

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Submission on Health (Drinking Water) Amendment Bill

To: Health Select Committee

Submitter: Canterbury District Health Board

Attn: Alizon Paterson
Community and Public Health
C/- Canterbury District Health Board
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Proposal: The policy objectives of this bill are to improve the effectiveness and efficiency of Part 2A of the Health Act 1956 without materially affecting any party or imposing new or additional costs.

SUBMISSION ON HEALTH (DRINKING WATER) AMENDMENT BILL

Details of submitter

1. Canterbury District Health Board (CDHB).
2. The submitter is responsible for promoting the reduction of adverse environmental effects on the health of people and communities and to improve, promote and protect their health pursuant to the New Zealand Public Health and Disability Act 2000 and the Health Act 1956. These statutory obligations are the responsibility of the Ministry of Health and, in the Canterbury District, are carried out under contract by Community and Public Health under Crown funding agreements on behalf of the Canterbury District Health Board. It should be noted that the CDHB employs a number of Drinking Water Assessors (DWAs) appointed under the Health Act 1956.
3. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

Details of submission

4. We welcome the opportunity to comment on the Health (Drinking Water) Amendment Bill . The future health of our populations is not just reliant on hospitals, but on a responsive environment where all sectors work collaboratively.

Comments

Item	Recommendation and Rationale
Part 1 cl 4 <i>Sec 69C</i> <i>amended</i>	Recommendation 1: The CDHB supports the amendment to section 69C of the principal Act, which relates to the application of sections 69S to 69ZC of that Act. 5. The majority of designated port or airports are on networked

	<p>supplies and therefore the water supply is already covered by a Water Safety Plan under the Health Act 1956. The International Health Regulations 2005 also require these designated sites to have a water management plan to control risks within the port boundary.</p>
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<p>Part 1 cl 5 <i>Section 69P amended</i></p>	<p>Recommendation 2: The CDHB supports the amendment to section 69P of the principal Act, which requires the Minister of Health to consult before issuing, adopting, or amending drinking-water standards.</p> <p>6. Both the risks to drinking-water and the technology involved in the treatment and monitoring of drinking water evolve quickly and it is therefore important in order to protect the public's health that the Drinking-water Standards can be amended and new requirements implemented quickly. The current requirement of a 3 year consultation does not meet this need.</p> <p>7. The CDHB considers the drinking-water sector to be well-established and relatively easy to consult with therefore a reduced consultation period will still allow a range of stakeholders to contribute as appropriate to proposed changes.</p>
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<p>Part 1 cl 6 <i>Sec 69R replaced</i></p>	<p>Recommendation 3: The CDHB supports the replacement of section 69R of the principal Act, which relates to the commencement of drinking-water standards.</p> <p>8. As stated in point 7 above, the CDHB considers the drinking-water sector to be well-established and relatively easy to consult with therefore a reduced consultation period will still allow a range of stakeholders to contribute as appropriate to proposed changes.</p>
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<p>Part 1 cl 7</p> <p><i>Sec 69U amended</i></p>	<p>Recommendation 4: The CDHB supports the repeal of section 69U(4) of the principal Act, which sets out examples of reasonable steps that contribute to the protection of the source of drinking water.</p> <p>9. It was unusual that the legislation gives examples for how a drinking-water supplier could meet this duty. Strategies to assist with the protection of source water have progressed significantly since Part 2A of the Health Act was written, with collaborative regional programmes now leading the way in terms of source protection. It is important that amendments to the Health Act does not limit the recognition of innovative approaches (which it possibly does by providing the proposed examples). It is the outcome of effective source protection that the legislation should seek rather than prescribing how this should occur.</p>
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<p>Part 1 cl 8</p> <p><i>Sec 69Z amended</i></p>	<p>Recommendation 5: The CDHB supports the amendments to section 69Z of the principal Act, which requires drinking-water suppliers to prepare and implement a water safety plan. However CDHB seeks to have the amendment strengthened to include the management and control of critical points identified in the water safety plan.</p> <p>10. The amendment provides more clarity and strength to the current provision, which has caused difficulties in terms of compliance/ enforcement. Under the current section 69Z wording it is difficult to take action against a drinking water supplier who is partially implementing their water safety plan, whilst ignoring improvements in the plan that have a critical impact on the public health risks associated with that supply.</p> <p>11. CDHB consider that section 69Z would be strengthened by</p>
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	<p>requiring all current critical points (as currently defined in the Act) are identified in the water safety plan and that their control/management is effectively implemented. The current proposed amendment in the Bill only ensures adequate implementation of controls/actions that are identified in the water safety plan timetable , but does not cover a situation where deficiencies in implementation occur with controls / mechanisms that a drinking water supplier indicates are already in place. In practice, for the majority of drinking water supplies, the controls associated with bacterial protection are already in place (not covered by the water safety plan timetable), so it is therefore important that the Act allows for effective enforcement where identified existing controls are deficient, or possibly, not in place at all.</p> <p>Recommendation 6: The CDHB, in reference to the above rationale seeks the following wording change to the addition to 69Z:</p> <p><i>“(c) take all reasonable steps to comply with the timetable set out in the supplier’s water safety plan in accordance with subsection (2)(a)(v) and (b)(iv) and all reasonable steps to comply with the management and control of the current critical points identified in the water safety plan.”</i></p>
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<p>Part 1 cl 9</p> <p><i>Sec 69ZK amended</i></p>	<p>Recommendation 7: The CDHB supports the amendment of section 69ZK of the principal Act, which removes the requirement that individual assessors and any agency that employs them be internationally accredited.</p> <p>12. The CDHB does not agree that such a requirement should be enforced via legislation and any requirements for international accreditation should remain at policy level. We note that the Havelock North Inquiry found that international accreditation was a barrier to attracting new DWAs. The CDHB encourages</p>
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	the Ministry of Health to retain a quality system which includes an external, technical peer review of DWAs.
Part 1 cl 10 <i>Sec 69ZP amended</i>	<p>Recommendation 8: The CDHB supports the amendment to section 69ZP of the principal Act, which sets out the powers of drinking-water assessors and designated officers and makes the exercise of those powers subject to sections 69ZR (which restricts the exercise of powers) and 69ZS (which requires a warrant to enter a dwelling/house).</p> <p>13. Streamlining use of powers will reduce delays in responding to public health issues associated with drinking water.</p>

Conclusion

14. The CDHB does wish to be heard in support of this submission.

15. Thank you for the opportunity to submit on the Health (Drinking Water) Amendment Bill.

Person making the submission



Evon Currie

Date: 17/12/2018

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