

From: paul_prendergast@moh.govt.nz
Sent: Tuesday, 6 October 2009 1:03 p.m.
To: National Infrastructure Unit
Subject: Fw: Infrastructure plan

Some comment on the Infrastructure Plan document from the Ministry of Health

The questions being posed are:

- Is the base information accurate and adequate? [Have commented below where I thought is was inaccurate](#)
- Are there missing issues? [I think most main types on infrastructure are covered](#)
- Decision making - what factors should be taken into account in considering benefits and costs? [Intangibles are the biggest problem and getting good information on benefits. Cost benefit analysis should be just one tool in decision making not the prime decision maker. Can there be a way to relate CBA to a measure of our standard of living?](#)
- Are there cross infrastructure issues? [Yes. Money used in one area may take money from another. A council's desire for a particular infrastructure - say new cycleway, may delay or stop spending on sewage overflows. Desire for new operating theatres may cause Health to look for money from other areas - say water subsidy schemes.](#)
- Are there regulatory constraints that need to be addressed? [I think this goes both ways. Lack of regulation may have held back investment. ie sewage discharges have always been regulated but drinking water quality has not. Investment in sewage treatment generally much higher than for drinking water \(it is also more expensive to treat\)](#)
- Can we define the service level? [I think this is largely done with international standards for the type of service. Many exporters will have to use water, electricity etc and have to comply with overseas standards](#)
- What additional investment is needed to increase economic growth? [I think our annual investment in infrastructure in the 1990s was about half the 1980s and this needs to be made up. We are living on the infrastructure the Ministry of Works largely built and it is now getting old with demand increasing.](#)

Comments by paragraph number:
Drinking Water

34 to 36.

181 MoH haven't been asked for anything yet that I can remember so not sure where information is being prepared
 183 - is it more intense development or greater population - or are they the same?
 185 - 2nd dot point. Wellington is nevertheless looking for future sources of water
 190 - Is IPENZ not involved? MoH doesn't seem to have been invited even though demand management can have effects on public health (this can be by not carrying out the management and the supply fails or by methods that provide greater health risks)
 181 to 190 - doesn't seem to mention drinking water treatment plants as assets anywhere - just reticulation
 192 - graph of bacterial compliance. The main reason for non compliance with the drinking water standards in NZ (and related cost to fix then problem) is in providing protection against protozoa (Giardia and Cryptosporidium)
 193 - appears to confuse the DW standards with the legislation's requirement to 'take all practicable steps'. It is quasi mandatory compliance with the standards that rural communities do not like rather than the standards which are basically international (based on WHO). The subsidy scheme is currently suspended pending review.
 194 - disagree with this comment. Given the standards are based on WHO, similar to Australian Guidelines and not as strict as EU or USEPA standards. There is no debate from the scientific or medical community on appropriateness of the standards. Again I think this should be reworded to say there is debate as to whether the legislation should require rural communities to comply.

Wastewater

199 - this is very much because the capital cost of supplying drinking water is very much less than wastewater services. Often by an order of magnitude in rural areas. In the subsidy schemes, the cost of subsidy per household for drinking water averages approximately just under \$1,000 per head - say \$3,000 per house but cost of sewerage is nearer \$25,000 per house in small communities.

200 - The description of how to measure a sewers capacity is strange. Overflows may be caused by infiltration rather than capacity problems. If a sewer main leaks like a sieve do we call that a capacity problem?

203 - I think this is very much because wastewater has always (since 1967) had regulatory control over the discharges through the Water and Soil Conservation Act 1967 and later through the Resource Management Act 1991. Whereas drinking water has had virtually no regulatory requirements which leads councils to prioritise spending on meeting their legal obligations and deferral/neglect of drinking water assets.

206 - The author seems to miss the point that whilst we wish to provide drinking water to a safe consistent standard - we don't have a set standard for wastewater. This is because the treatment of wastewater is tailored to limit the effects on the environment and these will vary depending on where the discharge is and how the environment can cope with it.

208 - again author doesn't seem to realise provision of wastewater is much more expensive than drinking water and that it has been regulated for years.

Paul Prendergast
Principal Public Health Engineer
Population Health Directorate
Ministry of Health
DDI: 04 816 4498

<http://www.moh.govt.nz>
mailto:paul_prendergast@moh.govt.nz

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway
