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PUBLIC HEALTH UNIT PROFILE

**A survey of Public Health Units on their delivery of
food safety and quality services**

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1. Abstract

Twelve Public Health Units (PHU's) currently deliver the food safety and quality contracts on behalf of the New Zealand Food Safety Authority (NZFSA). The PHU's cover 21 different District Health Boards and have offices in 24 different geographical locations. Only 2 (16%) PHU's, have specialist food teams, seventeen percent have a combination of a specialist food Health Protection Officer and generalist staff and the remaining fifty eight percent have generalist staff delivering this service.

Nationally 32.35 full time equivalent of staff are working in the service area of Food Safety and Quality, (NZFSA & Ministry of Health food safety related work)

In a number of PHU's, as recruitment of Health Protection Officers has become more difficult, trend is emerging to employ non Health Protection staff as officers under the Food Act 1981 to fulfil functions required in the food safety and quality programme.

Lack of resources, workforce retention issues and increasing work volumes have lead to inconsistencies in the method and level of food safety and quality service provided by PHU's. Clear direction needs to be set in the contract terms with regards to the priorities and service delivery required to be provided by Public Health Units (PHUs). Adequate resourcing and support in terms of procedural manuals and training programmes are also required to ensure better consistency of service delivery.

A number of operational issues with the Foodnet database system were identified by PHU's and Foodnet is not meeting the operational needs of PHU's resulting in the development of a number of different computer systems for tracking work, trends analysis and information storage. The Foodnet system needs to be reviewed to address the operational issues that are preventing it being used and the overall design of the system needs to ensure it meets the operational needs of both PHU's and the NZFSA.

2. Introduction

The New Zealand Food Safety Authority' (NZFSA) was established in July 1 2002 and combines the previous functions of MAF Food and Ministry of Health Food. The NZFSA has started a major review of the domestic food control system. One of the first stages of this review was to gather information from Territorial Authorities and Public Health Units who are both delivering food safety services. A Territorial Authority survey was carried out by the NZFSA to gather information on the nature, type and distribution of premises that handle, prepare, manufacture or sell food in New Zealand and to document how food legislation is administered at a local level by Territorial Authorities.

To complete the picture of food legislation administration in New Zealand it was decided to design and deliver a similar survey to Public Health Unit (PHUs). At a consultation meeting between the NZFSA and Public Health Units, the representatives from Public Health South and Community and Public Health were given the responsibility of complying a profile on how PHUs deliver Food Safety and Quality service.

The survey results depend on accurate disclosure of information from the participants in this survey. As some PHUs do not record the time spent on different food activities, the percentage time outlined in the work priorities table can only be taken as an estimate.

3. Method

A survey form was developed (Appendix 1) by representatives from Public Health South, Community and Public Health and the NZFSA domestic food review project manager. The survey form included a number of similar questions to the Territorial Authority survey including questions on staffing, time spent on food related activities, service delivery and information systems. The survey was a combination of qualitative and quantitative questions. Overall the survey was not as extensive as the Territorial Authority survey form as PHU's have a contract with the NZFSA, which outlines service requirements. The survey was posted to Service Managers of the twelve Public Health Services and a copy emailed to PHU food-contact representatives that were present at the NZFSA consultation meetings. A supplementary question (Appendix 2) relating to information systems and use of the foodnet database was also emailed to Service Managers and Food contacts for completion. PHU's were given 4 weeks to complete the survey and return the forms to Public Health South.

4. Results

Completed questionnaires were received from all twelve Public Health Units. A summary of the answers to question 1 – 3 are outlined in Table 1.

Twelve PHU's currently deliver the food safety and quality contracts under contract to the NZFSA. In addition to this contract, PHU's also provide public health services on behalf of the Ministry of Health. Services are delivered from twenty-four geographical locations around New Zealand.

4.1 Health districts that Public Health Units cover

The twelve public health services cover twenty-one district health boards. Seven (fifty eight percent) provide services that cover multiple district health board areas.

4.2 Contracts with Territorial Local Authorities (TLA)

Four of the Public Health units have contracts with five territorial local authorities to provide services. Four contracts are to provide Environmental Health services for the council and one is to fulfil their food premises registration inspections.

4.3 Public Health Service delivery

Only 2 PHU's (16 percent) have a dedicated specialist food team administering the food programme, and one of these units also have generalist staff operating in their regional offices. Three PHU's (25 percent) have a combination of one-specialist food person and generalist Health Protection staff. The remaining PHU's (58 percent) employ generalist Health protection staff where work in food is one of the functions they perform.

Nationally 32.35 full time equivalent of staff are delivering Food Safety and Quality services. However it is reported that a total of 66.5 Health Protection Officers and 19 Food Act officers are involved in service delivery due to the employment of generic Health Protection officers and part time staff.

A number of PHU's, employ non Health Protection staff as officers under the Food Act to fulfil functions required in the food safety and quality programme.

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TABLE 1 SUMMARY OF QUESTION 1 – 3 RESPONSES

PHU	Health Districts / District Health Boards	TLA DC = District Council CC = City Council	Office	FTE in food	Total number of Staff involved in Food work.	Other Contracts
Northland Primary and Community Health Services	Northland DHB	Far North DC Kaipara DC Whangarei DC	Staff based in Whangarei and Keri Keri	1	11 generalist HPO's 5 technical officers	Provide EHO for Kaipara DC and Far North DC
Auckland Public Health Protection Service	Waitemata DHB Auckland DHB Countries-Manukau DHB	Auckland CC Franklin DC Manukau CC North Shore CC Papakura DC Rodney DC Waitakere CC	Takapuna Central Auckland Manakau	14.3	9 Food HPO's 3 Food Act Officer 1 Programme Manager 2 Clerical Staff	Dedicated food team
Waikato Public Health Unit	Waikato DHB Wanganui DHB (Ruapehu DC only)	Hamilton CC Hauraki DC Matamata Piako DC Otorohanga DC Ruapehu DC South Waikato DC Thames Coromandel DC Waikato DC Waipa DC Waitomo DC	Hamilton	1.35	1 Food HPO 7 Generalist HPO's 1 Food Officer	

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Toi to ora Public Health	Bay of Plenty and Lakes DHB	Kawerau DC Opitiki DC Rotorua DC Taupo DC Western Bay of Plenty Whakatane DC	Rotorua Tauranga Whakatane	1.4	10 generalist HPO's	Contract to provide food premises inspections on behalf of Tauranga DC. Currently negotiating with Western Bay of Plenty DC to carry out similar work.
Hawkes Bay Public Health Unit	Hawkes Bay DHB	Central Hawkes Bay DC Chatham Island Council Hastings DC Napier CC Wairoa DC	Napier	1	2 Generalist HPO's	Provide EHO work for Chatham Island
Tairāwhiti Public Health Unit	Gisborne DHB	Gisborne DC	Gisborne	0.6	2 Generalist HPOs 1 Food Act Officer	
Taranaki Public Health Unit	Taranaki DHB	New Plymouth DC South Taranaki DC Stratford DC	New Plymouth	1	4.5 Generalist HPO's	
Mid Central Public Health Unit	Manawatu DHB Wanganui DHB	Horowhenua DC Manawatu DC Palmerston North CCC Rangitikei DC	Wanganui Palmerston North	1	5 Generalist HPO's 1 Food Act Officer	

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		Ruapehu DC Tararua DC Wanganui DC				
Regional Public Health	Wellington Hutt Valley Wairapapa	Carterton DC Hutt CC Kapiti Coast DC Masterton DC Porirua CC South Wairarapa DC Upper Hutt CC Wellington CC	Lower Hutt Masterton	2.4	4 4 (1 Food Officer fulltime food)	
Nelson Marlborough Public Health Unit	Nelson Marlborough	Marlborough DC Nelson CC Tasman DC	Nelson Blenheim	0.5	5 generalist HPO's	
Community and Public Health	Canterbury South Canterbury West Coast	Banks Peninsula DC Buller DC Christchurch CC Grey DC Hurunui DC Kaikoura DC Selwyn DC Waimakariri DC Westland DC Ashburton DC Timaru DC McKenzie Country DC	Christchurch Timaru Greymouth Asburton office but no HPO's based there	4.8	Christchurch 4 1 Food Act Officer	EHO contract services to Westland DC

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		Waimate DC			Timaru and West Coast 4 Generalist HPO's	
Public Health South	Otago DHB Southland DHB	Central Otago DC Clutha DC Dunedin CC Gore DC Invercargil CC Queenstown Lakes DC Southland DC Waitaki DC	Dunedin Queenstown Invercargill	3	1 food HPO 8 Generalist HPOs 4 Food Act Officers	

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4.4 Gaps identified between NZFSA contract and Ministry of Health contract

The NZFSA contract does not specifically cover the provision of Maori food safety as was previously specifically mentioned in the Ministry of Health contract.

There is confusion regarding the boundaries for the provision of food safety promotion and advice in relation to nutrition promotion activities, activities carried out in schools and childcare centres, food borne illness investigation and non-commercial shellfish.

4.5 Additional contracts.

A number of PHUs have additional contracts. Two PHUs report having contracts regarding Maori Food Safety promotion. Northland have a contract funded by the NZFSA relating to providing Marae food safety. This will link with an existing programme in the Marae relating to water supplies and nutrition. Auckland Public Health Protection employs a full time Maori Food Safety Co-ordinator which is funded under a limited contract by the Ministry of Health.

In Gisborne there is the Te Taro o Te ora programme run by the Te Runanga o Ngati Porou. This includes food safety seminars in the marae setting, Public Health Supports a train-the-trainer programme currently run by Te Runanga o Ngati Porou and Te Hauora o Turanganui a Kiwa.

A number of PHU's also mentioned Marine Biotoxin Contract/commercial shellfish contracts that they currently have with the NZFSA.

4.6 Work Priorities

Public Health Units were asked to rank the priority of areas of food safety work with 1 being highest priority through to 10 being the lowest priority. In addition units were asked to specify areas where the work they complete may differ significantly from other PHUs. Responses relating to ranking and time are compiled in Table 2. One PHU did not provide any estimate of time for any food related activities.

4.6.1 Food Complaints

Five PHUs prioritise food complaints as the highest priority giving precedence to those of public health significance for investigation. Nine PHUs place a high priority on the investigation of complaints. The average estimate of time spent investigating food complaints was 25%.

4.6.2 Labelling

Only three PHUs reported any proactive promotion of labelling requirements. Labelling work currently remains a small part of the overall workload of PHUs with half of the PHU's spending 3% or less of their time in this area.

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This is a reflection of the low priority that labelling has been given in the past. In some cases this has resulted in labelling complaints not being recorded or enquiries being referred directly to consultants.

4.6.3 Food borne illness investigations in food premises

The majority of PHUs view food borne illness investigations as a high priority. Most units carry out an assessment of the evidence before starting an investigation in a food premises. Some promotional activity is taking place of safe food handling practices and the use of sickness policies.

4.6.4 Food Safety programme

The work in this area is continuing to increase steadily over the years. Some PHU's find it difficult to meet timeframes as application numbers continue to increase.

Two PHUs have specific responsibility for processing codes of practice and all applications under certain general agreements considerably increasing the workloads in this area, in these offices. For example Community and Public Health process all the Baking Society Code of Practice and applications made under the Spotless General Agreement. Mid Central Health process all applications under the Lower North island Foodstuffs General Agreement.

4.6.5 Regulation 5(7) approvals (approval of manufacturing premises by a Designated Officer)

Regulation 5(7) premises (Manufacturing Premises) are viewed as medium priority activities by most PHU's. Activities carried out between PHU's varies considerably with some units fulfilling their statutory responsibilities based on Territorial Local Authority recommendations, other units assessing new premises and a percentage of existing premises through to some PHUs whom inspect all food reg 5(7) premises.

As some PHUs are also carrying out contracted work for Councils they are able to achieve a higher inspection level of their food premises.

4.6.6 Winemakers

A change in legislation as of the 1 January 2004 means that winemaker's licences are no longer required to be licensed. A number of PHUs signalled that they would not carry out any work in this area. Seven PHUs have rated this as low priority work.

4.6.7 Food imports

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The majority of imported food work is between three PHUs: – Auckland, Wellington and Christchurch. Only a small amount of imported food activity is through the other PHU offices with some offices not recording any activity.

4.6.8 Consumer Food Safety Promotions

There was considerable variation among PHUs regarding the priority and estimated percentage of time spent in this activity.

Five PHUs ranked consumer food safety promotion as moderate to high priority (Ranked between 3- 5). Seven ranked this work as low priority. The time spent in this area also varied considerably for those PHUs who estimated time with a mean of 7.5 %, range of 0.5%– 20%.

Five PHUs participate at a working group level in the National Food Safety Partnership Working Group, and five reported supporting the national campaign in their promotions. One area is involved in a train-the-trainer programme with the local Maori community. The remaining PHUs did limited work in this area.

4.6.9 Projects

Five PHUs reported involvement in a number of projects, eg NZFSA funded ESR sampling projects. It is anticipated that work in this area will increase as PHUs are being asked to contribute to project work as part of the NZFSA domestic food review, retail and processed foods projects and Labelling compliance work.

4.6.10 Recalls/Seizures/Export Certificate

Eleven out of the twelve PHUs viewed work in relation seizures and recall work as a high priority. While estimated percentage time in these areas is low, there is an increase in recalls being noted due to the number of products identified with non-declared allergens.

TABLE 2: WORK PRIORITIES RANKING AND PERCENTAGE TIME

Food complaints		Food labelling		Food borne illness investigation		Food Safety Programme approvals		Regulation 5 (7) inspections		Winemakers licensing		Imported Food		Consumer food Safety		Projects		Recalls seizures exports		
Ranking	Time %	Ranking	Time %	Ranking	Time %	Ranking	Time %	Ranking	Time %	Ranking	Time %	Ranking	Time %	Ranking	Time %	Ranking	Time %	Ranking	Time %	
1	30	10	2.5	1	10	1	20	10	20	10		1	2.5	10	2.5	10	2.5	1	5	
2	-	7	-	1		6		5		9		4		10		8		3		
1 - 10	40	5-10	0.3	1-4	1.3	4-6	15	4-6	12	4-6	2	1-3	5	4-6	4.1	2-4	4.1	1-3	1.5	
2	15	8	3.	1	13	5	40	6	10	7	2	4	5	10	5	9	5	3	2	
3	15	7	5	1	15	5	20	6	5	10	4	4	10	8	8	9	8	2	10	
1	25	8	6	1	15	3	20	3	2	5	2	0	0	3	5	7	5	1	5	
1	28	1-10	2.6	1	4	3	19	3	23	3	1	2	8.5	6	0	7	0	1-3	8.6	
7	31	3	0	8		8	42	8	5	3	0.2	6	3	7	12	3	12	8	0	
3	15	6	4	1	12	4	30	10	1	10	1	5	18	6	12	6	12	2	2	
1	50	10	0	1	9	1	22	1-5	4	1	0.5	3	0.5	5	0	1	0	1-10	11	
5	13	6	8	1	5	3	44	8	2	10	0.5	4	17	9	5	7	5	2	3	
1	15	1-5	10	1	10	5	15	5	10	10	0	5	7.5	5	15	15	15	1	2.5	
Range	1-10	13 – 50	1-10	0-10	1-8	1.3-18	1-8	15-44	1-10	1-23	1-10	0-4	1-6	0-18	4-10	2-20	1-10	0-12	1-10	0-11
Medium	1	26.5	6.5	4.5	1	11	4	21	5.5	7.5	8	1.5	4	6.25	6.5	7.5	7	5	2	4
Average		23		3.45		9.8		23.9		7.8		1.1		6.4		7.6		4.9		4.2

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4.7 Local information management systems

All Public Health Units (PHUs) reported using Foodnet which is administered by the NZFSA. However, eight have developed or use alternative internal systems to support their work in the food programme. This has included systems for tracking work, trend analysis, work allocation, time recording and meeting recording requirements.

Systems being operated included:

- EPISURV database for recording food and water borne disease notifications, outbreaks and investigations.
- EpiAnalyst to analyse trends for food premises on EPISURV.
- Local surveillance systems to assist with reporting and trend analysis and provide linkages with other public health activities in food premises for example liquor licensing.
- Databases to track inspection activity and highlight premises with poor hygiene records.
- Systems to track work assigned within offices, for example food safety programme audit reports and complaints, self-reported food poisonings and to follow progress of food safety programme approvals.
- Databases to capture work allocation among staff and to record time spent in the food programme.
- Databases to capture information that is not recorded on Foodnet
- Databases to record names and contact details of food premises for mail outs.

4.8 Use of Specific Foodnet Databases

4.8.1 Food Discussion Databases

Fifty percent of PHUs use this database between fifteen to thirty percent of the time so are not checking the system daily. Hence this database can't be relied on to disseminate important or urgent information quickly. Time constraints prevent regular use.

Problems noted that prohibited use included:

- For Generic Health Protection Officers, there are a number of discussion databases and groups disseminating information that must be checked on a regular basis, for example Ministry of Health Environmental discussion database, Health Protect, food alert. Time constraints can prohibit regular checking.
- The category drop box isn't working on the database so entries can't be categorised properly. This also makes it difficult to search and retrieve information on the system.
- The ESR consultant database isn't well promoted and a number of staff are not aware of its existence.

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- There is a lack of response from other subscribers when assistance required messages are posted by Health Protection Officers.
- The databases have been overloaded with general communications and administrative matters cluttering the database.

4.8.2 Food Complaints Database

Among the PHUs there was a variance in the amount of use of this database. Major food complaints are being recorded, however, some minor complaints are not being recorded in some areas. Improvements to the system would encourage more consistent use.

Problems noted that prohibited use:

- The database is not user friendly and has a poor user focus. Many options are not available unless in the correct view and are not very obvious to users.
- Difficulty is often experienced with forwarding and keeping track of complaints referred to other districts for investigations.
- A number of fields are not relevant and therefore not really used.
- Critical control point (CCP) and outcome options are very limited and usually are not relevant to the outcome and investigation.
- The food categories need to be reviewed to be more user friendly.
- The description field of the complaint is not transferred onto the food business profile, so you currently can't see what types of complaints have previously occurred associated with that premises.
- Due to time constraints and the amount of information required in the complaints database, not all complaints are recorded, for example minor complaints or complaints referred to councils.
- Due to lack of training and no national guidelines, complaint information and investigations details are often not being entered correctly or consistently onto the system.
- Tools provided on the system are often unusable for example, standard letters, cover sheets or there is a lack of ability to localise to local office requirements, for example letterhead use.
- There is no useful reporting available.

4.8.3 Food Exemption Database

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Between the PHU's there is considerable variance in amount of use of this database, this is a reflection of the number of FSP applications being processed and managed.

Problems that prohibit use:

- The Database was viewed by most PHU's as unfriendly to use and many options are not available unless in correct view and not always obvious
- There are no clear instructions about how or who can remove old obsolete exemption applications.
- Processing variations or surrendering of approvals are not able to be easily tracked. The system for notifying the NZFSA regarding this is not clear.
- Comments records created in relation to active applications are no longer visible so cannot see progress of application, correspondence or reasons for delays.
- Standard letters cannot be edited and format is not suitable to meet local office requirements. This leads to retyping and changing of letters eg acknowledgment letters, annual external audit reminder letters. Other tools that are preloaded are often unusable eg paragraphs within standard letters.
- The system does not track the Food Safety Programme audit report progress and cannot readily see who are assigned to processing these.
- PHU's are unable to extract information from the databases for example to look at trends on non-compliances found during annual audits.
- Poor reporting capability.
- There is no system of notifying PHU's when approvals are granted and conditions of approval are not easily tracked. There is no formal signoff system to state that conditions of approval are completed.
- The system does not update the periodic audit list as audit reports are received.

4.8.4 Imported foods database

Requirement to use this database varies considerably among PHUs with some not using it at all, compared to those who process high volumes of import clearances. Five PHUs are using this on a daily basis.

Problems that prohibit use included:

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- Difficulties in using the imported foods database section were noted particularly among PHU's not using this database on a regular basis.
- The database is not user friendly. A lack of training means staff are not aware of the various functions that this database can perform.
- Multiple item lines in consignment often lead to having to enter duplicate information of results on each line.
- It is recommended that multiple release permits (MRP's) audits could be incorporated into Foodnet and a bring-up on the system could be included as part of the database.
- The database is very slow to query. Can't search by importer code.
- Need to incorporate switching rules in managed food rules.
- Need to update electronic food rules more regularly

4.8.5 Food Business Profile Database

This was not being regularly used as a database. Primarily it is being used as a by-product of use of other databases eg complaints and exemptions.

Problems that prohibit use:

- Inability to actually extract and use the information held within the database. For example cannot generate a list of labels or as a mail merge when sending information to food businesses
- Cannot easily isolate information or data relating to certain types of businesses eg Regulations 5(7) approvals.
- Currently unable to keep a record of ongoing inspection dates and findings relating to food businesses attached to the profile eg Regulations 5(7) audits.
- Databases cannot be easily updated and maintained. The databases have been corrupted with incorrect entries from other PHU's and Episurv linkages. Cannot easily remove duplicate entries particularly those created by the EPISURV link.
- High turnover of food premises and the number of new food premises opening makes it difficult to keep records up to date for all food premises when Public Health Units are not the registration agency.
- It is recommended that standard rules for entering data in particular names would be beneficial eg "the mad butcher" vs. "mad butcher".

5. Discussion

5.1 Workforce/Resources in Public Health Units

The higher than expected FTE's working in food safety and quality services in PHU's may be due to the fact that Communicable Disease Food Safety related activity and some other areas of food safety work are still considered by some PHUs to be covered under present Ministry of Health contracts and not the NZFSA contract. Question 3 of the survey asked PHU's to give the total number of FTE's involved in Food work and not specifically NZFSA contracted work.

5.2 Work Priorities

A number of PHUs do not record time spent in individual areas to their food programmes so the figures in many cases are estimates only. As such these figures cannot be relied on.

Due to the low priority that was placed on food in the past under the Ministry of Health regime, many Public Health Units have not been funded for increased workload. This, combined with low staffing numbers has reduced the service to response work only being completed. Many PHU's do not have specialist Food Safety Teams and staff increasingly have to manage and juggle the work with the priorities of other aspects of the Health Protection contracts. Increasing workloads in the Ministry of Health, for example drinking water assessment has greatly affected the ability of generic Health Protection Officers to undertake food work.

We believe differing priorities between the PHUs is a reflection on both resourcing and differing volumes of work processed in each area. There are significant variations in terms of numbers of food premises, food safety programme applications, and imported food applications being processed between the various PHU's. In addition, under the Ministry of Health inconsistencies were created through the service plan contracting system and the lack of auditing/monitoring of PHU's.

The increasing number of food safety applications, imported food permits and labelling compliance is only contributing further to this situation as PHUs continue to prioritise work so that they can perform these functions within the set monetary parameters of their contracts with the NZFSA.

While the NZFSA has introduced a more detailed contract, PHU's have once again written work plans around this contract where they have outlined their own priorities, which again results in continuing inconsistencies in service delivery. The introduction of an audit programme of PHU's, rewriting of the present out of date Food Administration Manual and a national training programme for Health Protection Officers would result in increased consistency of service being provided by PHU's.

With possible changes in the Health Protection Officer role in the future, training of staff will be needed in particular areas, for example, Food Control programmes and investigation and compliance. The Food Standards Code is a

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relatively new piece of legislation and Health Protection skills need to be increased in this area. The labelling compliance project soon to be started will help with this, however it is likely to only cover basic aspects of the Code.

Technical training and professional development in the area of food, for example, Hazard Analysis Critical Control Point, Food Safety Programme Audit training, ESR Training Day's, NZFSA conference, is currently required to be funded by PHUs. This is in contrast to the training that is provided each year by the Ministry of Health for aspects of the Health Protection Programme under their contract, for example Water Assessors course, Biosecurity, HASNO training, Health Protection Forum etc. The current contracts with the NZFSA do not adequately fund training in the area of food.

In the area of Food borne illness investigation there needs to be greater consistency of the criteria to investigate or not to investigate. Improvements are needed in surveillance in terms of both national and local trends. At present information recording systems would find it difficult to isolate a food type or ingredient as the cause of food borne illness. There is a need for the development of national strategies with the development of farm to fork campaigns.

The Ministry of Health introduced some areas of cost recovery into services provided by was not done in a way that fully accounted for all costs associated with providing the service. For example PHU's can charge for taking a sample for imported foods but not the administration in providing this service, which can be considerable especially when a sample fails. Food safety programme assessments can be charged for but not the time spent ensuring conditions of approval are complied with or ensuring annual audits are completed. We recommend the review of the present charging systems to improve cost recovery functions in PHUs.

5.3 Information systems

PHUs have to use additional computer information systems to compensate for where Foodnet is not adequate for their needs. In general, Foodnet collects a lot of information relating to food activities and provides for good information storage, however surveillance and analytical functions (trend analysis) are limited due to the inherent constraints of the Lotus Notes based Foodnet system. If Foodnet is to remain as the primary computer tool for PHU's there needs to be a review of the system to ensure that the needs of PHU's as well as the NZFSA are fully met.

An up to date, simple to use training and user manual is required. This would greatly assist PHUs who do not use (through low volumes of complaints, imports and food safety programme) food net databases on a regular basis. In addition, localised training for new staff could be better managed if up to date user manuals were available. The user manual should relate work processes and standard operating procedures for activities. We recommend that this be linked with a revised food Administration manual for the food programme.

A user Manual and better training would improve consistency of data collection and would resolve areas where confusion exists, for example there is no clear system for recording investigations into food premises implicated in outbreaks,

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and in the complaints database, the food borne illness section still remains and should be removed if no longer required. Information relating to suspected gastroenteritis investigations in food premises are being inconsistently captured and this area needs to be investigated further.

6. Conclusion

Workforce Resources and Structure

Twelve PHU's deliver food safety and quality services from twenty-four geographical locations around New Zealand, and cover twenty-one District Health Boards. Four PHU's have contracts with five Territorial Authorities to provide Environmental Health/Food premises inspection services.

Two PHU's have a specialist food team, 3 PHU's have a combination of one specialist food HPO and generalist HPO's. The remaining PHU's employ generalist HPO's.

Nationally 32.35 full time equivalents (FTE) are providing food safety and quality services within PHU's. The services are provided by a combination of Health Protection Officers and Technical Officers designated under the Food Act 1981.

A number of gaps have been identified by PHU's between the NZFSA contract and previous Ministry of Health Food Safety and Quality contracts, and there is no specific Maori food safety requirement in the NZFSA contract. However two PHU's do have separate contracts regarding Maori food safety promotion. In addition there is confusion about the funding of food safety work in relation to inspection of school and childcare facilities, consumer food safety promotion and food borne illness investigations. This needs to be more clearly defined in the next contract.

Work Priorities

There are inconsistencies between the PHU's in terms of both priorities given to the different areas of the food work and the level of service provided. This is likely to be a reflection on the differing volumes of work in each PHUs and resourcing issues as PHU's contend with increasing workloads in food safety and general Health Protection work.

Inconsistencies have also developed due to the general format of the previous Ministry of Health Service plan system, the lack of monitoring/auditing of PHU's, lack of an up to date Food Administration Manual and national training programme for staff.

Information Systems

The present Foodnet computer system is not meeting fully the needs of PHU's resulting in PHU's developing/using additional computer information systems. A number of operational issues with Foodnet have been identified by PHU in this report which need to be addressed and a review of the overall design of the system should be undertaken to ensure Foodnet meets the operational needs of PHU's. The development of user manuals and the providing of training would also aid in the better use of Foodnet within PHU's.

7. Recommendations

1. The New Zealand Food Safety Authority should provide a clear direction regarding work priorities, service delivery requirements and standard of service delivery required by the Public Health Units.
2. To assist with consistency of service delivery, up- to-date Procedural manuals are required which clearly outline the NZFSA expectations of PHU's in terms of service delivery and standard operating procedures.
3. Public Health Units should be adequately funded to perform the tasks that are required of them.
4. Adequate training programmes should be in place to ensure ongoing technical competencies are maintained.
5. Public Health Units performance should be audited on a regular basis.
6. Foodnet should be reviewed to ensure the system meets the operational needs of both PHU's and the NZFSA.

PUBLIC HEALTH SERVICE PROFILE SURVEY – SUPPLEMENTARY QUESTIONS

Information systems

1. Do you use any local information management systems for your food-related activities, (e.g. databases other than Foodnet)?

If yes, please describe what they are used for?

2. Of the following areas of Foodnet, please describe the extent of use and comment why they are not fully used?

Foodnet Data bases	Percentage of Use	Problems/issues that prevent use
Food discussion		
Food Complaint		
Food exemption		
Imported foods		
Food business profile		

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3. Has your service identified any other gaps or issues with the Foodnet database that would be of assistance with the recording and/or reporting of information on food related activities?

Thank you for your assistance with this information. Please forward this by post to:

Lynette Finnie
Health Protection Officer
P O Box 5144
Dunedin

Or

by email Lynette.finnie@phsouth.co.nz

By 20 February 2004

Draft

File Reference: F01/7

22 January 2003

«Name_»

«Position_»

«Organisation_»

«Postal_Address_»

«City_»

Dear «Name_»

NEW ZEALAND FOOD SAFETY AUTHORITY DOMESTIC FOOD REVIEW - PUBLIC HEALTH PROFILE

At the last domestic food review consultation meeting with Public Health Units, Public Health South and Community and Public Health were given the responsibility of developing a profile about how Public Health Units operate in the area of food.

The enclosed questionnaire has been developed to gather information that can be collated into a profile. It would be appreciated if your service can complete the questionnaire and return it to me by 20 February 2004. Should you require an electronic copy, please email me at: lynette.finnie@phsouth.co.nz.

Do not hesitate to contact me should you have any questions regarding this questionnaire. Thank you for your assistance with this.

Yours sincerely



Lynette Finnie

HEALTH PROTECTION OFFICER

Designated by the Director-General of Health under Section 7A of the Health Act 1956

Public Health Service Profile Survey

As part of the New Zealand Food Safety Authority's domestic review, Public Health South and Community and Public Health are coordinating the development of a profile of how Public Health Services operate in the area of food throughout New Zealand.

To assist with this process, could you complete the following questionnaire by 20 February 2004.

Contact Details

Name: _____

Title: _____

Service: _____

Phone: _____

Fax: _____

Email Address:

1. Outline the Health Districts that your Public Health Service covers.

2. List the Territorial Local Authorities (TLAs) that are situated within your service's area. Please detail any local arrangement that you may have to contract food work with any of your TLAs.

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3. Provide a description of how you administer food safety and quality in your area. (For example, the total number of FTE involved in the provision of food work, are staff generic or food specialist, Food Act Officers versus HPOs, the number and location of offices that your service operates out)
-
-
-
-
-

4. Work Priorities

Please rank and detail in the following table, how the following areas of work are carried out in your service. This information is intended to capture differences in how the work is carried out and prioritised between the Public Health Units. Please estimate the percentage of time devoted to each activity over a year

For example:

Food safety programmes assessment – Community and Public health assess all Bakers Codes and spotless Food safety programmes for NZ,

Food complaints – prioritised so only complaints of food safety or public health significance are investigated.

Rank 1 – 10 the priority of the work activities, (1 being highest priority to 10 being lowest priority)

(It is acknowledged that all Public Health Units are required through the contracting process to provide more comprehensive details of how the contract will be administered locally through their work plans).

- Food complaints
- Labelling
- Food borne investigations in food premises
- Food safety programmes
- Regulation 5(7) approvals
- Wine Makers Licences
- Food imports
- Consumer food safety promotions
- Projects/Survey
- Recalls/Seizures/Export certificates

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Service Activities	Ranking 1– 10 <i>1 highest - 10 lowest priority</i>	Percentage of time spent in activity	Operational Activities
Food complaints			
Labelling			
Food borne illness investigations in food premises			

Food safety programmes			
Regulation 5(7) approvals			
Wine Makers Licences			
Food imports			

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Consumer food safety promotions			
Projects/Survey			
Recalls/seizure/export certificate			

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5. Has your service identified any gaps between the NZFSA service line requirements and the Ministry of Health service line requirements in Food? If so please outline.

6. Please provide detail of other contracts that may exist in the area of food in your area. (For example, Maori Food Safety Project)

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Thank you for your assistance with this information. Please forward this to by post to:

Lynette Finnie
Health Protection Officer
Public Health South
P O Box 5144
Dunedin

or

email to Lynette Finnie, Lynette.finnie@phsouth.co.nz

By 20 February 2004