Government Inquiry into Havelock North Drinking Water

PSA Submission on Stage Two Issues and Questions

19 July 2017

For a better working life
New Zealand Public Service Association
Te Pūkenga Here Tikanga Mahi

Introduction The New Zealand Public Service Association Te Pūkenga Here Tikanga Mahi (the PSA) is the largest trade union in New Zealand with over 64,000 members. We are a democratic organisation representing members in the public service, the wider state sector (the district health boards, crown research institutes and other crown entities, state owned enterprises, local government, tertiary education institutions and non-governmental organisations working in the health, social services and community sectors.

We have approximately 17,000 members in the District Health Boards, mostly employed in Allied Health, Nursing, Support staff and Administration roles.

In developing this submission to the inquiry, we relied heavily on the experience and knowledge of the PSA members who are Drinking Water Assessors (DWAs) employed in the DHBs. We also invited participation from members likely to be directly affected. These included health protection officers and drinking-water facilitators.

Summary of position and list of recommendations

This submission makes a number of recommendations that the PSA considers would strengthen the, integrity, transparency efficacy and efficiency of our drinking water assessment regime. We support the current arrangements for locating DWAs within DHBs and are concerned that any move to shift DWAs outside of DHBs could weaken and undermine the service through fractured relationships and accountabilities. This submission also makes a number of recommendations for improving the training of DWAs as well as the communication practices between the Ministry of Health (MoH) and the drinking water policy and legislation frameworks.

The PSA:

1. recommends that DWAs should remain in the DHB environment, and that the DHB must fully support DWAs' ongoing training and their justifiable actions regarding their functions under the Health Act 1956;
2. recommends that the current structure for DWA organisation be retained however additional funding is needed in this area to address the increase in work load;
3. submits that the national coordination and oversight of DWAs needs to be improved in a number of areas, including but not limited to: provision of technical expertise, availability of DWA resources across all regions, clarity and consistency for compliance and enforcement activities and national strategic direction and policy;
4. recommends that there be more practically-focused training for DWAs and that the results of unit DWA training needs assessments be considered nationally;
5. recommends that the Drinking Water Standards be reviewed;
6. recommends that the Ministry of Health should support DWAs by updating procedural manuals as policy change occurs;
7. recommends that the Ministry of Health communicate all policy decisions to DWA in a written form. Training courses should not be operated under 'Chatham House Rules';

8. recommends that the Ministry of Health develop a national enforcement strategy for drinking water to support DWA and Designated Officers when dealing with non-compliance nationally;
9. recommends that the persons considered appropriate for DWA appointment be broadened to include persons who are not health protection officers but have appropriate technical skills and knowledge.
10. recommends that the emphasis for DWA ongoing training be targeted to DWA compliance assessment topics;
11. recommends that consideration be given to a tiered/speciality DWA model to support DWA ongoing development and nationally significant DWA expertise;
12. recommends that:
    a. DWAs undertake ongoing practical assessment training in water treatment and supply operations.
    b. DWA training be reviewed to identify additional providers who could expand the current training regime.
13. recommends that a review, with national consultation, would be appropriate to ensure accreditation adequately supports DWAs;
14. submits that the link between the DWSNZ, the Health Act 1956 requirements and the water supplier's own Water Safety Plan(s) is demonstrated through the DWSNZ compliance;
15. submits that a supply's specific Emergency Response Plan needs to be included in the Water Safety Plan when it is submitted to a DWA for approval;
16. submits that all Drinking Water Assessors should be consulted and allowed the opportunity to input into the review of DWA Technical Manual Procedures;
17. recommends that that the National Drinking Water Assessors Technical Manual be updated on a regular, routine basis and in addition is responsive in a timely way to key policy change.;
18. recommends that the Ministry of Health seek to increase the functionality of the Drinking Water Online database so that it can be used more effectively to assist DWAs with the production of drinking water supply compliance reports;
19. Recommends that clear guidance is given to DWAs regarding allocation of 69ZD in terms of the Health Act 1956 and the Drinking Water Standards for New Zealand;
20. recommends that any change to roles and responsibilities in Drinking Water regulatory agencies must include consultation and consider impacts on the current DWA workforce;
21. recommends that DHBs look at using drinking water technicians and other ways to better recruit/ support drinking water staff and remunerate DWA to reflect the responsibility of supervision and level of training required to fulfil the role;
22. submits that further resources need to be applied by the Ministry of Health to drinking water to ensure that a robust regulatory system, reflective of a fully implemented Health Act 1956 can be established;
23. recommends that national guidance be developed that outlines how the various agencies roles, responsibilities and regulatory documents should interact to effectively enhance the provision of safe drinking-water

12 DWAs

a. What issues, if any, exist in relation to DWAs' employment by and role within a DHB; should DWAs be managed and constituted outside the DHB?

The PSA has not encountered many issues in relation to DWA employment within a DHB. Issues in relation to conflict of interest (due to the DHB also employing staff who have a role providing assistance to small drinking water suppliers) have been managed effectively within the DHB's own policies and the IANZ accreditation process.

The PSA does not support DWAs being managed and constituted outside of DHBs. The role and functions of DWAs are critical in ensuring that good links are maintained between drinking water regulatory activities and the DHB's notifiable disease surveillance role. Being able to quickly make an epidemiological link between the drinking water supply and the increased incidence of Campylobacter in the Havelock North community was critical to the speed of the response actions undertaken. Had this link, which led to the Boil Water Notice being placed on the supply, not been made so promptly, significantly more people might have contracted campylobacteriosis. In addition to the advantages of co-location with disease surveillance activities, there is also an advantage to having DWAs working within an organisation which also employs other Designated Officers, including Medical Officers of Health. This provides a depth of expertise and capacity in public health risk assessment and emergency response which would be difficult to replicate in a stand-alone agency employing DWAs.

"A DWAs IANZ accreditation is currently not nationally recognised but only relates to a specified drinking-water unit. Removing or reducing this barrier would provide more flexibility nationally with the current pool of DWAs. This would assist as a short-term solution to the shortage in DWAs in some regions and enable informal arrangements be made to meet surge capacity needs (refer 12C), while retaining the DWA role within DHB public health units".

1. **The PSA submits that the DWAs should remain in the DHB environment, but PSA also submits that the DHB must fully support DWAs' ongoing training and their justifiable actions regarding their functions under the Health Act 1956**

b. What size and structure of DWA organisation should there be; should there be "agency" DWAs as per 69ZK?

The PSA supports the current structure for DWA organisation. Although we believe DWAs should remain within the District Health Boards, it is appropriate they sit within an agency but we interpret this as the drinking water assessment unit which is IANZ accredited to ISO/IEC NZS17020 and sits

within the District Health Board. *Please see Question 12C*.This enables links with other aspects of public health such as communicable disease to be maintained. The identification of epidemiological links are more easily made between transgressions with a drinking water supply and increase in illness in a community if the DWA sits in the same organisation as those investigating disease.

Currently it is difficult to recruit DWAs which means many drinking water units around the country could not be considered to be sufficient in size. The role of the DWA has expanded significantly as water supplies have had to comply with all provisions of the Health Act 1956, and this needs to be recognised with a similar increase in funding for this area of work.

2. The PSA supports the current structure for DWA organisation however believes additional funding is needed in this area to address the increase in work load.

c. Should the present informal amalgamated units (e.g. CNIDWAU) be formalised/extended.

Currently there are 5 Drinking water Assessment Units across NZ, two of these are amalgamated: South Island Drinking Water Assessment Unit (SIDWAU) and Central Nth Island Drinking Water Assessment Unit (CNIDWAU), the remaining three are individual PHUs: Northland, Waikato and Auckland.

Amalgamated units do provide for a sharing of the resources required to set up and maintain accreditation and also facilitate a sharing of technical knowledge and experiences which is important in on-going training and mentoring opportunities and also importantly in facilitating continuous quality improvement. SIDWAU existed from initial accreditation and CNIDWAU has evolved with more Public Health Units (PHUs) coming on board. To work well it is important that there is commitment vertically throughout the PHU, usually expressed in a MOU. Rather than advocating for further extensions to the existing structures consideration could be given to the support of 'informal' arrangements that allow PHUs/DWAUs to be able to reciprocally provide surge capacity when needed, rather than being mandated for.

d. What national oversight and co-ordination exists; what should there be?

There is a National Coordination Team (based within SIDWAU) available for drinking water queries which is helpful but this is only for technical (written) matters – i.e. very limited in what they do. The ultimate responsibility for national oversight and coordination of DWAs can be seen to rest with the Director General of Health, as the person responsible for their appointment (section 69ZK of the Health Act 1956).

National oversight and coordination activities were initially established within the Ministry of Health when a strong leadership group with hands on technical skill existed within the Ministry. However this group was significantly reduced soon after the legislation was introduced and the effective leadership and oversight by the Ministry of Health reduced.

The PSA considers there is an urgent need for effective national oversight and coordination that provides:

- assistance to District Health Boards to address gaps in resources, both in terms of personnel numbers and expertise
- consistency in the degree level of involvement of the Ministry of Health in operational activities
- clear and consistent direction and policy regarding compliance and enforcement to the District Health Boards (this needs to consider the role of DWAs, Designated Officers and Public Health Managers) OR that determines the enforcement decision making to be left to the regional level
- international and national links to the wider Drinking Water industry and areas of influence that provides strategic direction and policy

3. The PSA submits that the national coordination and oversight of DWAs needs to be improved in a number of areas, including but not limited to: provision of technical expertise, availability of DWA resources across all regions, clarity and consistency for compliance and enforcement activities and national strategic direction and policy.

e. Is there a need for greater consistency in DWA work across NZ.

Currently the DWAs must be part of a Drinking Water Unit. These Drinking Water Units are housed within Public Health areas of DHBs. There are two units made up of multiple DHBs and three stand-alone units under their respective DHB. Each unit must have an Administration manual and follow the technical procedures in the Technical Manual and related scope items. The interpretation of these procedures can differ throughout the country. There are annual drinking water refresher courses run on behalf of the Ministry of Health but these often do not go into the technical detail required for national consistency. Training and upskilling is also carried out by some Drinking Water units. This is based on the annual DWA training needs assessments, but these are unit specific. The level and type of training varies throughout the country and this is the area where national consistency is particularly important for technical decision making. While there is a process for asking technical questions and the answers are made available to all DWAs, nothing substitutes for practical onsite training. Inconsistency can also arise from interpretations of the Drinking Water Standards. Areas of ambiguity could be addressed in a Drinking Water Standards review to better enable national consistency.

4. PSA recommends that there should be more practically focused training for DWAs and that the results of unit DWA training needs assessments be considered nationally.

5. PSA recommends that the Drinking Water Standards be reviewed

Each DWA is subject to International Accreditation New Zealand (IANZ) accreditation. This is a three yearly process of independent assessment of procedures and some technical abilities of DWAs. This procedural and technical assessment ensures that minimum standards are being met. The IANZ assessors and the DWA technical experts that are involved are not always the same people between regions or across time and this can reduce national consistency. Many DWAs see the IANZ assessment as an unnecessary burden and not the quality assurance program that it is intended to be. This is one of the things that DWAs have that ensures national consistency.

f. Does the Ministry of Health maintain effective and adequate links with DWAs

The Ministry of Health primarily maintains links with DWAs via communicating information through a Ministry of Health monthly circular letter. Urgent critical information is communicated via email to Public Health Unit managers. These means of communication are well established and generally a satisfactory method of getting information out quickly. There are however, weaknesses with this approach when more permanent procedural/guidance documents are not updated to reflect policy decisions. Although the circular letters are archived on a website database (EMIS), it can be very difficult to locate the information subsequently. Policy decisions that are disseminated in the Ministry of Health circular letter need to be clearly reflected in procedural manuals (e.g. the Ministry of Health's Environmental Health Protection Manual and/or DWA Technical Manual). This is not currently the case. The procedural manuals, which should reflect current Ministry of Health policy, are not reactive enough to change.

6. The PSA submits that the Ministry of Health should support DWAs by updating procedural manuals as policy change occurs.

The Ministry of Health also maintain linkages with DWAs during national training courses. Unfortunately, it is reasonably common practice for Ministry of Health officials to use these courses to communicate policy decisions verbally without these policy updates being confirmed in a written form (not even in the monthly circular letter). These training courses are often run under 'Chatham House Rules' placing restrictions on the recording and sharing of information that is obtained. This is unsatisfactory in that those who are not present do not receive the information, those who are present may misinterpret it, and if the advice is acted upon and subsequently challenged, there is no protection for the staff who have acted in good faith based on it.

7. The PSA submits that the Ministry of Health should communicate all policy decisions to DWA in a written form. Training courses should not be operated under 'Chatham House Rules'

The Ministry of Health has failed to produce a national enforcement strategy for drinking water to support DWA and Designated Officer practice when dealing with non-compliance. Drinking Water Assessors have operated under an enforcement culture of 'softly, softly', an approach which has been reiterated verbally time and time again by Ministry of Health officials during DWA training courses. This 'softly, softly' approach has not altered at any time during the implementation of Part 2A of the Health Act 1956 and appears to have been influenced by political decisions that deferred the application of Sections 69S to 69ZC. This appears to have been exacerbated by a political climate that at times threatens to place the existence of the drinking water provisions of the Health Act 1956 at risk (this was during the phase when the Ministry of Health was requested to produce a cost-benefit analysis). It could reasonably have been expected that the legislation would have moved into a more active enforcement phase, but this has not occurred.

8. The PSA submits that the Ministry of Health should develop a national enforcement strategy for drinking water to support DWA and Designated Officers when dealing with non-compliance nationally.

It seems that Public Health Services are held at arm's length by the Ministry in the programs they work in, including drinking water. The Havelock North event has particularly highlighted this. Given they are Ministry of Health statutory officers carrying out drinking water work under a piece of Ministry of Health legislation, we feel very unsupported and this is very concerning.

g. What training, certification and expertise should DWAs have?

The Director-General of Health (DG) may appoint as a drinking-water assessor (DWA), any person who the DG considers has the experience, technical competence and other qualifications to undertake the functions of a DWA. Furthermore, the person must be accredited, and, have in place effective arrangements to avoid or manage conflicts of interest.

The appointment of drinking-water assessors has been limited to persons already designated as Health Protection Officers (HPO's.)[1] Due to the already limited pool of HPO's available nationally, this severely limits the people resources available for appointment as a DWA. Notwithstanding, there are a few persons who received accreditation as an IANZ[2] signatory, who were not health protection officers. They cannot however discharge the powers and functions of a DWA.

9. The PSA submits the persons considered appropriate for DWA appointment be broadened to include persons who are not health protection officers but have appropriate technical skills and knowledge.

The PSA accepts the National Diploma in Drinking Water Assessment (Level 5) as an appropriate minimum qualification to achieve DWA appointment. Other qualifications in drinking-water, for example drinking-water treatment, enhance the knowledge gained in the national diploma.

To maintain their appointment, DWAs are required to attend a Ministry of Health drinking-water training course at least once every three years. The courses are presented twice a year and include the attendance of designated officers who are HPOs and Medical Officers of Health.

The training content, although useful, covers a broad range of issues including policy and legislation. Training targeted to complex compliance assessment-type activities is more relevant for DWAs and urgently needed. Some examples include the assessment of bore water security information and, specific scope items outlined in the National Drinking Water Assessor's Technical Manual. The training must be focused to keep pace with new drinking-water technologies and changing knowledge with respect to public health risks and how they should be appropriately managed.

10. The PSA submits emphasis for DWA ongoing training be targeted to DWA compliance assessment topics.

Currently, the Health Act 1956 differentiates between compliance assessment, to be carried out by DWAs and enforcement action to be carried out by designated officers (section 69ZN). Generally, it is understood the practise should be for a DWA to hand over the enforcement action to Medical Officers of Health or HPO's who are not DWAs. This can raise challenges in carry out the enforcement action adequately, because they may lack technical knowledge in drinking-water matters.

Following completion of the initial training, it can take some time for a DWA to develop competency across the spectrum of water supply types and various areas of compliance, and some areas have a wider range of supply sizes and treatment. This can lead to a few DWAs being recognised for their specialist assessments, for example in the use of ultra violet systems or complex membrane filtration systems. If non-HPO DWAs were also to be used they would bring in a range of existing competencies. To enable new DWAs to be recognised early for the areas they may be proficient in and for DWAs with specialist skill to be recognised and utilised effectively, PSA proposes a tiered DWA appointment or accreditation model under which DWA can increasingly be recognised for specialist skills, and potentially engaged to support DWAs nationwide. Financial resourcing to recognise these roles would need to be addressed.

1 Criteria for appointment ad public health statutory officer, Ministry of Health July 2012
2 International Accreditation New Zealand

This approach would be relevant should the DWA role be expanded to include persons who are not already qualified HPOs.

Ongoing DWA training (funded by the Ministry of Health and delivered by external providers) largely focuses on the theory of water treatment, drinking-water standards, legislation and policy. In order for a DWA to have an informed perspective, it is important to add to their training, undertaking practical assessments in water treatment operations. It is also important to consider opportunities to expand on the current training regime by inviting training by other providers, for example universities or other tertiary institutions.

12. The PSA submits:

- **DWAs undertake ongoing practical assessment training in water treatment and supply operations.**
- **DWA training be reviewed to identify additional providers who could expand the current training regime.**

h. Is the requirement in s69ZK(2)(b) for accreditation effective and beneficial; what matters should be within the scope of accreditation; can accreditation be used more fully or to better effect.

The PSA supports the requirement for accreditation in principle. External accreditation provides a level of confidence in the performance and objectivity of DWAs to carry out their functions. An independent assessment and accreditation of an individual DWA provides to the Director General of Health, as the appointing official, the District Health Board, as the employer, and the water supplier, as the entity being assessed, a level of confidence that the DWA is carrying out their functions to a certain standard. The requirement to have and be accountable to an inspection body is considered to have improved consistency amongst DWAs and the sharing of resources and technical knowledge improves the quality of outcomes.

However, different DWAs and drinking-water assessment units have differing experiences of the accreditation process and requirements. A review, with national consultation, of the purpose and scope of accreditation, would be appropriate to ensure that accreditation is fulfilling its purpose and

11. The PSA recommends that consideration be given to a tiered/speciality DWA model to support DWA ongoing development and nationally significant DWA expertise.

meeting the needs of DWAs.

13. The PSA submits that a review, with national consultation, would be appropriate to ensure accreditation adequately supports DWAs.

The current accountability requirements are set out in the Health Act 1956 s69 ZM and in the Ministry of Health's Criteria for Appointment as a Public Health Statutory Officers. The PSA propose no changes to whom the DWAs should be accountable.

j. Are any changes needed to section 69ZL Health Act 1956

The PSA does not consider any changes are needed to Section 69ZL(1) (e). However modification so it is clear that the onus is not on the DWA to assess competence and authorise all individuals undertaking the tasks listed but to assess the "system" to ensure there is appropriate training and assessment carried out by the supplier.

k. What resources should DWAs have; are DWAs appropriately supported in the exercise of their statutory duties?

This question is two-fold -

- What resources should have DWAs have?

  In general it is felt that DWAs have access to appropriate resources, however they are only effective as long as they are adequately maintained. There needs to be an improvement in the transition between reviewing documents and having them actually available for use. Some resources have been under review or in draft by the Ministry of Health for some time (e.g., Water Carrier guidelines, P2 Chemical guidelines (2015)) which is not a good look when trying to obtain compliance from a water supplier. Having the drinking water section of the Environmental Health Protection Manual completed and available would provide processes for drinking water activities that could be carried by non-DWA staff and thereby increasing staff capacity.

  There are appropriate supportive mechanisms in place that are working well, including – the National Coordination Team, H20 issues, ESR advice/services, and the Drinking Water Assessment Units. It would be beneficial to review the way DWAs can be kept up-to-date by the Ministry of Health in the legislative process and maintain best practice as the current training course is not available for every DWA to attend on an annual basis.

- Are DWAs appropriately supported in the exercise of their statutory duties?

  In our opinion the drinking water legislation hasn't been very well supported by central government who have chosen to water down many of the positive actions that were put in place as part of the drinking water public health framework e.g. Capital Assistance programme , Drinking Water Assistance Programme (contract expires in 2018), limited use of legislative powers including Designated Officer's and resource/materials Due to the role of Designated Officer's (designated Health Protection Officer's, Medical Officers of Health) not being well supported by the Ministry of Health. This has left a gap in drinking-water knowledge, experience and expertise outside the sphere of DWAs. Non-DWAs do not see they have a role in drinking water and this has caused DWAs to be siloed within their PHU's,

This has meant the drinking water legislation has evolved into taking a much more narrow approach within public health units and with a principal focus on the DWAs functions, rather than being able to utilise all parts of the legislation e.g. compliance orders, functions of a Designate Officer.

There needs to be a wider perspective of encapsulating drinking water as a whole public health approach, e.g. linking WSP's improvement plans with the annual plan and Long Term Plan submission process, (Please note that this maybe occurring in some PHU's).

l. Should DWAs have greater or different enforcement powers

The enforcement powers of the DWAs as stipulated in the Health (Drinking Water) Amendment Act 2007 are adequate. DWAs armed with the current enforcement powers and duties should be supplemented by the duties and powers of the designated officers stated in the H(DW)AA2007). Ministry of Health (MoH) must provide clear directives and supports to use the powers and duties of the DWAs and the Designated Officers – after having worked through with the affected water supplier. The DWAs/Designated officers must then be supported in carrying out their enforcement duties by the DHBs and MoH.

Currently, no enforcement powers have been granted to DWAs per se. The enforcement actions and powers lie with designated officers (HPOs and Medical Officers of Health) or just Medical Officers of Health. However, section 69ZP enables DWAs, to undertake certain actions when performing their functions that have been laid out in 69ZL. The restriction in 69ZR (c) requiring written approval from a Medical Officer of Health prior to exercising powers in section 69ZP(1)(a) should be removed. DWAs should also be able to exercise, where appropriate, the powers conferred by section 69ZZH with respect to issuing compliance orders (consider removing the limitation on only Medical Officers of Health being able to issue a compliance order)

m. Is there need for any changes in the approach of DWAs to DWSNZ compliance assessment?

Assessing the performance of drinking-water suppliers to determine whether or not they are complying with the requirements of the Health Act 1956, DWSNZ standards and implementing their WSP is a function of the DWA under section 69ZL of the Health Act 1956. The annual compliance assessment includes a summary of the annual survey DWSNZ requirements but has evolved to also include an assessment of some of the water supplier's duties under the Health Act 1956.

It is believed there is benefit for DWAs to carry out a compliance assessment as it provides an opportunity to provide feedback to the water supplier and also the Director – General of Health on a water supplier's performance against the Health Act 1956. Ideally the linkage between the DWSNZ, WSP and Health Act 1956 would be demonstrated by combing these requirements into one assessment report. DWAs do need to be supported in making decisions on a water suppliers compliance requirements through appropriate direction that provides a consistent approach.

What is currently missing is having a robust process that will encourage/support a water supplier to address the non-compliance(s), particular on-going non-compliances identified in the report. The compliance assessments are based on the annual survey and currently the publication of the annual survey is generally under reported which does not support this process.

14. The PSA submits that the link between the DWSNZ, the Health Act requirements and the water supplier's own Water Safety Plan(s) is demonstrated through the DWSNZ compliance

n. Should the DWA practices in relation to WSPs and ERPs be changed

Protecting public health is the primary goal of community drinking water systems, and having an up-to-date and workable Emergency Response Plan (ERP) helps achieve this goal in any crisis situation. However, under the Health (Drinking Water) Amendment Act 2007, having an approved ERP is not a legal requirement.

Most councils have generic ERPs for their own supplies. However, most supplies do not have their respective ERPs. The emergency response plan should be an integral part of the water system routine operations. For example, water system security is an ongoing plan element that should include daily inspection of the system's facilities, a procedure that could be undertaken together with other tasks. When the operator checks the stock of regular supplies, the operator should include an inventory of emergency supplies and equipment. Also, ongoing training of water system staff should cover the actions outlined in the emergency response plan and the suppliers need to update the emergency response plan regularly.

15. The PSA submits that a supply's specific Emergency Response Plan needs to be included in the Water Safety Plan when it is submitted to a DWA for approval

o. Does the National Drinking Water Assessors Technical Manual (CB54) need revision?

The National Drinking Water Assessors Technical Manual is in need of revision. The PSA is aware that the National Drinking Water Co-ordination and Advice Service has revised the manual in the last 12 months and that the revised manual is currently waiting on Ministry of Health review, sign-off and release. The current DWA IANZ accredited Scope Procedures (which form part of the DWA Technical Manual) were released in September 2014. These are also now in need of revision. As experience with the Scope procedures has developed, lessons have been learned regarding most effective practice and these need to be reflected in the Scope procedures. Ministry of Health policy has also developed since September 2014.

16. The PSA submits that all Drinking Water Assessors should be consulted and allowed the opportunity to input into the review of DWA Technical Manual Procedures.

The National Drinking Water Assessors Technical Manual needs to be responsive to change when it occurs (both policy, best practice and technology) but should also be reviewed on a mandatory, scheduled basis to ensure continual quality improvement is undertaken.

Historically, DWAs (other than the two DWAs that are part of the National Drinking Water Co-ordination Service) have not been actively involved in the review of the DWA Technical Manual. DWAs would like to be more actively consulted and involved in reviewing draft procedures prior to their release. DWAs see opportunities for streamlining current procedures, optimising the use of scarce DWA resource, whilst still achieving the key public health outcomes sought. A good example of this streamlining relates to the reports that DWAs are required to produce in relation to compliance with the Drinking Water Standards. Much of the detail in these reports comes from a database. If this database were able to extract information more readily in a reporting template it would save the unnecessary duplication of effort that currently exists (this duplication currently results in many hours of extra work for each DWA in the country). DWAs were hopeful that the Ministry of Health's new 'Drinking Water Online' database (which became operational on the 1st July 2017) would reduce some of the duplication of effort, but unfortunately the version of the database that has been released does not include this functionality.

17 The PSA submits that all Drinking Water Assessors should be consulted and allowed the opportunity to input into the review of DWA Technical Manual Procedures.

18. The PSA submits that the National Drinking Water Assessors Technical Manual be updated on a regular, routine basis and in addition is responsive in a timely way to key policy change.

The PSA consider that it is vitally important that DWA have access to up to date manuals and guidance material, reviewed by DWA and reflective of current Ministry of Health policy, as this is critical to the DWAs' ability to respond effectively and ensures national consistency.

p. Is any change needed to the enforcement by DWAs of s69ZD obligations (records)

19. The PSA submits that the Ministry of Health should seek to increase the functionality of the Drinking Water Online database so that it can be used more effectively to assist DWAs with the production of drinking water supply compliance reports

The functions of a DWA rely heavily on complete and accurate records being made available by the water supplier in order for DWAs to assess compliance against the Drinking Water Standards and the Health Act 1956.

Current practice by DWAs is to allocate lack of monitoring data only under the compliance section of the standards and not apply it to the Health Act 1956. The Act clearly states:

69 (ZD) (1a)keep records that contain sufficient information to enable a drinking water assessor to ascertain whether or not that drinking water supplier or temporary drinking water supplier is complying with the requirements of-

- This Part; and
- The drinking water standards; and

(2)(g) the monitoring of that drinking water;

Clear guidance should be given to DWAs in terms of records and how it is applied against the Health Act 1956 and Drinking Water Standards.

20. The PSA submits that clear guidance is given to DWAs regarding allocation of 69ZD in terms of the Health Act 1956 and the Drinking Water Standards for New Zealand.

q. Should trained professionals from international jurisdictions be able to be recruited as DWAs to address under supply?

Currently, it is virtually impossible to find qualified Health Protection staff with the DWA Diploma to recruit directly into a DWA position in NZ. Therefore, the ability to appoint non-designated HPO staff to DWA positions would initially look attractive. This applies if they were able to be recruited from overseas with appropriate experience and technical knowledge/competence. However, applicants that possess the skills, knowledge and experience required in the drinking water area from overseas are unlikely to come with the broader public health/environmental health background and academic qualifications such as that required for HPO designation. Training overseas staff to meet NZ requirements may represent significant delays and considerable resource investment by PHUs. Without bonding, this would represent a significant risk to the employer.

We would support the concept that staff from overseas could be employed into DWA positions provided that they have the appropriate experience (including public health background), technical expertise and qualifications (similar or equivalent to the National Diploma in Drinking Water Assessment NZ). However, prior to DWA designation they must have had sufficient training and must meet practical working experience requirements in the NZ context. This would be considerably wider than current National Drinking Water Refresher course(s) offered i.e., must have NZ public health background. The test to be met for a Public Health background should include criteria for appointment similar or close to that required for a Health Protection Officer in NZ.

Please Note: Recruitment of staff with NZ experience would be the preferred option in nearly all instances as if they have the Health Protection Officer Designation, then they have the wider public health background and will be fully familiar with the NZ legislative and enforcement systems; as well as communicable disease and outbreak investigation in NZ.

r. Should demonstrating compliance with s69ZZZ 9protection against backflow0 be included in the annual survey assessment of compliance with DWSNZ?

The PSA agrees that assessment of compliance with s69ZZZ should be included in the annual assessment of compliance with the Health Act 1956 as part of annual survey. Backflow prevention is an essential control to prevent re-contamination of network distribution pipework after treatment. Including s69ZZZ in the annual assessment of compliance with DWSNZ will ensure the Ministry of Health has good oversight of national levels of compliance with this area and will assist with focussing water supplier attention on water supplies the require additional protection. Section 69ZZZ is however, fundamentally flawed in that it uses the terms “The supplier may” … “if the supplier considers that” …. “if the supplier considers it desirable or necessary” It is difficult to assess compliance against something that is not definitive.

The PSA believe that assessment of compliance with S69ZZZ should be included in the annual assessment of compliance. It is imperative however that the Health Act 1956 provides a more definitive statement of compliance and considers the following change appropriate for section 69ZZZ(1) and (2)(a)(i).

69ZZZ(1)This section applies to protect the networked system from risks of pollution caused by water and other substances on properties connected to the networked system. (2) A networked supply can (a)(i) install a backflow prevention system in the network on the side of the point of supply for which the supplier is responsible for maintaining;

This is an important supply risk where the Health Act 1956 is not effectively written.

13 Roles of agencies in relation to drinking water

a. Should there be a single drinking water regulator?

The provision and regulation of safe drinking water in New Zealand involves a number of stakeholders who work within a variety of central/local agencies and organisations, regulatory frameworks, associated legislation and political influence.

The formation of a single drinking water regulator in New Zealand would be unprecedented. A recent OECD survey of water (drinking and wastewater) governance reported that multiple regulators were involved in each country reviewed[2]. However, the report highlighted that of 17 countries surveyed New Zealand had the 2nd highest number of central government authorities (CGAs) involved in the provision (14 CGAs) and regulation (7 CGAs) of water. This complicated water governance landscape has likely contributed to a lack of coordinated responsibility towards drinking water.

The findings from Stage 1 did not appear to point to deficiencies in the current regulatory environment but more to the lack of applying those regulations to ensure a safe drinking water supply. It also strongly pointed to the failure of different stakeholders to work together within the regulatory frameworks towards the goal of ensuring safe drinking water for Havelock North.

Any consideration of a new regulatory environment, including whether or not there should be a single drinking water regulator, must look to international experience and best practice, latest research, and be supported by all stakeholders.

DWAs are only one part of the current drinking water regulatory environment. If there was to be a move to a single regulator or changes to the current drinking water regulatory process, this could have a significant impact on employment conditions and opportunities for DWAs.

21. The PSA submits that any change to roles and responsibilities in Drinking Water regulatory agencies must include consultation and consider impacts on the current DWA workforce.

[2] Water Governance in OECD Countries – A multi-level approach. 2011. https://books.google.co.nz/books?id=UfMxYgOYNLMC&pg=PA45&lpg=PA45&dq=single+versus+multiple+regulatory+agencies+for+drinking+water&source=bl&ots=zp0mfdnRzp&sig=fW1fRd7fqCnNUbx_nCvotk-gFuE&hl=en&sa=X&ved=0ahUKEwiGkNDE6t7UAhUEpZQKHQtpDp4Q6AEIUDAH#v=onepage&q=single%20versus%20multiple%20regulatory%20agencies%20for%20drinking%20water&f=false

b. Is there a problem with fragmentation of responsibility between agencies for drinking water?

The PSA recognises there are multiple areas and levels of fragmentation between agencies with respect to drinking water.

There is a division between responsibilities relating to (a) the physical environmental and sources waters, (b) the abstraction, treatment and reticulation systems and (c) water supply within properties and buildings. These divisions of responsibility are considered appropriate due to the interrelationship between the requirements of delivery safe drinking-water and other statutory responsibilities of agencies under other legislation that cover these areas (in particular the Resource Management Act 1991 and the Building Act)

With respect to responsibilities within the Health Act 1956 relating to supply of drinking-water from abstraction and reticulation there is a good separation in responsibility of the drinking-water supplier to provide adequate and safe water and the responsibility of assessment of compliance and enforcement by DWAs and designated officers. However, DHB employees that have enforcement responsibilities under the Health Act 1956 (DWAs, Designated Officers, and Medical Officers of Health) are also accountable to the Director-General of Health. A clear national enforcement strategy from the Ministry of Health would assist with providing more direction around key decision-making responsibilities with respect to use of enforcement tools.

c. Are the resources applied by DHBs to drinking water adequate?

Most DHBs have DWAs as part of their staff. As mentioned throughout this submission there is a national shortage of DWAs and this needs to be addressed at a national level. There are a number of other options including the use of drinking water technicians who can operate under the guidance of a DWA but few units have taken this option. DHBs need to make more use of these positions as is being successfully done in Hawkes Bay and Taranaki. The salaries made available to these positions may need to be reviewed as there will be competition with industry for highly qualified and skilled people. The use of consultants has also become common practice for many DHBs due to the difficulty in filling DWA positions.

DHBs are aware of this lack of resource and recruiting becomes difficult when salary scales are reported to be limited by Multi Employer Collective Agreements. Under the current criteria for appointment set by the Director General of Health DWAs must also be Health Protection Officers (HPO). While there are requirements for ongoing competence of HPOs they are not to the same level as required to be a DWA. Often this is not reflected in the salaries made available to DWAs. Training opportunities available to DWAs can also be limited by available DHB funding, this should also be looked into.

22. The PSA submits that DHBs look at using drinking water technicians and other ways to better recruit/support drinking water staff and remunerate DWA to reflect the responsibility of supervision and level of training required to fulfil the role

d. Are the resources applied by MOH to drinking water adequate?

The Ministry of Health's resources in drinking water appear to be stretched and this has an impact on the capacity of staff to maintain effective links with Drinking Water Assessors and to ensure that procedural manuals keep pace with policy change.

As stated above (refer 12f), the Ministry of Health have failed to produce a national enforcement strategy for drinking water. Whether this is due to a lack of resources or a lack of desire to do so is not apparent.

The expected level of service in drinking water (required by DHBs) has increased significantly as the legislation has phased in. Funding from the Ministry of Health has not reflected the change in outputs / outcomes required.

23. The PSA submits that further resources need to be applied by the Ministry of Health to drinking water to ensure that a robust regulatory system, reflective of a fully implemented Health Act can be established

e. Is there a need for clarification and/or guidance in relation to the roles and responsibilities of various agencies

It appears the roles and responsibilities of the various agencies are generally well defined.

Local and regional interactions and relationships between the agencies are recognised as an important part of clearly outlining, controlling and defined roles and responsibilities where necessary.

However the provision of national clarification and guidance for all agencies would support the ability of the various local/regional agencies to effectively and seamlessly carry out their various role and responsibilities and reduce the potential for gaps, confusion or overlap between agencies. In particular clarification and guidance is required around decision making between DHBs and the Ministry of Health with respect to enforcement roles and responsibilities.

24. The PSA submits that national guidance be developed that outlines how the various agencies roles, responsibilities and regulatory documents should interact to effectively enhance the provision of safe drinking-water