

[9.36 am]

CHAIRMAN: Right, now the Canterbury District Health Board is the next submitter. Dr Humphrey?

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MR HUMPHREY: Good morning.

CHAIRMAN: Good morning. You will be aware we have of course read the submission and also your evidence, but you are more than welcome of course to speak to it?

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MR HUMPHREY: Yes, I think if you have read it, I am happy just to take questions at this stage.

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CHAIRMAN: Well, it would be helpful if there is anything you would like to emphasise, or?

MR HUMPHREY: There are a couple of things. I think the point we make in paragraph 9, I think, of my evidence is that clean air should not be at the expense of warm homes and the health impact assessment carried out between the District Health Board and ECan sought to see a way through that particular problem.

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We think we can have both. But that is a point we think is important, that people should not feel that their health in terms of a warm home might be compromised simply by the clean air.

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The other point that seemed to give rise to some confusion was the aspect of industry having auditable quality plans as opposed to plans that were to be audited. And the point there is that – I am sure ECan as well as the District Health Board, and other agencies, realise that on a fairly regular basis there will be issues that arise from communities, around air quality, and that often members of the community feel that there is bias in the approach, one way or the other.

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And if there was to be some independently auditable plan, that instead of tying up a lot of staff in meetings with community, that plan could be audited and we would be able to say, “Look, you know this was done independently and we support that independent audit. We are not on the side of any – we do not have any particular axe to grind”.

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We would then be able to refer to the audit of the plan and hopefully that would then mean that those members of the community could be reassured that the company was either complying or not.

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So those are the only two things. There are other things in there, but I am happy to take any questions.

5 CHAIRMAN: All right. Well, perhaps if I can begin? We welcome your reference to what have been termed the non-statutory or non-regulatory initiatives - - -

MR HUMPHREY: Yes.

10 CHAIRMAN: - - - which are part of the plan, the financial assistance and the like, and assistance in relation to insulation of homes and the like. Because obviously the issue of warm homes alongside rules which affect the use of and control the use of woodburners is a key issue for us in these hearings and there is a point of balance which has to be  
15 reached between the two.

[9.40 am]

20 We have actually asked for further information from an Environment Canterbury witness, who appeared before us on Tuesday, and I do not imagine – do you have frequent contact in relation to the people working in that area, or is it something where we are reliant upon Environment Canterbury evidence?

25 MR HUMPHREY: No, we do. I have Ms Ann Currie here today. She is the main staff member involved in working with warm homes. She collaborates with a number of other agencies, and we do quite a lot of work in assisting people on a practical level as well as looking at policy around improving warm homes at the District Health Board.

30 CHAIRMAN: Right. Can you just explain to us, what is the divide? What does the Health Board do and what does Environment Canterbury do? How does this work, in this area?

35 MR HUMPHREY: Well, from a practical point of view, perhaps I will just hand over to Ann Currie and she might be able to talk you through her role.

40 MS CURRIE: Yes, so as - - -

CHAIRMAN: Are you an “I-E” or a “Y”?

MS CURRIE: I-E.

45 CHAIRMAN: Right.

MS CURRIE: Yes, so I have been in this healthy housing role, health promotion advisor, for about 12 years, and one of our strategies is to work collaboratively with the welfare sector and the home energy sector.

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One of our most well-known organisations is Community Energy Action, and we look at the funding options available for our low-income and vulnerable Cantabrians who would be affected if their homes are not energy efficient.

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So we help spread the messages on energy efficiency right through the networks, including the Healthy Christchurch network, which is 200 NGO groups that we facilitate getting together. We work with Ministry of Social Development. So we work with Government agencies and the non-profit groups and so on.

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So it is a little bit different from ECan but it is enhancing the goals of ECan. It is working harmoniously with ECan to achieve mutual goals. For us it is public health.

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CHAIRMAN: So just on a day-to-day basis, your role is to do what? To identify the people who are in need of assistance and refer them in the right direction?

MS CURRIE: Over the years, we have encouraged our clinicians in the District Health Board, in the hospitals and in primary care, through our GP services, so they are now well informed and do refer vulnerable households into the systems.

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Yes, we have been doing that for quite a few years. We have a system called Health Pathways. It is a formal system and it is very effective. Hundreds of households are channelled into the programmes of improving home energy efficiency.

MR HUMPHREY: Perhaps I should add that over the years the – in order to prioritise who gets assistance first, one of the priorities is if somebody is vulnerable in the sense that they are vulnerable to a health problem. We assist to identify those people.

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So between the hospital, primary care and public health, we have the expertise that can assist other agencies to identify which people might be particularly vulnerable to health issues around cold homes.

So general practice, for example, in the past has looked at – people who are eligible for influenza vaccine are classically vulnerable. They have either a chronic disease or they are elderly or they are young. That is a

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framework that is well understood by primary care. So that is an example of how a certain group can be quickly identified using primary care's databases.

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[9.45 am]

CHAIRMAN: Right, okay. The focus of the statistical information that we were initially supplied with, in relation to these non-regulatory initiatives, was very much as to what the future funding would be in the various areas. And we asked for additional information about the numbers of people who had received assistance in the past and whether the available funding was enough to meet the demand for assistance the like. And we are awaiting further information.

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What was the name of the young lady who?

MS JENKINS: Nadine Dommissie.

CHAIRMAN: Right, yes. And I am just wondering, do you have readily available information which deals with the area that you have just described us, where clinicians and general practitioners and the like are referring people who need or who potentially need this sort of assistance to you – names to you presumably – so that you can ensure that they go to the right agencies for that assistance. Do you have that sort of information?

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MR HUMPHREY: We can get the information. The data is collected by the primary health organisations.

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CHAIRMAN: Right.

MR HUMPHREY: The process has not always been clean, in that health has been tidily distinguished from other groups that might, for whatever reason, have been provided with assistance. But Pegasus has carried out analyses of the number of households that were both eligible for a Community Services card – that is not that they necessarily had one but they were at that level of benefit, if you like – plus also had a health vulnerability of the type I have described already.

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So they can accrue the data and look at that. The initial assessment they did was approximately between 12,000 and 13,000 homes would require that kind of assistance, going specifically on those criteria. That was carried out before the earthquake. I am not sure if they have repeated the process, but they do keep that data still - - -

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CHAIRMAN: Right.

MR HUMPHREY: - - - and they could be charged with collecting it; I think they would do that for us.

5 CHAIRMAN: Right. Well, I guess our concern is obvious. It is one thing to know of the existence of initiatives to deal with need. It is another to be assured that they are working and that they are adequate. And our concern on Tuesday, when we spoke to the Environment Canterbury witness, was to get further information so that we could not just  
10 understand what the future planning for it was, but how it has worked in actuality.

MR HUMPHREY: And if we were on track.

15 CHAIRMAN: And it just seemed to me, from what you have just told us, that you have got a role in that as well, that you are able to provide some information and hopefully assurance as to how this works.

MR HUMPHREY: Yes.

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CHAIRMAN: And we would welcome that.

MS COUCH-LEWIS: Excuse me, Ann, sorry could you come back please? You have given an outline but I am not fully assured yet, so I would  
25 like you to elaborate a little bit more for me.

I am going to give you a scenario and I want you to tell me how your organisation fits into that scenario. So let us say we have a person who has influenza, they are elderly, they have probably still got 10 years left  
30 on their mortgage to pay, they have a wood-burning device within their house. The wood is supplied by their families, they do not have to go and get the wood. They are looked after, in terms of the costs for that home heating through that device.

35 That device does not meet the criteria now, if these regulatory rules in the Plan go through.

So you are now going to have to go and knock on their door, because they need assistance in terms of looking at what options are available to them, how, in terms of the payments, and the increase in payments that  
40 might be incurred on a person who is not able to work anymore, and needs to be able to be kept warm to be able to meet the needs of their health.

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[9.50 am]

So it is the initial knock on the door through to how long their mortgage and their overall living costs, to be able to survive. The welfare, their total wellbeing of their lifestyle could be affected.

5 Can you tell me how your organisation works within that process?  
How far down the track do you actually go with them?

MS CURRIE: That work, we are continually advocating for that kind of  
10 scenario, but that particular approach is being picked up by  
organisations like Community Energy Action. The welfare issue is  
quite high on one of the activities that they do, so that even through the  
health system, when we have asked for people to have home energy  
15 check, they look into the power bills, they look into where they are  
currently achieving their heating, be it through an older wood fire and  
with firewood provided by the family.

So that is taken into account. So one by one, those households are  
actually – there is a problem solving approach to them, where every  
20 option for funding is looked into by the person that deals with the  
funding at Community Energy Action. So that is a good and effective  
service, and it is used by the health system.

So the health system, through one of our programmes of the last few  
25 years, the Targeted Healthy Housing, were people from hospital –  
frequently staying in hospital over two winters – were identified and  
those people were followed up with home energy checks to look into,  
in fine detail, the financial side, the energy efficiency of the house, and  
what methods they were using to heat their homes, and a better strategy  
30 was put in place.

What we have found in recent months is that it has not rolled out to all  
communities. For example, we identified for local Māori that it was  
not well known enough and so a new person has been taken on board  
35 by Community Energy Action to specifically work with Māori, to make  
sure that all of those services are better known.

But even though we regularly – every year prior to winter we are  
reminding people of all of the options. It is something that is done, led  
40 by the District Health Board but supported by all the other agencies.  
We – we are not there yet.

MS COUCH-LEWIS: What about the renting, the people that are renting?  
What about them? So we have a landlord that will decide in his own  
45 time when he wants to be compliant, and then when he is compliant, up  
goes the rent. Where do – I am thinking of difference scenarios, like in

Ashburton where you have Pacific Island people, where you have Māori people down in there that are renters.

5 What about them? Where do they actually sit within this? How do you pick them up, in terms of – they have to have a heating compliance – sorry, on the wall. It has gone out of my head.

MS CURRIE: A heat pump.

10 MS COUCH-LEWIS: A heat pump, thank you.

MS CURRIE: Yes, yes.

15 MS COUCH-LEWIS: They have a heat pump, right, they are in there. But they gone from a power account that probably in the winter was around \$500, that has now escalated up to around \$700, something like that. As well as having to pay their rent, as well as having to feed their children, as well as having to make sure that they are well clothed, so that they do not come under your hospital, so that they do not come  
20 under your criteria in terms of having a Community card. Yes, where do they sit? Where are they sitting?

MS CURRIE: Okay, so a number of years ago, we worked with the PHO for Ashburton, which was the Canterbury Rural PHO. We worked with  
25 their health promoters there about things would be taken care of in Ashburton.

**[9.55 am]**

30 It is not particularly developed. Many of these initiatives require local government and the community agencies to get together and have a plan. It is really in its infancy in Ashburton, absolutely. But in my experience, we have raised it many times, but it does take community ownership.

35 And the need is great in Ashburton. I do get referrals coming through. And looking at what welfare is providing and what energy efficiency services and advice are available. But it is not as good as in Christchurch city, yes.

40 But I am very aware of the things you are talking about. They are still challenges that we have not got good solutions on yet. But once again, we work with the primary care providers, we have talked to local environmental health officers at the Council, but we have got a way to go to actually have a plan. Absolutely.

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MS COUCH-LEWIS: Mr Humphreys, you are quite assured that in terms of the testing method, for the appropriate way that we should be looking at our health needs within Canterbury in relation to discharge to air that PM10 is the appropriate testing method to use under the auspice of health, of our health needs within the Canterbury region?

MR HUMPHREY: We have supported the move to PM2.5 as well, yes, but PM10 is a standard that we agree with, 2.5 is better; internationally we are moving towards 2.5.

MS COUCH-LEWIS: Mm'hm, and your organisation is fully committed that should this plan, proposed plan, be adopted that there is the full commitment towards the community in terms of looking at their health needs and ensuring that the welfare, the wellbeing of lifestyle of our community with, regionally within Canterbury will be well catered for in the long-term – not short-term, long-term.

MR HUMPHREY: I am, and I think the health impacts assessment, that were jointly carried out, is a testimony to that. We are ahead of the game in Canterbury, as we are in many other areas, this is, it is something that other areas have not necessarily, the other regions in the country have not been as up with the play as we are. This is specifically why this joint work was carried out, it was to ensure that the health of our community remains paramount.

Clearly air quality – health is an important aspect of air quality, but as I said when I started, that it is not about a trade-off between one and the other, it is about ensuring that both warm homes and clean air are achieved at the same time.

MS COUCH-LEWIS: Kia ora, thank you.

CHAIRMAN: I just want to go to something a little differently, yesterday we had quite a number of submissions from a very vocal group of people who are concerned that the wood burner changes that are proposed in the plan are misguided, I guess, is a way of putting it, and one of the submissions we had was from a retired rheumatologist, Dr Moller, and also Sir David Hay, but he did not in fact appear; have you actually seen their evidence by chance, or not?

MR HUMPHREY: I have met Dr Moller and we have discussed these issues over coffee many times. Dr Moller likes open fires. He is quite, he openly will tell you that.



CHAIRMAN: He told us that, yes, he said he does love an open fire. So you do not share his concerns that the whole assessment of the impact of PM10 upon health is nowhere near as significant, as is painted?

5 MR HUMPHREY: I do not share his concerns; no, I agree with the HAPINZ assessment of the risk of poor air quality in this country, which he does not.

I think to a degree I empathise with him. I empathise because he likes open fires, but I also empathise that he also has concerns for the community, a genuine concern, and, but I feel that we have to work towards both outcomes. We have to improve the quality of people's homes so they can stay warm, and at the same time we also have to improve the quality of our air.

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[10.00 am]

Cold homes kill people, poor air quality kills people. We cannot trade one off against the other, we have to work towards both and there is no doubt in my mind that poor air quality, and the findings of the HAPINZ reports are correct, and in that regard I do not entirely agree with Dr Moller, no.

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MS COUCH-LEWIS: Just one more, sorry. Totally agree with finding that balance to ensure that the home is warm.

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Let us go back to my first scenario. In getting a new device within the house, looking at the regulatory controls that are being proposed here within the Plan, is it appropriate for an elderly person, if they need to go through a consent process, to be able to put a burner within their home? How will you support them through that process?

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MR HUMPHREY: Are you saying if they wanted to?

35 MS COUCH-LEWIS: If they chose an option, say, where they needed - - -

MR HUMPHREY: Of an approved burner?

MS COUCH-LEWIS: Yes, and they needed to go through the whole consent process to be able to put a certain device within their homes?

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MR HUMPHREY: I think our support really, it would focus on their health, rather than necessarily assisting them putting the consent in, but I think that one of the areas that we do support people a lot in is, is ensuring their home is as efficient as possible to keep them as warm as possible.

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What is not well understood by a large number of people in the community, is that an efficiently insulated home will keep them warm sometimes with very minimal heating. It is almost a cultural issue in New Zealand.

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If you look at Europe – which is at almost the same latitude as New Zealand, albeit on the other side of the planet – well insulated homes are the norm whether you are rich or whether you are poor. New Zealand has a way to go to catch up with that kind of idea – the idea of living in a, what some people describe as a wooden tent, seems to be quite normal in New Zealand and we have to get better at insulating our homes.

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And people, elderly people in particular, who might spend their whole lives living with a cheap source of fuel that is inefficient, might have kept them warm, but has been bad for the environment and bad for peoples' health, are people who, you know, we need to work with so they can understand that they do not need to leave in a home that is inefficiently heated, or a home that is cold.

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One of the positive outcomes of the earthquakes is the quality of the build from some of the new homes is a surprise to people – they are surprised that they do not need quite as much heat or anywhere near as much heat as they have had in the past to keep their homes warm.

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There are things beyond just the build of the home that we can help people with, and we do, around ventilation and around curtains and other forms of insulation that can also help, apart from the structural issues.

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So we assist people in that regard.

MS COUCH-LEWIS: May I just say one further thing? One of the things that I have been aware for some time is it is hard for older people to take on board the use of a heat pump – it is new technology for them, and I remind those organisations putting them in, they must have very clear instructions and be prepared to go back and back until people understand how to use them.

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So that is clear to the heat pump installers and so on, but that on the side of the consenting it is important that where the consenting process takes place that they, that is easy for the customer to do – that is local government who controls that process, but as a health promoter I would be saying take care of that aspect – it is a scary process if you have never been through getting a consent, so those that are taken care of that need to remind themselves, it is the same for people who are new

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settlers to New Zealand, these are various requirements that people have to do.

Kia ora.

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CHAIRMAN: Right. Thank you. We may trouble you again by way of a formal request for some statistical information that is available, but we need to have a talk about that and decide what might be appropriate, just to have better insights as to how the system works and how well it works.

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MR HUMPHREY: Yep, thank you.

**[10.05 am]**