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|  | All District Health Boards | | | |
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| **PUBLIC HEALTH SERVICES**  **HEALTH PROTECTION**  **TIER TWO**  **SERVICE SPECIFICATION** | | | | |
| **STATUS:** Approved for nationwide use for the standard description of services to be funded. | | **MANDATORY** | |
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**Note**: Contact the Service Specification Programme Manager, Service Commissioning, Ministry of Health, to discuss the process and guidance available in developing new or updating and revising existing service specifications.

Nationwide Service Framework Library website: <http://www.nsfl.health.govt.nz/>

**PUBLIC HEALTH SERVICES**

**HEALTH PROTECTION**

**TIER TWO**

**SERVICE SPECIFICATION**

This tier two service specification for Public Health Services Health Protection, must be applied in conjunction with the relevant tier one and tier two service specifications so that the total service requirements are explicit.

This tier two service specification for Health Protection must be read and used in conjunction with the following service specifications:

* tier one Public Health Services service specification. This contains overarching generic principles and content common to all the tiers of specifications under it, see below for details.
* the other four tier two Public Health Services service specifications:
* Public Health Assessment and Surveillance
* Public Health Promotion
* Public Health Capacity Development
* Preventative Interventions.

Please refer to the tier one Public Health Services service specification for details on:

* Background (including Te Tiriti o Waitangi, Ottawa Charter and vision)
* Service Definition
* Service Objectives (including Māori Health, and reducing health inequities, including alignment of approaches with He Korowai Oranga, and health equity/Whānau Ora tools )
* Service Users
* Access (including eligibility and exclusions)
* Service Components
* Service Linkages
* Quality Requirements (including legislation, international obligations, guidance material, and political neutrality).

For a summary overview of the relationships between the various specifications for Public Health Services, refer to the diagram on the next page.

**Background**

The tier two Public Health Services Health Protection service specification outlines detailed reporting requirements and the obligation to develop comprehensive health protection programmes including the implementation of legislation, compliance and enforcement. Because the services include the implementation of legislation and therefore the need for national consistency and meeting statutory requirements, these specifications are relatively detailed.

# Service Definition

Traditionally health protection activities have focussed in areas where cause and effect relationships between human health and the environment have been established. The early focus in health protection has resulted in huge gains in population health globally, principally due to improved drinking water quality, food quality, communicable disease control and sewage management.

An ecological approach to public health recognises that individuals and communities inhabit and interact with social, cultural, physical and biological ecosystems. When considering the role of these environments on the health of populations, the concepts of safe, healthy and supportive environments must be included.

***Overview of the relationships between the specifications for Public Health Services***



Ecological public health promotes the creation and maintenance of environments that are conducive to health, to make healthy choices easier choices[[1]](#footnote-1). It requires a comprehensive approach to public health including developing linkages between existing areas of public health activity.

# Service Objectives

**2.1 General**

Public Health Units (PHUs) are responsible for planning and delivering comprehensive and high quality public health programmes that include compliance and enforcement.

The provider will be responsible for employing competent staff for the needs of service users to ensure 24-hour service provision. The provider will employ sufficient staff to provide a level of service to meet service users’ needs that may include (but are not limited to) risk communication and management. The Ministry of Health will provide appropriate training for statutory officers to enable them to undertake their statutory functions, as described in this service specification.

While recognising that legislation is only part of the suite of interventions and activities available to them, providers of regulatory services should develop and implement comprehensive health protection programmes. Compliance and enforcement are essential in an effective public health programme as part of the public health continuum and as one strategy in holistic programmes to improve public health. Compliance and enforcement are strategies within the *Ottawa Charter*. Building healthy public policy combines diverse but complementary approaches including legislation, fiscal measures (eg, subsidies, taxation, funding) and organisational change. It fosters greater equity and contributes to ensuring safer and healthier goods and services and environments. It aims to make the healthier choice the easy choice.

PHUs undertake routine investigations under public health legislation, including the Health Act 1956, [Hazardous Substances and New Organisms Act 1996](#_Toc127080946), [Biosecurity Act 1993](#_Toc127080947), [Prostitution Reform Act 2003](#_Toc127080951), [Burial and Cremation Act 1964](#_Toc127080952), Sale and Supply of Alcohol Act 2012, Smoke-free Environments Act 1990, Misuse of Drugs Act 1975 and Psychoactive Substances Act 2013.

* 1. **Māori Health Objectives**

For Māori, *te ao turoa* (the physical, social and spiritual environment) has an impact on the overall well-being of Māori. For example, the loss of *mahinga kai* (traditional food gathering areas), the desecration of *wai tapu*, pollution of coasts, rivers and lakes and the decline in certain traditional food species through over-use, have all had an impact on the wellbeing of whānau, hapu and iwi. The recognition of Māori worldviews and their incorporation into health protection planning and responses is an ongoing challenge.

# Regulatory Services

Health protection services include regulatory services involving the implementation of public health legislation, or the use of regulatory instruments implemented by other agencies. Regulatory services are delivered by statutory officers appointed by the Director-General of Health. These public health officers have accountabilities as employees, statutory officers, state servants and some as health practitioners.

Public health officers, whether designated under the Health Act 1956 or appointed under other legislation, are by legislation and/or contract, obliged to:

* improve, promote and protect public health (section 3A of the Health Act 1956, section 22(1)(a) of the New Zealand Public Health and Disability Act 2000)
* act in good faith and with reasonable care (section 129(1) of the Health Act)
* meet specified criteria to retain their designation (*Criteria for Appointment as a Public Health Statutory Officer* (July 2012) to give effect to section 7A(6) of the Health Act)
* meet the requirements of their employment terms and conditions (Employment Relations Act 2000 and relevant case law)
* comply with the state sector *Standards of Integrity and Conduct* (issued under section 57 of the State Sector Act 1988)
* give effect to government policy (section 7(1) (a) of the Crown Entities Act 2004).

A public health officer is responsible and accountable to their line manager for any work they undertake, and must abide by their employer’s policies, procedures and lawful directions.

All District Health Board (DHB) employees are state servants and subject to the standards of integrity and conduct set by the State Services Commissioner under section 57(1) of the State Sector Act. The *Standards of Integrity and Conduct* (the Code of Conduct) sets out the requirements for all state servants to be:

* **fair** (duty to serve the public)
* **impartial** (duty to serve the government of the day)
* **responsible** (duty with respect to public resources and private information) and
* **trustworthy** (duty with respect to corruption and conflicts of interest).

Compliance with the Code of Conduct requires State servants to support Government policy. For statutory public health officers, this requires that they make public statements and submissions that reflect Government policy as expressed in the guidelines, standards and policies released by government agencies. Public statements that may be seen to criticise or contradict Government policy would be a breach of the Code of Conduct (see also Conflict of Interest page 19).

# Service Users

Health protection services are provided to the general public, and key stakeholders such as local government, other agencies, industry, and vulnerable populations.

# Access

Health protection services will be provided throughout New Zealand to Service Users.

# Exclusions

Refer to the tier one Public Health Services service specification.

# Service Components

The health protection outcomes framework (Appendix 1) describes societal, long and medium term health protection outcomes. Short-term outcomes are discussed below. In planning for the delivery of health protection programmes, priority criteria (refer to the tier one Public Health Services service specification) should be applied to ensure the most effective services are delivered.

| **Components of Service** | **Service Descriptions/Activities** | **Short-term Outcomes (Programme Level)** | **Short-term Outcome Indicators (*Is anyone better off?*)** | **Performance Measures** |
| --- | --- | --- | --- | --- |
| **1. Smoke-free Environments (tobacco control):** | Deliver tobacco control functions as per the Smoke-free Compliance and Enforcement Manual and advice and direction from the Ministry of Health.  Enforce the Smoke-free Environments Act 1990 and Smoke-free Environment Regulations 2007.  Promote tobacco control and the Government’s aspirational goal of a Smoke-free New Zealand by 2025.  Employ Smoke-free Enforcement Officers and ensure they attend all Ministry training sessions  Identify, investigate, assess, monitor, manage and report significant and emergent risks to public health from tobacco products and their use.  Ensure interpretation and application of national tobacco control and smoke-free policies is consistent with Ministry manuals and guidance.  Maintain a response capacity.  Take prompt and appropriate action to protect public health, and increase compliance with the smoke-free legislation.  Audit compliance with smoke-free legislation and tobacco control policies.  Maintain awareness of factors influencing tobacco control and smoke-free environments.  Maintain an appropriate and efficient system for receiving, considering and responding to complaints from the public.  Maintain profiles of activities, facilities or premises importing, manufacturing and selling (eg, large growers, retailers and wholesalers) tobacco products (the industry).  Maintain an appropriate and efficient system for ensuring all sellers, including importer and manufacturers, of tobacco (where they can be identified) receive at least one education compliance visit and compliance visit at least every five years (more where non-compliance has been identified).  Maintain information systems for tobacco-control programme activity that has the capacity to serve as a basis for reporting to the purchaser and regulator and to assist with compliance audits.  Support the protection and promotion of smoke-free environments by DHBs, primary care providers, Crown entities, iwi, local authorities, other agencies and stakeholders and encourage these agencies and organisations to build smoke-free public policies  Provide objective advice, information and education to the public, including Māori, about tobacco control and smoke-free issues and their significance.  Inform and liaise with the media about tobacco control and smoke-free issues.  Plan, implement and evaluate project-based activities aimed at providing evidence of effectiveness of tobacco control interventions | * Rates of smoking decrease among identified population groups. * Audits show improvements in rates of compliance with smoke-free legislation and tobacco-control policies, especially sales to minors. * DHBs, primary care providers, Crown entities, iwi, local authorities, other agencies and stakeholders have smoke-free public policies in place and a goal of achieving a Smoke-free region by 2025. | * The number of Smoke-free Enforcement Officers employed and trained is adequate to deliver the work programme and respond to emergent issues in a timely manner. * Standard operating procedures are consistent with the Ministry’s tobacco control and smoke-free policies. * A formal system is in place for receiving, considering and responding to complaints * Profiles established of activities, facilities or premises of significance to the tobacco control programme. * The provider has identified DHBs, primary care providers, Crown entities, iwi, local authorities, other agencies and stakeholders to encourage, assist to develop and implement smoke-free public policies * The level of advice, information and education provided to the public, including Māori, is maintained or increased. * The number of media advisories and media statements on tobacco control and smoke-free issues is maintained or increased. | Quality *(How well)*   * Timeframe for responding to and addressing complaints * Timeframes for submitting short-form files to the Ministry for infringement notices to be issued in a timely manner are met * Advice, information and education provided to the public is consistent with Ministry policy, is objective and evidence-based. * Number of minors purchasing tobacco in the region is decreasing (quantified by percentage of sales per visits i.e. 5 sales per 100 premises visited = 5 percent sales rate.   Quantity *(How many)*   * Number of smoke-free public places policies being developed or in place * Number of media statements and advisories * Number of education and compliance visits per recorded tobacco Industry premise. |
| **2. Illicit drugs and psychoactive substances:** | Work with relevant enforcement agencies to enforce the relevant provisions of the Misuse of Drugs Act 1975 and the Psychoactive Substances Act 2013 as required, and to protect public health, including the provision of information to people wishing to apply to sell psychoactive substances.  Develop capacity and ensure sufficient staff are trained to meet the criteria for statutory appointment under the Psychoactive Substances Act 2013 and Misuse of Drugs Act 1975.  Employ statutory officers to identify, investigate, assess, monitor, manage and report significant and emergent risks to public health from psychoactive substances and the misuse of drugs.  Ensure interpretation and application of policies on reducing the harm from psychoactive substances and the misuse of drugs is consistent with Government policy and Ministry of Health Manuals and guidance.  Maintain a response capacity to respond to issues relating to psychoactive substances and the misuse of drugs  Take prompt and appropriate action to protect public health, and increase compliance with the law relating to psychoactive substances and the misuse of drugs.  Audit compliance with policies and legislation relating to psychoactive substances and the misuse of drugs  Maintain awareness of factors influencing public health from the use of psychoactive substances and the misuse of drugs  Maintain an appropriate and efficient system for receiving, considering and responding to complaints from the public about the use of psychoactive substances and the misuse of drugs.  Maintain profiles of activities, facilities or premises of significance relating to psychoactive substances and the misuse of drugs.  Maintain information systems for psychoactive substances and the misuse of drugs programme activity that have the capacity to serve as a basis for reporting to the purchaser and regulator and to assist with compliance audits  Support the protection and promotion of public health by DHBs, Police, New Zealand Customs, primary care providers, addiction treatment providers, Community Action Youth and Drugs providers (CAYADs), Crown entities, iwi, local authorities, other agencies and stakeholders and encourage these agencies and organisations to build healthy public policy relating to the use of psychoactive substances and the misuse of drugs  Provide objective advice, information and education to the public, including Māori, about issues relating to the use of psychoactive substances and the misuse of drugs and their significance and to allow appropriate participation in the development of legislation relating to the use of psychoactive substances and the misuse of drugs.  Inform and liaise with the media about the use of psychoactive substances and the misuse of drugs.  Plan, implement and evaluate project-based activities aimed at providing evidence of effectiveness of public health action addressing specific public health concerns and community issues relating to the use of psychoactive substances and the misuse of drugs. | * Rates of hospitalisation as a result of taking illicit or psychoactive substances decreases * Councils have appropriate policies and bylaws for managing the sale of psychoactive substances in their districts | * Memoranda of Understanding or other arrangements are in place with relevant enforcement agencies that describe roles and responsibilities * Number of Psychoactive Substances Officers employed are adequate to deliver the work programme and respond to emergent issues in a timely manner * Standard operating procedures are consistent with Ministry misuse of drugs and psychoactive substances policies * Formal system is in place for receiving, considering and responding to complaints * Profiles established of activities, facilities or premises of significance to the psychoactive substances work programme. * Provider has identified DHBs, primary care providers, Crown entities, iwi, local authorities, other agencies and stakeholders to encourage assist to develop and implement healthy public policies relating to the use of psychoactive substances and the misuse of drugs * The level of advice, information and education provided to the public, including Māori, is maintained or increased. * Reports are provided to the purchaser and regulator on psychoactive substances and the misuse of drugs programme activity * The number of media advisories and media statements on psychoactive substances and the misuse of drugs issues are maintained or increased. * Plan, implement and evaluate project-based activities aimed at providing evidence of effectiveness of public health action addressing specific public health concerns and community issues relating to the use of psychoactive substances and the misuse of drugs. | Quality *(How well)*   * Psychoactive Substances Enforcement Officers meet and maintain competencies for statutory appointment including attendance at Ministry training as required * Timeframe for responding to complaints * Advice, information and education provided to the public is consistent with Ministry policy, objective and evidence-based.   Quantity *(How many)*   * Number of Psychoactive Substances Enforcement Officers * Number of healthy public policies on psychoactive substances and the misuse of drugs being developed or in place * Number of media statements and advisories |
| **3. Sale and supply of alcohol:** | Work with relevant enforcement agencies to implement and enforce the relevant provisions of the Sale and Supply of Alcohol Act 2012 as required to protect public health and reduce harm.  Employ statutory officers (medical officers of health and their delegates).  Identify, investigate, assess, monitor, manage and report significant and emergent risks to public health from the sale, supply and use of alcohol.  Ensure interpretation and application of policies on the sale, supply and use of alcohol is consistent with Government policy and Ministry guidance.  Maintain a capacity to respond to public concerns about the sale, supply and use of alcohol.  Take prompt and appropriate action to protect public health and reduce harm, and increase compliance with the law relating to the sale, supply and use of alcohol.  Audit compliance with the requirements for the sale, supply and use of alcohol.  Maintain awareness of factors influencing the public health relating to the sale, supply and use of alcohol  Maintain an appropriate and efficient system for receiving, considering and responding to complaints from the public about the sale, supply and use of alcohol.  Maintain profiles of activities, facilities or premises involved in the sale, supply and use of alcohol of public health significance.  Maintain information systems for sale, supply and use of alcohol programme activity that has the capacity to serve as a basis for reporting to the purchaser and regulator and to assist with compliance audits  Support the protection and promotion of public health by DHBs, primary care providers, addiction treatment providers, CAYADS, Crown entities, iwi, local authorities, other agencies and stakeholders and encourage these agencies and organisations to build healthy public policy relating to the sale, supply and use of alcohol  Provide objective advice, information and education to the public, including Māori, about public health issues arising from the sale, supply and use of alcohol and their significance and to allow appropriate participation in the development of legislation.  Inform and liaise with the media about public health issues relating to the sale, supply and use of alcohol.  Plan, implement and evaluate project-based activities aimed at providing evidence of effectiveness of public health action addressing specific public health concerns and community issues relating to the reduction of harm and sale, supply and use of alcohol. | * Rates of hospitalisation from alcohol-related harm decrease * Councils have appropriate policies for the sale and supply of alcohol in their districts | * Memoranda of Understanding or other arrangements are in place with relevant enforcement agencies that describe roles and responsibilities * Number of statutory officers employed are adequate to deliver the work programme and respond to emergent issues in a timely manner * Standard operating procedures are consistent with Ministry alcohol policies * Formal system in place for receiving, considering and responding to complaints * Profiles established of licensed premises of significance to the alcohol work programme. * Active involvement in actions to protect public health, and increase compliance with the law relating to the sale, supply and use of alcohol * Provider has identified DHBs, primary care providers, Crown entities, iwi, local authorities, other agencies and stakeholders to encourage assist to develop and implement healthy public policies relating to the sale, supply and use of alcohol * The level of advice, information and education provided to the public, including Māori, is maintained or increased. * Reports are provided to the purchaser and regulator on public health issues arising from the sale, supply and use of alcohol * The number of media advisories and media statements on public health issues arising from the sale, supply and use of alcohol is maintained or increased. * Project plans are in place that provide evidence of the effectiveness of public health action addressing specific public health concerns and community issues relating to the sale, supply and use of alcohol. | Quality *(How well)*   * Audits are undertaken of compliance with the requirements for the sale, supply and use of alcohol * Timeframe for responding to complaints * Advice, information and education is provided to the public is consistent with Ministry policy, objective and evidence-based. * Public health risk assessments are undertaken to identify premises, activities, organisations and policies of significance to the alcohol work programme.   Quantity *(How many)*   * Number of Statutory Officers working on issues associated with the sale, supply and use of alcohol * Number of Healthy public policies on psychoactive substances and the misuse of drugs being developed or in place * Number of media statements and advisories |
| **4. Communicable Diseases:** | Deliver communicable diseases control functions as per the Communicable Disease Manual, the Manual for Public Health Surveillance in New Zealand, the Outbreak Response Manual and advice and direction from the Ministry.  Enforce the Health Act, Tuberculosis Act and other relevant legislation relating to the control of communicable diseases.  Employ statutory officers.  Identify, investigate, assess, monitor, manage and report significant and emergent risks to public health from communicable diseases.  Develop communicable diseases control contingency plans, which include outbreak response, investigation, contact tracings, treatment/isolation of cases, closing premises, quarantine, and public health warnings.  Ensure interpretation and application of communicable diseases policies is consistent with Government policy and Ministry Manuals and guidance.  Maintain a communicable diseases response capacity.  Take prompt and appropriate action to protect public health from communicable diseases.  Maintain awareness of factors influencing the control of communicable diseases.  Provide communicable diseases screening and other support for refugees and asylum seekers as required and in consultation with relevant agencies.  Maintain an appropriate and efficient system for receiving, considering and responding to notifications of suspected and confirmed cases of infectious diseases.  Maintain an appropriate and efficient system for receiving, considering and responding to complaints from medical practitioners, the public and others about suspected communicable diseases of public health concern.  Maintain profiles of activities, facilities or premises of public health significance for communicable diseases control.  Maintain information systems for communicable diseases control activity which has the capacity to serve as a basis for reporting to the purchaser and regulator and to assist with compliance audits  Provide all information and manage the local operation of databases and information systems such as EpiSurv, etc.  Support the control of communicable diseases and the protection and promotion of public health by DHBs, primary care providers, Crown entities, iwi, local authorities, other agencies and stakeholders and encourage these agencies and organisations to build healthy public policy to control communicable diseases.  Provide objective advice, information and education to the public, including Maori, about communicable diseases control and its significance and to allow appropriate participation in the development of policy and legislation.  Inform and liaise with the mass media about communicable diseases control issues.  Plan, implement and evaluate project-based activities aimed at providing evidence of effectiveness of public health action addressing specific communicable diseases control concerns and issues. | * Secondary cases of notifiable diseases decrease * Notification rates of notifiable diseases are maintained or increased * Over 95 percent of contacts of cases of notifiable diseases are traced | * Number of statutory officers employed are adequate to deliver the work programme and respond to emergent issues in a timely manner * Formal system in place to identify, investigate, assess, monitor, manage and report significant and emergent risks to public health from communicable diseases * Formal system in place for receiving, considering and responding to notifications of suspected and confirmed cases of infectious diseases * Communicable diseases control contingency plan in place, which includes outbreak response, investigation, contact tracings, treatment/isolation of cases, closing premises, quarantine, and public health warnings. * Formal system in place for receiving, considering and responding to complaints from medical practitioners, the public and others about suspected communicable diseases of public health concern. * Formal networks developed with medical practitioners, laboratories, and other key stakeholders to provide routine updates on surveillance and communicable diseases and to provide alerts for emergent issues. * Networks developed and maintained to reach individuals, organisations, facilities or premises of public health significance for communicable diseases control. * Information systems in place for communicable diseases control activity that have the capacity to serve as a basis for reporting to the purchaser and regulator and to assist with compliance audits * Active involvement in actions to protect public health from communicable diseases, and increase compliance with the law relating to the notification and control of communicable diseases * Provider has identified DHBs, primary care providers, Crown entities, iwi, local authorities, other agencies and stakeholders to encourage assist to develop and implement healthy public policies to control communicable diseases * The level of advice, information and education provided to the public, including Māori, is maintained or increased. * Reports are provided to the purchaser and regulator on the control of communicable diseases * The number of media advisories and media statements on the control of communicable diseases is maintained or increased. * Project plans are in place that provide evidence of the effectiveness of public health action addressing specific public health concerns and community issues relating to the control of communicable diseases * Plan, implement and evaluate project-based activities aimed at providing evidence of effectiveness of public health action addressing specific communicable diseases control concerns and issues. | Quality *(How well)*   * Standard operating procedures are consistent with Ministry policies, Communicable Disease Manual, the Manual for Public Health Surveillance in New Zealand, the Outbreak Response Manual and advice and direction from the Ministry. * Notifications of suspected or confirmed communicable diseases are investigated according to Ministry policy. * Timeframe for responding to disease notifications * Communicable diseases contingency plan is updated at least annually. * Medical practitioners understand the importance of notifying suspected or confirmed infectious diseases * Medical practitioners find information and advice from the provider is helpful and informative * National databases and information systems such as EpiSurv, etc. are maintained locally and data is entered to meet timeframes and quality standards required. * Advice, information and education provided to the public are consistent with Ministry policy, objective and evidence-based. * Public health risk assessments are undertaken to identify premises, activities, organisations and policies of significance to the control of communicable diseases   Quantity (*How many*)   * Number of Statutory Officers working on communicable diseases control * Number of advisories and reports provided to medical practitioners, laboratories and other stakeholders * Number of media statements and advisories |
| **5. Environmental Health**   * Air quality (indoor and outdoor) * Border health * Burial and cremation * Contaminated land * Drinking-water * Early childhood education centres * Environmental noise management * Hazardous substances * Ionising radiation * Non-ionising fields * Emergency planning, preparedness and response * Recreational water * Resource management * Sewage treatment and disposal * Waste management * Other regulatory activities. | Deliver environmental health protection functions as per the Environmental Health Protection Manual, and advice and direction from the Ministry.  Employ statutory officers.  Identify, investigate, assess, monitor, manage and report significant and emergent risks to environmental health.  Ensure interpretation and application of environmental health policies is consistent with Government policy and Ministry manuals and guidance.  Maintain a capacity to respond to environmental health issues  Maintain a capacity to meet public health unit emergency planning, preparedness and response requirements as defined in the *National Health Emergency Plan*.  Take prompt and appropriate action to protect environmental health, and increase compliance with the law.  Audit compliance of organisations and individuals with environmental health policies and legislation as outlined in the Environmental Health Protection Manual and Ministry guidance including designated points of entry and VTA permissions.  Maintain awareness of factors influencing environmental health.  Maintain an appropriate and efficient system for receiving, considering and responding to complaints from the public about environmental health issues.  Recover costs of environmental health service provision to the extent provided for by legislation.  Maintain profiles of activities, facilities or premises of environmental health significance.  Maintain information systems for environmental health programme activity as a basis for reporting to the purchaser and regulator and to assist with compliance audits  Provide all information and manage the local operation of databases and information systems such as EMIS, HSDIRT, drinking-water database, national mosquito surveillance etc.  Support the protection and promotion of environmental health by DHBs, primary care providers, Crown entities, iwi, local authorities, other agencies and stakeholders and encourage these agencies and organisations to build healthy public policy.  Provide advice, information and education to the public, including Māori, about environmental health issues and their significance.  Inform and respond to the media about environmental health issues.  As required or negotiated in contracts with the Ministry, plan, implement and evaluate project-based activities aimed at providing evidence of effectiveness of environmental health action addressing specific environmental health concerns and community issues. | * Number of cases of disease or injury associated with environmental risk factors decreases * Number of water supplies implementing water safety plans increases * All designated points of entry provide the core capacities outlined in the International Health Regulations 2005 | * Number of statutory officers employed are adequate to deliver the work programme and respond to emergent issues in a timely manner. * Formal system in place to identify, investigate, assess, monitor, manage and report significant and emergent risks to environmental health. * Formal system in place for receiving, considering and responding to notifications of suspected and confirmed cases of hazardous substances injuries, water supply transgressions, exotic mosquitoes of public health significance and other environmental health risks * Environmental health emergency response and contingency plans in place, that include responses to public health events of international concern, risks to water supplies, natural disasters, hazardous substances incidents, fires and injuries, ill travellers, interceptions and incursions, ionising radiation incidents, contaminated sites, natural or artificial contamination of recreational waters, sewage spills, and other emergent issues. * Formal system in place for receiving, considering and responding to complaints about suspected environmental health hazards and risks. * Formal networks developed with border agencies, local government, and other key stakeholders to provide routine updates on environmental health issues and to provide alerts for emergent issues. * Networks developed and maintained to reach individuals, organisations, facilities or premises of environmental health significance. * Information systems in place for environmental health activity which has the capacity to serve as a basis for reporting to the purchaser and regulator and to assist with compliance audits. * Active involvement in actions to protect public health from environmental health risks, and increase compliance with the law relating to the management of environmental health risks. * Provider has identified DHBs, primary care providers, Crown entities, iwi, local authorities, other agencies and stakeholders to encourage assist to develop and implement healthy public policies to manage environmental health risks * The level of advice, information and education provided to the public, including Māori, is maintained or increased. * Reports are provided to the purchaser and regulator on the management of environmental health risks. * The number of media advisories and media statements on the management of environmental health risks is maintained or increased. * Project plans are in place that provide evidence of the effectiveness of public health action addressing specific public health concerns and community issues relating to the management of environmental health risks. | Quality *(How well)*   * Standard operating procedures are consistent with Ministry policies, Environmental Health Protection Manual, guidelines and advice and direction from the Ministry. * Notifications of water supply transgressions are investigated according to Ministry policy. * Timeframe for responding to notifications of exotic mosquitoes of public health significance * Timeframe for responding to notifications of hazardous substances incidents * Environmental health contingency plans are updated at least annually. * Medical practitioners understand the importance of notifying suspected or confirmed hazardous substances injuries * National databases and information systems such as WINZ, HSDIRT, and National Mosquito Database etc. are maintained locally and data is entered to meet timeframes and quality standards required. * Advice, information and education provided to the public is consistent with Ministry of Health policy, objective and evidence-based. * Public health risk assessments are undertaken to identify premises, activities, organisations and policies of significance to the management of environmental health risks   Quantity *(How many)*   * Number of Statutory Officers working on environmental health programmes * Number of advisories and reports provided to medical practitioners, laboratories and other stakeholders * Number of media statements and advisories |

The framework below describes a problem-solving philosophy for compliance and enforcement.

**The Compliance and Enforcement Policy Framework**

Deliberate

decision

not to comply

Legal

Action

Parties don’t want to

comply

Deter by detection

*Investigations*

Parties try to comply

but don’t always

succeed

Assist parties to comply

*Audits + Inspections*

*Permitting + Approvals*

Parties willing to do the

right thing

Make it easy for voluntary compliance to happen

*Education, Awareness + Persuasion*

ATTITUDE TO

COMPLIANCE

COMPLIANCE

STRATEGY

Downward pressure

Deterrence

High

Low

**Education and persuasion** is at the base of a pyramid on the basis that the best outcomes will be achieved when there is a high degree of voluntary adherence with the law. Voluntary adherence is more likely when those required to comply understand what it is they need to comply with. Education and persuasion is also the mildest type of intervention and can be used in a "positive" sense.

**Permitting** (for new applications) is an intervention that is applied to many (but not all) in the health sector. Permitting and Approvals (new applications) is a "pre market" intervention that is still arguably "positive". Permitting and Approval actions (cancel, suspend, refuse to renew, amend or revoke conditions etc.) can also be regarded as sanctions where such decisions are taken following initial permitting action, in response to a problem.

**Audits and inspections** are applied quite widely, but not as widely as permitting and approvals, or education and persuasion. Audits and inspections are "post market" interventions, containing a component of education and persuasion and are more interventionist, with the distinct possibility of leading to enforcement activity.

**Investigations** generally follow from audits and/or inspections or the identification of problems by other means eg, complaints or intelligence reports. When an investigation is being conducted there is a likelihood that it will result in some form of sanction.

**Sanctions** usually apply after one or other of the previous tools has been used although a prior intervention is not a requirement. Sanctions are usually the final step in enforcement.

# Service Linkages

The tier one Public Health Services service specification describes the nature of linkages with other service specifications, particularly other public health service specifications, and defined the expectations of providers as to nature of linkages and accountabilities. Specific linkages with other tier two service specifications are shown below.

|  |  |  |
| --- | --- | --- |
| **Service Provider** | **Nature of Linkage** | **Accountabilities** |
| Public Health Units | Public Health – Tier 2 Health Assessment and Surveillance | Information about health status, risk factors, determinants and disease distribution  Health impact assessment  Surveillance data collection, analysis and dissemination for action |
| Public Health Units | Public Health Tier 2 – Health Promotion | Plan and deliver comprehensive services and programmes |
| Public Health Units | Public Health Tier 2 – Health Capacity Development | Human resources, information services, infrastructure and services |
| Public Health Units | Public Health Tier 2 – Preventive Interventions | Stop smoking (smoking cessation)  Immunisation |

# Quality Requirements

Providers of public health regulatory services must comply with:

* *Environmental Health Protection Manual*
* *Communicable Disease Control Manual*
* *Manual for Public Health Surveillance in New Zealand*
* *Outbreak Response Manual*
* *Smoke-free Enforcement Manual*

Providers must also comply with any regulatory policy directives issued by the Ministry and any other guidance material cited in the relevant tier two and tier three service specifications.

Public Health Services must comply with the 1999 Provider Quality Specifications for Public Health Services (PQS) or any update in the service agreement that replaces this document. Where specified in service agreements, services must also comply with Ministry of Health mandated Business Viability Standards (BVS). If there is any conflict between the Provider’s obligations in the PQS and the BVS, the obligations on the Provider as described in the BVS will prevail.

**Conflict Of Interest:** Statutory officers, including those employed in DHB PHUs, must perform their duties honestly and impartially, and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. A conflict of interest is a situation where a financial or other interest, including personal and employment relationships, could compromise, or appear to compromise, an officer’s performance of their duties, or the standing of the officer in their relationships with the public, clients, or the Director-General of Health.

Proper observation of this principle will protect statutory officers and enable public confidence in statutory officers to be maintained.

It is not possible to provide prescriptive guidance on conflicts of interest. Perception of conflict of interest is also important and, even if no conflict exists, management of perception may still be important. If public health managers or statutory officers are unsure whether a conflict of interest may exist or be perceived, they should seek guidance from their DHB legal advisors and/or the Ministry.

Three examples of where conflicts of interest are particularly likely to arise, or be perceived, are shown below.

The first involves cases where statutory officers find it necessary to investigate a public health risk within the DHBthat employs them. There must be systems in place that guarantee their ability to act independently of their employer’s concerns in such cases. Such systems would include notification of the potential conflict of interest to the Ministry and where practical, the transfer of the investigation to another officer not effected by the particular conflict.

The second situation arises when the DHB holds third party contracts with a commercial client. There are certain circumstances that may arise from commercial contracting.

* It is possible that statutory officers may be required to investigate a complaint against that commercial client or against that client’s competitors.
* Where there is a risk of the statutory officer discovering information in the course of their regulatory duties that might be of benefit to a commercial client for whom they are also working.
* Where statutory officers may be required to judge the effectiveness of the monitoring or other work for commercial clients carried out by members of the public health unit within which the statutory officer works.

Contracting that could foreseeably give rise to such circumstances is unacceptable.

The third example would be when an officer (perhaps one who is employed part-time) undertakes private contract work (outside work time) and their client may also be a commercial operator or member of the public being investigated, reviewed or assisted by the PHU. In this instance, the officer must declare all secondary employment/contracting and may need to refuse any clients that have or may have a relationship with the PHU. Some secondary employment or contracting would be incompatible with statutory appointment and the individual would need to relinquish some or all of their statutory appointments or exclude all potentially conflicted work from their private interests.

The Director-General of Health needs to have confidence that the possibility of conflicts of interest for statutory officers is minimised and that systems exist to manage any situation that develops into a conflict of interest. Likewise, statutory officers and public health managers need to be confident in local arrangements to cover such an eventuality.

# Purchase Units and Reporting Requirements

For purchase unit details for services purchased under this service specification, please refer to the relevant tier three service specification.

Tier three service specification and National Service Schedule purchase units are listed in the Purchase Unit Data Dictionary[[2]](#footnote-2).

# Other Reporting Requirements

**11.1 General**

In addition to specific reporting requirements outlined below, reporting requirements are detailed in the individual provider contracts or in the relevant Ministry manuals and guidelines.

Where reporting requirements are not part of National Collections, list the data elements required to be reported and frequency of reporting by the service provider, and requirements regarding frequency of reporting. The Service must comply with the requirements of national data collections where available.

**11.2 Border Health Protection and Vector Surveillance**

* In February each year, provide the Ministry (in the form outlined in the Quarantine and Biosecurity sections of the *Environmental Health Protection Manual*) with:
* a summary for the previous calendar year of activities undertaken including issuing *pratique*, undertaking sanitation inspections of ships, seaports and airports, ensuring points of entry are maintained in a sanitary condition and free from sources of infection and contamination including vectors and reservoirs; supervision of any deratting, disinfection, disinsection, or decontamination as appropriate; application of control measures to any conveyance; interception responses; and maintenance of effective contingency arrangements
* a report on designated airports’ and ports’ ability to meet core capacities as outlined in Annex 1B of the International Health Regulations 2005
* forecast of the provider’s border health protection surveillance programme for the forthcoming financial year.
* Within two hours of identification of exotic mosquitoes of public health significance, notify the Senior Advisor (Border Health Protection) and provide situation reports (in the form outlined in the Quarantine and Biosecurity sections of the Environmental Health Protection Manual) on activities undertaken during interception responses as required by the Senior Advisor (Border Health Protection).
* Immediately notify the Senior Advisor (Border Health Protection) of any control measures applied to any conveyance that are other than routine, and copy the Office of the Director of Public Health.

**11.3 Communicable Disease Control**

* Immediately, or at least within 24 hours, report to the Ministry’s Communicable Disease Team and the Office of the Director of Public Health significant communicable disease events or other events of public health significance, including, in particular, any events involving the diseases specified in the two lists contained in Annex 2 of the International Health Regulations (2005).
* Continuously keep EpiSurv up-to-date for notifiable diseases within the provider’s area. Report to ESR, on identification via EpiSurv, the occurrence and investigation of outbreaks. Where a disease outbreak may be associated with food, report it to the Ministry for Primary Industries. The format for these reports is outlined in the *Manual for Public Health Surveillance in NZ* (as revised March 2006, see ESR website for details).
* Develop and maintain a Communicable Diseases outbreak response plan and have the capacity/capability to respond to disease outbreaks and investigations in your area of coverage.
* Enter key fields data (as defined by ESR Ltd) for each notifiable disease (excluding Acquired Immune Deficiency Syndrome) into Episurv and close the cases in Episurv when the disease investigations/follow up are completed/concluded (ie, Episurv is always kept up to date to enable effective surveillance and management of these notifiable diseases).
* Report to the Centre for Adverse Reactions Monitoring Unit (PO Box 913, Dunedin): adverse effects of vaccination provided by public health unit staff.
* Notify the Creutzfeldt-Jakob disease (CJD) Register, Department of Preventive and Social Medicine, Otago Medical School, PO Box 913, Dunedin: suspected cases of CJD on suspicion of diagnosis (forms for this notification will be provided by the registrar).
* Report AIDS cases to the AIDS Epidemiology Group, Department of Preventive and Social Medicine, University of Otago, Medical School, PO Box 913, Dunedin. This report must be on form H773/1A as prescribed under Section 74 of the Health Act 1956. Further information is outlined in the Communicable Disease Control Manual issued by the Ministry.

**11.4 Drinking Water Quality**

* By 08 August each year, for incorporation in the Annual Report on the Quality of Drinking-water Supplies, provide to ESR (in a form specified by ESR on behalf of the Ministry ) for the just-completed financial year:
* data on microbiological and chemical sampling and compliance with the *Drinking-Water Standards for New Zealand 2005 (revised 2008),*
* the status of public health risk management of drinking water supplies, and
* compliance of drinking-water suppliers with Part 2A of the Health Act 1956.
* Report serious drinking water incidents to the Ministry’s Environmental & Border Health Team within 24 hours (including any instances where emergency powers are exercised under s. 69ZO of the Health Act 1956, or where advice is required as to whether the situation warrants a Ministerial declaration under s. 69ZZA and/or action is needed that requires an exemption from Part 3 of the Resource Management Act 1991).
* Provide timely and accurate information to the Ministry in response to requests for information about drinking-water supplies, the drinking-water register or the exercise of their powers, functions and duties under Part 2A of the Health Act 1956.

**11.5 Emergencies and Incidents**

* Immediately, or within 24 hours of occurrence of a public health event or emergency with inter-district, national or potentially international implications, submit a report to the Environmental & Border Health Team and a copy to the Public Health Group portfolio manager.
* Immediately notify the Office of the Director of Public Health of any public health event involving any of the diseases specified in the two lists contained in Annex 2 of the International Health Regulations (2005) or any event that might otherwise be of potential public health significance (eg, is unusual or unexpected) irrespective of its cause, including those of unknown origin. If there is any doubt as to the potential significance of a public health event, early communication with the Ministry is strongly encouraged.
* As soon as practicable and not later than 14 days after the occurrence of any emergent issue, unusual event or public health investigation that has potential inter-district, national or international implications, submit a report to the Environmental & Border Health Team and a copy to the Public Health Group portfolio manager.

**11.6 Hazardous Substances**

* By 30 June each year, report to the Ministry using the format specified by the Ministry with summaries for the past year (to 30 June) and estimates for the coming year (1 July to 30 June) of the nature and level of hazardous substances activities.
* Provide to the Centre for Public Health Research, Massey University, (in a form specified by the Centre for Public Health Research on behalf of the Ministry of Health), information on hazardous substances injuries notified by general practitioners, hospitals and other medical practitioners.
* Provide copies of Vertebrate Toxic Agent permits to the Environmental Protection Authority every time they are issued.
* Report to the Ministry on polychlorinated biphenyls (PCB) use and storage exemptions and risk management plans at least two months prior to the expiry and as required.
* Report as soon as practicable to the Environmental Protection Authority (copied to the Ministry) on all hazardous substances incident or emergency responses, using the form specified by the Environmental Protection Authority.

**11.7 Misuse of Drugs, Psychoactive Substances**

* Report to the Ministry as required on the availability of unregulated psychoactive substances and smokeable products.

**11.8 Smoke-free Enforcement**

* Provide quarterly compliance and enforcement returns to the Ministry (as specified in the *Smoke-free Enforcement Manual* and in a format specified by the Ministry) to enable the Ministry to monitor the level, nature and range of enforcement activity being undertaken.

**11.9 Verifying the Ongoing Competence of Statutory Officers**

* By 31 July each year, provide a written report to the Environmental & Border Health Team which identifies all statutory officers in the PHU (including employees and contractors) and provide the information for each officer, as outlined in the *Criteria for Appointment as a Public Health Statutory Officer* (Ministry of Health, July 2012).

**Figure 1: Outcomes-focused Framework for Health Protection**

**Vital Few Outcomes**

10 to 20 years

**Societal Level Outcomes**

Measuring, Monitoring, and Reporting of Health Protection Indicators

**Short Term Outcomes and Outputs**

1 to 3 years

**Examples of**

**Medium Term Outcomes**

5 to 10 years

**Supporting Legislation and Policy** (eg Health Act, Resource Management Act, Local Government Act, Psychoactive Substances Act, Smoke-Free Environments Act, Sale and Supply of Alcohol Act, Tuberculosis Act), **Intersectoral Service Planning and Delivery**, **Leadership, Research and Information, Effective Action** (including guidelines and standards), **Monitoring and Evaluation, New Technologies, Health Impact Assessment** (including precautionary approaches, risk perception and risk communication)

Health Protection Programmes

and Projects

Health Protection Programmes

and Projects

Health Protection Programmes

and Projects

Alcohol

Communicable Diseases

Drugs and Psychoactive Substances

Environmental Health including Border Health, Natural Disasters and Emergencies

Smoke-free Environments

Pacific and global communities, tourists, migrants

Children

At-risk Communities, particularly Maori

Measuring, Monitoring, and Reporting of Environmental Health Indicators, Hazardous Substances Injury Surveillance, Drinking-water Quality Annual Review, Notifiable Diseases

Service Measuring, Monitoring and Reporting to Funder

Education

Workplace

Local Government

Environment

Housing and Built Environment

Justice, Police

Reduce the impact of hazards on at-risk communities

Protect people from hazards

Work with other sectors to develop and maintain safe and healthy environments

**People’s health is protected through providing safe and healthy environments and minimising the risk from communicable diseases, and exposures to alcohol, tobacco, illicit drugs, psychoactive substances and other hazardous products**

1. Adapted from Ed. Cromar N et al *Environmental Health in Australia and New Zealand*, Oxford UP Australia & New Zealand 2004 [↑](#footnote-ref-1)
2. [Purchase Unit Data Dictionary](http://nsfl.health.govt.nz/purchase-units) [↑](#footnote-ref-2)