

19 June 2020

Committee Secretariat
Environment Committee
Parliament Buildings
Wellington

Re: COVID-19 Recovery (Fast-track Consenting) Bill

Tēnā koe

Regional Public Health (RPH) is the public health unit for the greater Wellington region (Wairarapa, Hutt Valley and Capital & Coast District Health Boards). Our purpose is to improve and protect the health of the population in the greater Wellington region with a focus on achieving equity.

RPH actively worked on the COVID-19 response with the Ministry of Health and now as RPH returns to a 'new normal' we are hearing of the many challenges for the communities we serve and are conscious of the importance of investing in economic recovery and job creation to support whānau who have lost their jobs and are experiencing financial hardship as a result of the lockdown.

We are happy to provide further advice or clarification on any of the points raised in our written submission. We do not wish to make an oral submission. The contact point for this submission is:

Demelza O'Brien
Demelza.Obrien@huttvalleydhb.org.nz

Naku noa, na

Dr. Alexandra Greig
Public Health Medicine Specialist

Peter Gush
General Manager

Reason for submitting: Public health and consenting processes

Regional Public Health (RPH) has a responsibility to help reduce adverse environmental effects on the health of people and communities and to improve, promote and protect their health under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956. As part of this role, RPH is actively involved in submitting regularly on notified resource consents in the wider Wellington Region. RPH has previously submitted on the various water storage and larger roading projects as well as regularly submitting on consultations regarding housing and Te Ara Tūpuna, the cycleway and walkway between Petone and Ngauranga.

RPH commends the Government on the proactive role it has chosen to take in supporting the economic recovery by targeting key infrastructure projects that support improved water storage, housing, and active transport – all public health areas of value.

Fast-consenting processes must include consideration of health impacts

As it stands, Public Health Units (PHU) submit on planning and resource consents as a member of the public. There is no legislative requirement to have a health official, such as a Medical Officer of Health (MOoH), review or input into applications. Limited or no prioritisation of promoting and improving health has led to decisions and outcomes that have had negative impacts on health or are missed opportunities to improve health and well-being.

Without health input into consenting processes, these well-intended projects run the risk of leading to adverse or unintended consequences on health, such as with decisions to locate new infrastructure next to businesses and community facilities highly frequented by vulnerable populations (e.g. aged care facilities, early childhood centres). Where such facilities are adjacent to large motorways or industrial premises, there are risks of exposure to poor air quality or potentially contaminated soil.

RPH and other PHUs have specific skills and expertise to identify and promote whole of community well-being. The views presented by PHUs are often in contrast to individuals of the public who can place their personal wellbeing above the wellbeing of the whole community, and may be focused on their personal property value and physical views.

To ensure that the promotion and improvement of health and wellbeing is considered consistently, health should have a mandate to be consulted in fast-tracked consent processes. One way to achieve this is for health officials to be routinely consulted, especially around projects that involve urban planning and discharge to land, air, and water resource matters. This would ensure that all shovel ready projects proposed by the Government contribute to improving and promoting environmental and human health.

1. **RPH recommends** that Public Health has a mandated role to be consulted during the fast track consultation process.

Maximising the opportunity of the shovel-ready projects to promote and improve health and wellbeing

Fast-tracking the consent process will be useful to getting key projects and job opportunities underway rapidly. These projects have the ability to contribute to wellbeing in the immediate term through job provision, as well as contribute to the long-term wellbeing for communities. However, if the right people are not around the table and involved in key decision-making and planning processes, there is potential that the project may undermine well-intentioned efforts or have adverse impacts that will be difficult and expensive to reverse. An example of this was the rapid building of a playground in Christchurch post-earthquake, where those project managing did not consult the disability community and built something that was inaccessible for those in wheelchairs. Another example, was the building of the State highway one extension that cut off Te Puea Memorial Marae kuia and kaumatua housing from the marae itself. An overpass that included a significant number of steps was built at a distance from the marae. (1) Both of these are examples of projects that had a significant opportunity to contribute to community wellbeing, but that ultimately failed in their execution, due to ineffective community consultation and planning.

Enhancing the role of iwi in the Resource Management Act

An issue of particular concern to Māori whānau, hapu and iwi is the use of land for infrastructure development, and its potential impacts on the environment. Dr Rhys Jones, an Aotearoa New Zealand academic writes that “Land is central to Indigenous peoples’ identities and well-being ... from a Māori worldview, humanity is seen as being inseparable from the natural world. This is exemplified in many tribal oral traditions, such as the Whanganui iwi proverb, ‘Ko au te awa, ko te awa ko au’ (‘I am the river and the river is me’). (2) Land is seen to be closely connected to wellbeing through socio-cultural, spiritual and economic pathways. (3) These descriptions resonate with the language used by the Waitangi Tribunal who describe the role of kaitiaki or guardians of the land in Te Ao Māori as being to “nurture and care for the environment and its resources – not necessarily by forbidding their use, but by using them in ways that enhance rather than damage kin relationships”. Land contains many taonga and consequently activities that involve land use, and pose risks to land and the environment are of central concern to iwi. (4)

RPH notes that the draft Covid-19 Recovery (Fast-track Consenting) Bill proposes modifying the Resource Management Act (RMA). In considering any proposed changes, it is important to acknowledge the deficiencies of the current regulatory framework of the RMA in recognising and reinforcing the role of iwi as kaitiaki of Aotearoa and the lands on which they as mana whenua have authority.

Further work by the Waitangi Tribunal has indicated that “the reference to the Treaty principles in the Act should encompass all those principles and impose an obligation or duty upon RMA decision makers”. (5) However, recognising that this is likely to be insufficient as a single measure, later Waitangi Tribunal reports have noted the need to strengthen the ability under the RMA to transfer management to iwi or have joint management arrangements, enhance the legal weight of iwi management plans and enhance consultation mechanisms and resourcing for iwi to engage in the

RMA process. These last two recommendations are likely to be of relevance to the issue of fast-tracking consent under the RMA. (5)

2. **RPH endorses** the requirement that decision-makers reviewing a proposal for fast-tracking consent under the RMA be required to act consistently with the Treaty (rather than merely taking account of it) and that this be included in the text of the bill.
3. **RPH recommends** this bill be supported by implementation of effective consultation mechanisms for iwi to provide input into resource consent plans under a “fast-tracked” process. This includes working with iwi to identify resource constraints that limit participation and identifying strategies to foster their capacity to contribute to consultation and hearing processes.

Finally, RPH would like to note that fast tracking any consultation process has potential to exclude key voices, particularly from vulnerable groups who may have important contributions and insights that could greatly improve processes and benefit community wellbeing. It is important to recognise that the tight turn around for providing a submission on this bill may have limited input from such groups.

References:

1. Ameratunga S., *Inclusive Streetscapes: lessons from the margins in the age of active travel*. Presentation by Shanti Ameratunga, Professor of Public Health, School of Population Health, University of Auckland.
2. Jones R. Climate change and Indigenous Health Promotion. *Global health promotion*. 2019 Apr;26(3_suppl):73-81.
3. Sangha KK, Le Brocq A, Costanza R, Cadet-James Y. Ecosystems and indigenous well-being: An integrated framework. *Global Ecology and Conservation*. 2015;4:197-206.
4. Waitangi Tribunal. *Ko Aotearoa tēnei: a report into claims concerning New Zealand law and policy affecting Māori culture and identity*. Te taumata tuarua: Volume 1. Wai 262. 2011.
5. Waitangi Tribunal. 2019. The Stage 2 report on the National Freshwater and Geothermal Resources Claims. Pre-publication version.