



1st March 2021

Submission to the Health Committee: Water Services Bill

The New Zealand College of Public Health Medicine and the Public Health Association of New Zealand would like to thank the Health Committee for the opportunity to make a submission on the [Water Services 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 205 active members, including 185 fully qualified Specialists, with the majority of the remainder being advanced trainees in the medical 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 College 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.

Background

The Water Services Bill has been introduced into New Zealand Parliament in response to concerns about the regulatory system for drinking water following the water-related outbreak of gastroenteritis in Havelock North in August 2016, and other concerns about rising contamination of water.

The College and the PHA have previously made submissions on [Action for Healthy Waterways](#)¹ and [Taumata Arowai- the Water Services Regulator Bill](#).² We have supported the establishment of the new drinking water regulator Taumata Arowai to protect drinking water safety and administer the drinking water regulatory system.

The Bill will repeal Part 2A of the Health Act 1956 and will replace it with a new standalone Act to regulate drinking water. The provisions of the Bill aim to give Taumata Arowai the legislative tools to regulate the sector and to improve the safety of drinking water.

The College and the PHA support the fundamental principles of drinking water safety articulated by the Havelock North Inquiry, and quoted in the Introduction to the Bill:

- a high standard of care must be embraced in relation to drinking water;
- protection of source water is of paramount importance;
- multiple barriers against contamination of drinking water must be maintained;
- change precedes contamination of drinking water, and must never be ignored;
- suppliers must own the safety of drinking water;
- a preventative risk management approach must be applied in relation to drinking water.

We support the submissions made on the Bill by the Hawkes Bay Drinking Water Governance Joint Committee and the Canterbury District Health Board, and wish to note the following:

Role of public health authorities

The College and the PHA are concerned that there is no requirement in the Bill for Taumata Arowai to consult with or notify health authorities for any purpose. We believe this is a significant oversight in the Bill and that crucial opportunities to address water-based threats to public health and to improve the regulation of fresh water may be delayed or lost as a result.

a) Notifications of risks to health

Where there are risks to public health arising from drinking water and breaches of drinking water standards, the current draft Bill requires all drinking water suppliers to notify Taumata Arowai (for example, Section 21.2.b and Section 22.2.b). There is no requirement in the Bill for either the water supplier or Taumata Arowai to notify a Medical Officer of Health or other public health authority. We believe that lack of or delayed notification of this information to public health authorities will risk delayed health responses and that the Bill therefore does not go far enough to protect human health. The College is in favour of mandatory notification by the water supplier to the Medical Officer of Health of any significant finding with regard to water-based disease or contamination that may affect human health. Alternately, provision should be made for a clear pathway of communication around these risks from Taumata Arowai to the local Medical Officer of Health.

b) Health involvement in Water Safety Plan assessment

We note that the Bill requires drinking water suppliers to have a drinking water safety plan that contains a multi-barrier approach to drinking water safety (Section 31). This plan must be reported to Taumata Arowai. Taumata Arowai must review the safety plans and monitor compliance (Section 32).

We suggest that the legislation goes a step further and requires Taumata Arowai to assess Water Safety Plans to ensure that they adequately identify and mitigate risks to the quality of drinking water supply. This could be done through an approval process when they are submitted.

We also suggest that Medical Officers of Health be consulted when assessing Water Safety Plans. Particularly in instances where a supplier's Water Safety Plan refers to management following an incidence of water-borne disease outbreak or contamination, the involvement of a Medical Officer of Health in determining remediation procedures is important to ensure safety for human health.

c) Health involvement in setting of fresh water standards

We note that the Bill provides for a consultation process with the public around any proposed changes to the freshwater drinking standards (Section 52). We believe that there should be mandatory consultation with health authorities for any proposed changes. This is particularly important to take account of any new evidence there may be regarding safe levels of contaminants for human health.

Responsibilities placed on drinking water suppliers

The new Bill requires suppliers to monitor and manage their water supplies to ensure that they are safe (Sections 21 and 22). There is no requirement for suppliers to consult with health authorities in this process.

We note that Section 106 enables a compliance officer to take and test samples, or to direct a supplier to take and test samples, when considered necessary. It is not clear in the Bill whether Medical Officers of Health, (statutory officers designated by the Director-General of Health) will be recognised or appointed as compliance officers. We propose that Medical Officers of Health should have the same authorisation as provided for compliance officers, and as is currently provided for in the Health Act (Section 69ZP), in the event of suspicion of events likely to cause threats to human health.

Source water risk management

The first barrier to protecting the quality and quantity of drinking water involves protecting the sources of drinking water. We note the Bill proposes that drinking water suppliers must have a source water risk management plan and monitor source water quality (Sections 42 and 43). We support this approach, but note that, in some cases, the source water may be outside of the supplier's control. Small suppliers may have difficulty in complying with this requirement. We suggest that a stronger role may need to be played by Taumata Arowai in the protection of source water.

Exemptions

The College and the PHA do not support Section 56(2) which states that an exemption must exempt a drinking water supplier, or class of supplier, from all the requirements in subsection 1. We also note that under Section 56(8) the exemption can last for five years, which is a very long period. We would support shorter periods of exemption, from specific requirements, where a clear reason for the exemption exists.

Implementation of Te Mana o te Wai

In previous submissions on [Action for Healthy Waterways](#)¹ and [Taumata Arowai- the Water Services Regulator Bill](#),² the College and the PHA have supported the introduction of the Te Mana o te Wai hierarchy of obligation for freshwater. This approach gives priority to the inherent health of water, followed by human health needs and commercial interests are given last priority.

We note that smaller water suppliers, for example iwi and hapu groups in service of their marae, will be required to comply with new regulatory standards on royal ascension of this bill. We highlight that these groups should be fully supported, assisted, and resourced to ensure they successfully achieve compliance through the proposed transitory phase and into the future. We call on the Taumata Arowai

Māori Advisory Group to provide expertise advice on the particular issue of small marae-based water suppliers and provide solutions to challenges that in particular rural and remote Māori will encounter when exercising their Tikanga and Kaitiakitanga within the new proposed water regulatory frameworks. We also advocate for a person with Māori Public Health expertise be represented on the Taumata Arowai Māori Advisory Group.

We highlight that the Bill requires “all persons who perform or exercise functions, powers, and duties under the legislation to give effect to Te Mana o te Wai”. We support this approach as a mean of embedding the Te Mana o te Wai principles.

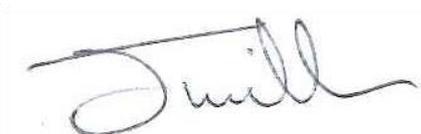
Water safety workforce development

We wish to highlight the need to further develop and sustain the health workforce involved in the regulation of drinking water in New Zealand. We are concerned about the lack of technical expertise within New Zealand to service both Taumata Arowai and the drinking water suppliers. We endorse efforts to grow and support this workforce.

We note that Health Protection Officers with specialist skills in drinking water assessment who are employed in Public Health Units have been an invaluable part of the emergency response to the COVID-19. There is a risk that many of these staff will be employed by the new Taumata Arowai agency, leading to further capacity constraints in Public Health Units. Growing the workforce in both parts of the public health response network would be desirable, rather than shifting critical workers from one agency to another.

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

Sincerely,



Dr Jim Miller,
President, NZCPHM



Grant Berghan,
CEO, PHANZ

References:

¹ New Zealand College of Public Health Medicine. Submission to the Ministry for the Environment: Action for Healthy Waterways. Wellington: NZCPHM, October 2019.

(https://www.nzcphm.org.nz/media/139707/final_nzcphm_freshwater_submission.pdf)

² New Zealand College of Public Health Medicine and Public Health Association. Submission to the Health Committee: Taumata Arowai – the Water Services Regulator Bill. Wellington: NZCPHM, March 2020.

(https://www.nzcphm.org.nz/media/137278/20200304_nzcphm_submission_taumata_arowai.pdf)