

Main findings and opinions of the National Audit Office

Environmental health care

The objective of environmental health care is to prevent and eliminate health hazards occurring in our living environment. There were already some forms of environmental health care in the 19th century but especially during the past few decades, the sector has expanded and evolved as new requirements have been introduced in the European Union and on the Single Market.

Environmental health care is a diverse sector and there are a large number of laws containing provisions on it. However, there is no act laying down provisions on the organisation of environmental health care. The sector comes under the responsibility of the Ministry of Social Affairs and Health, Ministry of Agriculture and Forestry and the Ministry of Employment and the Economy. The division of responsibilities between three different ministries shows the diversity of the environmental health care sector.

In addition to the above ministries, municipal environmental health care is also steered by central agencies and Regional State Administrative Agencies. However, the practical aspects of environmental health care are mainly the responsibility of the municipalities. It is difficult to ascertain the total amount of resources available to environmental health care or what is the share of central government of the total spending. However, according to all estimates, central government's contribution is in the neighbourhood of tens of millions of euros. The resources available to environmental health care are fairly modest compared with the resources allocated to such sectors as basic health care. However, environmental health care is more important than the resources allocated to it would suggest. This is because it helps to prevent major health hazards and economic problems.

In the audit, environmental health care was examined as a whole and the focus was on the organisation and steering of the manner in which the authorities operate. The main question in the audit was: Does the administration of environmental health care function properly?

An extensive and heterogeneous organisational structure makes it difficult to manage the sector as a whole

Management of environmental health care is the responsibility of three different central government administrative branches and each of them has its own managerial structures and planning practices. At the highest level, the tasks in the sector are the responsibility of the Ministry of Social Affairs and Health, Ministry of Agriculture and Forestry and the Ministry of Employment and the Economy. At the level of central agencies, the tasks come within the purview of the National Supervisory Authority for Welfare and Health (Valvira), Finnish Food Safety Authority (Evira) and the Finnish Safety and Chemicals Agency (Tukes). For coordination of the activities, official and unofficial cooperation procedures have been set up between ministries and central agencies. According to the audit observations, none of the ministries involved in the activities is clearly in charge of the environmental health care sector as a whole. At the same time, central agencies continue to emphasise their own tasks and roles. No single responsible actor has been assigned overall responsibility for the management of the activities. As a result of the differentiated nature of the administrative model, the total number of the steering inputs from central agencies to local-level authorities has reach substantial levels and there has not been enough coordination of the steering.

Development of the local organisation has led to the relative weakening of the regional level

In the light of the audit, regional administrative authorities play only a minor role in most branches of environmental health care and their input has definitely not become stronger since the abolition of the State Provincial Offices. Regional administrative authorities now only play a major role in the field of animal health and welfare. The level of support provided by Regional State Administrative Agencies varies and depends on how actively individual public servants are involved in the matters. The main reason why Regional State Administrative Agencies no longer play such a key steering role in environmental health care is because local government actors have accumulated more expertise and become more specialised as a result of the establishment of municipal cooperation areas. Thus, the establishment of the cooperation areas has led to the weakening of the relative position of regional administrative authorities. The current situation could not be foreseen when the cooperation areas were planned and there has been no reaction to the contraction of the regional-level organisation

of environmental health care. The audit findings suggest that from the perspective of both central and local government, the three-tier organisational structure of environmental health care is no longer needed.

Municipalities were obliged to join environmental health care cooperation areas at the start of 2013 unless they were able to allocate resources worth at least ten person-years for the organisation of environmental health care. Cooperation areas were established because as the control requirements in environmental health care were becoming stricter, most municipalities were no longer able to organise the activities independently. The observations concerning the effects of the establishment of the cooperation areas were mostly positive. Even though no new resources have been allocated for environmental health care at local government level in Finland as a whole, municipal organisations have grown in size, which has made them less vulnerable. At the same time, personnel have been provided with opportunities to specialise. Municipality-based cooperation areas have in many respects already become expert organisations possessing more expertise than Regional State Administrative Agencies. Central agencies have become a natural partner for municipal authorities in many issues requiring expertise. For this reason, municipalities increasingly bypass the regional administrative level when they need assistance or advice.

The issue of organisational responsibility requires careful and extensive consideration

The organisation of environmental health care in municipalities and cooperation areas depends on which administrative branch is responsible for the activity. Likewise, environmental health care does not come under the same municipal policy actors in all municipalities and cooperation areas. The audit results indicate that neither the administrative branch nor the municipal committees play a major role in the smoothness or success of environmental health care. There is little political steering of environmental health care at municipal level.

The control tasks in the environmental health care sector are a diverse entity, which requires a great deal of competence and expertise from the control bodies. The calls for more centralised controls at municipal level have to do with the fact that as the requirements are tightened, all municipalities are no longer able to organise the controls independently. At the same time, in the interviews and questionnaires conducted as part of the audit there was little support for making central government responsible for the sector. Even though in the opinion of the interviewees and respon-

dents, central government could assume responsibility for some of the activities, the support was by no means unconditional.

Some of the control tasks in the environmental health care sector have already become firmly established as central government responsibilities and in the past few years, central government has also assumed new duties. Judging from the audit findings, the current division of tasks between central and local government would seem to function fairly well. The issue of organisational responsibility can be examined from many angles and entirely contradictory views can be justified in a plausible manner. There are both advantages and disadvantages in making the activities a central government responsibility, in privatising them and in relying in the current municipality-based system. The work to define the responsibility for organising the controls in environmental health care should proceed cautiously and it should be monitored how the cooperation areas evolve and become more established. The way of organising environmental health care should be decided as part of the local government reform.

The system of laws governing the sector is complicated

Measures have been taken to harmonise the terminology and structures of the legislation governing different branches of environmental health care in recent years. Despite the efforts, there are still major differences in the detailedness and binding nature of the national legislation and EU provisions between different branches. In fact, differences in legislation are directly reflected in the priorities and resources of the activities organised by the municipalities and they also limit the room for manoeuvre in other areas of steering.

From the perspective of the parties conducting practical control work, the main problem in the environmental health care legislation is the continuous process of changing provisions. Monitoring the changes and taking them into consideration means that there is less time for basic work. In the drafting of environmental health care laws particular attention should be on the clarity and explicitness of the legislation. Moreover, the drafting process should be based on consultation procedures that are in accordance with good statute drafting practices so that the shortcomings of the statutes can already be highlighted during the drafting stage. Likewise, it is important to prepare application guidelines for the new statutes already before the acts enter into force and provide information on them to the parties using and applying the laws.

Multi-channel steering is a problem

In addition to legislation, the national control programme is the most important steering instrument in directing control performed as part of environmental health care. In fact, the programme has helped to structure and harmonise planning and monitoring in municipalities and the consideration of matters in municipal committees. The programme is extensive and contains a large number of general and branch-specific objectives. They have received conflicting responses from the persons responsible for practical control work. From the perspective of local-level authorities, many of the objectives set out in the programme were considered unrealistic and, in many respects, poorly justified. The view was that to some extent the focus of the programme is on matters that are not essential. Municipal actors are also of the view that the reporting requirements laid out in the programme are excessive and that some of them are unnecessary.

The definition of the branch-specific control objectives in environmental health care is based on risk analyses made in central agencies and on need analyses based on them. There are different methods for carrying out risk assessments and the interaction between agencies in risk assessments has been almost non-existent. From the perspective of municipal authorities, the main issue that should be set out in the national control programme are guidelines on priorities between different branches of environmental health care. This can only be achieved with risk analyses carried out across administrative boundaries and control needs based on them.

The audit also revealed differences between steering priorities. Central agencies continue to emphasise their own areas of responsibility even though cooperation procedures are in place. In addition to steering differences between central agencies, municipal authorities may also be confused by policy differences between central agencies and ministries. The audit revealed that in some cases a ministry has laid out control principles in a manner that deviates from the practices observed by central agencies. The fact that receiving a reply to the questions submitted to central agencies may take too long was also considered a steering-related problem. In such cases, local-level actors must make their own interpretations of acute issues, which increases the differences in control practices between municipalities and regions.

There is a discrepancy between obligations and resources

A clear problem in the steering of environmental health care is the mismatch between content steering and resource steering, a common feature

in the relationship between central and local government. The problem, which is widely associated with the municipal sector, is particularly highlighted in the steering of environmental health care because as a result of the differentiated administrative model used in central government, municipalities receive steering inputs from many different ministries and central agencies. Audit observations indicate that municipal environmental health care is steered with unrealistic control objectives. From the perspective of the credibility of the steering and its binding nature, it is problematic if the resources of the steered organisations and parties implementing the steering are, from the outset, inadequate for the requirements of normative and information steering. This has led to problems concerning the credibility and legitimacy of steering at local level. Despite inadequate resources, there are no signs of a crisis in local-level control. This is because the risk-based control plans prepared at local level can be implemented fairly well. In fact, the impression is that steering at national level has, to some extent, become separated from the practices and resources of the municipal sector.

Harmonisation of information systems has failed

There are two main information systems in environmental health care linking different actors: KUTI, which is maintained by Evira and used in food control and YHTI, which is maintained by Valvira and Tukes and used for controlling other activities. When the systems for central agencies were constructed, municipalities were not directly incorporated in the new systems. The link between municipal systems with the centralised systems was implemented as an interface solution in which information is transferred from municipal systems to centralised systems. The solution has proved to be a failure. Using the entity has proved expensive, there have been problems with information transfer and municipalities are unable to get the information they need from the new system. The large number of system suppliers also make problem solving more difficult and slows down the introduction of information system updates.

Product traceability in food control would help in the combating of shadow economy

As a rule, the origin of the products sold at restaurants is not traced with receipts in food control. When restaurants have been required to do the tracing on a trial basis, they have been unable to produce consignment notes, receipts or similar documents for as much as one half of all foodstuffs

on sale. For restaurants the problem is a minor one but product suppliers may be much more important actors. Better traceability would also improve food safety. In practice, the requirement to produce receipts has been considered an onerous process and the view has been that the lack of competence has also made controls more difficult.

Recommendations of the National Audit Office

1. The issues concerning the organisation and organisational responsibilities of environmental health care must be closely linked with the reforms in the municipal structure, central government and regional state administration. Government must show initiative in the matter and the responsible ministries (Ministry of Social Affairs and Health, Ministry of Agriculture and Forestry and the Ministry of Employment and the Economy) must actively support this aim.
2. Irrespective of the local government reform, the Government must review the management relationships in the central administration of environmental health care and the need for the regional administration.
3. The responsible ministries and central agencies must cooperate so that they can ensure that the risks in the different branches of environmental health care are surveyed using the same standards and the activities are steered on this basis.
4. The responsible ministries and central agencies must ensure that the control obligations of the municipalities and the resources available to them are in balance.
5. Environmental health care information systems must be genuinely harmonised so that consideration can be given to the needs of the central agencies and local-level administration. Central agencies should show initiative in the matter.
6. Cooperation between food control and the combating of the shadow economy should be examined when the action plan to reduce shadow economy is updated. Better traceability of products would improve food safety and make it more difficult for shadow economy to gain a stronger foothold in the restaurant sector.