



NEW ZEALAND COLLEGE OF
PUBLIC HEALTH MEDICINE



Wednesday 4 March 2020

Submission to the Health Committee: Taumata Arowai – the Water Services Regulator Bill

The New Zealand College of Public Health Medicine and the Public Health Association of New Zealand would like to thank the Health Select Committee for the opportunity to make a submission on Taumata Arowai – the Water Services Regulator Bill (the Bill).

The New Zealand College of Public Health Medicine (the College) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 222 members, all of whom are medical doctors, including 185 fully qualified Public Health Medicine Specialists with the majority of the remainder being registrars training in the specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM partners to achieve health gain and equity for our population, eliminating inequities across socioeconomic and ethnic groups, and promoting environments in which everyone can be healthy.

The Public Health Association of New Zealand (PHA) is a national association with members from the public, private and voluntary sectors. Our organisation's vision is 'Good health for all - health equity in Aotearoa', or 'Hauora mō te katoa – oranga mō te Ao', and our purpose is to advocate for the health of all New Zealanders. To achieve this, we provide a forum for information and debate about public health action in Aotearoa New Zealand. Public health action aims to improve, promote and protect the health of the whole population through the organised efforts of society.

We recognise Te Tiriti o Waitangi as Aotearoa New Zealand's founding document, defining respectful relationships between tangata whenua and tangata Tiriti, and are actively committed to supporting Te Tiriti values in policy and legislation.

General Points

Declining water quality has become a significant issue in New Zealand, receiving increased public concern and political attention.¹ Over the past three decades dairy farming in New Zealand has become increasingly intensive, while a range of indicators have shown that over the same period, the quality of our freshwater has degraded.^{2, 3, 4, 5} The quality of freshwater and subsequently,

drinking water is directly connected to public health.⁶ In Havelock North, water contaminated with livestock faeces resulted in the world's largest water-borne outbreak of campylobacter infection.⁷ The 2016 outbreak caused 45 hospitalisations and 3 deaths, and cost an estimate \$21 million.^{8, 9} Excessive levels of nitrate pollution, from dairy farms, in drinking water is a direct threat to human health such as being linked to miscarriages in pregnant women.^{10, 11, 12} Long-term consumption of nitrate in drinking water is associated with the risk of several cancers such as thyroid, colorectal, non-Hodgkin's lymphoma, stomach, bladder, breast, and ovarian.^{13,14, 15, 16, 17, 18, 19, 20}

The College and the PHA are pleased to see the package of reforms to the regulatory system for Three Waters, that are intended to address issues raised in the *Government Inquiry into the Havelock North Drinking Water* and the *Government's Three Waters Review of drinking water, wastewater and stormwater services*. The College and the PHA previously submitted on the [Action for Healthy Waterways Discussion Document](#) on Freshwater Management in NZ.⁶ The Discussion Document contained some of the proposals from the Three Waters Review and is being developed alongside the work being undertaken in the *Three Waters Review*.²¹

In general, we are broadly supportive of the Water Services Regulator Bill and its intention to establish a distinct body (Taumata Arowai) to oversee, administer and enforce the drinking water regulatory system. We are supportive of Taumata Arowai being a Crown agent as this will give the agency credibility; however, we note also that it is important that the independence and integrity of its decision-making is protected.

The College and the PHA are in favour of the agency's intention to act consistently with the principles of te Tiriti o Waitangi, which we which we interpret as the articles of te Tiriti.²² We also support the agency's intent to engage with tangata whenua. We are pleased to note the establishment of the Māori Advisory Group to advise Taumata Arowai and to see that prominence is given to the role of this group in advising on how to interpret and ensure that Te Mana o te Wai, matauranga Māori, tikanga Māori and kaitiakitanga, are exercised and embedded throughout Taumata Arowai.

Our feedback provided below on specific issues follows the order of clauses within the Bill.

Part 1 4(a) Interpretation – of drinking water

The College and the PHA note that the definition of drinking water provided in the bill includes water used for human consumption, oral hygiene, preparation of food and washing utensils. We propose that a fifth clause be added to this section which includes 'water used for other personal hygiene purposes including showering, bathing and hand washing' since the likelihood of ingesting water when conducting these activities is high.

Part 1 5 Interpretation – of Māori interests

We note that the responsibility to develop and maintain a framework on how to interpret and give effect to Te Mana o te Wai sits with the Māori Advisory Group and are supportive of this. We have previously backed the use of a Te Mana o te Wai framework and the hierarchy of obligations for water use that it establishes. The hierarchy gives first priority to the inherent health of water, followed by human health needs and commercial interests are given last priority.²³ This aligns with

our view that public health is ultimately dependent on environmental determinants such as the quality of fresh and drinking water.⁶

We believe the provision in Part 1 5(e) which requires the Board to have regard for the advice of the Māori Advisory Group could be strengthened. Currently, the Board may choose to make decisions which are averse to the recommendations of the Maori Advisory Group with no further justification. We would like to see section 5(e) amended so that Board must be able to demonstrate that it has acted in accordance with the advisory group's recommendations with regard to interpreting and giving effect to Te Mana o te Wai and exercising matauranga Māori, tikanga Māori and kaitiakitanga. Should the Board be unable to do so, they should be required to provide reasons as to why.

As part of the Crown's responsibility to consider and provide for Māori interests in Part 1 section 5, we would like to see provisions for the active participation of Iwi and Hapu in relation to water sources. Local representation and knowledge are critical to understanding regional water sources and catchments. We note that engaging with tangata whenua and communities and incorporating their values into decision-making and recognising broader values and systems of knowledge is an aspect of Te Mana o te Wai.^{21(p.28)}

Part 2 11(e) Functions of Taumata Arowai

We note the intention of the Bill is to establish a new system for monitoring and enforcing compliance of drinking water standards. This responsibility currently sits with the public health workforce, specifically the Health Protection Officer/Drinking Water Assessor within Public Health Units (PHUs). We propose that the new system of monitoring and enforcing drinking water standards work with the existing expertise in the PHUs. Thus, we submit that clause 11(e) be modified to provide some flexibility as to how Taumata Arowai exercises this responsibility, in that it may either monitor and enforce drinking water standards directly, or via a delegated agency i.e. the PHUs. It should be noted that PHUs undertake a variety of health protection and public health activities related to infectious diseases outbreak management, like the recent measles and coronavirus outbreaks, environmental health, such as air quality, smoke-free environments, radiation etc. Flexibility in adapting the responsibility of drinking water monitoring and enforcement of standards will be particularly critical to ensuring health protection capacities within the regions are retained and that population health is not compromised.

Part 12 Board of Taumata Arowai

The College and the PHA are pleased to see clause 12 requires the responsible Minister appoint Board members with knowledge and expertise of public health, te Tiriti o Waitangi, Māori perspectives and tikanga Māori. The provision of safe drinking water is fundamental to population health. In New Zealand, the Director of Public Health (DPH) is the key government official charged with all public health matters, including drinking water, and providing advice to the Director-General of Health and/or the Minister of Health.²⁴ We would therefore like to see the DPH appointed to the Board of Taumata Arowai. Appointing the DPH to the Board will also help ensure a link between the Ministry of Health and Taumata Arowai.

The College and the PHA also propose that the responsible Minister appoint Board members with knowledge and expertise in climate change adaptation and mitigation. There is an inextricable link between the health of our freshwater, the health of the climate and population health. Appointing

board members with climate change expertise could help the agency maintain vigilance of any possible threats to drinking water sources, as a result of climate change effects.

Hence, it is our view that clause 12 be modified so that the DPH be allotted a seat on the Board and that Board members, in addition to holding public health, te Tiriti, Māori perspectives and tikanga Māori, be required to also have climate change adaptation and mitigation knowledge and expertise. In general, we strongly support the use of intersectoral and whole-of-government approaches in the pursuit of good public health outcomes.²⁵

Thank you for the opportunity for the NZCPHM and the PHA to submit on Taumata Arowai – the Water Services Regulator Bill. We hope our feedback is helpful and are happy to provide further clarification on matter covered in this submission.

Sincerely,



Dr Felicity Dumble, President, NZCPHM



Dr Prudence Stone, CEO, PHANZ

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