SUBMISSION TO THE SELECT COMMITTEE INQUIRY INTO THE CROWN ENTITIES REFORM BILL

TO: THE SELECT COMMITTEE CHAIR
Crown Entities Reform Bill
Committee Secretariat
Parliament Buildings
Wellington

This submission is from the
Health Promotion Forum of New Zealand -
Runanga Whakapiki Ake i te Hauora o Aotearoa Incorporated

Contact: Dr Alison Blaiklock, Executive Director
P O Box 99 064, Newmarket, Auckland 1149;
Phone (09) 531 5500
www.hauora.co.nz

DRAFT

1.0 Introduction

1.1 Who we are

The Health Promotion Forum of New Zealand - Runanga Whakapiki Ake i te Hauora o Aotearoa Incorporated (HPF) is an incorporated society with about 150 member organisations. Our vision is that hauora, health and wellbeing is everyone's right. We have a national role to build leadership, relationships and the workforce in health promotion consistent with the principles of Te Tiriti o Waitangi and the World Health Organisation's Ottawa Charter.

We undertake this leadership role by providing training, tools, resources and other activities to build and strengthen the health promotion workforce. This currently includes leading activity to develop a Health Promoters' Society in New Zealand/Aoteaoroa as the sector looks to develop increased professionalism and to ensure ethical health promotion practice.

This submission is to be read in conjunction with our earlier submission and we would also like the opportunity to make an oral submission when select committee hearings are held.

Our member organisations include the Health Sponsorship Council and the Alcohol Advisory Council.

1.2 How we define health promotion

The HPF Strategic Plan sees health promotion as:

> *a discipline within public health, a framework and process to improve health which can be used by communities and people throughout and beyond the health sector, and an approach to social justice and social change.*

Most of our membership organisations employ health promoters. A health promoter is a person who works to promote health and reduce health inequities through the actions defined by the World Health Organisation's Ottawa Charter which are:

- building healthy public policy,
- creating supportive environments,
- strengthening community action,
- developing personal skills, and
- reorienting health services.

Health promoters work to address the determinants of health, and to reduce health disparities by improving the health outcomes of Maori and other population groups.

2.0 Overall comments on the Bill

2.1 Establishment of the Health Promotion Agency (HPA)

HPF welcomes any appropriate measure to strengthen strategic leadership of health promotion service delivery nationally as there are current gaps at this level. However, as drafted, the Bill has insufficient detail on HPA's intended role and function for us to provide unqualified support for its establishment.

From the information available, the extent and scope of functions to be undertaken by HPA is far from clear. Is HPA simply an agency to combine the Alcohol Advisory Council (ALAC) and Health Sponsorship Council (HSC) for efficiency gains, or is it intended to lead and support wider health promotion activities nationally?

There is no indication of the intended relationship between HPA and other health promotion providers funded by the Ministry of Health, Health Workforce New Zealand and/or DHBs (our membership includes around 150 of these providers). If the HPA role and function is primarily to lead and support the activity currently undertaken by ALAC and HSC (which is predominantly social marketing in the areas of alcohol, tobacco, problem gambling, skin cancer, nutrition and physical activity) the term "Health Promotion Agency" is arguably misleading as:

DRAFT

- health promotion activity includes many other health issues not addressed by ALAC or HSC (eg sexual health, infectious diseases, injury prevention, child health etc), and
- social marketing is just one of the tools available to health promoters – others include community action, community development and developing healthy public policy.

Without clarification of these sorts of issues, more detailed submissions are difficult, except to say the Bill should be amended to provide this clarity.

2.2 Risks of fragmentation of public health policy, planning and funding

We are concerned by the lack of detail on what Ministry of Health roles and functions are to be transferred to HPA. It is not clear if any health promotion policy or health promotion planning and funding functions are to be transferred to HPA from the Ministry. Will the only Ministry roles and functions transferred be those required to support the ongoing activities of ALAC and HSC in the HPA, or is a more significant transfer of health promotion policy or health promotion planning and funding responsibilities being proposed? This needs to be clarified.

On the face of it, Section 59 provides HPA powers to make grants, and to enter sponsorship arrangements, but not the powers to fund ongoing health promotion services. If this is incorrect, and it is intended HPA have health promotion policy or health promotion planning and funding functions that are currently the responsibility of the Ministry we submit:

- this needs to be made explicit to allow proper consultation with the sector and,
- HPA should be subject to the same responsibilities imposed on DHBs by the New Zealand Public Health and Disability Act 2000 such as requirements to include a community voice and consult with the public on matters relating to health service provision, and the provision of mechanisms for Maori involvement in decision-making and the delivery of health services.

There is substantial evidence that successful and well-designed public health programmes (eg immunisation, breast screening, tobacco control, pandemic responses) require co-ordinated and integrated activity occurring concurrently at national, regional and local levels. Typically the activity involves a mix of health protection (including clinical interventions if required) and health promotion activity (including media, inter-sectoral work, policy work and activity at a community level). Co-ordinated and integrated planning and funding helps ensure an appropriate mix of activities working in harmony. Ideally having one central agency responsible for the full mix helps reduce risks of fragmentation. With public health planning and funding responsibility already shared between the Ministry of Health, Health Workforce New Zealand and DHBs, further potential fragmentation poses additional risks. Separating out responsibility for leading and supporting

DRAFT

health promotion, from responsibility for leading and supporting health protection, increases the risk of fragmentation.

There is also evidence provided by the rise and demise of organisations such as the Public Health Commission and the Health Funding Authority that spreading responsibility for public health policy, planning and funding roles can cause difficulties such as:

- gaps or duplication in services,
- lack of integration between regional and national services,
- inefficiencies with parallel planning and funding organisations each setting up its own processes and infrastructure support,
- governments struggling to cope with competing advice from their own agencies, and
- different priorities adopted by different health funders.

2.2 Maintaining existing work undertaken by the ALAC and HSC

There are difficulties in establishing accurate levels of health promotion spending over the last three years, but it appears there have been substantial cuts to spending (eg nutrition). HPF acknowledges there may be efficiencies to be gained in merging ALAC and HSC within the one agency but considers it essential that there be no cut in funding for service delivery. Both organisations have had considerable success but much work remains to be done to address alcohol-related and tobacco-related harm, and in our view more expenditure, not less, is required if health targets are to be achieved.

2.3 Governance of the Health Promotion Agency

We note that the HPA Establishment Board includes industry representatives. While we acknowledge that collaborative partnerships between the health sector and industry have some potential to improve health outcomes, commercial interests and public health interests are often not aligned. Extreme care needs to be taken to ensure board appointments do not create conflicts of interest (or public perceptions of conflict), and to ensure there are robust processes in place to manage conflicts of interest if these emerge during board deliberations and decision-making.

As indicated above, depending on the extent of the HPA's role, consideration should be given to:

- ensuring there is wide-ranging health promotion expertise on the board,
- community representation on the board, and
- Maori involvement in decision-making.

3.0 Comments on Section 58 – Functions, duties, and powers of HPA

3.1 Discussion

DRAFT

We suggest wording in Section 58 be amended in the following ways.

- Reference should be made to wellbeing as well as health. In part this reflects the cross-sectoral nature of health promotion with health promoters often working outside the health sector (eg in local government, which uses the language of "community wellbeing" rather than health).
- The description of functions, duties and powers in Section 58 is too narrow and fails to reflect the full range of actions available to health promoters working within an Ottawa Charter framework. Explicit reference should be made to the role of health promotion in developing healthy public policy that has been a major component of work to date in successfully addressing alcohol-related and tobacco-related harm in this country.
- Reducing health inequities and improving Maori health is a primary focus of health promotion and is a purpose of the New Zealand Public Health and Disability Act 2000 – we suggest there is explicit reference to this in the description of HPA functions.
- For the avoidance of doubt specific reference should be made to local government in Section 58 (2), which identifies the organisations HPA is to work with.

3.2 Recommended rewording

Suggested changes (highlighted) reflecting the discussion above are included in the wording reproduced below

58 Functions, duties, and powers of HPA
(1) HPA must lead and support activities for the following purposes:
(a) promoting health and wellbeing and encouraging healthy lifestyles:
(b) building healthy public policy:
(c) preventing disease, illness, and injury:
(d) enabling environments that support health, wellbeing and healthy lifestyles:
(e) reducing personal, social, and economic harm:
(f) reducing health disparities by improving the health outcomes of Maori and other population groups.

(2) HPA has the following alcohol-specific functions:
(a) giving advice and making recommendations to government, government agencies, local government, industry, non-government bodies, communities, health professionals, and others on the sale, supply, consumption, misuse, and harm of alcohol so far as those matters relate to HPA's general functions:

4.0 Comments on Section 59

DRAFT

HPF notes the provisions relating to the process for setting alcohol levies that will be used to fund some of HPA's operating costs. We understand that these are simply providing HPA with the same legal mechanisms that have been available to ALAC. However in our view the Bill, and establishment of HPA, provides an opportunity for the government to either ring-fence a proportion of current tobacco taxation, or to create a separate tobacco levy, to also fund some of HPA's operating costs.

We strongly support any mechanism that will allow part of the revenue from tobacco taxes to be dedicated to the work still needed to ensure New Zealand/Aotearoa achieves it tobacco targets by 2025.

DRAFT