



THE SELECT COMMITTEE CHAIR
Crown Entities Reform Bill
Committee Secretariat
Parliament Buildings
WELLINGTON

"Submission on the Crown Entities Reform Bill"

This submission is from
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Preamble

The Cancer Society of New Zealand is a non-profit organisation which aims to minimise the incidence and impact of cancer on all those living in New Zealand. We work across the Cancer Continuum (2003, New Zealand Cancer Control Strategy, MoH) with key work streams that include, provision of Supportive Care, Information, Funding of Research and Health Promotion (www.cancernz.org.nz).

Our Health Promotion Activity includes work across the Ottawa Charter areas of:

- building healthy public policy,
- creating supportive environments,
- strengthening community action,
- developing personal skills, and,
- reorientating health care services towards prevention of illness and promotion of health [1].

Our areas of interest include: tobacco control, skin cancer control, physical activity and nutrition related cancer control, alcohol related cancer control and screening and early detection for cancer [2].

We currently work closely with other NGO's involved in Non-Communicable Diseases (NCD) the Ministry of Health, the Health Sponsorship Council (HSC) and the Alcohol Liquor Advisory Council (ALAC). We understand and support the fiscal imperatives of the proposed changes and we also

consider the changes provide the opportunity to set a stronger agenda to address the direction of health promotion and the prevention of NCD in New Zealand. We consider that the only way New Zealand is going to be able to manage the cost and demand on health services in the future is to ensure there is an evidence based, effective, and on-going programme of health promotion activity to promote a reversal of the current trends of rapidly rising numbers of New Zealanders developing NCD's.

Our comments on the clauses in the Bill reflect our commitment to the vision of a Smoke Free Aotearoa by 2025, as well as New Zealand having an environment that supports physical activity and healthy nutrition, safe alcohol use, SunSmart behaviours and ensures a well-informed public that are supported to make healthy lifestyle choices.

Type and Purpose of the New Agency

We consider that the new agency needs to have a clear definition and understanding of health, health promotion and health education and be able to work across the Ottawa Charter areas including being able to advise and advocate for Healthy Public Policy. We would suggest that the work of the new agency would be strengthened by the Public Health Bill being passed in Parliament and a cross party agreement on Prevention of NCD.

We are concerned that the current clauses in the bill would suggest that while the Alcohol arm of the organisation will be able to provide evidence-based advice to Ministers and the wider group of decision makers' on healthy public policy, the other areas of interest (eg. Tobacco Control, Skin Cancer Control, Physical Activity and Nutrition) may not be equally able to engage in this form of advocacy, an important aspect of Health Promotion work.

Funding

The different funding models and purposes of the two areas mentioned above are of concern as we consider they will not lead to clarity of purpose, direction and a unified organisational approach to the work. We would support that the funding model proposed for alcohol is also applied to Tobacco Control and Gambling. This would ensure there is enough funding for effective messages to drive cessation, reduce the harm caused by Tobacco and ensure there is funding for effective programmes to stop youth initiation so that New Zealand can be smoke free by 2025. This method of funding would also ensure problem gambling is more effectively addressed. Future taxes on sugary drinks or unhealthy food could also fund the agency in the same manner.

Research

We would support on-going tracking of progress towards desired outcomes as outlined by the State Services Commission, The Treasury and The Auditor General [3, 4] as well as evaluation of health promotion and health education programmes that. We would also encourage greater collaboration with academic institutions to ensure research is robust, credible, published, and able to be used as evidence to *“inform decisions on what service delivery, policy priorities, capability investments and resource allocations to focus on”* [3, p 3].

Sponsorship

HSC was set up to address and stop tobacco company sponsorship of sport and events. This has been successfully managed and has served to work towards the denormalisation of Tobacco use with the intent of reducing youth initiation. We consider there is now the need to address the impact of alcohol sponsorship of sport and events to reverse the harmful drinking culture, particularly among young people, that this supports. Therefore the need to address sponsorship should be a core component of business for this agency across all work areas.

Composition of the Board

We acknowledge the expertise of the establishment board and look forward to the board of the new organization having wider representation that includes NGO's that work to reduce the incidence of NCD's in New Zealand.

Consultation and relationships

We look forward to working closely with agency staff across the many common areas we share and anticipate a positive and fruitful working relationship to advance the health of New Zealanders.

References

1. World Health Organisation (1986) *Ottawa Charter for Health Promotion*. Geneva,Switzerland: World Health Organisation.
2. Cancer Control Taskforce (2005) *The New Zealand Cancer Control Strategy: Action Plan 2005-2010*. Wellington: Ministry of Health
3. State Services Commission, (1999) *Looping the Loop: Evaluating Outcomes and Other Risky Feats. Occasional Paper No. 7*, State Services Commission: Wellington.
4. State Services Commission and The Treasury (2008) *Performance Measurement : Advice and examples on how to develop effective frameworks*, 2008, State Services Commission: Wellington.

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