

March 2012

Manager, Centres and Urban Renewal  
Department of Planning & Infrastructure  
GPO Box 39  
SYDNEY NSW 2001

Dear Ms Johnston,

**Re: Newcastle Urban Renewal Strategy 2012**

Thank you for the opportunity to comment on the Newcastle Urban Renewal Strategy, prepared under State Environmental Planning Policy (Urban Renewal) 2010. The exhibition period for this Strategy is 14<sup>th</sup> December 2012 – 17<sup>th</sup> March 2013.

Hunter Medicare Local (ML) is funded by the Commonwealth Department of Health and Ageing (DoHA) to keep people well and out of hospital. We aim to do this by supporting and co-ordinating the provision of primary health care and disease prevention.

Hunter ML understands that the Newcastle Urban Renewal Strategy aims to build a solid basis for the long-term successful renewal of Newcastle's city centre and commends the Department of Planning and Infrastructure on developing a strategy that promotes of a higher mode shift to public transport.

Hunter ML notes the expected growth in the education, health care and finance sectors that will grow and support the city's economy over the next 25 years. In 2008, the NSW Department of planning predicted a 31% increase in population for the Newcastle region between 2006 and 2036.<sup>1</sup> The Lower Hunter Regional Strategy predicts an additional 160,000 people and 66,000 new jobs during the period 2006 – 2031. The Newcastle Economic Strategy anticipates 10,000 additional jobs and 6,000 additional dwellings in the Newcastle LGA by 2036. This significant growth in population and employment will require an approach to transport that ensures equitable access to amenity, maintains air quality and road safety and facilitates increased use of public and active transport (walking and cycling) in Newcastle.

In July 2012, the Australian Medicare Local Alliance (AMLA) and the Australian National Preventive Health Agency (ANPHA) delivered a joint statement that called on Medicare Locals, as integrated comprehensive primary health care organisations, to be "leaders and partners in community-based efforts to improve population health at the community level."<sup>2</sup>

A key goal of the ANPHA Strategic Plan 2011 – 2015 is health risk reduction. ANPHA has identified obesity as one of the three initial focus areas for reducing health risk.<sup>3</sup> A recent study undertaken by Hunter ML and Hunter Valley Research Foundation (HVRF) found that 58.4 % of residents in the Hunter ML region were overweight or obese. This proportion increased in males (64.4%) and in older age groups (73.3% in the 60-69 age group).

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<sup>1</sup>NSW Department of Planning (2008) *New South Wales State and Regional Population Projections, 2006-2036*

<sup>2</sup> Australian Medicare Local Alliance and Australian National Preventive Health Agency (2012) *Joint Statement on Health Promotion, Disease Prevention in Medicare Locals*

<sup>3</sup> Australian National Preventive Health Agency (2011) *Strategic Plan 2011 - 2015*

The proportion of people who were overweight or obese was also greater among those with lower education (61.5% of those with no further qualification after school; 65.2% with a Certificate 1-4 including trade certificate). These findings are consistent with the preliminary results from the 2011 - 2012 Australian Health Survey, which found the rate of overweight and obesity to be 61.2% in NSW and 63.4% in Australia.<sup>4</sup>

Among the strategies listed by ANPHA to address obesity, improving opportunities for physical activity is key. The Healthy Built Environments Program (HBEP) is funded by NSW Health and situated in the City Futures Research Centre, Faculty of the Built Environment at the University of NSW. In 2010, the HBEP undertook a comprehensive review of the literature in relation to the links between health and the built environment.<sup>5</sup> The evidence presented in Chapter 5.1 (The built environment and getting people active) points to important links between a city with a high quality public transport system and increased physical activity.

The evidence confirms:

- The built environment can shape travel behaviour, including the quantity of walking, cycling, public transport and car travel, as well as the amount of leisure time that is available for other healthy pursuits.
- People are willing to cycle up to ten kilometres to access high frequency public transport services.
- People will walk greater distances for utilitarian purposes to access, for example, public transport or other services.
- A doubling of density produces 25% to 30% less driving per household when all of the conditions generally accompanying density are present. These conditions include better public transport, more local shopping, and a pedestrian-friendly environment.

Contemporary Australian public policy, at all levels of government, supports the increased use of public transport as a way to address traffic congestion, support connectivity in more densely populated cities, promote physical activity and maintain air quality. The City of Newcastle's Community Strategic Plan, Newcastle 2030, prepared in 2011 under the Integrated Planning and Reporting Framework, is structured around eight goals. One of these goals, *A Connected City*, calls for transport networks and services that are "well connected and convenient. Walking, cycling and public transport will be viable options for getting around the city."

Similarly, NSW 2021 calls on Transport for NSW to deliver an integrated transport system to ensure "different transport modes work together and the interests of the travelling public are put first." The NSW 2021 Hunter Regional Action plan highlights the importance of providing a high quality train service from Sydney to Newcastle, and commits to supporting the Commonwealth government to investigate the provision of a high speed rail service. A faster and more frequent service between Sydney and Newcastle CBD will support increased partnership with Sydney based organisations.

DoHA also considers equity and access to be key priorities for Medicare Locals and Hunter ML has identified access health and recreation facilities to be a key driver for improving health and wellbeing. Data from the 2011 ABS Census indicates that, among residents of the Hunter ML region, 12.4% of Indigenous households and 7.6% of non-Indigenous households do not have a car. In the Newcastle LGA, 16.1% of Indigenous households and 11.3% of non-Indigenous

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4 Australian Bureau of Statistics (2012) *Australian Health Survey, First Release*

<sup>5</sup> Kent, J., Thompson, S.M. and Jalaludin, B. (2011) *Health Built Environments: A review of the Literature*. Healthy Built Environments Program

households do not have a car. The Social Determinants of Health<sup>6</sup> framework highlights access to education, employment, and social cohesion as key drivers of health and wellbeing. Hunter ML supports public policy that facilitates equity in access to employment, access to housing and access to transport and connectivity.

The Australian Government has identified that access to health, education, employment and recreation are critical to improving outcomes for Aboriginal people. According to the 2011 ABS Census, the proportion of Indigenous households without a car is 12.6% in Maitland, 12.3% in Muswellbrook, 11% in Singleton, 13% in the Upper Hunter Shire and 19.7% in Greater Taree. Through our work in the Closing the Gap program, Hunter ML has found that lack of transport is a significant barrier to accessing health and other key services.

Hunter ML supports increased pedestrian and cycle access throughout the city and calls on the NSW Government to ensure the provision of a high quality, seamless rail system linking the Upper Hunter and Sydney to the existing Newcastle terminus. This will allow for:

- Increased use of public transport, resulting in increased rates of physical activities and decreased risk of chronic disease
- Increased ease of access for business purposes in Newcastle city. In particular, direct access from Sydney and the Upper Hunter to the Newcastle CBD facilitates increased partnerships with Sydney and Upper Hunter based organisations.
- Increased access to the health and recreation facilities offered in Newcastle City, including beaches, associated recreation space, health care, employment and other services.
- Increased commuter use of public and active transport, reducing traffic in the city, improving air quality and addressing chronic disease risk factors.
- Addressing equity by ensuring high quality seamless access to the amenity of the Newcastle CBD for households without a motor vehicle.

Careful planning for increased physical activity, improved social cohesions and good air quality has the potential to significantly improve the wellbeing of both the current and future residents Newcastle and the Hunter region. Hunter ML looks forward to engaging further with the Department of Planning and Infrastructure in relation to the Newcastle Urban Renewal Strategy.

Yours sincerely



Mark Foster  
Chief Executive Officer  
Hunter Medicare Local

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<sup>6</sup> Dahlgren and Whitehead (1991)