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Graham Hill
Clerk of the Committee
Health Select Committee
Select Committee Office
Parliament Buildings
Wellington

Submission from the Auckland Regional Public Health Service on the Health (Drinking Water) Amendment Bill

1. Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission on the Health (Drinking Water) Amendment Bill.
2. This submission represents the views of the Auckland Regional Public Health Service (ARPHS). ARPHS provides public health services for the three district health boards in the Auckland region (Auckland, Counties Manukau and Waitemata District Health Boards), with the primary governance mechanism for the Service resting with Auckland District Health Board. This submission represents the views of ARPHS and does not necessarily represent the views of the three District Health Boards.
3. ARPHS understands that all submissions will be available under the Official Information Act 1982, except if grounds set out under the Act apply.
4. The primary contact point for this submission is:

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Introduction

5. A reduction in the incidence and impact of environmental hazard is one of the areas covered in the Service's 2004/07 Strategic Plan. The importance that the Service places on environmental hazard is reflected in its identification as one of the six 'vital few' outcomes that the Service's work will be focused on in its 2006/07 Service Delivery Plan.
6. Water is one of the key determinants of public health and its importance is reflected its role in ARPHS work programmes namely:
 - Sustainable development
 - Drinking water
 - Resource management
 - Sewage treatment and disposal
7. ARPHS undertakes a range of public health activities with respect to drinking water, these include:
 - Participation in grading of water supplies for territorial local authorities and involvement in assessments of water and sanitary services
 - Monitoring and surveillance of water systems, including DWSNZ compliance monitoring of Water Network Operators
 - Providing advice to community water suppliers through the Drinking Water Assistance Programme's technical assistance programme (TAP)
 - Providing advice to the Ministry of Health on applications for capital assistance through the Drinking Water Assistance Programme

Drinking Water Overview

8. Contaminated water presents a significant health risk. Eliminating the consumption of contaminated water is an important issue for public health. Water can be contaminated from various sources such as waste water pipe leakage, overflow of pumping stations that leads to contamination of water wells or aquifers, inappropriate sanitary facilities or facility design, as well as the re-use of contaminated material (i.e. grey water usage for irrigation without prior treatment). While most of the drinking water consumed in the Auckland Region comes from sources that are already effectively monitored under the current voluntary regulatory regime there are many smaller communities which are served by smaller supplies.
9. ARPHS is supportive of the aims of the Health (Drinking Water) Amendment Bill (the Bill) to protect the health and safety of people and communities through the promotion and provision of adequate supplies of safe and wholesome drinking water.

Specific Comment on the Health (Drinking Water) Amendment Bill

10. ARPHS wishes to make the following comments on the proposed amendments to the principal Act.

Section 69G Interpretation

11. Drinking water supply: This should be replaced with the term "community drinking water supply" and the Bill should state clearly that the provisions of the Bill will apply only to those community supplies which have a population of more than 25. Unless the Bill specifically excludes supplies with less than 25 populations, there is a danger that the Bill will capture every drinking water supply that supplies to one or more properties irrespective of size of the population.
12. If the intention of the Bill is to capture every supply that supplies to one or more other properties, then it would be extremely difficult to enforce the legislation, especially with the limited resources available, and with little public health gain.

13. The Bill should capture all supplies that have a population of more than 25 irrespective of the definitions for a “building” in “Building Act” and Health Act”. Only one agency must have enforcement role in dealing with public health risks associated with drinking water.
14. Under the existing legislation (Building Act and Health Act) and the proposed Bill there is a danger that depending on the number of titles for buildings within a supply the enforcement agency could be either local authorities or Public Health agencies for similar public health risks.
15. Fragmentation and duplication of roles and responsibilities between different local authorities and public health agencies for the same / similar public health risks creates an additional risk to public health. The Bill does not seem to address this issue.
16. Exemptions for the drinking water supplies from complying with the provisions of the legislation should be based only on the size of the population. Sunil, I’m not sure that this is quite what you mean. Isn’t risk a function of size of population and factors related to the particular supply? Rather than just size?
17. The definitions “networked supplier, self supplier, specified drinking water supplier should be replaced with a single term. These definitions seem to be based on the ownership of the supplies and number of titles on the buildings rather than on the public health risks. These definitions do not fit with the intention of the legislation which implies that the legislation is risk based.
18. Irrespective of who owns the supplies, the legislative compliance requirements should be same.

Section 69J: Drinking water register:

19. The registration requirements must be same for all supplies. This means that the requirements should be same irrespective of the definitions for a building in Building Act and Health Act. Exemptions for registration should be based only on the size of the population.

Section 69S: Duty of suppliers in relation to provision of drinking water

20. It would be extremely difficult to for very small supplies and rural community supplies to comply with the requirements of subsection 3. This section should apply only to those supplies that have a population of 100 or above.

Section 69U Duty to take reasonable steps to contribute to protection of source of drinking water

21. The requirements of subsection 1 (a) (b) are difficult to comply for small supplies as the suppliers have little or no control on the raw water quality or activities in the catchment irrespective of the opportunity to make submissions. In some cases, especially if the source is a ground water, it is extremely difficult for a supplier to know about the activities in the catchment as the hydrogeology of aquifers is difficult to understand.
22. The onus on the protection of the catchment and protection of raw water should be put on the local authorities and regional councils.

Conclusion

23. Thank you for the opportunity to comment on the Bill. ARPHS supports the overall aim of the Bill. A revised Health Act incorporating more robust controls around drinking water together with a strengthened Building Code (currently being consulted on by the Department of Building and Housing) will help reduce the incidence of water borne infectious disease in New Zealand.
24. ARPHS believes that incorporating its suggested changes to the Bill will help manage the risks from drinking water and also help achieve effective and efficient enforcement of the new provisions.

Yours sincerely

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