Before the Independent Hearing Commissioners’
Environment Canterbury Proposed Canterbury Air Regional
Plan

In the Matter of the Resource Management Act 1991

And

In the Matter of the proposed Canterbury Air Regional Plan

Written Statement of Dr Alistair Humphrey for the Canterbury District Health Board

Submission Number: 62935 – Canterbury District Health Board
Written Statement on behalf of the Canterbury District Health Board

Introduction

1. My full name is Alistair Ross Gordon Humphrey

I am a public health physician with seventeen years’ experience and have been designated as Medical Officer of Health since 2000. I have a Master of Public Health degree from Monash University and am a Fellow of the New Zealand College of Public Health Medicine, the Australasian faculty of Public Health Medicine and a member of the Faculty of Public Health (UK).

Statement of Evidence

2. This Statement of Evidence is an overview of the CDHB’s key issues with the proposed Canterbury Air Regional Plan

3. The CDHB welcomes the opportunity to comment on the Proposed Canterbury Air Regional Plan (pCARP). The CDHB made a submission to promote the reduction of adverse environmental effects on the health of people and communities and to improve, promote and protect their health pursuant to the New Zealand Public Health and Disabilities Act 2000 and the Health Act 1956.

4. Our submission focused on key public health issues, building on input already provided through CDHB engagement in the pCARP review process. The links between air quality and health are numerous. Respiratory illness and disease has a significant impact on the health outcomes of individuals and the wider community as well as on the health systems effectiveness and financial position.

5. The CDHB seeks to encourage healthy public policy that clearly reflects the impact on public health from environmental variables, such as air quality. This submission outlines the CDHB’s key submission points on Domestic Home Heating, Industry and Rural sections of the pCARP.

6. The CDHB seeks to ensure that Objectives, Policies and Rules, are not onerous for individuals and communities, whilst at the same time positively impacting on public health outcomes. This includes balancing the impact from physical contaminants, warm
houses and mental wellbeing achieved through employment at many industrial and rural workplaces.

7. This statement of evidence reflects the submission points already made and the relief sought for consideration and incorporation into the pCARP.

**Key Issues with Air Quality**

8. This written statement highlights the key areas of concern for the CDHB
   a) Domestic Home/Space Heating
   b) Industry
   c) Rural

**Domestic Home Heating**

9. The CDHB supports the provisions outlined in the Space Heating/Domestic Home Heating section, that seek to provide both clear air and affordable space heating options to residents in the Canterbury Region. The CDHB and ECan have been working closely together to ensure that Cantabrians have both clean air and warm homes.

10. Scientific evidence as outlined the Health Impact Assessment of the draft Canterbury Air Regional Plan clearly points towards the negative health impact from both particulate matter in the air and the thermal inefficiency of dwellings. It is therefore imperative that the pCARP seeks to ensure that any Objectives, Policies and Rules achieve both clean air and warm homes.

11. Ultra-Low Emission Burners (ULEBS) – The CDHB supports the position taken by Environment Canterbury through allowing the installation of Ultra-Low Emission Burners to ensure that Cantabrians have a wide variety of heating choices.

12. Supporting Schemes. - The Canterbury region is well served by local energy trust, Community Energy Action, which has successfully delivered insulation retrofits to 20,000 plus energy inefficient homes. It has provided practical home energy advice to many households and helped contribute to increased householder knowledge that has led to changed behaviours in managing warmth in the home. ECan’s newly established home energy advisor, will further increase public access to important practical advice.
13. Hardship. - ECan contributes to local strategies focussed on addressing pockets of hardship, including “Keeping warm in winter”, to help the most vulnerable households with the least energy efficient homes and unaffordable power costs. There is potential for ECan to add its support to the need for more affordable electricity pricing for those on the lowest incomes who are reluctant to abandon wood fires because of the fear of unaffordable power bills.

Industry

14. Industry contributes significantly to the economic development and employment opportunities for Canterbury and this also contributes significantly to the health and wellbeing of the individuals and communities within the region.

15. The current operation of many industries means that physical, biological and chemical contaminants have the potential to be discharged and impact upon the health and wellbeing of the community if not effectively managed by a regulatory planning framework to avoid, remedy or mitigate any negative effects.

16. Dust/Smoke/Odour Management Plans. The pCARP outlined specific provisions for the implementation of dust/smoke and odour management plans. The CDHB views this as a step in the right direction to help industry manage their practises to reduce the likelihood of significant discharges occurring. Industries such as food premises and drinking water suppliers, have an audit process that requires an independently auditable risk management plan to ensure that the processes and procedures can stand up to scrutiny and that risks to public health are reduced. The CDHB proposes that dust/smoke and odour management plans be able to be independently audited at the discretion of Environment Canterbury.

17. The CDHB’s view is that independently auditable management plans would not be overly onerous and expensive as such plans would only need to be audited if requested by Environment Canterbury in the event of a complaint. A lack of monitoring information would warrant this step being taken.

18. Additionally, if an audit of an industrial operator’s management plan deemed that there was no risk to the environment or public health then that business would be able to state that their management plan had been independently audited and that there were no issues were identified. This may assist them in future complaint/compliance situations.
19. The Section 42a Report has incorrectly interpreted our submission and included the word ‘audited’ instead of ‘auditable’. There is a subtle difference in spelling, but a large difference in interpretation. The CDHB do not intend that such plans shall be audited at the time of consent application, merely that such a plan can be audited in the event of issues arising relating to a particular operation. The auditing process would only be enforced at the discretion of Environment Canterbury. The current lack of an auditing framework lacks transparency and does not, in our opinion; give the public confidence in the effectiveness of the smoke, dust and odour management plans.

20. The CDHB’s view is that independently auditable dust/smoke and odour management plans strike an effective balance between addressing legitimate concerns from neighbours of a particular industry and the ability for industry to operate effectively without needless regulation. Independently auditable plans ensure that only industry that are potentially causing environmental and health concerns have to go through this process. If industry is behaving in accordance with the provisions of the plan and the agreed practices to negate the need for Environment Canterbury to use their discretion to have a plan audited, then there will be no onerous or expensive expectations on industry that is working within the regulatory requirements.

21. The part in the Section 42a Report referring to Rule 7.4 regarding “discharge of hazardous materials not via the combustion process” refers to the discharge of hazardous materials such as asbestos that are discharged directly to the air. The CDHB strongly recommends Environment Canterbury to make this a prohibited activity.

22. Reverse Sensitivity – It is important sensitive receptors are located away from potentially polluting industry and that the Objectives, Policies and Rules around reverse sensitivity are applicable for both new industry and new sensitive receptors.

Rural

23. The CDHB supports the provisions outlined in the Rural section of the pCARP that seek to provide a balance between the operation of rural activities that are different to urban activities, but also ensure that these activities do not unduly negatively impact on rural air quality.

24. Planned and unplanned burn-offs of material, contributes towards much of the rural air quality issues in Canterbury. The CDHB has recommended that ECan in conjunction with fire authorities, territorial authorities and CDHB prepare a management of smoke
effects plan to better manage the effects of non-toxic smoke from unplanned fires where the Fire commander decides for operational and safety reasons to let the fire burn for an extended period (more than three days).

25. In recent years there have been a number of unplanned fires that have raised serious concerns for neighbours and the public at large and have generated a number of concerned calls to the CDHB from members of the public. Examples include the Owaka pit fire, compost fire at Oxford and recently the Burwood landfill.

26. The plan should include provision to ensure that the property owner or occupier on becoming aware of the fire, and if they are aware that toxic materials may be present, immediately advise the Fire commander, ECan, Territorial Local Authority and the Medical Officer of Health to that effect.

27. The plan should also cover the possible relocation of people where smoke is causing potential health effects to individuals.

28. This collaborative approach would help inform the response to these events and help ensure that the effects are adequately avoided, remedied or mitigated.

Dr Alistair Humphrey
18th September 2015