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WHAKATANE

Submission to Proposed Bay of Plenty Civil Defence Emergency Management Group Plan 2017-2022

I appreciate this opportunity to submit to the review of the Bay of Plenty Civil Defence Emergency Management (BOP CDEM) Group Plan (Plan).

Toi Te Ora Public Health (Toi Te Ora) is the public health unit for the Bay of Plenty and Lakes District Health Boards. The key role of Toi Te Ora is to promote, protect and improve population health, prevent ill health and minimise the risk of disease and injury through population based interventions.

Medical Officers of Health have responsibilities to reduce conditions within the local community which are likely to cause disease or injury. In part, this is undertaken by assisting BOP CDEM Group with their responsibilities pursuant to the Civil Defence Emergency Management Act to take an integrated approach based on the 4 Rs for the improvement, protection and promotion of public health.

Emergency events disrupt lives. They require action by public authorities at all levels. Civil defence groups have a great deal of influence over the determinants of health, which is why it is important we work together to make a difference by managing the risks in the best possible way.

This submission aims to provide helpful, objective and independent input to make the Bay of Plenty community more resilient to the impacts of emergency events and in turn reduce the their effects on the health of people living in, and visiting Bay of Plenty.

Submission

*General comment on civil defence approach in the Plan and;
Diagram illustrating the components of the civil defence structure on page 3*

Public health is about promoting wellbeing and preventing ill health before it happens. It is about keeping people healthy and improving the health of populations rather than treating diseases, disorders and disabilities in individuals.

Floods, earthquakes, storms, volcanic eruptions, chemical incidents and disease epidemics are some of the threats New Zealanders face. There is awareness of the potential for deliberate acts to occur which may lead to public health emergencies (such as chemical contamination of drinking-water or food).



Despite good planning and preparation for emergencies of any nature, the impacts are often devastating. People may lose family and friends, or become homeless. Pressure for temporary accommodation and the provision of safe drinking-water and food, or suitable waste management may lead to stressful situations and reduced health standards for all.

The public health sector seeks to minimise the health risks to communities and individuals from emergency events. Considering that health is a state of physical, mental and social wellbeing and not merely the absence of disease or injury, public health is the backbone of reduction, readiness, response and recovery. In essence, public health is similar to civil defence in that it endeavours to improve community resilience to situations or actions which may harm health. This is one of the reasons why we have civil defence.

To ensure people are healthy and safe it is necessary for all agencies with emergency management responsibilities to support communities and approach it in a coordinated way. Civil defence has a responsibility to ensure their activities do not increase the risk to public health. For these reasons I would like to see public health integrated throughout the Plan and across each area of the 4 R's

All the civil defence components depicted in the illustration on page 3 aim to promote, protect and improve public health. The illustration seeks to show a whole of society approach to civil defence and emergency management. One way to show the links between public health and civil defence is to encircling the illustration with the words 'public health and wellbeing'. As an example I have attempted to illustrate this below.



Decisions sought:

- The connection between public health and civil defence is acknowledged and integrated into each part of the Plan
- Utility providers such as energy, telecommunications, water and transport provide essential services; however the provision of wastewater and solid waste utilities are also essential services and need to be added to the diagram.
- The Plan recognises the integral link between public health and civil defence.

What are our challenges over the next five years? Page 4

Earthquakes and tsunami happen frequently in New Zealand. It would be clearer if the word significant was included when discussing the challenge with low likelihood hazards. Clarity about the challenge of promoting preparedness is needed in dot point 4 as it is less about raising awareness across society and more about encouraging the community to act on being better prepared.

Decision sought: add the word 'significant' at the beginning of the second sentence in dot point 1 on page 4 and clarify that a key challenge is about encouraging acts of preparedness.

Feedback and key themes from stakeholder engagement, page 8

While the Plan indicates that communities should have an understanding of the hazards to them and ways to be prepared, it is also necessary for communities to better understand how they can minimise their collective and individual risk. For example, fewer people may then make a choice to live within an inundation zone or society collectively may decide the risks are too high to build communities in areas which are prone to flooding.

Decision sought: that the key points in the plan which have been included in the objectives and key actions in the Plan indicate that communication ensure the community have a better understanding of how they can minimise their collective and individual risk to the hazards

The example in dot point 6 is incorrect as DHBs are an emergency service and have a role in civil defence and we suggest another example would be better.

Decision sought: that the Plan choses another example where resources can be shared in dot point 6 on page 8.

Part one – understanding our region and hazardscape, our environment, social environments, page 10

I see that the plan considers community deprivation; this will assist BOP CDEM Group reduce inequalities in resilience across the community. I wish to see BOP CDEM Group's five year outcomes enable everyone to have the same opportunity to make choices which will keep them safe from the region's hazards.

Decision sought: include a goal, activities and performance criteria to reduce inequalities in the 4 Rs to ensure resilience is equitable across the Bay of Plenty region.

Trends affecting CDEM in the Bay of Plenty pages 13

Although this is five year plan longer term trends should be considered in subsequent five year action plans. Foreseeable changes such as weather and climate change will alter the hazards and affect CDEM moving forward.

Decision sought: that the trends affecting CDEM in the Bay of Plenty on page 14 include longer term trends

Risk profile, our hazardscape pages 15 - 16

The Plan focuses on pandemics, however, consideration must also be given to disease clusters; local and region wide outbreaks of disease. While it is evident that a pandemic would have a significant impact, a region-wide outbreak is also likely to be significant, as it was in Hawkes Bay recently. The significance may also be dependent on the disease concerned as localised clusters of a novel disease may pose a threat to the whole of the Bay of Plenty and potentially nationally also.

Part two – Strategic direction, vision and mission

Sendai Framework, page 18

The Plan describes the relationship to the Sendai Framework for Disaster Risk Reduction on page 7. The aim of this framework is to reduce disaster risk and loss of life, livelihoods and health and focusses on reducing disaster risk through building social, economic, environmental and cultural resilience. Bearing in mind a National Disaster Resilience Strategy is in development and will be based on this framework, the Plan's vision should align with the Sendai Framework.

The BOP CDEM strategic vision should take into account that health is at the heart of all of the 4 R's and is the foundation for a safe and strong resilient community

Decision sought: That BOP CDEM strategic direction takes into consideration that good health is an underlying factor for a resilient community and makes this clearer in the text.

Reduction, pages 19-20

Reduction activities focus strongly on lifeline groups and their approach to natural hazards. I would like to see the scope broadened to cover the impact of disease, especially as pandemic is the second priority hazard.

The delivery of risk management services by partner agencies such as biosecurity border controls and public health programmes are reduction and resilience activities. To include these activities in the Plan with appropriate key performance measures would provide an all-inclusive approach. For example, the increase of immunisation and influenza vaccination rates for emergency services personnel and the wider community. Another reduction technique is managing people with infectious diseases to prevent community spread of an infection reduces disease clusters, local and regional outbreaks or epidemics. Likewise, prevention activities at the ports and airports by biosecurity agencies and public health services reduces the likelihood of mosquitoes that are capable of carrying exotic diseases such as malaria becoming established in New Zealand.

Decision sought: The Plan broadens reduction to include other high priority hazards, especially pandemics by including disease reduction activities and key performance indicators for them.

Readiness, pages 21-22

We look forward to working with BOP CDEM to further the Plan objectives over the next five years to enhance cooperation. I encourage BOP CDEM to make it their priority to enhance coordination with key CDEM partners especially and particularly public health. It is very likely that emergency events will impact on the environment and impact on the public health in some way.

A key approach for Civil Defence is to increase resilience. To achieve this everyone has to take some responsibility to be prepared. Key performance indicators for the general public focus on earthquake and tsunami response actions, however to focus on building the preparedness levels outlined in the table on page 21 also would increase resilience across more priority hazards than earthquake and tsunami and include pandemic (infectious diseases). I encourage BOP CDEM to incorporate bolder key performance indicators by including indicators for all the goals BOP CDEM wishes to be achieve in the next five years.

Decision sought:

- All goals be reflected as key performance indicators and the goals are expanded as well as the key performance indicators to build public resilience and preparedness more and across more priority hazards.
- Objective two enhances cooperation *and coordination* among key CDEM partners.

Response

The BOP CDEM Group proposes to exercise once a year with another lead agency with a target of two per year. Unless there are many agencies involved in the exercise it is unlikely that every lead agency will have the opportunity to practice with the Group over the lifetime of this plan. It would be good to see the Group exercise with every lead agency once every two years as this will cement practice and improve coordination between all agencies.

Decision sought: that

- The hierarchical framework for BOP CDEM engagement and coordination with partner agencies is described in the plan and

- Medical Officer of Health representation is considered by BOP CDEM Group on the regional ESCC and;
- BOP CDEM Group exercise with every lead agency once every two years.

Recovery

I recognise that providing lifeline utilities services as soon as possible after an event will lessen community stress and anxiety. However there are other components of recovery that are as important to a recovering population. I encourage BOP CDEM to extend recovery performance indication to agencies with welfare responsibilities in the same way the Plan proposes for utility operators.

Decision sought: all welfare agencies have business continuity plans in place and these are tested in a similar manner to lifeline utility operators.

I note the importance of information management by the PIM team on page 41 and suggest that objective 3 be strengthened to reflect this. Information managed well will limit psychological impacts for everyone in the community irrespective of their mental health situation. In addition to the provision of relevant and timely information, information needs to be clear and delivered in the most appropriate way for the recipient(s). I recommend BOP CDEM Group amend the information objectives in the recovery section and also make these changes across the other 3Rs. The importance of getting information management right begins in reduction and carries through the 4 R's and one of the reasons why we need to strengthen public health involvement into CDEM planning.

Decision sought: public information management is coordinated, relevant, timely, clear and appropriate for the recipient(s) across the 4Rs.

Part three, operational arrangements

Hazard, lead agency table on page 28

Bay of Plenty and Lakes District Health Boards are the regional lead for pandemic (infectious human diseases). Toi Te Ora will lead within the health service a response to an infectious disease that poses a significant public health risk.

In a declared emergency or when authorised by the Minister of Health, a Medical Officer of Health has specific powers¹ to manage situations that pose a risk to public health. I suggest the plan notes these powers are available for pandemic situations and for any hazard where there is a risk of disease.

These powers include for example the ability to prohibit the use, demolition, disposal and disinfection of any insanitary land, building or thing. It also enables a Medical Officer of Health to forbid the discharge of sewage, drainage, or insanitary matter of any description into any waterway.

It would be useful for controllers and recovery managers to be aware that a Medical Officer of Health and other designated officers have additional emergency powers to declared civil defence emergencies that can be made available by the Minister of Health for example drinking-water emergencies.²

In addition to these emergency powers designated officers have general powers which could be beneficial to BOP CDEM Group. At any time, a Medical Officers of Health, Health Protection Officer or any person authorised by a Medical Officer of Health or local authority, may enter a residence,

¹ Section 70-71, Health Act 1956

²Section 69ZO Powers of designated officers and 69ZZA Minister may declare drinking-water emergency

building, land, ship or other premise to inspect and require works to promote, protect and improve public health.³

Medical Officer of Health representation is beneficial to the Co-ordinating Executive Group and other CDEM committees in addition to District Health Boards.

I have made reference here to the relevant legislation for your information, and suggest that the footnotes be referred to for more detail.

Decision sought: It is recommended that the relevant powers in the event of an emergency are noted in the Group Plan and operationally, and the general powers of designated officers are noted by BOP CDEM, especially controllers and recovery managers.

Structures for working with others pages 31-32

The regional Emergency Services Coordination Committee (ESCC) is discussed in the response section and the coordinating executive group discussed at the beginning of the Plan. While the table in this section describes the relationships that BOP CDEM has with others, it may be useful to show the full framework around BOP CDEM. To identify which agencies are partner agencies would assist the key partners to be aware of BOP CDEM expectations across the 4R's and assist these agencies to resource and plan appropriately.

Toi Te Ora is represented on local ESCCs throughout the Bay of Plenty. I wish BOP CDEM to consider representation by a Medical Officer of Health or their elected representative at the regional ESCC. I see benefit to everyone as Toi Te Ora serves the same region as BOP CDEM Group and has different and specific advisory responsibilities under the National Civil Defence Emergency Management Plan Order 2015 to District Health Boards.

Public Health also has a role to provide advice to lifeline utilities. Currently Toi Te Ora is not formally represented on the BOP CDEM lifelines group. I am also aware that there is a Group Public Information Management lead group that the District Health Board and Toi Te Ora communication staff attends. It is recommended these links be mentioned in the table in the Plan.

I would also like to see performance indicators for local emergency services coordinating committees to reinforce commitment to these, and encourage attendance by BOP CDEM members and their partner agencies. Frequency and attendance are key drivers to effective networking outcomes that these groups benefit from. For BOP CDEM Group to provide their expectations in a generic Term of Reference document for example may ensure consistent structure and operation which may drive their effectiveness to new levels.

Decision sought: That

- The structures for working with others identify which agencies are considered partners to BOP CDEM, and the entire BOP CDEM Group structure is described.
- Consideration be given to Medical Officer of Health or their nominated representative to attend the regional emergency services coordinating committee.

Liaison, page 43

I note BOP CDEM's expectation of Toi Te Ora is to provide liaison personnel within the group emergency coordinating centre on request. For your information Toi Te Ora provides 24 hour 7 days a week duty staff available to provide public health advice and when necessary provide a public health liaison (which is likely to be in addition to a health liaison from the District Health Board) to assist BOP CDEM respond to an event.

³ Section 128, Health Act

Toi Te Ora is mentioned in this section however as I have explained elsewhere in this submission, the role of public health in emergency management is not limited to response and recovery. This is especially so in relation to public information management. By ensuring that public health is involved across the 4 R's in public information will benefit the whole population and not only those impacted by an event.

Recovery, pages 37-48

Towards the rear of the plan the structure and heading format becomes difficult to follow especially from page 37 through to 48. The Plan discusses the roles of response and recovery and Toi Te Ora's role during response is reasonably transparent. However, it is unclear what public health input or role is during recovery and that of other partner agencies and should be further explored.

Recovery page 47 and 49

Public Health has a significant role in providing advice to BOP CDEM during transition to and during recovery. Involving public health will ensure that the recovery will be health protective and its principles on page 47 will be delivered by BOP CDEM.

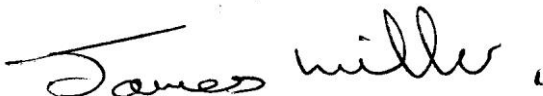
Toi Te Ora input to local authorities many recovery task groups has been requested however Toi Te Ora is a small unit. I suggest consideration should be given to where our advice can be most effectively used and recommend that this may well be at the Group level.

Decision sought: That BOP CDEM considers Group Recovery representation by Toi Te Ora.

Map of BOP CDEM Group area. Page 2

The 'chief medical officer' from Toi Te Ora Public Health need to be amended to read 'Medical Officer of Health' from Toi Te Ora Public Health, and amend all other references to the same effect.

I am willing to meet and discuss or clarify any issue raised in this submission, and I wish to be heard in support of this submission.



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