

Submission to
Public Health Advisory Committee
on the “Emerging Issues for Public Health in
New Zealand: Discussion Paper”
from *Local Government New Zealand*

December 2004

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INTRODUCTION

1. *Local Government New Zealand* thanks the Public Health Advisory Committee (PHAC) for the opportunity to comment on the *Emerging Issues for Public Health in New Zealand Discussion Paper* (discussion paper).
2. *Local Government New Zealand* makes this submission on behalf of the National Council representing the 74 territorial authorities and 12 regional councils of New Zealand.
 - Many basic public health needs of communities have traditionally fallen within the ambit of local authority (regional councils and territorial authorities) functions.
 - Local authorities have statutory powers under a number of Acts that relate to public health (including the Local Government Act 2002, the Resource Management Act 1991, the Building Act 2004, the Food Act 1981, the Hazardous Substances and New Organisms Act 1996, the Health Act 1956, and many more) that are directly pertinent to the issues covered in the discussion paper.
 - The Health Act 1956 states that it is the *duty* of every territorial authority to *improve, promote and protect public health within its district*.

PROCESS TO PREPARE THIS LOCAL GOVERNMENT SUBMISSION

3. *Local Government New Zealand* gave all local authorities the opportunity to provide comments for inclusion in this submission. We also put together a project team of key officers working on public health issues (including environmental health, recreation and community development officers) within local authorities to input into and peer review this submission.
4. The submission was endorsed under delegated authority by:
 - Frana Cardno, as the National Council member overseeing the public health related portfolio.
 - Margaret Shields, as the Vice President of the Local Government National Council.
 - Basil Morrison, as the President of the Local Government National Council.
5. The next section of the submission discusses the key issues facing the local government sector in relation to public health. The subsequent section outlines more specific comments on the PHAC discussion paper.

THE KEY ISSUES

6. *Local Government New Zealand* was pleased to see that the PHAC has acknowledged the significant role local authorities play in public health and the opportunities now available to them under the Local Government Act 2002 (LGA 2002).

7. The key issues that local authorities face in relation to public health include:
 - What role should the local authorities play in public health in view of the new opportunities created through the LGA 2002, and how to develop partnerships with other agencies to be effective in the role and to contribute towards their community's social, economic, environmental and cultural outcomes?
 - How can local authorities fund additional public health outcomes sought by their communities when the sector is facing funding and capacity issues, and what support will be available to assist local authorities?
 - How can we get better clarity of roles between Ministry of Health officers, Health Protection Officers (PHOs) in Public Health Units and Environmental Health Officers (EHOs) in local authorities?

The role of local government and new opportunities under the LGA 2002

8. Since their inception local authorities have been responsible for many public health activities within their communities (refer Appendix 1 for details). Activities local authorities have been involved in have focused more on community well-being and disease prevention, rather than disease management. We note the issue raised in the discussion paper around the definition of "public health" and agree that it has often been too narrowly interpreted. The LGA 2002 provides local authorities with a much wider scope to become involved in public health issues and functions in order to meet the needs and preferences of their communities.
9. The LGA 2002 describes the Purpose of Local Government as:
 - (a) *Enabling democratic decision-making and action by, and on behalf of, communities.*
 - (b) *Promoting the social, economic, environmental, and cultural well-being of communities, in the present and for the future.*
10. The Act requires councils to prepare Long-term Council Community Plans (LTCCPs). Among other things, the LTCCP will:
 - set out community outcomes (the community's judgements about what it needs to promote its well-being) and the extent of the local authorities intended contribution towards achieving those outcomes;
 - set out the things the local authority will be doing over the life of the plan.
11. The role of the local authority in the community outcomes process is to:
 - facilitate the process of identifying community outcomes;
 - consider what it should do to promote the achievement of community outcomes as part of the preparation of the LTCCP. The local authority will be only one of a number of agencies that is capable of promoting outcomes, and needs to consider the role it will play alongside those

agencies. This will require a partnership approach between agencies where they reach agreement over the roles each can play in achieving the outcomes; and

- monitor progress towards the achievement of community outcomes in conjunction with other parties.
12. A key emerging role for local government is participating in and supporting partnerships for public health action with public health agencies, which focus on reducing inequalities in health status and addressing social determinants of health and well-being, in a manner that contributes to the sustainable development of their communities.
 13. The role local authorities play in public health and the contribution they make to public health services in their communities will be determined through the community outcomes and LTCCP processes, bearing in mind the Health Act 1956.

Funding and capacity Issues

14. Although many local authorities would like to become more active in public health activities, there are significant barriers to them doing so. The primary barriers are funding; skills, experience and capacity of staff; community mandate; and the willingness to give these issues priority and funding.
15. Local authorities continually face pressure from their communities not to increase rates or user charges. They are often heavily criticised by national level politicians, industry groups, etc, for not sticking to “core” local government functions like “roads, rates and rubbish”. Some communities do not have the willingness or the ability to pay for other than basic services. Other communities do have both the willingness and the ability to pay for a wider range of services. Therefore a “one-size-fits-all” model is not appropriate for services delivered by local authorities. There needs to be flexibility in any model and around the expectations of the role local authorities could play in public health activities.
16. Local authorities will not get involved in additional public health activities simply because they are now able to do so under the LGA 2002. For many local authorities to participate more broadly in public health activities, they will need a broader understanding of why public health issues are important, a mandate from their communities to get more involved and additional funding. The role played by each local authority may be different, according to local priorities, political pressures and their capacity to deliver.
17. A key emerging issue for local government is financial support available from central government to enable local authorities to become involved in public health activities and partnerships to achieve community outcomes. Where central government wants consistent delivery of services or for local authorities to deliver services that contribute to achieving national outcomes, then it is

highly desirable that adequate consideration be given to how best to fund the service or to recover the costs of services. In some cases it may be appropriate for funding to transfer to local government with the functions or new requirements (e.g., funding health workers in communities).

18. Another area where local authorities may benefit from central government assistance is with training and education to up-skill and increase the capacity of staff to undertake new functions. Local authorities could also assist central government officials by providing them with an understanding of local government processes and issues.
19. A further capacity issue for local government relates to the uncertainty for staff over their ongoing employment created by the current central government reviews of public health and food safety. This issue is making it difficult for local authorities to retain good staff and is acting as a disincentive for people to train to be EHOs and PHOs.

Clarity of roles between various agencies

20. Local authorities consider there would be benefits from greater clarity with respect to the roles undertaken by officers in the Ministry of Health, PHOs in Public Health Units and local authority EHOs. There would be benefits from having a clear rationale for what roles sit where and clearer lines of accountability. Local authorities consider that more of a partnership approach is desirable, rather than a parent-servant approach. Appendix 2 contains a useful methodology for allocating functions between agencies.

SPECIFIC COMMENTS ON THE DISCUSSION DOCUMENT

21. Page 7, section 1.5: We would not describe local government as a “new player” in public health. Some of the earliest functions undertaken by local government are public health related (e.g., provision of infrastructure for domestic water supply and sewerage reticulation, housing, abatement of nuisance, etc). What has changed is that the legislative mandate that enables local authorities (particularly regional councils) to get involved in public health has broadened.
22. Page 8, section 2.1.1, third paragraph: The paragraph notes that the Ministry has been receiving mixed messages from the public health sector in relation to taking leadership versus being too directive. We are of the view that the Ministry can provide leadership and strategic vision on *what* health outcomes are sought at the national level, but that it does not need to be prescriptive/directive about *how* those outcomes are achieved by other agencies involved in public health.
23. Page 9, section 2.1.3, second paragraph: This paragraph mentions that there are differences in boundaries between Public Health Units (PHU) and District Health Boards (DHB). It would be useful to note that local authority boundaries

are different as well, which further complicates issues for PHU, DHB and local authorities.

24. Pages 10 & 11, section 2.1.4: This section does not correctly reflect the community outcomes and LTCCP processes. We have outlined what is required under the LGA 2002 in paragraphs 9 - 11 above. The key aspect that doesn't come out clearly in section 2.1.4 is that the "community outcomes" process is for the community to identify the outcomes it wants. It is not for the local authority to identify the outcomes it thinks are best for the community. The role of the local authority is to facilitate the process of the community identifying the outcomes it seeks. This facilitation role involves an element of leadership and there may be rare occasions when issues or choices arise that have not been foreseen explicitly in the community outcomes process, which the local authority decides are important to include. The facilitation process involves getting parties within the community (including central government agencies) to work together to identify the desired outcomes. Once the outcomes are agreed, the local authority has to decide what it is going to do to contribute towards achieving the outcomes. Other agencies may also contribute to achieving the same outcomes as the local authority or to different ones. The local authority (along with relevant other agencies) is responsible for monitoring the outcomes over time. The local authority only needs to put in its LTCCP which of the community outcomes it will be contributing towards, how it will contribute, the level of service it will provide, how it will fund that level of service and how it will monitor the community outcomes.
25. There will be benefits to central government public health agencies to be involved in identifying community outcomes, implementing them and monitoring them. However, it is important that agencies appreciate that the process is "community" driven. Therefore it may lead to outcomes that are not the same as the national outcomes some agencies seek, although it may contribute towards them. Agencies involved in the process should understand that the community outcomes process is a "partnership" approach, which means local authorities and communities may get involved with contributing to national outcomes but that central government agencies will also be involved in contributing to local community outcomes. There will be a need for central government agencies to acknowledge and support public health action and leadership by local authorities.
26. Another very important factor to recognise is that local authorities are working within a sustainable development context, where they have to consider social, economic, environmental and cultural values, and the interactions between those values. Local authorities are responsible for implementing a range of policies developed by numerous central government agencies, and somehow making all of them work within their communities. This means that health outcomes will only be one of the many components that local authorities and

their communities will be seeking, and each community may attribute different importance to health outcomes depending on their needs and preferences.

27. The community outcomes process in the LGA 2002 provides excellent opportunities for identifying and addressing health related issues, among other things. However, a key issue for everyone (local authorities, central government agencies, iwi, NGO's, business organisations, etc) involved in the community outcomes process will be having sufficient funding and capacity to effectively engage in the process.
28. A further issue is that it may take time for local authorities and other agencies to undertake the necessary cultural change and work collaboratively to maximise the effectiveness and benefits of the community outcomes and LTCCP processes. The process has the ability to under deliver on expectations unless there is a focus on and a commitment to community well-being at all levels of government, and a commitment to the process. Also of importance are a clearly defined strategy for central government involvement in the process and the ability for the community to see how the plans integrate with central and local government planning, work programmes and budgets.
29. We do not have many other comments about section 2.1.4. It appears to address the key issues. One additional comment is that some local authorities may not fully utilise the public health expertise they have in EHOs very well outside the regulatory role. There may be opportunities to further utilise EHOs skills in wider public health issues such as community, economic, environmental and strategic policy development and service level planning.
30. Page 12, section 2.1.5: Opportunities for workforce development and synergies to increase participation by local communities are significant, particularly for Maori, Pacific peoples, new immigrants and disabled communities.
31. Page 14, section 2.1.8: There are opportunities to co-ordinate training and development between all public health workers, including local authority staff. There are other courses (e.g., in risk/hazard assessment) where public health skills can be gained outside of the traditional public health courses. There are also opportunities to facilitate new partnerships around key public health issues where training is shared and opportunities to support local partnerships around public health issues which are topic focused (e.g., alcohol, drugs, gambling, lifestyle strategies, etc).
32. Page 15, section 2.2, second paragraph: We support your reference to public health workforce issues. We would also like it recognised that many of the same issues apply for local authority staff working on public health matters. Other issues that could be included in this section are:
 - Training needs of public health officers to work effectively with local authority officers (and vice versa) and local government processes (e.g.,

special consultative procedures, community outcomes, LTCCPs, health impact assessments).

- Acknowledge the existing and emerging roles of local authorities in policy development and implementations on public health related issues (e.g., gambling policies, alcohol strategies, community safety).
 - The need for central government assistance for training of local authority staff, particularly when central government imposing new functions and/or qualification requirements on local authority officers.
 - Need for recognition of skills held by EHOs and PHOs to allow them to work in other areas, particularly for local authority staff in areas like food safety, building, water supply and waste water treatment.
33. Page 16 & 17, section 2.3: It is important that a balance is maintained between top-down and bottom-up leadership for public health (e.g., balancing local solutions for local problems with national and public health priorities. It could be a role for the new Office of the Director of Public Health to monitor this.
34. Public health leadership should come from communities as well as DHB, PHU, non-government organisations and local authorities. Those cities where “Healthy Cities” projects have been in place have amply demonstrated this and provide good models for inter-sectoral collaboration.
35. Pages 29 & 30 Local government section: This is a good summary of the local government situation, with the exception of the incorrect references to the community outcomes and LTCCP processes addressed above.
36. An overarching issue we would like to raise relates to the document being entitled “emerging issues in public health”, yet it talks very little about public health issues as such, focusing more on organisational and service delivery issues. If you follow the principle that form follows function, then it would be important to understand what the public health challenges are facing New Zealand over the next decade or so, before addressing organisational structures and roles to meet those demands. There are opportunities through this document for the PHAC to provide leadership and strategic advice to the Minister of Health on the real issues of concern facing the public health sector, which is currently under a lot of pressure.

CONCLUSION

37. *Local Government New Zealand* was pleased to see that the PHAC has acknowledged the significant role local authorities play in public health and the opportunities now available to them under the LGA 2002.
38. The key issues that local authorities face in relation to public health are:
- The role of local government and new opportunities under the LGA 2002.
 - Funding and capacity issues.

- Clarity of roles between various agencies.
39. We have made some detailed comments on the discussion paper. The most significant issue is that the community outcomes and LTCCP processes are not correctly reflected in the paper. Another key point is that a “one-size-fits-all” model is not appropriate for services delivered by local authorities. Flexibility is needed in any model and around the expectations of the role of local authorities in public health activities to enable communities to meet their own needs and preferences. For example the public health needs of rural communities can be very different to large urban communities.
 40. We also believe that there are opportunities through this document for the PHAC to provide leadership and strategic advice to the Minister of Health on the real issues of concern facing the public health sector. We are not convinced that it currently achieves this.
 41. In conclusion it is organisations and people working collaboratively and with vision, passion, leadership and access to sufficient funding that will make the difference to enhance community well-being outcomes (including public health) across the country.

APPENDIX 1

Role of local government in public health

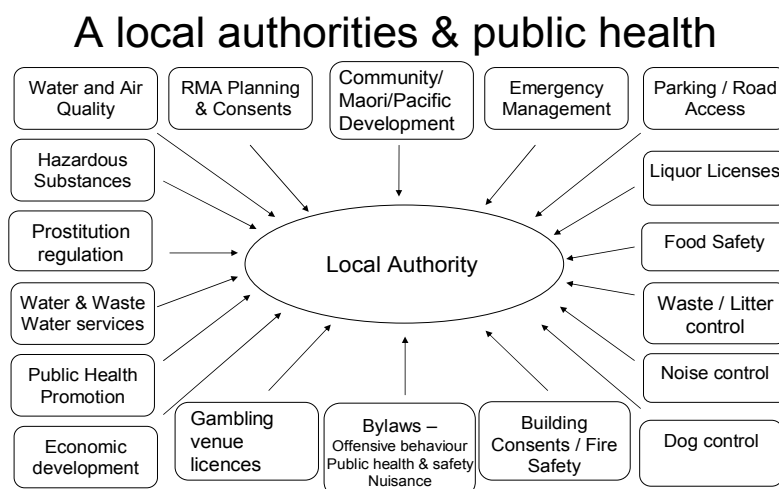
42. Many basic public health needs of communities have traditionally fallen within the ambit of local authority functions:

- provision of reticulated drinking water;
- controlling discharges to water and air;
- the safe removal and treatment of sewage and rubbish;
- building controls;
- the control of public health nuisances; and
- the control of the private provision of services such as food premises.

43. In recent times, some councils have provided leadership and innovation in a much broader range of public health and safety related activities, including:

- injury prevention;
- road safety;
- public health promotion (including drugs, alcohol, gambling strategies);
- community and neighbourhood development (including safer communities);
- provision of recreation and sporting facilities and programmes;
- developing bylaws for public health outcomes (e.g., training for food workers in basic food hygiene/safety; for skin piercing premises; and for powers to close premises not meeting appropriate food safety standards);
- crime prevention; and
- provision of cultural facilities.

44. All these functions have the underlying basis of safeguarding and improving “public health” by facilitating and stimulating social wellbeing including mental and physical health. Local authorities have a strong stake in public health and a long history and experience of the inter-relationships between the various facets that contribute to the whole. This is illustrated in Diagram 1.

Diagram 1

APPENDIX 2

Allocation of functions between agencies

45. *Local Government New Zealand* is working with central government agencies on a regulatory framework and developed the following model which may be useful in addressing how functions are allocated between central and local government agencies.

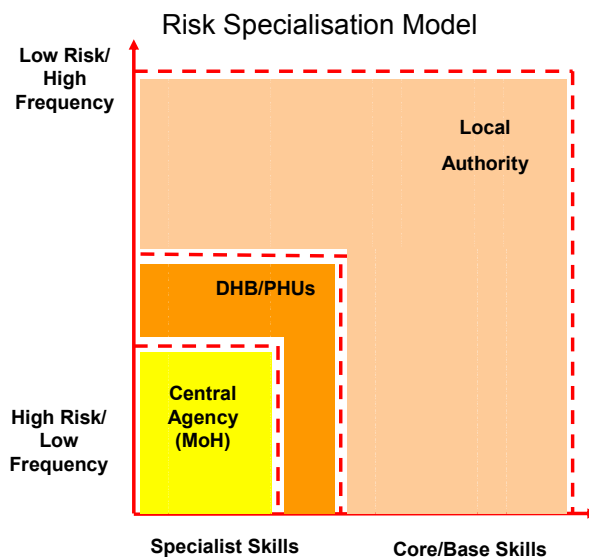


Diagram 2

46. Issues are often raised over the right mix between the need for national consistency in public health policy versus the need to address local needs and preferences. A key reason for local government involvement in functions is where there is a need for applying local solutions to local problems. Local authorities would be concerned about being involved in a regime where they have no discretion and have to adhere to central government prescription. Such situations would be more suited to local authorities being contracted and paid by central government to act as their agents. Recent reviews of legislation have tended to move towards a more centralised form of control and away from policy discretion at the local government level.