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File Ref: CAPS1351

Queensland Health

Ms Leanne Linard MP
Chair
Education, Employment and Small Business Committee
Parliament House
George Street
BRISBANE QLD 4000

Dear Ms Linard

Thank you for your letter dated 1 March 2019 regarding the Education, Employment and Small Business Committee's inquiry into the Health and Wellbeing Queensland Bill 2019 (Bill).

Please find enclosed Queensland Health's written briefing to assist the Committee in its examination of the Bill. The written briefing includes:

- advice on the policy objectives of the Bill;
- expected outcomes from the establishment of Health and Wellbeing Queensland;
- details on the model chosen for the establishment of Health and Wellbeing Queensland;
- governance arrangements for Health and Wellbeing Queensland; and
- other background information that will assist the Committee in its examination of the Bill.

Should you require further information, Queensland Health's contact is Mr David Noon, Manager, Cabinet and Parliamentary Services, on telephone 3708 5971 or by email to david.noon@health.qld.gov.au.

Yours sincerely

Michael Walsh
Director-General

Education, Employment and Small Business Committee

Health and Wellbeing Queensland Bill 2019

Briefing from Queensland Health

The Education, Employment and Small Business Committee (Committee) has requested that Queensland Health provide a written briefing about the Health and Wellbeing Queensland Bill 2019 (Bill).

Background

During the 2017 State Election, the Government committed to establish a statutory health promotion commission to tackle Queensland's obesity and chronic disease rates.

The *Our Future State: Advancing Queensland's Priorities* (Our Future State) reinforces the Government's commitment to improving health, focusing on those challenges facing the State that require complex, integrated and innovative solutions. As part of its objective to make Queensland the leading healthy state, Our Future State has a target that by 2026 there will be a 10 per cent increase in the proportion of Queenslanders with a healthy body weight.

Consistent with the direction of Our Future State and to meet the Government's election commitment, the Bill establishes Health and Wellbeing Queensland as a statutory body focused on improving the health and wellbeing of Queenslanders.

Challenges to the health of Queenslanders

While many Queenslanders are living longer due to gains in life expectancy – living longer can also mean spending more time with illness that is largely caused by chronic diseases such as cardiovascular disease, type 2 diabetes, high blood pressure and some cancers.

There is broad scope for prevention as about one-third of the burden of disease in Queensland can be attributed to the combined effect of preventable risk factors, such as poor nutrition, physical inactivity, obesity, high blood pressure and smoking. These same risks also account for 43 per cent of deaths and 15 per cent of hospitalisations in Queensland.

The number of hospital admissions is increasing on average by 85,000 per year. Based on current trends, the average number of hospitalisations is projected to reach \$3.7 million by 2026–27 (67 per cent increase over a decade).

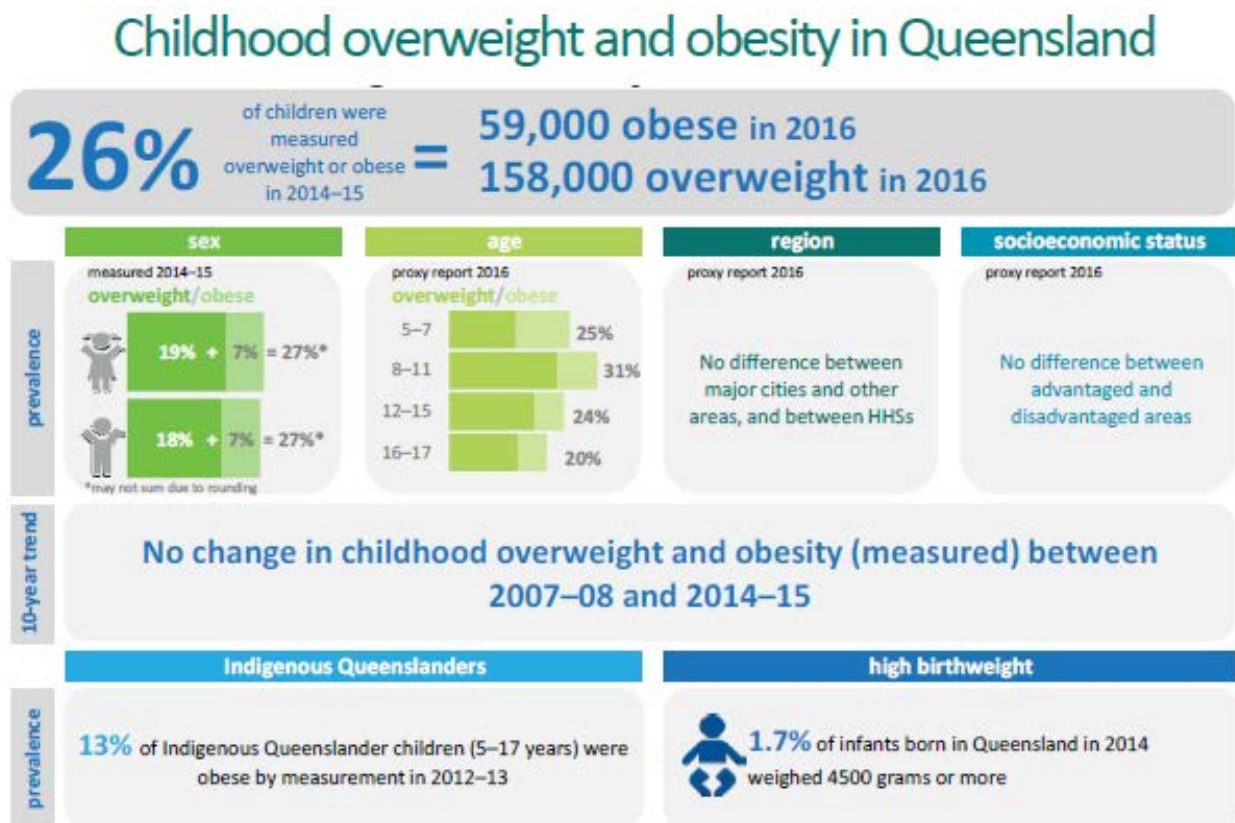
Healthcare costs peak across the middle to older years. Increasing the period of good health, wellness and vitality has the potential to delay onset of illness and infirmity and potentially compress it to a very short period before death. If this can be achieved, health system costs will be constrained.

Healthcare already consumes 30 per cent of the total Queensland state budget, and the total financial costs of obesity to the Queensland economy is estimated to be at least \$11.2 billion (due to lost productivity and premature death). Without concerted effort to keep Queenslanders healthy and out of hospital, the demand for health services will continue to grow beyond the Government's and economy's capacity to respond.

Prevention is effective, and in many cases cost-saving to the health system and society in general. However, achieving gains in prevention involves a significant shift in the unhealthy behaviours of thousands, if not millions, of people. Tangible improvement towards healthy behaviours is incremental and evidence of change accumulates over the medium to long term.

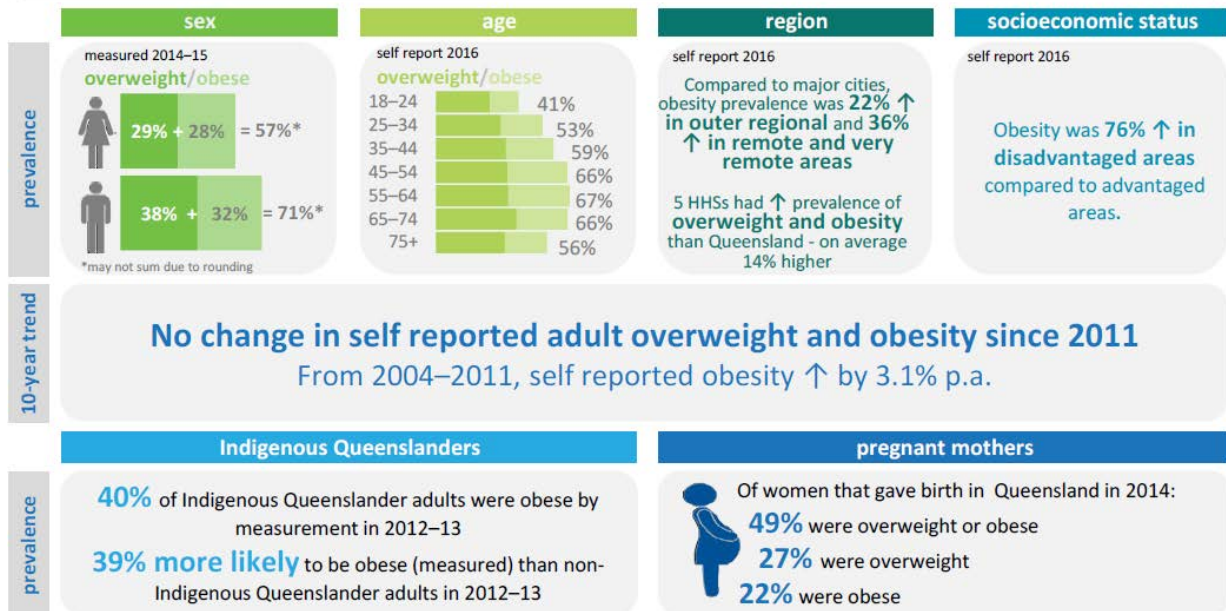
Prevention-focused investments, policies, programs and campaigns implemented by the Queensland Government have shown some health and wellbeing gains. For example, after several decades of increase, rates of obesity appear to be steadying in Queensland.

Despite the recent slowing in the rate of increase in overweight and obesity, the overall population burden of unhealthy weight remains a significant concern with one in four children and two in three adults in Queensland being overweight or obese. As highlighted in *The health of Queenslanders 2018, Report of the Chief Health Officer Queensland*, unhealthy weight is a persistent challenge:



Adult overweight and obesity in Queensland

64% of adults were measured overweight or obese in 2014–15 = **1.1 million obese in 2016**
1.2 million overweight in 2016



Diet and physical activity are closely linked to body weight trends. More than one-third of the energy intake of the average Queensland adult is from unhealthy 'junk' foods and 39% of Queensland adults do not meet the guidelines to be active for 30 mins a day on most days of the week.

In children, around 40 per cent of total energy intake comes from food and drinks that are high in added sugar, fat, salt and energy, and more than 50% of children (aged 5-17 years) are not meeting the recommended one hour of daily physical activity.

The likelihood of being outside of a healthy weight range is not the same for everyone in Queensland. In 2016, adult rates of overweight and obesity were 76% higher in socio-economically disadvantaged areas of Queensland compared to advantaged areas. Compared with major cities, rates were 22% higher in outer regional areas and 36% higher in remote and very remote areas. Rates of adult obesity were also 39% higher among Indigenous compared with non-Indigenous Queenslanders. While disparities are not as evident among children, young adults gain weight very rapidly as they transition through their twenties—on average about 1kg a year.

Achieving the Our Future State target of a 10% increase in the proportion of adults and children with a healthy body weight by 2026 will require a large population shift – 154,000 adults and 63,000 children will need to shift into the healthy body weight range.

A further key challenge for Queensland is the significant health inequity that is related to a person's socioeconomic status, the remoteness of where they live and whether they are Indigenous.

In socio-economically disadvantaged areas, the rates of death due to lifestyle-related chronic conditions were 50 per cent higher than those in advantaged areas in 2015. Remoteness is also a key factor in Queensland, with rates of death due to lifestyle-related chronic conditions in remote and very remote areas 33 per cent higher than in major cities in 2015. The disease and injury burden for Indigenous Queenslanders is 2.2 times that of non-Indigenous Queenslanders, and rates of death due to lifestyle-related chronic conditions is 70 per cent higher than the non-Indigenous population.

Health inequity occurs when there are differences in health outcomes between different population groups that can arise from the social determinants of health, that is, the societal conditions in which people are born, grow, live, work and age. The health gap will widen unless steps are taken to influence the social determinants that drive these disparities.

Leading social determinants of health associated with obesity, being overweight and other unhealthy behaviours include early years of development, education, employment and working conditions, housing, and access to and use of health services. For example, education provides for the development of knowledge and skills for problem solving, and greater control over life circumstances. Education also increases an individual's work opportunities, security, satisfaction and income, which are all foundations of good health and wellbeing.

The challenge for the State is to achieve more rapid and extensive changes in the community if Queensland is to become the leading healthy state and continue to deliver health and hospital services that meet public expectations. This requires a significant focus on reducing the leading risk factors that drive the chronic disease burden such as poor nutrition, physical inactivity, obesity and taking into account the wider social determinants of health.

Policy objectives of the Bill

Health and Wellbeing Queensland will improve the health and wellbeing of Queenslanders, reduce health inequity, and reduce the burden of chronic diseases through targeting risk factors for those diseases such as poor nutrition, physical inactivity and unhealthy weight.

It is intended that Health and Wellbeing Queensland will take a multi-strategy, multi-sector approach to enable illness prevention and health promotion investments and activities to be implemented across traditional portfolio boundaries. Health and Wellbeing Queensland will provide new ways of working, offer broader leadership, and create conditions and environments that support the health and wellbeing of Queensland communities. It will use flexible funding models to source private and non-government revenue streams such as corporate partnerships and sponsorships.

In performing its functions, Health and Wellbeing Queensland will take into account the social determinants of health and their effects on health inequity. For example, it will prioritise groups whose health is poorest, be responsive to local context, and collaborate with others who work to improve living conditions.

Health and Wellbeing Queensland will also play a part in working and partnering to reduce the burden of chronic disease experienced by Aboriginal and Torres Strait Islander communities and addressing the gaps that exist between these communities and non-Indigenous communities.

Objectives and functions of Health and Wellbeing Queensland

The objective of Health and Wellbeing Queensland is to improve the health and wellbeing of the Queensland population. Health and Wellbeing Queensland's objective has been drafted in broad terms to ensure it is able to take a leading role in addressing current and emerging health challenges. This broad approach ensures that Health and Wellbeing Queensland will not be constrained in its efforts to improve the health and wellbeing of individuals, communities and the whole Queensland population.

The Bill provides that the functions of Health and Wellbeing Queensland will be to:

- facilitate and commission activities to prevent illness or promote health and wellbeing;
- develop partnerships and collaborate across government and with entities such as businesses, industry organisations, community organisations, academia, local governments and individuals, to further its objective or carry out its functions;
- give grants for activities to further its objective or carry out its functions;
- develop policy, and advise the Minister and government entities, about illness prevention or promotion of health and wellbeing
- monitor and evaluate activities to prevent illness or promote health and wellbeing; and
- coordinate the exchange of information about activities to prevent illness or promote health and wellbeing.

Funded and supported activities could be programs, projects, services and research.

Health and Wellbeing Queensland's performance of these functions will contribute to the social change needed for Queenslanders to reduce their risk factors for chronic disease, reduce health inequity, and improve their overall health and wellbeing.

Expected outcomes from the establishment of Health and Wellbeing Queensland

Queensland Health expects that Health and Wellbeing Queensland will achieve the following outcomes:

- adopt a multi-sector approach to improving health and wellbeing drawing on expertise from public health, sport and recreation, primary care, social behaviour, marketing and other fields;
- coordinate illness prevention and health and wellbeing promotion activities focused on reducing risk factors for chronic diseases such as eating well, being more active and creating environments that make healthier choices easier;
- develop partnerships and engage with sectors outside the health system, identify key leverage points and facilitate new opportunities to improve health and wellbeing;
- use existing evidence to inform action, contribute to the evidence base by supporting and connecting research, and share information about the outcomes achieved through activities; and
- contribute to reduced health inequity by taking into account the social determinants of health and prioritising groups whose health is poorest.

Model of Health and Wellbeing Queensland

The Bill establishes Health and Wellbeing Queensland as a statutory body. Health and Wellbeing Queensland will consist of a board, a chief executive officer and staff.

The advantages of establishing a statutory body under enabling legislation are that Health and Wellbeing Queensland will have:

- the ability for government to appropriately oversee Health and Wellbeing Queensland's strategic direction;
- a greater level of flexibility and independence to work across various government portfolios and engage with local government, community groups, business, industry and academia;
- greater opportunities for innovation, corporate partnerships, sponsorships and risk-taking that government is not well placed to harness; and
- the ability to control its own funds and apply these funds appropriately to meet its objectives.

Board

Health and Wellbeing Queensland's board will comprise of up to ten members. A maximum of four members of the board will be chief executives of government departments. The other members will be persons with knowledge, skills or experience in business or financial management, law, public health, academia, community service organisations, the not-for-profit sector or another area the Minister considers relevant or necessary to support the board in performing its functions.

This will ensure that there is flexibility to enable the board to be made up of members who will bring a range of experience and background to the board, such as experience as a consumer representative or advocate. The Bill also requires that at least one person on the board must be an Aboriginal person or Torres Strait Islander.

Board members will be appointed by the Governor-in-Council for periods not exceeding four years and may be reappointed.

The board's functions will include:

- ensuring the proper, efficient and effective performance of Health and Wellbeing Queensland's functions;
- deciding the objectives, strategies and policies to be followed by Health and Wellbeing Queensland;
- ensuring that Health and Wellbeing Queensland complies with its obligations under the Act and other laws; and
- any other functions given to it under the Act or another Act.

To ensure a level of independence, and remove the ability of the chief executives on the board to control the board's decision-making, the Bill states that the board will not be able to form a quorum if the majority of the members present at a meeting are chief executives of a department. This requirement means that where the chief executive board members outnumber the non-chief executive board members, the board will not be able to make a decision. Further, if several other board members declare a conflict of interest and elect not to

participate, the other members will still be required to outnumber the chief executive board members to enable a decision to be made.

The Chief Executive Officer and Health and Wellbeing Queensland's other staff

The Chief Executive Officer (CEO) will be appointed by the Governor-in-Council, on the recommendation of the Minister, for a term not exceeding four years and may be reappointed. The Minister may only recommend a person with the approval of the board. The chief executive officer is responsible for the day to day administration of Health and Wellbeing Queensland, including the employment of staff, and is subject to the directions of the board.

Health and Wellbeing Queensland may employ other staff it considers appropriate to perform its functions. The staff of Health and Wellbeing Queensland will be appointed under the *Public Service Act 2008*.

The Bill preserves all accrued and accruing rights as if being an employee of Health and Wellbeing Queensland were a continuation of the person's service as a public service employee or health service employee. This also applies to a person's superannuation entitlements. A person's employment with Health and Wellbeing Queensland will also count as service as a public service employee or health service employee. This will ensure that employees will not lose any leave or service entitlements if employed by Health and Wellbeing Queensland.

Governance arrangements for Health and Wellbeing Queensland

Governance and Reporting

To ensure that Health and Wellbeing Queensland will be held to a high standard of accountability, the Bill provides that Health and Wellbeing Queensland will be:

- a public service office under Schedule 1 of the *Public Service Act 2008*;
- a statutory body under the *Financial Accountability Act 2009* and the *Statutory Bodies Financial Arrangements Act 1982*; and
- a unit of public administration under the *Crime and Corruption Act 2001*.

The Bill requires that Health and Wellbeing Queensland's annual report, which is prepared under the *Financial Accountability Act 2009*, must contain details of each direction given to Health and Wellbeing Queensland by the Minister during the financial year and any action taken by Health and Wellbeing Queensland because of the direction. The annual report must also include details of functions performed by Health and Wellbeing Queensland during the year and how efficiently and effectively these were performed.

By amending the *Public Service Act 2008* to provide that Health and Wellbeing Queensland is a public service office, the Public Service Act and other legislation such as the *Public Sector Ethics Act 1994* will automatically apply to Health and Wellbeing Queensland as if it were a government department.

Ministerial oversight

The Bill provides for the Minister to have appropriate oversight over Health and Wellbeing Queensland by allowing for the Minister to issue a direction in relation to the performance of

functions or the exercising of powers by Health and Wellbeing Queensland. However, the Minister is not able to issue a direction about employment matters relating to a particular person.

The Minister may also seek information from Health and Wellbeing Queensland about matters such as Health and Wellbeing Queensland's projects or activities, the health and wellbeing of Queenslanders or of those in a particular geographical area or population group, reducing risk factors for chronic disease and programs aimed at reducing health inequity. The Bill provides that the Minister may give a direction to Health and Wellbeing Queensland to prepare a special report on a matter the Minister considers relevant to Health and Wellbeing Queensland's functions. Health and Wellbeing Queensland must comply with the Ministerial direction. However, the Minister cannot direct Health and Wellbeing Queensland about the content of the special report.

Once the special report is provided by Health and Wellbeing Queensland, the Minister may publish the report in a way the Minister considers appropriate. This may include publishing the special report to inform the public about strategies to reduce a specific risk factor for chronic disease, or sharing the report with other Ministers or government agencies to inform the development of government policy.

Other relevant considerations

Information-sharing

The Bill does not include any specific provisions in relation to information-sharing as Health and Wellbeing Queensland will be required to operate within the existing statute book. As a statutory body, Health and Wellbeing Queensland will be able to obtain de-identified data through agreements with relevant agencies or other entities. In addition, Health and Wellbeing Queensland will be able to obtain personal data to allow it to target its programs to individual needs, however, it will have to obtain this information in the same way as any other government agency. For example, if it were to seek personal health information it would need to comply with the existing legislative requirements contained in the *Hospital and Health Boards Act 2011*.

Confidentiality provisions

The Bill contains several provisions which relate to the protection of confidential and criminal history information, including offences for the inappropriate use or disclosure of such information. This will ensure that any information that Health and Wellbeing Queensland receives, whether personal, commercial-in-confidence, criminal history information or other confidential data, will be appropriately protected against inappropriate use or disclosure.

Amendments to the *Hospital Foundations Act 2018*

The Bill provides for amendments to the *Hospital Foundations Act 2018*. These amendments will enable a foundation to be established to support Health and Wellbeing Queensland to achieve its objectives. The CEO of Health and Wellbeing Queensland will be responsible for investigating whether a foundation would be viable and a good source of attracting new revenue. If the CEO determines that the foundation would be beneficial, an application to establish the foundation will be made to the Minister in accordance with the requirements of the Hospital Foundations Act.