
ORDINARY MEETING

OF

CITY STRATEGY COMMITTEE

MINUTE ITEM ATTACHMENTS

Time: 9:30 am
Date: Thursday, 9 November 2017
Venue: Committee Room 1
Ground Floor, Council Offices
101 Wakefield Street
Wellington

Business	Page No.
1.4.2 Chris Parkin – Unreinforced Masonry Building	
1. Council Funding of Seismic Upgrading through the provision of very long term loans	2
1.4.5 Barry Mahon – Miramar Avenue Phase 1 Traffic Resolution	
1. Cycling to work handout	4
2. Miramar cycleways	5
1.4.6 Stefanie Bell - Miramar Avenue	
1. Miramar Avenue presentation	23

COUNCIL FUNDING OF SEISMIC UPGRADING THROUGH THE PROVISION OF VERY LONG TERM LOANS.

I appear in support of recommendation 2a.

'the investigation of a targeted rate to assist building owners to access funding to secure URM and seismic structural strengthening', with the suggestion that you amend the word 'assist' to the word 'encourage'

My concern is that because this recommendation implies last resort support rather than wholehearted encouragement, it may result in a paper which fails to seize the opportunity Council has to substantially alter the seismic landscape.

All of us share the view that we want our city to be as seismically resilient as possible, but more importantly, how can we achieve this as quickly as possible.
Presently your arsenal only includes sticks. You need a carrot.

PROVIDING VERY LONG TERM LOANS TO FUND SEISMIC UPGRADING TO BE RECOVERED VIA A TARGETED RATE COULD PROVIDE THE ANSWER.

These loans should not be limited to overcoming short-term difficulties for small operators but should be made available to cover the full range of seismic upgrading of commercial buildings in Wellington.

The reasons why this approach will be so effective are:

Interest cost incentive.

Council's borrowing costs are around the same as Government borrowing costs, currently about 2.5% per annum for longer term maturities. Council could add a decent margin to this which would more than cover all administration costs, and yet still be low enough to provide an incentive to Building owners to take action.
(To put this in perspective, a 1.5% margin on a loan of \$500,000 amortised over 30 years, amounts to about \$112,500, or \$3750 per year.)

Risk Incentive.

Because the payment of Council rates takes priority even over Mortgage payments, the Council doesn't need to take any security over the property. This is a major advantage to property owners, as it means they can fund their seismic upgrading without affecting existing or future banking relationships to any significant degree. Ownership changes don't affect the situation at all as the rates continue to be levied and paid.

Heritage Retention.

The simplicity of borrowing and repayment will encourage borrowing to preserve Heritage, where under normal circumstances it doesn't make economic sense. You could use part of the lending margin discussed above to fund heritage retention cases which are otherwise economically hopeless.

Value Incentive.

Those properties which have higher seismic ratings will achieve higher rentals, which translate into higher valuation, which are a benefit to property owners. They also translate into higher general rates on these properties which should benefit other ratepayers.

Ratepayer incentive.

Because this approach is completely targeted, it eliminates any requirement for funding from other ratepayers.

Body Corporates.

Body Corporates are mostly unable to borrow. Many members are simply unable to fund the large capital requirements for seismic upgrades. This approach would be enormously helpful to them.

Administratively simple.

These loans should be very simple to make and administer, and thus avoid many of the 'analysis' costs associated with other schemes.

Thankyou for the opportunity to appear before you. I'm happy to assist Council officers with the development of this approach. in fact I'd be happy to write the paper for you

INFORMATION MEMORANDUM



Item 1.4.2 Attachment 1



BMJ 2017;357:j1944 doi: 10.1136/bmj.j1944 (Published 2017 April 20)

Page 1 of 1



RESEARCH NEWS

Cycling to work has substantial health benefits, study finds

Ingrid Torjesen

London

Cycling to work is linked to a substantial decrease in the risk of developing and dying from cancer or heart disease, a study published in *The BMJ* has found.¹

Walking was also associated with a lower risk of cardiovascular disease (CVD), but the risk of death from cancer was no lower than in people who drive or use public transport to get to work.

Many studies have shown that cycling and walking have health benefits, so researchers at the University of Glasgow set out to investigate the association between active commuting and incident CVD, cancer, and all cause mortality.

The study involved 264 377 participants (average age 53) recruited from the UK Biobank—a database of biological information from half a million British adults—who were asked to record the types of transport they use to get to and from work on a typical day. Options included walking, cycling, and non-active methods (car or public transport).

Participants were followed up for a median of five years, during which time hospital admissions and deaths were recorded. During the follow-up period the researchers found 2430 deaths (496 related to CVD and 1126 to cancer), as well as 1110 CVD and 3748 cancer events.

Commuting by bicycle was associated with the lowest risk of death from any cause (hazard ratio 0.59 (95% confidence interval 0.42 to 0.83), $P=0.002$), cancer incidence (0.55 (0.44 to 0.69); $P<0.001$), cancer mortality (0.60 (0.40 to 0.90); $P=0.01$), CVD incidence (0.54 (0.33 to 0.88); $P=0.01$), and CVD mortality (0.48 (0.25 to 0.92); $P=0.03$).

People who walked to work who covered more than six miles a week (equivalent to two hours' walking at a typical pace of three miles an hour) had a lower risk of CVD incidence (0.73 (0.54 to 0.99); $P=0.04$). Commuters who walked also had a lower risk of CVD mortality (0.64 (0.45 to 0.91); $P=0.01$), but walking had no statistically significant impact on all cause mortality or cancer outcomes.

Mixed mode commuting (a combination of active and non-active transport) was also associated with some benefits, but only if the active component was cycling.

The researchers concluded that “the findings, if causal, suggest population health may be improved by policies that increase active commuting, particularly cycling, such as the creation of cycle lanes, cycle hire or purchase schemes, and better provision for cycles on public transport.”

In a linked editorial Lars Bo Andersen, of the Western Norwegian University of Applied Sciences,² noted that the UK has for decades neglected to build infrastructure to promote cycling and improve its safety.

“The findings from this study are a clear call for political action on active commuting, which has the potential to improve public health by preventing common (and costly) non-communicable diseases,” he wrote. “A shift from car to more active modes of travel will also decrease traffic in congested city centres and help reduce air pollution, with further benefits for health.”



1 Celis-Morales CA, Lyall DM, Welsh P, et al. Association between active commuting and incident cardiovascular disease, cancer, and mortality: prospective cohort study. *BMJ* 2017;357:j1456.

2 Andersen LB. Active commuting is beneficial for health. *BMJ* 2017;357:j1740.

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>

9/11/2017

**Submission to Wellington City
Council regarding Miramar
cycleways**

Doctors for Active, Safe Transport
(DAST)

Presenter: Barry Mahon

Background:

Doctors for Active, Safe Transport

- Is a group of concerned Wellington Hospital doctors advocating for safe active transport opportunities
- Includes over 100 senior doctors (about 25% of the senior doctors in the hospital)
- Includes numerous junior doctors.

9/11/2017

Item 1.4.5 Attachment 2

Doctors for Active, Safe Transport

- Aims to promote the health benefits of active transport for all Wellingtonians
- Wants to help people make healthy choices.
- Supports the Council in making good decisions for us.
- Are concerned at the backlash against the Council and against cyclists when these changes are proposed and want to promote more tolerance.

Background: Presenter

- Senior Consultant Cardiothoracic Surgeon
- Driver
- Cyclist
- Health Advocate

9/11/2017

Conflict of Interest

- Car versus Cyclist on Oriental Bay



Cardiothoracic Surgeon:

- Cardiac Surgery: an over representation of patients with Sedentary Lifestyle
- Thoracic Surgery: Regularly manage cycling injuries to chest

The benefits of Cycling include:



- more liveable towns and cities
- improved conditions for travelling within towns and cities
- stronger local economies
- reduced costs for councils
- less impact on the environment, and
- healthier and more productive people.

NZTA Report

- Cycling makes people healthier and more productive
- Cycling reduces the incidence of a range of serious illnesses.

9/11/2017

BMJ 2017

- Cycling or walking to and from work linked to substantial health benefits.
- Active commuting by bicycle is associated with a substantial decrease in the risk of death from all causes, cancer and cardiovascular disease (CVD), compared with non-active commuting by car or public transport.
- *BMJ* 2017; 357 doi: <https://doi.org/10.1136/bmj.j1944>
- (Published 20 April 2017)

- Policies designed to affect a population level modal shift to more active modes of commuting, particularly by cycle may present major opportunities for the improvement of public health

9/11/2017

Item 1.4.5 Attachment 2

NZTA Report

- Regular aerobic exercise is known to reduce the risk of:
 - heart disease,
 - type-two diabetes
 - some types of cancer
 - high blood pressure
 - and obesity

Reference: World Health Organisation 2002 A Physically Active Life through Everyday Transport, Copenhagen, Demark.

NZTA Report

- In New Zealand, physical inactivity contributes to around 8 percent of all deaths

- Reference:National Health Committee 2002 New Zealand Evidence for Health Impacts of Transport
<http://nhc.health.govt.nz/system/files/documents/publications/health-impact-transport-phac.pdf>

9/11/2017

NZTA Report

- In New Zealand, one in three adults and one in five children are overweight

- Reference: National Health Committee 2002 New Zealand Evidence for Health Impacts of Transport
<http://nhc.health.govt.nz/system/files/documents/publications/health-impact-transport-phac.pdf>

NZTA Report

- The Ministry of Health reports that only 50% of New Zealand adults are sufficiently active to achieve the health benefits associated with exercise.

NZTA Report

- Studies by the British Heart Foundation say cycling just 32 km per week reduces the risk of heart disease to less than half, compared to people who don't exercise.

NZTA Report

- A study for British Cycling found that if people in urban England and Wales cycled and walked as much as people do in Copenhagen, the National Health Service could save around £17 billion within 20 years.

9/11/2017

Wellington data

- On road cycling injuries seen in Wellington ED per annum:

• 2012	1700
• 2016/2017	2000

Wellington data

- ACC costs of these on road cycling injuries seen in Wellington ED per annum:

• 2012	\$2 200 000
• 2016/2017	\$3 600 000
- Data from Dr Andrew Lynch

Miramar Crash Analysis System



Crash Analysis System (CAS) Under-reporting

- Turner et al (2006) found the ratio of reported cycle injury crashes to ambulance calls is approximately 54%.

9/11/2017

Crash Analysis System (CAS) Under-reporting

- Using cycle crash data for Christchurch for 2001 from CAS, Turner et al (2006) found that for every cycle crash reported in CAS, an additional 0.92 appeared in the St John and ACC databases.

Crash analysis

- Turner et al (2006) interviewed casualties at Christchurch Hospital and those who had made an ACC claim.
- Of the 192 cyclists surveyed who had an injury crash on the road
 - 73% involved a motor vehicle,
 - 3% involved a pedestrian
 - and the remainder were cycle-only crashes.

Crashes that occurred off the roadway were not included in the study.

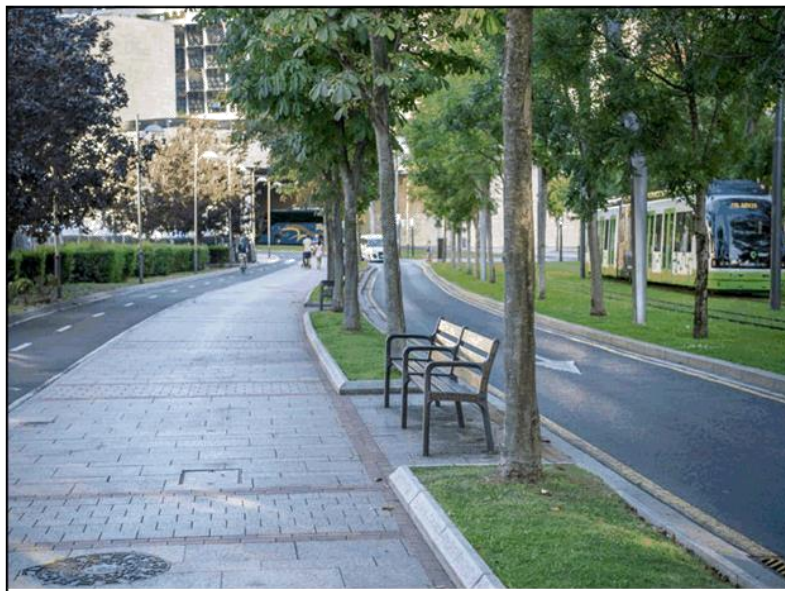
Options under consideration



Protected lanes

- Physical separation between cyclists and motor vehicles minimises risk of injury
- Physical separation can be achieved by
 - Lateral separation
 - Vertical separation
 - Physical barriers

9/11/2017



DAST: Recommendations

- Protected lanes on main commuter routes
- Shared paths elsewhere

DAST: Recommendations

- Selective use of reduced speed limits for cars in the city
- Choosing designs that reduce risk of “dooring”.

Personal recommendation

- Consider leaving a safe pathway for cyclists through traffic calming structures to avoid the squeezing of cars and bikes through these

9/11/2017

Wellington City Council

- By creating safe cycle and pedestrian lanes you can reduce the injury rate, including fatalities, associated with cycling in this city



Wellington City Council

- By creating safe cycle and pedestrian lanes you can promote the health of the population by increasing participation in beneficial exercise

9/11/2017

Item 1.4.5 Attachment 2

Wellington City Council

- Increasing participation in cycling and walking provider an additional benefit:

Wellington City Council

- Increasing participation in cycling and walking provider an additional benefit:

“Safety in Numbers”

9/11/2017

Safety in Numbers



Safety in Numbers

- Countries with the lowest levels of cycle use have the poorest cyclist safety records.
- The relationship between the number of cyclists and the number of casualties among cyclists involved in car accident is inverse.
- [Safety In Numbers | ECF - European Cyclists' Federation](https://ecf.com/resources/cycling-facts-and-figures/safety-numbers)
<https://ecf.com/resources/cycling-facts-and-figures/safety-numbers>

Safety in Numbers

- In 2003 P. L. Jacobsen concluded that
- "A motorist is less likely to collide with a person walking and bicycling if more people walk or bicycle."

