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Energy Markets
Building, Resources and Markets
Ministry of Business, Innovation and Employment

Email: energymarkets@mbie.govt.nz

To Whom It May Concern,

Draft replacement New Zealand Energy Efficiency and Conservation Strategy

Thank you for the opportunity to comment on the draft replacement New Zealand Energy Efficiency and Conservation Strategy (NZECS) which will guide the Energy Efficiency and Conservation Authority's (EECA's) work programme over the next five years.

Energy use is for the most part outside of the Royal New Zealand College of General Practitioners (the Colleges') mandate and area of expertise. Consequently, our comments are brief and largely restricted to the aspect of the Strategy that general practitioners regularly aim to influence, and that is healthy housing.

Introduction to general practice and the College

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.

- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

Submission

The College recognises climate change as a serious threat to health in New Zealand and the Pacific¹. Consequently, we support the Strategy's contribution to our climate change emissions reductions targets and the goal to "support New Zealand to be an energy efficient, productive and low emissions economy". It is important that the relationship between health and the broader environment is recognised and considered in all policy and strategies. That is, our energy use choices affect many facets of our lived environment including our transport system, the quality of our housing, air quality, and our global climate. The College is pleased that this relationship is acknowledged by the Ministry of Business, Innovation and Employment in the strategy (Table: Multiple benefits of increasing energy efficiency and renewable energy use, page 5).

Objective 1: Businesses make energy efficient renewable investments and adopt best practice energy management

Most of our members work in small to medium size practices that would generally be classified as 'small businesses' and can therefore contribute to Objective 1². To this end, the College notes that sustainable business practice and energy management is a concept that the College has recently started promoting to members. In late 2016, the College released an updated resource entitled, *Greening General Practice*, which distils many of the ideas and resources of the EECA website into a guide that is specific to general practice.

Of particular note and relevance to general practices, under Objective 1, is the action to; 'consider and introduce means to support continuous improvement in the energy performance of commercial buildings'. Some members have indicated interest in utilising solar energy in their practice to reduce their carbon footprint but, as small businesses, have found the costs of installation prohibitive. Financial support for small commercial buildings for installation of solar panels or other new energy technologies, would be a significant enabler to consider under this action. Alternatively, it may be worth exploring bulk purchase of solar panels (e.g. by EECA), followed by repurchase at a more affordable cost by small businesses.

Objective 2: Individuals choose energy, efficient technologies, adopt energy efficient behaviours, and make greater use of renewable.

The College is currently promoting the uptake of sustainable behaviours and 'green' choices to its members through its position statement and the *Greening General Practice* guide. Of particular note is that both resources recommend that GPs refer eligible patients to EECA's *Warm Up New Zealand Programme*, which they can and do. This programme was also promoted by EECA at the College's Conference in July 2016, where GPs were offered a flyer to distribute to eligible patients.³

Increased insulation of rental homes, through the *Warm Up New Zealand* programme, is supported by GPs for two key reasons. Firstly, as per the NZEECS, insulation is an important factor in increasing the energy efficiency of buildings, reducing the need to use energy resources for heating or cooling. An additional benefit of the reduced energy use is the reduced cost to the tenant; a particular benefit for low-income families.

¹ RNZCGP. [Climate Change, Health and General Practice in Aotearoa New Zealand and the Pacific](#). Wellington: Royal New Zealand College of General Practice, 2016.

² RNZCGP. Workforce Survey 2015. Wellington: Royal New Zealand College of General Practice, 2016. https://www.rnzcgp.org.nz/RNZCGP/Publications/The_GP_workforce/RNZCGP/Publications/GP_workforce.aspx?hkey=a7341975-3f92-4d84-98ec-8c72f7c8e151

³ The flyer resembled a 'prescription for a healthy home' which the GP signed and offered to eligible patients.

Secondly, and more tangibly for the 4,000+ GPs represented by the College, the warmer, drier indoor environment ensuing from insulated housing results in improved health outcomes for tenants.⁴ That is, fewer housing-related illnesses seen in general practice on a regular basis such as eczema, rheumatic fever, asthma and other respiratory illness.

Ensuring that all New Zealanders have access to more energy efficient, healthy housing through initiatives like *Warm Up New Zealand*, is an equitable 'top of the cliff' approach to reducing poor health outcomes and demand for costly medical interventions. The College strongly supports this approach and consequently, continuation of the *Warm Up New Zealand* initiative beyond June 2018. The College recommends that the programme is extended to at least 1 July 2019, when all residential tenancies must comply with the new minimum insulation standards under the Residential Tenancies Act⁵. Continuation of the programme will provide some additional incentive for property owners to install insulation before the deadline approaches. The prevention of inequitable, housing-related illnesses through improvements in housing quality could not come soon enough.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at policy@rnzcgp.org.nz.

Yours sincerely



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⁴ Howden-Chapman P, Matheson A, Crane J, et al. Effect of insulating existing houses on health inequality: cluster randomised study in the community. *BMJ*, 2007;334(7591):460-4. <http://www.healthyhousing.org.nz/wp-content/uploads/2010/01/Effect-of-insulating-existing-houses-on-health-inequality-cluster-randomised-study-in-the-community.pdf>

⁵ Section 138B: inserted, on 3 June 2016, by [section 44\(1\)](#) of the Residential Tenancies Amendment Act 2016 (2016 No 26).