

A New Regulatory Framework for Drinking Water in Western Australia

WALGA Submission to Department of Health

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Contact:

Bec Waddington

Policy Officer, Community

WALGA

ONE70, LV 1, 170 Railway Parade West Leederville

Phone: (08) 9213 2055

Email: <u>bwaddington@walga.asn.au</u>

Website: <u>www.walga.asn.au</u>



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1.0 Introduction

The Western Australian Local Government Association (WALGA) is the united voice of Local Government in Western Australia. The Association is an independent, membership-based organisation representing and supporting the work and interests of Local Governments in Western Australia.

It provides an essential voice for its members who are 138 Local Governments, 1,215 Elected Members and approximately 22,000 Local Government employees as well as over 2.2 million constituents of Local Governments in Western Australia. The Association also provides professional advice and offers services that provide financial benefits to the Local Governments and the communities they serve.

WALGA is appreciative of the extensive consultation with Local Government that the Department of Health (DOH) has undertaken in the regulations review.

2.0 Background

Local Government is an enforcement agency under the *Public Health Act 2016* (the Public Health Act), with Local Government Environmental Health Officers (EHOs) playing a key role in administering the Public Health Act and Regulations. To ensure broad representation of Local Government responses to the Consultation Paper, and within this submission, WALGA promoted the Consultation Paper through our communication channels to Local Governments, as well as via direct emails and phones calls to various Local Governments and Local Government networks of officers working in environmental health.

WALGA received three general comment responses from Local Governments; City of Cockburn, City of Joondalup and the Metropolitan Environmental Health Officers Group (MEHMG), which is supported by the majority of MEHMG members. The Planning team in WALGA also provided comment. A list of engagement avenues and responses received is included in Appendix 1.

The submission is set out with responses to questions posed by the Discussion Paper, including the overall options for future management of drinking water. As suggested in the Discussion Paper, only questions of relevance in the survey have been included in this submission.

3.0 Future management options

WALGA supports proposed Option 3: Develop a new public health regulatory framework for drinking water under the *Public Health Act 2016*. This is supported by the MEHMG, City of Joondalup and City of Cockburn submissions. This is the preferred option because:

- It is important that there are valid and enforceable regulations to protect public drinking water supply for both current and future Western Australian communities.
- It in part reflects the obligations currently set out in the binding MOU for Drinking Water Quality between the DOH and each licensed water service provider. The current system has worked effectively to date, but is ad hoc and would benefit from new and clear regulations.



• It will provide more flexibility and scalability by adopting a risk-based approach to managing drinking water.

There are some aspects of the paper which are not clear, so WALGA requests DOH undertake further consultation with Local Governments in the later stages of the regulation development when addressing the details not outlined in this discussion paper, as well as in clarifying the role of Local Government as an enforcement agency.

3.1 Registrable drinking water suppliers

Q11. Do you agree that 'the supply of drinking water to another person on a premises not connected to a drinking water supply of a licensed drinking water supplier" is a public risk activity?

Yes, there is the potential for contamination and associated public health impacts that need management.

Q12. If yes, do you agree that any person/entity that carries on this public health risk activity must first be registered to do so?

WALGA supports registration of those who undertake this as an appropriate way to manage the public health risk.

Q13. Do you agree with the proposed list of persons/entities that will be exempt from the registration requirement?

WALGA supports the proposal to exempt low risk premises from registration and monitoring including Holiday Homes or short stay accommodation with an approved (by Local Government) maximum occupancy of 12 persons. It is noted that these premises will still need to comply with the general public health duty provisions of the Public Health Act, and as the water is not freely accessible to others, the public health risks are low. It would appear that farms would also fit under the exemptions although not explicitly outlined in the paper. It should be noted that these are a critical exemption for regional Local Governments.

Q14. Do you agree for the local government to be prescribed as the "appropriate enforcement agency" for this registrable public health risk activity?

WALGA in principal supports Local Government as the appropriate enforcement agency and this is also supported by MEHMG, City of Joondalup and City of Cockburn. Most Local Governments currently play a key role in monitoring drinking water quality at these sites and are well placed to continue. However more clarity is required on the full extent of this role and the potential extra resource implications and if they will be adequately covered under the 'cost recovery' part of the Public Health Act 2016. It also needs to be clear that the DOH are the experts on drinking water, so DOH would need to provide clear guidelines and assessment tools to Local Governments.



Q15. Do you agree that the Chief Health Officer should be given powers to exempt any person or a person within a class of persons that carries on this public health risk activity from the requirement to be registered?

WALGA supports Chief Health Officer having powers to exempt a person from registration.

3.2 Standards for water quality

Q21 Do you agree for the Australian Drinking Water Guidelines to be used as the guiding document and basis for setting policy on the quality and safety of drinking water supplied in WA?

WALGA supports adopting the Australian Drinking Water Guidelines; this is also supported by MEHMG and City of Cockburn. This provides an authoritative reference on safe water and provides consistency in approach.

3.3 Requirement to manage risks

Q22 & 23. Do you agree that licensable /registrable drinking water suppliers should be required to establish and implement a Drinking Water Risk Management Plan?

WALGA supports the adoption of Drinking Water Risk Management Plan for both licensable and registrable drinking water suppliers. This risk based approach will provide scalability and flexibility so as not to overburden small operations. However, there would need to be significant support to registrable drinking water suppliers to enable them develop their own risk management plans. Property or business owners may have no experience in this, and it would not be supported if they would be required to engage independent experts, potentially at a significant cost to develop these risk management plans.

Further clarity is required from DOH on who the intended approval authority is for Drinking Water Risk Management Plans for registrable drinking water suppliers. If the intention is for Local Government to assess drinking water risk management plans, there may be a significant knowledge gap on appropriate risk management considerations, such as appropriate water treatment options, sampling regime's etc. There may be a risk to Local Government should a drinking water risk management plan be approved, but results in a public health issue. Training for Local Governments would be required as well as the development of assessment tools, templates and other resources for them to use.

The discussion paper is not clear on whether drinking water risk management plans would be reviewed on submission or if they would require review or auditing by an enforcement agency on a regular basis. There is potential for this to have significant impact on Local Government as an enforcement agency.

WALGA requests further consultation with Local Governments in developing the detail for administering registrable drinking water suppliers.



3.4 Monitoring and reporting requirements

Q25 Do you agree that the drinking water quality monitoring and testing program for licensable and registrable drinking water suppliers should be established based on the overall risk of their system?

WALGA supports adopting a risk based approach for management, as this will provide scalability and not overburden small, low risk operations.

3.5 Proposal implications

WALGA is supportive of the proposal to allow Local Government the discretion to charge a fee for service to assist in cost recovery. There would be an increase in workload associated with the registration of drinking water suppliers as well as sampling and monitoring activities. The capture of drinking water suppliers who access reticulated scheme water, but use temporary storage tanks to address pressure related issues, will increase the number of facilities or developments that would require Local Government involvement, and therefore the resource requirements.

Further consideration needs to be given to the training and tools that will be made available to Enforcement Agencies, specifically to Local Government, across the range of the new regulations and guidelines being developed under the *Public Health Act 2016*. The DOH has informally indicated to MEHMG members that relevant training on these tools will be provided at the appropriate time. However, Local Governments, through MEHMG, have highlighted that if they had more information about how these tools (such as enforcement notices and improvement notices) would work in practice, it would enable them to provide more detailed and valuable feedback on these discussion papers in this regulation review process. WALGA would welcome the development of a draft implementation schedule for the tools and training that will be made available for Local Governments.

3.6 Other comments

The discussion paper does not specifically mention micro-plastics specifically but they may be a significant hazard to human health. WALGA members through the South East Metropolitan Zone (see Appendix 2) have previously raised the issue of micro-plastics in food as an issue of concern for their communities. Further consideration of this issue may be required (if it is not already addressed) in the more detailed development of the regulations.

4.0 Conclusion

Thank you again for the opportunity to make comment on the *A new regulatory framework for drinking water in Western Australia* Consultation Paper. Local Governments are appreciative of the opportunity to provide input on the development of the *Public Health Act 2016* regulations, and it is anticipated that integrating the experiences and knowledge of Local Government Environmental Health Officers into regulation will lead to improved public safety.

It should be noted that this submission has not yet been considered or endorsed by WALGA's State Council and therefore is an interim submission. The Association reserves the right to modify or withdraw the comments as directed by State Council. This submission will be



considered at the WALGA State Council meeting in December 2019 and you will be notified of the outcome.



5.0 Appendix 1. Engagement

Comments received from:

- Metropolitan Environmental Health Officers Group (MEHMG)
- City of Cockburn
- City of Joondalup
- Planning Team (WALGA)

Engagement Process

Newsletters:

- WALGA Local Government News
- WALGA Planning News

Emails:

- MEHMG
- LG Environmental Health Officers Mailing List
- Infopage
- WALGA Teams: Planning, Governance, Environment

Submission sent to WALGA People and Place Policy Team and Executive Committee

6.0 Appendix 2. South East Metropolitan Zone Meeting Resolution

South East Metropolitan Zone Meeting 27 November 2018.

Resolution: That the South East Metropolitan Zone request WALGA, in the interests of achieving human health and environmental health objectives, advocates for the Department of Health (Toxicology Branch) to develop a suite of guidelines for maximum safe residue levels of microplastics in food and water and advocate on this public health issue to the State and Federal Government