Tēnā koe David

Thank you for your invitation of 27 June 2019, to comment on the resource management system review from a health perspective (refer Cabinet Decision [ENY-19-MIN-0036]). I appreciate the opportunity to provide comment.

I support Option B of the Cabinet paper, that a comprehensive review of the RMA (the review), including work on spatial planning across the Resource Management Act 1991 (RMA), Local Government Act 2002 (LGA) and Land Transport Management Act 2003 (LTMA), is required.

The resource management system has a critical role in supporting the health and wellbeing of New Zealanders. The system can positively influence the health of individuals and communities through improved comprehensive legislation that supports good spatial planning and development practice. While the purpose of the RMA explicitly refers to social wellbeing, and health and safety, there are limited legislative mechanisms that give effect to the consideration of health. Resource management decisions, such as urban planning, discharges to the environment, air quality, water quality and land use can have immediate and long term, direct and indirect effects on the taha hinengaro, taha wairua, taha whānau, and taha tinana of individuals and communities. It is therefore essential that there are legislative mechanisms to ensure the impacts on health and wellbeing are integral to resource management processes.

There is a need for a wellbeing approach to be adopted into the resource management system, in particular within the RMA. I strongly recommend the review reference ‘healthy urban planning’, which includes promoting human health and wellbeing outcomes in decision-making. All aspects of spatial planning are important and the process should not be limited to considering adverse effects on health. Instead it should also promote positive wellbeing outcomes.

Currently, there is no specific mandate for the health sector to provide input into the resource management planning system, as the sector is not considered to be an affected party. As a consequence, health officials’ ability to influence resource management decisions is limited. For example, district health board public health units may, and sometimes do, submit on resource consent applications and give evidence in support of those submissions at hearings, similar to a member of the public. The opportunity for health input into decisions needs to be strengthened. I recommend the proposed RMA review includes adopting a requirement for health input into resource management planning processes.
While a comprehensive review of the RMA is necessary, the legislative change alone will not be sufficient to improve wider issues across the resource management system. It is important that organisational culture change and capabilities are considered in the wider system review. Local and central government planners will require the knowledge and skills to ensure health impacts of resource management and planning decisions are appropriately considered.

Thank you again for inviting me to provide comment.

Nāku noa nā

Hon Julie Anne Genter
Associate Minister of Health

cc Hon Dr David Clark
Minister of Health