belonging to the community and sense of contribution and connection
- Could have say in their lives and the community
- Feel ownership and comfort, therefore more likely to be proactive in accessing service
- Pride
- More local support e.g. employment

Who benefits?

- Residents and local neighbourhood (e.g. less crime)
- Residents and particularly marginalised sectors
- Agencies are involved less; work more effectively

What would be the health impacts if the development failed to promote a strong and cohesive community?

- Continued slide in life expectancy
- Higher crime and vandalism
- Fear, leading to isolation
- Less physical activity
- Less neighbourly interaction
- Lower mobility
- More unemployment
- Inequality gap would increase
- Higher gang presence (people want to associate with some identity)
- Less community pride and local support

Who suffers?

- Environment generally – more pollution etc
- Residents
- District generally
- MoD, Ministry of Education as neighbours
- Agencies needing to intervene more/supply more services

What needs to be in place to ensure a cohesive community?

1. Political representation (so voice is heard in local politics)
2. Composition of body corporate (community representation) and could include neighbouring sites (e.g. NZDF)
3. Diversity of residents
4. Example of marae – rituals of first engagement and a community meeting place (in secondary school)
5. Links between the schools and service providers – not just silos of service provision (MoUs between agencies; relationship approach)
6. Some bottom lines and guarantees – principles of neighbourliness (e.g. walk children to school)
7. Cohesion

How do you ensure they are put in place?

1. More consultation and community research by PDC, developers and agencies
2. Establish board of trustees; make decision on how it’s used and ensure people are comfortable that it won’t be misused/abused
3. Diversity:
   - Establish quota policies and have a mix of house types and affordability options (e.g. home purchase assistance)
   - Treating people equally – house types and community development opportunities
4. New people are welcomed by local people and introducing services (a tikanga or ritual of engagement)
5. Build linkages:
   - A common understanding of community development and how the community steps through stages of development
   - More proactive government engagement and participation in governance (e.g. annual PDC forum)
   - MoUs between agencies
6. Information given on acceptable behaviour and expectations of community
7. Common purpose and need – something that brings people together and motivates; must arise naturally from community and requires community ownership
SESSION 2: CHALLENGES AND RESPONSES

Service providers and developers

What are the key challenges or actions coming out of workshop discussions?

- Access/provision of services and support to new development
- Co-habitation of residents with New Zealand Defence Force, Papakura District Council and local schools
- Ongoing network of agencies to help development in the long term
  - What specifically can each agency contribute?
  - How to ensure ongoing commitment from agencies?
- Ensuring what is learnt is shared between agencies
- Operating on a theoretical basis as no ‘community’ at present, so ongoing commitment and evaluation needed (build a theoretical model for planning – i.e. picture of future community)
- Need MoU signed by CEOs to commit agencies – start with McLennan with intention to expand; model for others to use
- Utilise existing networks (e.g. Let’s Beat Diabetes)
- New area for some; need to fit with agencies’ priorities
- Need to allocate resources, long-term results harder to justify (forward planning with no income stream); need to justify why a big investment is needed into a small area

What are the agency/organisation contributions to getting best possible outcomes from development

Counties Manukau District Health Board:
- Let’s Beat Diabetes – population and personal health approaches; focus on ‘upstream’ determinants of health
- Link with PHOs
- Resources: Modelling, health information, LBD forum (Partnership Steering Group)

Auckland Regional Public Health Service:
- Responsibility for LBD Action Area 3 (Promoting Urban Design)
- Advocacy
- HIA expertise (with MoH HIA Unit)
- Resources: Mapping/modelling, Health Protection Officers, housing best practices, health promotion networks, position statements

Procare Network Manukau:
- Access to development of GP services
- Health Promotion Services – work with communities
- Green Prescription (GRx) programme in Papakura
- Links to programmes and programme development
- Maori and Pacific networks e.g. with Marae /CMDHB
- Resources: Lifestyle coordinators? Graduate GRx programme

Housing New Zealand Corporation:
- Housing-related policy, investigation, generation
- Landlord function; body corporate membership
- Standards/Best practice management (property and tenant)
- Resources: To ascertain what is needed and take back

Ministry of Social Development/WINZ
- Referral agency – links with other agencies (health, schools, budgeting etc)
- Employment and training
- Resources: Financial assistance (shared clientele with HNZC); Social and economic information

ARTA
- Funding public transport/active transport needs
- Resources: Work with schools on walking school buses, cycling plans; Work with TAs in active transport infrastructure provision

New Zealand Defence Force:
- Liaison link through Facilities Manager to Papakura Camp
- Part of MoU of agencies
- Seat on body corporate (non-voting)

Papakura District Council
- Resources: Managing assets, ongoing maintenance, design of assets, design expertise, governance role, networks
- Will facilitate MoU with other agencies

Advocates for the community

Who needs to do what to get the best possible results?

Walkability
- PDC – Implementation of Walking and Cycling Strategy
- PDC – Cultural Values Assessment recommendations are provided for
- McConnell Property – Development in accordance with Master Plan
- DHB – potential funding through LBD?
- PDC, CMDHB, MCP, PHOs: To meet and discuss potential funding options
- HNZC – Support, educate, adherence

Community cohesion
- Tension noted between body corporate and Residential Tenancies Act
- Provision of a welcome pack
- HNZC: Preallocation of tenants and phased induction
- HNZC: Continue to develop inclusive incorporated society structure
- PDC/McConnell Property/HNZC – work with schools and MoE to explore use of schools for community spaces
- DHB/PHO: Plan with community and fund to meet local needs
- All parties: Community development programmes, and discussion of how community development can occur long term

Service Access
- MoU of all parties
- Ministry of Education and schools: consider utilisation of facilities i.e. existing or plan for the future (e.g. Papakura Normal School, proposed secondary school)
- Welcome pack to include local services that are available
- PDC, health agencies, HNZC: Meeting to discuss development of a ‘wrap around’ health clinic
- All organisations – what are the key drivers in the statements of intent for all stakeholders, which could form the basis of a MoU (leading roles for PDC and mana whenua)
- Procare and CMDHB: Provide health care facilities
## SESSION 3: VULNERABLE POPULATIONS

### Older people

**What are the potential positive health impacts of this development for older people?**
- Buildings designed for the aged
- Sense of security and peace of mind
- Walkability to services?
- Walkability to reserves
- Live longer
- Happy and healthier
- Life long development – youth to older person

**What are the potential negative health impacts of this development for older people?**
- Fear
- Isolation
- Building design restricts ability to live
- Shorten life
- Health issues – medical and cost of services

**What can be done to maximise the positive impacts?**
- Community policing – included in constables beat
- Neighbourhood support
- Interest groups involved in ‘buddy’ programme with neighbours
- Setting the principles of good neighbours
- Promoting voluntary opportunities
- Combined social services delivery

**What can be done to minimise the negative impacts?**
- CPTED (Crime Prevention Through Environmental Design) – wider communities as part of the assessment
- Inclusive neighbourhood
- Good lighting and neighbourhood support programme
- Get to know and watch out for neighbour
- Residents’ Association – common purpose for existing

### Young people

**What are the potential positive health impacts of this development for young people?**
- Number of recreational parks available over full calendar year
- Passive and active recreation for all age groups
- Cycle and walking routes
- Good connections to McLennan and Bruce Pullman
- Transport routes being developed
- Pedestrian crossings safer, particularly in Porchester and Walters Rds
- Safer community
- Low level alcohol outlets etc

**What are the potential negative health impacts of this development for young people?**
- Improper use of rear lanes
- Substandard maintenance of parks and common areas; deterrent to use due to safety

**What can be done to maximise the positive impacts?**
- Educate young, parents, grandparents
- Inform of opportunities available
- Youth programmes involvement
- Dual use of school facilities

**What can be done to minimise the negative impacts?**
- Body corporate
- PDC commitment
People with disabilities

What are the potential positive health impacts of this development for people with disabilities?
- HNZ design (future proofing)
- Architecturally designed?
- Access/ connection/ wider footpaths
- CPTED/IPTED (Injury Prevention Through Environmental Design)/‘Universal Design’
- Better connections to services

What are the potential negative health impacts of this development for people with disabilities?
- Double storey dwellings
- Lack of services/infrastructure in new development
- Lack of maintenance of design, footpaths and cycleways
- Trapped in homes/disconnectedness
- Dog nuisance from lack of fences

What can be done to maximise the positive impacts?
- ‘Dots’ for crossings
- Curbing
- Single storey dwellings for accessibility
- Every house has ‘universal design’
- Information on services – ‘welcome pack’
- Street party

What can be done to minimise the negative impacts?
- IPTED
- Community groups
- Maintenance plan
- Proper surfaces in parks to allow access

Maori and Pacific people

What are the potential positive health impacts of this development for Maori and Pacific people?
- Response to cultural values assessment

What are the potential negative health impacts of this development for Maori and Pacific people?
- What proportion of residents will be Maori and Pacific?
- If number of Maori and Pacific residents low design not relevant to their needs

What can be done to maximise the positive impacts?
- Marketing to attract Maori and Pacific populations
- Design to make Maori and Pacific people comfortable in surroundings (e.g. reflecting big families, lots of visitors, lots of laughing!)
- Get Maori and Pacific feedback on architecture (e.g. no toilets next to kitchen)
- What is particularly Maori or Pacific about this development?

What can be done to minimise the negative impacts?
- Cultural differences to be explained to neighbours so the understand behaviour/expectations
APPENDIX 4: HIA BACKGROUND


Health Impact Assessment (HIA) is defined as a formal way to predict the potential effects of policies on health, wellbeing and equity. It is used to help facilitate better policy-making based on evidence, focused on outcomes and encouraging collaboration between sectors and stakeholders.

HIA is based on the recognition that the health status of people and communities is greatly influenced by factors lying outside the health sector, for example in areas such as housing or transport.

However, HIA does not aim to make health and wellbeing paramount considerations over economic or environmental concerns. Rather, it enriches the policy-making process, providing a broader base of information to make trade-offs between objectives where necessary, and makes explicit the health implications of those trade-offs.

The four key stages of Health Impact Assessment are identified as: (a) screening – the initial selection process to assess a policy’s suitability for HIA; (b) scoping – highlighting the key issues needing to be considered to define and shape the HIA; (c) appraisal and reporting – identifying the relevant determinants of health and using specific tools to identify potential health impacts then assessing the significance of these impacts and drawing out practical changes to the policy; (d) evaluation – assessing how the process was undertaken and the extent to which the recommendations were taken up by the policy-makers.

HIA can be applied at the ‘project’ level (eg, when a new road is being built in a particular community), or on the policy level (eg, public transport policy, housing assistance policy, student loans policy).

The use of HIA is part of wider moves towards sustainable development, cross-sectoral collaboration and a ‘whole of government’ approach. It is undertaken when there are policy alternatives being considered but before commitment has been made.

Key reasons to undertake HIA include:

- to help policy-makers use a sustainable development approach
- to assist policy makers meet public health requirements of legislation and policy direction, such
as the Local Government Act (2002) and the Land Transport Management Act (2002)

to help policy-makers incorporate evidence into policy-making

to promote cross-sectoral collaboration

to promote a participatory, consultative approach to policy-making

to improve health and wellbeing, and reduce inequalities in health

to help policy-makers consider Treaty of Waitangi implications.

Further information on HIAs can be accessed at the following sources:

- HIA Support Unit (Ministry of Health)

- Guide to Health Impact Assessment in NZ

- ‘An idea whose time has come’; a follow-up report on the Guide to Health Impact Assessment

- Whanua ora health impact assessment
REFERENCES


Counties Manukau District Health Board. 2005. *Let's Beat Diabetes: A Five Year Plan to Prevent and Manage Type 2 Diabetes*. Manukau City: Counties Manukau District Health Board.


