

Submission on the Zero Carbon Bill (Consultation paper)

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

The following submission represents the views of ARPHS and does not necessarily reflect the views of the three District Health Boards it serves. Please refer to Appendix 1 for more information on ARPHS.


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Yours faithfully,



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Executive summary

1. ARPHS supports the New Zealand Government introducing a statutory long-term emission reduction target because of the significant implications of climate change on health and well-being. ARPHS has a number of priority work areas and statutory obligations relevant to climate change, including:

- promotion of healthy built environments
- communicable disease control and surveillance
- reducing health inequalities
- ensuring drinking and recreational water quality
- emergency planning and response

ARPHS is also involved in promoting healthy urban design and sustainable transport because of the role of active transport (such as walking and cycling) in improving public health and overall wellbeing outcomes.

2. In addition, health services are major end-users of carbon and energy-intense products and services (including transport and freight of medical equipment, energy use in buildings and construction and a significant amount of waste materials) and therefore have the potential to play an important role in climate change mitigation through the reduction of their carbon footprint.
3. District Health Boards (DHBs) in the Auckland Region are already developing policies and strategies to manage and mitigate against greenhouse gas (GHG) emissions. However, further reductions in health sector emissions could be supported by future-focused policy and financial frameworks that enable DHBs and the health sector to make long term investments that result in the provision of low emission health services, without posing a significant financial risk to the sector.
4. The proposed legislation combined with a long term investment approach in health services, facilities and supporting infrastructure, would help to effectively reduce the sector's carbon footprint. In order for this to be achieved, there needs to be a firm commitment from central government to ensure these energy reduction efforts are supported by the appropriate levels of funding, and changes to legislation and standards such as the Building Act (2004) and Building Code.
5. An ambitious implementation programme will be required for achieving a zero emissions target, which will be set out to a large extent through the establishment of emissions budgets every five years. It is imperative that emissions budgets are equitable, with particular consideration given to the potential effects on health and well-being of lower socio-economic households.
6. It is important to consider a number of learnings from the UK's experience following the introduction of the UK Climate Change Act in 2008. In particular, safeguarding the legislation to prevent ease of amendment or removal following a change of government or circumstances, and including provisions in the legislation in relation to mandatory reporting timeframes for governments to ensure accountability.
7. The submission provides responses to selected questions from the Consultation paper relevant to public health outcomes, with the following key recommendations:

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- ARPHS supports the establishment of a net-zero target for 2050 however, the decision as to which greenhouse gases should be included must be determined by robust modelling and expert analysis undertaken by the proposed Climate Change Committee (rather than government).
 - To secure viability in the future, there needs to be strong safeguarding provisions in the legislation to ensure it is not easily amendable and will withstand any challenges to the purpose or structure as a result of a change in government. There also need to be mechanisms set out to ensure the government is held to account for achieving emission reductions (such as mandatory annual reporting and statutory response times).
 - Emissions budgets need to take into account a significant number of co-benefits from a public health perspective and; the impact on lower socio-economic households.
 - Overall responsibility for preparing national climate risk assessments should reside with the government. An Adaptation Subcommittee could be established within the Climate Change Commission to provide specific expertise in an advisory capacity on this matter. In regard to the proposed functions set out in relation to adaptation, it is critical that the legislation is explicit regarding the roles and responsibilities of government vs the Climate Change Commission.
 - ARPHS also supports establishing a health sector Sustainable Development Unit (SDU) similar to that of the UK National Health Service (NHS), with links to the Climate Change Commission. The scope of the UK NHS SDU is broader than energy, climate change mitigation and adaptation, and also includes sustainable procurement, clinical services, resource use, waste management, construction, facilities management, transport, food, employment and corporate responsibility. Some DHBs are already well underway with this work.

Q1. What process should the Government use to set a new emissions reduction target in legislation?

8. **Option b.** The agreed target requires a robust assessment in relation to public health, particularly the implications and co-benefits of each target. ARPHS recommends that Climate Change Commission, as an independent expert advisory group with access to specialist expertise be responsible for setting this target.

Q5. The Government proposes that three emissions budgets of five years each (i.e. covering the next 15 years) be in place at any given time. Do you agree with this proposal?

9. ARPHS agrees with this proposal. However, emissions budgets also need to be equitable, with particular consideration given to the impact on low-socioeconomic households. Low emissions initiatives should be structured in a way that supports and protects low income households from hardship while transitioning to a low emissions economy. They should not increase health inequalities and the following should be considered:
- There will be different impacts depending on age, ethnicity, health status and socio-economic vulnerability.
 - Māori and Pacific people are, on average, more likely to be adversely affected because of existing socio-economic situations.
 - Costs should be distributed in a manner that does not cause further inequity and should be based on ability to pay.
10. It is also essential that any modelling/cost-benefit analysis used to develop low emissions budgets is comprehensive and holistic, accurately calculating the relevant health benefits such as improved air quality, social well-being, physical health, and obesity reduction, and/or costs, with a weighting proportional to the impact.

Q9. Should the Zero Carbon Bill require Governments to set out plans within a certain timeframe to achieve the emissions budgets?

11. Yes – the UK experience provides valuable insight including the need to specify a strict time frame for producing an implementation plan, in addition to specified timeframes for setting and agreeing budgets, annual progress reports and climate change risk assessments.
12. A recent review of the impacts of the UK Climate Change Act 2008 has recommended a number of revisions to the Act to address a widening gap between emissions targets set out in the Act and the policies put in place to deliver them. This includes the addition of a statutory response time for implementation of emissions budgets to address a widening gap between emissions targets set out in the Act and the policies put in place to deliver them.

Q13. The Government has proposed that Climate Change Commissioners need to have a range of essential and desirable expertise. Do you agree with the proposed expertise?

13. It is essential that public health is included as an area of expertise for the Committee. Climate related public health issues include heat waves, the physical hazards of floods, storms, and fires, and various infectious diseases (especially those that are vector-borne), food-borne disease, air quality, water quality, food supply and security, and ecological changes, and impacts on physical and mental health, and nutrition. Health equity and ethical issues are also of considerable importance.

14. In addition, ARPHS recommends including expertise on social and health impact assessment; expertise on practical aspects of implementation of mitigation and adaptation measures; and expertise in local government since this is the sector which will be responsible for implementation of climate mitigation and adaptation measures through the Resource Management, Building and Local Government Acts.
15. In order to consider crucial components such as energy and resource constraints (including thermodynamics), environmental and social feedback mechanisms, and overall climate impacts on the economy, it is recommended that the Commission also includes expertise in ecological economics.

Q14. The Government has proposed a number of new functions to help us adapt to climate change. Do you agree with the proposed functions?

16. ARPHS supports the proposed functions in relation to adaptation planning. In terms of areas of responsibility, it is recommended that the Climate Change Commission is not responsible for preparing national climate risk assessments as suggested on page 49 of the Consultation Paper. Instead, ARPHS suggest adopting the UK approach whereby responsibility rests with the Government, having first taken into account the advice of the Committee on Climate Change (see ss 56-57 Climate Change Act 2008 (UK)). The Government would also have the ability to request specific advice in relation to risk assessment.
17. This approach would be strengthened through the inclusion of mechanisms to increase accountability for the development of national climate risk assessments and subsequent adaptation planning and actions, for example clear statutory response times for key milestones including the development of risk assessments.
18. In the UK, the Climate Change Act (2008) established a Subcommittee on Adaptation. The Subcommittee is tasked with providing expert advice on the Climate Change Risk Assessments and reporting on the government's progress toward adaptation. It does not have the power to make decisions.
19. Similarly, it is recommended that the Commission be responsible for providing expert advice and monitoring the government's progress on adaptation, but not be given decision-making power. The Commission should be given the power to create subcommittees. Using this power, it could create an adaptation subcommittee similar to the UK, in order to give adaptation the distinct policy attention it deserves, while simultaneously supporting coordination of mitigation and adaptation streams through a common governance structure.
20. Importantly, it is recommended that the subcommittee not be legislated for directly. This will allow the Commission to flexibly reorganise itself as new challenges come to light and as adaptation begins to play a more prominent role in later decades.
21. The Commission should also consider New Zealand's response to climate change in the Pacific, including adaptation and migration.

Conclusion

Thank you for the opportunity to provide a submission to the Consultation paper on the Zero Carbon Bill 2018.

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 and Auckland and Waitemata District Health Boards).

ARPHS 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.

ARPHS' 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 on population health.

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.

