

4 July 2019

Submission on Climate Change Response (Zero Carbon) Amendment Bill

Thank you for the opportunity for Auckland Regional Public Health Service (ARPHS) to provide a submission on the Climate Change Response (Zero Carbon) Amendment Bill.

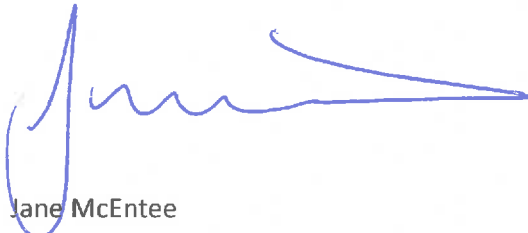
This submission represents the views of ARPHS. While it does not necessarily reflect the views of the three District Health Boards in the Auckland region which ARPHS serves, the sustainable health service advisors at the three Auckland region DHBs and Northland DHB have provided support.

Please refer to Appendix 1 for more information on ARPHS.

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Yours sincerely



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Introduction

1. Thank you for the opportunity for the Auckland Regional Public Health Service (ARPHS) to submit on the Climate Change Response (Zero Carbon) Amendment Bill (the Bill).

ARPHS reasons for submitting

2. Climate change is adversely affecting human health already, and the risks are increasing over time. Rapid and decisive action to cut greenhouse gas (GHG) emissions sufficiently to keep temperature increases less than 1.5°C above pre-industrial level will greatly reduce risks to people's health now, and in the future. If New Zealand does not act we risk negative impacts on health and on the effective functioning of the health system. Action on climate change must be carefully adjusted to avoid increasing inequities and to support the transition to a low carbon society, particularly for Māori, in line with obligations under Te Tiriti o Waitangi, for Pacific communities and for low-income households.

Our main submission points

- ARPHS endorses the framework, purpose and intent of the amendments made in the Climate Change Response (Zero Carbon) Amendment Bill (the Bill);
- We support coherent policy and cross-government action to enable long-term change. New Zealand can only reach the targets through effective and linked policies;
- The intergenerational impact of climate change on health will depend on the extent and sequence of action;
- We support the amendments relating to Te Tiriti o Waitangi;
- We suggest amendments to the Bill to enhance coherence and accountability.

The health sector's response to climate change

3. The Auckland health sector has a major presence in the region, accounting for around 10% of the region's economy and employing over 75,000 people. Health services are large users of energy and materials and account for around 4% of non-agricultural greenhouse emissions, based on international comparisons.¹
4. The three District Health Boards (DHBS) in the Auckland metropolitan region have made significant progress in reducing greenhouse gas emissions through energy management, travel planning, procurement and waste minimisation.
5. Major investment in health sector infrastructure and services is needed over the coming 20-30 years. This needs to be done in ways which contribute to climate mitigation and adaptation. This needs a long-term policy and financial commitment from central government to make progress as mitigation and adaptation become more challenging. The high discounting rate required by Treasury for economic evaluation inhibits long term planning.

¹ NHS Sustainable Development Unit (2012). Report. NHS England Carbon Footprint Update. Available online: <https://www.sduhealth.org.uk/policy-strategy/reporting/nhs-carbon-footprint.aspx> Accessed 24.06.19

Previous submissions

6. This submission builds on past work done in collaboration with the three Auckland metropolitan District Health Boards (DHBs), including submissions to the Productivity Commission and Ministry for the Environment. Multiple aspects of climate policy link to human health, including:
- Auckland faces critical challenges from the accumulating impact of climate change on the health of our population, and for our Pacific neighbours;
 - We expect both direct and indirect impacts on health, and disruption to the functioning of the health sector;
 - Health services share the concern of local government about the impact of climate change on infrastructure and function in our region. ARPHS has participated in regional climate response planning with Auckland Council;
 - There is considerable scope for co-benefits from mitigation and adaptation;
 - Decisions made by DHBs and the health sector will make a substantial contribution to a reduction of GHGs;
 - The health sector needs coherent central government policy and financial commitments to respond adequately to climate change, achieve reductions in GHGs, and mitigate and adapt to climate change.

A coherent policy and cross-government action is required to address the health effects of climate change

7. Climate change is adversely affecting the health of New Zealanders. The Royal Society of New Zealand concludes that accumulating climate disruption is expected to create housing and livelihood stress and food insecurity, and exacerbate socioeconomic deprivation, mental ill health and health inequity.²
8. Addressing these issues requires a coherent policy pathway. The Bill would be strengthened by ensuring that the Climate Commission's role includes identifying policy synergies, disconnects, and inadvertent consequences. Multilevel governance and coherent action across government and between sectors will be required to achieve the Bill's objectives.
9. A coherent policy and cross-government action will enable emission reductions over both the short and long-term, honour te Tiriti o Waitangi, and protect and support New Zealanders in the transition to a low carbon future.
10. The current bill offers an opportunity to align legislative tools for developing and implementing climate change policy. For instance, the Resource Management Act (RMA) currently restricts the ability of regional councils to consider the effects of greenhouse gas emissions on the climate when developing rules in regional plans (under section 70A) or considering discharge consents (under section 104E), unless implementing a National Environmental Standard on discharge of

²The Royal Society of New Zealand (2017). Human Health Impacts of Climate Change for New Zealand <https://royalsociety.org.nz/assets/documents/Report-Human-Health-Impacts-of-Climate-Change-for-New-Zealand-Oct-2017.pdf> Accessed 20.06.2019

greenhouse gases (under sections 70B and 104F). The NES has not yet been developed, and does not appear on the Ministry for the Environment's list of NESs under development. These sections in the RMA undermine Regional Council's ability to implement Section 5ZK of the bill. The Select Committee should consider ensuring the RMA aligns with the aspirations of the Bill by repealing or amending these sections.

11. Climate disruption is linked with other environmental and social boundary³ issues, including fresh water management, air quality, land use, nutrient cycles and socio-economic inequalities. ARPHS supports explicit links between the climate risk assessment and adaptation plans in the Bill and these related topics, through an amendment to Section 5L(d) (see table below).

The intergenerational impact of climate change on health will depend upon planning, the breadth of adaptive responses and the sequence of the action

12. ARPHS supports the Bill creating a transparent and reliable long-term platform for action. Emission budgets must be set 10 years in advance (for example, the budget for 2036-2040 must be set before 2026). However, the Bill does not currently set clear timeframes for the government to make policy plans to meet future budgets. ARPHS advocates for an amendment to Section 5ZD to set a strict time frame for the government to prepare and publish its emission reduction plans, at least five years before the budget period begins (other than for the first emission reduction target, where the plan will need to be published more or less when the emission budget is set).
13. Furthermore, we promote a long-term view. This Bill can put in place mechanisms to ensure that today's policy decisions reflect the needs and safeguard the interests of future generations. As part of this, any economic assessment needs to be based on climate science and take into account feedback effects and long term implications for future generations, rather than being based on the notion of perfect markets being able to grow the country out of the climate impacts⁴. Careful sequencing of the policy will ensure that the actions of today will have a long term benefit, and also reduce the risks and effects of future climate change.⁵
14. Good governance is also vital for achieving this long-term thinking. Utilising a framework of "anticipatory governance"⁶ may assist better planning for the future.
15. ARPHS supports shifting to a low-carbon economy in a way which also delivers population health benefits. Initiatives aimed at mitigating climate change should also be aimed at improving population health outcomes. Two good examples of health co-benefits are transport and food

³ Steffen, W., Richardson, K., Rockström, J., Cornell, S. E., Fetzer, I., Bennett, E. M., . . . Persson, L. M. (2015). Planetary boundaries: Guiding human development on a changing planet. *Science*, 347(6223). doi:<http://dx.doi.org/10.1126/science.1259855>

⁴ The Dynamic Integrated Climate and Economy (DICE) models which have been used in the past heavily favour current generations over future generations, grossly underestimate climate impacts on productive capacity (eg estimating that a 6 degree increase in global average temperature would produce just an 8% drop in GDP), and have substantial methodological flaws in their damage estimates and projections of temperature rise impacts.

⁵ Stern, N. (2007). *The Stern Review*. Cambridge and New York: Cambridge University Press. Available online: https://webarchive.nationalarchives.gov.uk/20100407172811/http://www.hm-treasury.gov.uk/stern_review_report.htm Accessed 20.06.2019

⁶ Boston, J. (2016) Anticipatory Governance – how well is New Zealand safeguarding the future? *Policy Quarterly* <https://ojs.victoria.ac.nz/pq/article/download/4614/4101/>

systems. Research shows that the reduction in the use of high-carbon transport and an increase in active travel would result in lower GHG emissions and a decrease in the burden of disease linked to sedentary behaviour.⁷ Furthermore, an increase in a plant-based diet would be expected to reduce cardiovascular disease and diabetes and, over time, lead to a reduction of GHG emissions from livestock production.^{8,9}

16. Thus, we support an approach that can be described as “triple-duty actions”.¹⁰ These are actions that work through multiple key areas of our socio-economic, environmental and public health system to garner benefits to New Zealanders and to the environment simultaneously.

Clause 5: Section 3A amended (Treaty of Waitangi (Te Tiriti o Waitangi))

17. ARPHS strongly supports explicit incorporation of Te Tiriti o Waitangi into the Bill. ARPHS supports the Bill’s honouring of Te Tiriti and the enacting of the partnership between iwi and the Crown. We note below the need for permanent Māori representation on the Climate Change Commission to reflect a Te Tiriti-based partnership.

Clause 8: Climate Change Commission

18. ARPHS supports in principle:

- The establishment of the Climate Change Commission in Part 1A Subpart 1, including its purpose;
- The functions, duties and powers of the Commission in Subpart 2;
- Establishing the net emission targets in legislation (noting that we do not have the technical expertise to comment on the biogenic methane target) in Part 1B, noting that an additional 2040 target would reduce the options for slippage;
- The framework for setting emissions budgets in Part 1B Subpart 2 and Subpart 3;
- Requirements for the Minister to prepare emission reduction plans;
- The Commission’s role in monitoring (in subpart 4);
- The Commission’s function in developing the risk assessment; and
- The Minister’s responsibilities for the National Adaptation Plan (NAP).

19. ARPHS wishes to emphasise human health and wellbeing in these functions and plans. To capture the complexity of this issue New Zealand will need to explicitly state and account for the

⁷ See, for example: Quam, V., Rocklöv, J., Quam, M., & Lucas, R. (2017). Assessing Greenhouse Gas Emissions and Health Co-Benefits: A Structured Review of Lifestyle-Related Climate Change Mitigation Strategies. *International journal of environmental research and public health*, 14(5), 468. doi:10.3390/ijerph14050468

⁸ Willett, Walter et al. (2019). Food in the Anthropocene: the EAT–Lancet Commission on healthy diets from sustainable food systems. *The Lancet*, Volume 393, Issue 10170, 447 - 492

⁹ Springmann, Marco et al. (2018) Health and nutritional aspects of sustainable diet strategies and their association with environmental impacts: a global modelling analysis with country-level detail. *The Lancet Planetary Health*, Volume 2, Issue 10, e451 - e461

¹⁰ The Global Syndemic of Obesity, Undernutrition, and Climate Change: The Lancet Commission report https://www.foodpolitics.com/wp-content/uploads/ObesityCommission_Policy-Brief_Lancet_19.pdf

benefits, costs and risks to health and health equity associated with both mitigation and adaptation efforts.

20. To ensure that health is at the heart of New Zealand's climate change response, the inclusion of Commissioners with expertise in health and climate change; and permanent Māori representatives with expertise in hauora Māori, health equity and decolonisation, is critical.
21. The NAP should cover both adaptation to climate change itself and the significant changes in economic activity, industry, energy and resource use that will be needed to implement mitigation and meet emission targets.
22. Climate change mitigation and adaptation is expected to influence the range and availability of health services. Ethical priorities to address health inequities worsened by climate change will influence priorities for services and patterns of care.¹¹ The current model of continued health sector expansion depends on continued (exponential) economic growth, which requires expanding resource use. Instead, ARPHS supports the NAP reflecting the necessity for developing resilience (e.g. of communities and infrastructure), the need for restoration (e.g. of healthy environments and natural carbon sinks) and the need for restraint (with equity). The NAP should be linked to other policy and plans for sustainable management of physical and biological resources.

Accountability mechanism

23. ARPHS supports enhanced urgency and accountability in the Bill, and recommends strengthening the accountability mechanism for meeting emission targets.

Amendments to the Bill

	Current wording	Proposed change	Rationale
Clause 8, Section 5H (1)(d)(i)	.. the environmental, ecological, social, economic..	the environmental, ecological, <i>health</i> , social, economic..	Expertise on human health impacts of climate change should be an area of expertise on the Commission. Health is already included in 5ZN(2)(a)
Clause 8, Section 5L(d)	Social, cultural, environmental and ecological circumstances, including differences between sectors and regions	Social, <i>health</i> , cultural, environmental and ecological <i>factors, including linkages between these factors and climate change; and differences of impact between communities, sectors</i>	Health is already included in 5ZN(2)(a). Our experience is that if health is not explicitly included in legal or policy processes it is often neglected.

¹¹ Pierce, J. P., & Jameton, A. (2004). *The ethics of environmentally responsible health care*. New York: Oxford.

		<i>and regions</i>	The links with other boundary issues should be considered.
Clause 8 Section 5ZJ	No remedy or relief... Court declaration		This provision should be strengthened to require the Minister to report on why the emission targets or budgets have not been met, and publish plans on how the situation will be rectified.
Clause 8, Section 5ZK – Taking the 2050 target or an emissions budget into account	(1)A person or body may , if they think fit, take the 2050 target or an emissions budget into account in the exercise or performance of a public function, power, or duty conferred on that person or body by or under law (subject to other requirements that apply by or under law).	A person or body shall take the 2050 target... Delete subsection 5ZK(2).	The Bill is most likely to achieve the targets if policy encompasses all sectors and drives coordinated decision-making across government. An analysis of international examples shows the necessity of legally binding emissions reductions targets ¹² . Amending this section would ensure that government and industries are accountable for taking the required actions towards the targets.

Conclusion

24. Thank you for the opportunity to comment on the Climate Change Response (Zero Carbon) Amendment Bill. We strongly support coherent central government policy and financial commitments to adequately respond to climate change. The Auckland Regional Public Health Service endorses the framework, purpose and intent of the amendments made to the Bill.
25. New Zealand can only reach the targets through effective and linked policies. ARPHS supports coherent policy and cross-government action to enable long-term change. Furthermore, the intergenerational impact of climate change on health will depend on the extent and sequence of

¹² Generation Zero (2017). International case studies and lessons for New Zealand. Available online <http://zerocarbonact.nz/assets/Uploads/Zero-Carbon-Act-International-case-studies-April-2017.pdf> Accessed 20.06.2019

action, and honouring our obligations under Te Tiriti o Waitangi. Finally, ARPHS has suggested amendments to the Bill to strengthen accountability for meeting the carbon emission targets.

Appendix 1: Auckland Regional Public Health Service

Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Counties Manukau Health, Auckland and Waitematā District Health Boards).

Auckland Regional Public Health Service has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.

Auckland Regional Public Health Services' primary role is to improve population health. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects.

The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, infrastructure requirements, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.

