

19 December 2018

Committee Secretariat
Health Committee
Parliament Buildings
Wellington

Re: Health (Drinking Water) Amendment Bill

Tēnā koe

Thank you for the opportunity to make a submission on the Health (Drinking Water) Amendment Bill.

Regional Public Health (RPH) delivers a range of population and personal health services, aiming to improve the health of communities throughout the greater Wellington region. Our geographical area of service delivery spans Hutt Valley, Capital & Coast and Wairarapa District Health Boards (DHBs).

In particular, we focus on achieving equitable health outcomes for high needs groups such as Māori, Pacific peoples, children and youth, low-income families and other vulnerable groups.

RPH forms the Wellington/Wairarapa branch of the Central North Island Drinking Water Assessment Unit (CNIDWAU), which has five other branches: Taranaki, MidCentral, Toi Te Ora, Hauora Tairāwhiti and Hawke's Bay. Branches of the CNIDWAU share a quality system, a management and governance structure, drinking water assessor capacity and training opportunities. The Wellington/Wairarapa branch delivers drinking water compliance services within the framework of Part 2A (Drinking Water) of the Health Act 1956, the Drinking-water Standards of New Zealand and the CNIDWAU quality system.

We do not wish to speak to this submission.

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Kind regards

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General comment on the Health (Drinking Water) Amendment Bill

1. Regional Public Health (RPH) supports the intent of the Health (Drinking Water) Amendment Bill (the Bill) and the proposed amendments, but would like to provide specific feedback around the proposal to remove an accreditation system for Drinking Water Assessors and employing agencies.

Specific comment on proposed amendments to the Act

2. RPH has concerns about sub-Section (4) of Section 69ZK which repeals the requirement for drinking water assessors and employing agencies (known as a Drinking Water Assessment Unit – DWAU) to be accredited to internationally accepted standards.
3. If the proposal is accepted, we recommend that there is an alternative quality system implemented so the priority for maintaining high standards and a robust quality system continues.
4. There is a risk that without an overarching set of standards and associated quality system the delivery of drinking water services provided for in Part 2A (Drinking Water) of the Health Act 1956, will vary by water supplier. This has the potential to further exacerbate existing inequity in the quality of drinking water supplies (and therefore the risk of contamination) between different communities.
5. Currently there are five DWAUs: the South Island Drinking Water Assessment Unit; the CNIDWAU; Waikato Public Health Unit; Auckland Regional Public Health Service; and Northland Public Health Unit. Inconsistencies between how the same work is conducted in areas on the borders of different DWAUs could be difficult to manage. Without a common Standard and an associated common quality system, it is reasonable to expect that the same work being undertaken in each DWAU will gradually drift away from the current level of consistency and quality across New Zealand. This is likely to be more readily apparent where a water supplier manages water supplies on both sides of a DWAU boundary.
6. RPH considers that this risk can be mitigated through development of national guidelines or policy around quality systems, which may be easier to implement than meeting the current IANZ requirements. In our experience with the operation of the CNIDWAU it has been possible to develop consistent quality standards and systems across six branches covering the lower North Island. This model represents one option for consideration of inclusion into a national quality guideline or policy, to ensure consistent and high quality service delivery by all assessment units and the water suppliers.