EDUCATION, EMPLOYMENT AND SMALL BUSINESS COMMITTEE

Members present:

Mrs LM Linard MP (Chair)
Mr N Dametto MP
Mr MP Healy MP
Mr BM Saunders MP
Mrs JA Stuckey MP
Mrs SM Wilson MP

Staff present:

Ms S Cawcutt (Committee Secretary)
Ms M Coorey (Assistant Committee Secretary)

PUBLIC BRIEFING—INQUIRY INTO THE HEALTH AND WELLBEING QUEENSLAND BILL 2019

TRANSCRIPT OF PROCEEDINGS

WEDNESDAY, 13 MARCH 2019

Brisbane

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The committee met at 10.01 am.

CHAIR: Good morning. I now declare open this public briefing for the Education, Employment and Small Business Committee's inquiry into the Health and Wellbeing Queensland Bill 2019. I would like to acknowledge the traditional owners of the land on which we are meeting today and pay my respects to elders past, present and emerging. My name is Leanne Linard. I am the chair of the committee and the member for Nudgee. The other members here today are Mrs Jann Stuckey, member for Currumbin and deputy chair; Mr Bruce Saunders, member for Maryborough; Ms Simone Wilson, member for Pumicestone; Mr Michael Healy, member for Cairns; and Mr Nick Dametto, member for Hinchinbrook. The committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of the parliament. The proceedings are being recorded by Hansard and broadcast live on the parliament's website. I ask everyone to please turn mobile phones off or to silent mode.

The purpose of this public briefing is to hear from Queensland Health about the Health and Wellbeing Queensland Bill 2019. The bill was referred to the committee on 28 February this year. The committee will examine the policies the bill gives effect to and the application of fundamental legislative principles as set out in section 4 of the Legislative Standards Act 1992. The committee must report to parliament by 18 April 2019.

WALSH, Mr Michael, Director-General, Queensland Health

WELLARD, Ms Jessica, Acting Director, Legislative Policy Unit, Strategy, Policy and Planning Division, Queensland Health

YOUNG, Dr Jeannette, Chief Health Officer and Deputy Director-General, Prevention Division, Queensland Health

CHAIR: I welcome officials from Queensland Health. We have received Queensland Health's written briefing on the bill for which we thank you. I invite our director-general to make an opening statement.

Mr Walsh: I also start by acknowledging the traditional owners of the land upon which we meet and their elders past, present and emerging. I thought I would start with a short summary of the process that has led to Health and Wellbeing Queensland. As you may be aware, on 30 June 2016 the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee tabled its report No. 21, titled *Inquiry into the establishment of a Queensland Health Promotion Commission*. The committee's report recommended that a Queensland health promotion agency be established but did not recommend a model. The committee's report summarised the feedback of stakeholders after having received written and oral submissions. The conclusion in the report was that there is a role for a health promotion agency different from that of other agencies including Queensland Health.

In 2017 the Healthy Futures Commission Queensland Bill was introduced into parliament. However, the bill lapsed when the election was called in 2017. Since then the department has continued to work to refine and enhance the model for a health promotion agency and support the minister to table the current legislation.

Consistent with the 2017 bill, Health and Wellbeing Queensland will have an objective of reducing health inequity by focusing on addressing the needs of those in our community with the poorest health. However, Health and Wellbeing Queensland's focus has also been expanded beyond the 2017 bill, which targeted populations of children and family, to encompass improving the health and wellbeing of all Queenslanders. This expanded mandate supports the government's vision for Queensland to become the leading healthy state in Australia.

Health and Wellbeing Queensland will also have a greater level of alignment with government objectives, strategies and planning through the inclusion of chief executives on the board. The current bill is consistent with the government's 2017 election commitment to establish a health promotion agency to improve the health and wellbeing of Queenslanders and to reduce health inequities.

In the written submission I outlined a number of elements in the bill. I will highlight a couple of those elements in my opening statement. The agency's proposed scope is to promote health and wellbeing, reduce risk factors for chronic disease and reduce health inequity. This delivers on the government's vision and strategy for Queensland *Our future state: advancing Queensland's priorities*, which was released in June 2018 and which has a target of a 10 per cent increase in the proportion of Queenslanders with a healthy body weight by 2026. The agency will engage in new and innovative partnerships with business, industry, community organisations, academia and governments to help create healthy environments and shift social conditions.

Health and Wellbeing Queensland will also commission preventative health activities, programs and services, enter into partnership arrangements and provide grants to organisations to deliver projects and initiatives. Health and Wellbeing Queensland will help to magnify the efforts of the many different organisations and people already working to improve the health of their communities. The agency will advise government on policy to influence and implement what works, using evidence and input from a range of sources. It will look across the system as a whole, see what is already being done in the community and across government, and perform its functions in a way that adds value and does not duplicate existing initiatives. The government has designed the model to be action oriented. It wants an organisation that works across public and private sectors with community groups, schools, local businesses, governments and universities to solve problems and remove barriers that prevent individuals and communities from making healthy choices.

Health and Wellbeing Queensland will be fit for purpose and modest in size. Relevant prevention activities currently delivered by Queensland Health are proposed to transition to Health and Wellbeing Queensland. The funding for these activities will also transfer. It is expected that funding will scale up as other partnerships—including government, business and community—are formed, new revenue streams are identified, and the range of grants and program activities delivered is expanded.

The board established as part of the legislation will contain members who have experience and qualification across a range of sectors as well as up to four chief executives from government departments. This ensures members will bring a range of experience and background to the board, helping to promote a cross-sectoral approach.

The bill also provides for ministerial direction. This establishes Health and Wellbeing Queensland as a body responsive to government priorities and able to address emerging needs. Ministerial direction does have some boundaries. These include that the minister may not give a direction about the employment of a particular person or the content of a special report.

The bill also 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. This is enabling legislation, and 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.

The bill has been drafted to provide a broad legislative framework for Health and Wellbeing Queensland that will enable it to change or broaden its health and wellbeing focus over time without further legislative change. It will act to deliver a short-term impact as well as deliver activities and strategies to achieve the long-term behavioural change so important to reducing obesity and chronic disease.

CHAIR: Thank you for the written submission that you have provided to the committee in preparation for today's hearing. As you know, this is my third time around with this vision—this commitment—so I am no stranger to it. In fact, I have the first report here with lots of notes over it. You mentioned that the first report did not identify a definitive model. I think that speaks to the fact that, while the vision was there and widely supported, it was not necessarily easy to identify the best way to do it.

I want to start by thanking you, the Chief Health Officer, your team, those who worked on this and the minister. What I noticed from reading the bill, the explanatory notes and your submission is that you have achieved and hit on everything we asked of you, and that was no small order. It is evidence based, it is responsive, it is flexible and I think it empowers the original vision, which is about what prevention can achieve, a vision for the state and where we can go. It also works with the department but has perhaps greater flexibility than a state authority does. I would like to give you that feedback. I appreciate it is a new committee with different members who may have different views, but from my continued point of view in this regard I wanted to congratulate you and your team.

I have a few questions in regard to the commission. Can you speak to the importance that you have placed on this being a state authority, how the state authority operates, how it will operate differently from the department and how they will work concurrently together without duplication?

Mr Walsh: As a statutory body, it is responsible to the minister just as the department is responsible to the minister but it has a lot broader engagement into the stakeholder group. The board is an independent board, as any statutory body is. It has equivalent status as a statutory body as all of the hospital and health service boards. They operate as organisations independent of the department but related because they have a funding agreement with the department. That ensures that the statutory body can have stakeholder advisory groups, not only appointed people on the board but also advisory groups, and work locally with organisations to have a greater community voice, because their role is to identify how to improve local communities. The intent is to ensure people can make healthier eating choices, make healthier and easier active living choices, and create an environment where that can occur more easily.

The other thing the statutory body does which I think is really important and ensures government hears the voice of communities is that it has a policy and advice role to the government. That means that the minister can receive that information directly, unfiltered through the department. The minister can choose to, or choose not to, seek views from the department but the information goes directly from the statutory body to the minister and therefore to the government. We believe that ensures a better line of communication and ability for government to hear and respond to what the communities are saying as well as deliver local services to the communities.

CHAIR: Director-General, you have segued into the second point I wanted to raise with you, which is that they will have a direct advisory role or contact with the minister. It seems to me from reading what you have provided in the supporting papers that it also provides an opportunity for flexible cross-sectoral relationships and partnerships. There are a lot of people, as we know, out there doing wonderful things. I am a very big proponent of our academic institutions and how they can support the work we do from an evidence based point of view. Can you speak to how they will also be drawn into the operations of this authority?

Mr Walsh: It is hard to know where to start to answer that question. I will start from the structure of the board, where there are provisions that at least one of the board members needs to be Aboriginal or Torres Strait Islander.

The second is that there is at least one but a maximum of four chief executives from across government. The rationale behind that is that Health alone is not going to hold all the answers. When you look at sport and active recreation, there is a strong link to that. When you look at transport and the viability of incidental walking and bike paths, when you look at local government and planning in terms of the spaces where people can feel safe and comfortable being able to engage in their local communities, it was trying to ensure that within government there was that cross-sectoral collaboration.

Then there are up to six members of the board drawn from a skill base—community members. An important element is that a quorum only occurs when there are more non-chief executive members present than chief executives. In other words, it is important that it is a community represented board. I think that is a really important point.

Having the board set up with the ability to get cross-sector collaboration within government and then drawing other people onto the board from the community encourages that collaboration. When the organisation is going to work in local communities, they will have links back in through government agencies as well as through the local government community groups and non-government organisations that are actually working there locally. We see that it is set up as a collaborative model from the board down. It is intended to be collaborative the entire way through to whatever it chooses to fund or sponsor or what programs they get involved in.

CHAIR: That speaks to the importance of shared ownership across government of those social determinants of health. As you say, Health cannot have all the answers and cannot impact on all of those determinants.

Mrs STUCKEY: I am seeking some clarification before I ask a couple of questions. I am not sure whether you will know, but have the percentile charts changed in the last decade or so? Is the stated average weight now higher than it used to be?

Mr Walsh: I will pass over to Dr Young.

Mrs STUCKEY: I thank Jeannette. You have been in the role for a long time and you know I am in a medical family, so there is a reason I wanted to ask this.

Dr Young: In terms of the percentile charts for children, there have been some debates about which ones to use. In terms of measurements of us saying who is overweight or obese, that has been pretty standard for the last couple of decades. Here in Queensland we have not seen an increase in the percentage of overweight or obese children since 2007 and we have not seen a decrease; we have seen a levelling of that after a significant increase over the preceding years. Similarly for adults, we have not seen an increase in Queensland since 2011 in the percentage of adults who are overweight or obese, although in the rest of the country over that time span we have seen a seven per cent increase in the percentage of adults who are overweight or obese. We have held a level but, again, we have not seen any signs of that decreasing.

Mrs STUCKEY: I just wanted to check that the adult percentile has not changed, either. You said the children percentile has not changed.

Dr Young: The adult percentile has not, no. There has been some discussion between various groups about what charts to use for children depending on the make-up of the children's community, whether it be Indigenous or others. There has been debate in the various academic groups about the percentile charts, but that is different from looking at the percentage of people who are overweight or obese. It is more looking at the other end rather than at the overweight or obese end.

Mrs STUCKEY: With regard to the consultation undertaken on the bill, I note that there were 37 submissions which were broadly supportive but had different views about its focus and objectives. Could you elaborate on those differing views?

Mr Walsh: This is in relation to the 2017 bill or the consultation that we undertook for the preparation of this bill?

Mrs STUCKEY: Either, where the differing views came into it. There have been two bills. There has been a bit of a gap between them.

Mr Walsh: Yes. Certainly we would characterise that the overwhelming response from stakeholders when we have consulted is supportive of actually having a body dedicated to health promotion such as Health and Wellbeing Queensland. People see that because it creates a focus and an ability to make transparent the investment and the activity that is going into that area, whereas as part of a large department it is one of a large number of elements that need to get done. When it is the single focus for an organisation, it has the ability to do it better. I would characterise our feedback that way.

There is also feedback to say that it should not duplicate what existing organisations—significant organisations like the Heart Foundation or Diabetes Queensland or the Cancer Council—do. It should not duplicate those things. This is there to try to increase the focus, not to take any action away from other entities.

It will have grants responsibility. Some organisations have fed back that the transition of responsibility from the department managing grants to organisations to Health and Wellbeing Queensland needs to be managed well and that there have to be mechanisms for continuity; otherwise, organisations may consider a real disruption. There is that sort of feedback. I would say that overwhelmingly there has been support for being able to create a higher level of focus and effort in this space.

Mrs STUCKEY: The explanatory notes state—

> In June 2018, key experts and opinion leaders were invited by the Health Minister to further explore how best to improve the health and wellbeing of Queenslanders ...

Could the department advise who these experts and leaders were? I am happy for you to supply a list if you need to take it on notice. Were organisations like the AMAQ and the Heart Foundation consulted?

Mr Walsh: Yes. The short answer is yes. We can provide a list of the organisations that have been consulted as part of the preparation of the bill. I can take that on notice and send that as a list.

Mrs STUCKEY: I am not sure whether you touched on this before in answer to a question from the chair. What role will the new statutory body have in conjunction with the Preventive Health Branch of Queensland Health?

Mr Walsh: The establishment of Health and Wellbeing Queensland will mean that we will need to work with the prevention branch, which is currently sitting with Dr Young, to identify the responsibilities or the current work that sits there that would move across. That will have an impact on people needing to move across to the organisation, the money to pay for those people to do their work and also the grant money associated with all of the grants. That work and discussions have

started with the branch. We do not have the final details because, until this is passed, we would be getting ahead of ourselves to do that. Certainly, in terms of managing the change for our staff, because it will have a big impact on them, we have commenced discussions and looking at what would that be. That would mean there would be no duplication.

Mrs STUCKEY: Does this budget of $32.955 million include that transition of staff as well?

Mr Walsh: It does, yes.

Mr HEALY: Dr Young, Mr Walsh and Ms Wellard, thank you for coming in this morning. It is much appreciated. Thank you for the material you have given us. It is a wonderful objective and we wish you all the best—obviously with our full support.

You would be far more familiar than I am, having been in this job for 14 months, with the intricacies and inner workings of government departments. In taking on the responsibility as Health should, I believe—and you have mentioned this already—there are other departments and other areas that would be significantly involved in this same responsibility. How do you work with those other departments to ensure you have the overriding responsibility? Can you talk a little bit about your interaction with not just NGOs but, more to the point, government agencies?

Mr Walsh: If I use how we are currently working to deliver on the government's priorities—Advancing Queensland's priorities—the nature of which will be what will transition into Health and Wellbeing Queensland, there are six government priorities. One of them is keeping Queenslanders healthy and another is giving kids the best start. Health has a significant role in those. In relation to keeping Queenslanders healthy, Health chairs that but it has membership from Transport, from Local Government, from Infrastructure and Planning, from Sport and Recreation—across all of those agencies. We have an integrated focus of action that we pursue. Rather than silo our efforts, we agree that we need to progress in a collaborative way. We can leverage everyone's investment better by doing that and prepare an integrated program that goes up to be considered by government and then goes out.

One of the most significant actions as part of that work is this particular legislation and the establishment of this. Therefore, the collaborative nature of its creation, both within government and external to government, we believe sets it well to be able to deliver on that into the future.

Essentially, when the organisation is up and running one of the things it will be doing is working with local communities. Each agency—whether it is ourselves or whether it is Sport and Recreation or Transport or Local Government or Planning—will be able to work collaboratively locally with the other community based entities in that area already having a mechanism to collaborate, so not having to come and do that from the start. I think that is a really positive way of working.

The other priority of giving kids the best start is co-chaired by Health and Education and, again, has multiple organisations on it. It has a collective of initiatives because it brings in community services, disability services, as well as child protection and so forth. Those mechanisms are already there. This, I think, makes it easier to work with agencies external to government collaboratively.

Mr HEALY: You have covered that well. It is fitting into the existing infrastructure in place. I would love to see some of those tuckshop lunches change in a few areas.

Mr Walsh: Yes—the healthy schools initiative.

Mr HEALY: That is exactly right. I am from Cairns, so we are a regional city. We have significant demographics: 30 per cent of the population of Cairns was not born in Australia, so we have new Australians from all over the world. We have Indigenous and so forth. How would this entity target a specific campaign to a regional area like that?

Mr Walsh: I think that is the job of the organisation.

Mr HEALY: How would you see that happening?

Mr Walsh: I would bring my own ideas as to what I think would be useful. My experience is that every community has a unique set of issues and dynamics that need to be addressed. When you look at the fundamental principles of what Health and Wellbeing Queensland is there to achieve, it really is to address inequity of access but also inequity of outcome. You would expect that it would be going in and saying, 'How do we actually deal with disadvantage in this area and bring everyone along?' I think that will be a big focus of what they will want to try to do.

As the minister indicated in his speech introducing the legislation, it is not about saying that it is all up to an individual and the individual's choices; it is about how we organise our communities and how we talk about this as an issue—how we deal with it interpersonally in our communities. It will

have a role in how we have those discussions without blaming people but encouraging people to change their behaviours. When you look at the principles and its role, in those local communities it is about ensuring equity of access but also not targeting people individually.

Mrs WILSON: When will Health and Wellbeing Queensland commence operation? Do we have a start date?

Mr Walsh: That is a very good question. The shortest answer is 'as soon as possible'. In our understanding, there is a process whereby parliament will have the committee prepare its report and then the bill will go back to be debated and it will be passed or not. Our assessment, from looking at normal parliamentary processes, is that that is likely to conclude sometime in May, if all things go according to normal schedule, and then there is the assenting. Assuming that is around then, we would want to try to get this up and running or commencing elements of it by 1 July, should a May time frame be possible. If that was delayed, we would try to have it within six to eight weeks of whenever it was passed. That is why we are working already with our staff and working to be able to meet those sorts of time frames, so we are not waiting for a long time to get it up and running.

Mrs WILSON: That is fantastic. I also note with the budget there is nearly $33 million for the project. How much of this budget will be distributed by way of grants to NGOs? How does that compare to the healthy futures commission proposed in the previous parliament?

Mr Walsh: The short answer is an overwhelming majority of the money, and it would depend. The movement of staff across will take up some of those funds. The final numbers are not really known, but it will be a small amount of that. Then there will have to be a chief executive and other new positions. Certainly, the intention is that it will be a modest organisation, a very small organisation, with the vast majority of its funds to be in grants.

We did look at whether particular percentages should be set to say that it had to have certain percentages. That became very challenging when you started to get sponsorships and potentially other revenue and having a foundation providing grants, because you could set percentages that seem low but then become large amounts when you got a lot of funding, so we decided not to set a fixed percentage but to keep it modest.

Mrs WILSON: Do you know what the budget was for the healthy futures commission in the last bill?

Mr Walsh: I cannot remember what the budget was.

Mrs WILSON: I am happy to place that on notice.

Mr Walsh: I think it was less than that. I do not have the exact figure but I am confident enough to say it was less.

Mrs WILSON: It was less than $33 million?

Mr Walsh: It was less than $33 million.

Mrs WILSON: We can place it on notice. You also mentioned the staffing would be a small component. Do we have any idea of the budget for the staffing allocation?

Mr Walsh: Given that we are currently working with our staff, it is always hard to estimate what that is likely to be. We anticipate that the number of staff that will be moving across, as well as the other staff who get employed, will probably be around 20.

Mrs WILSON: In total?

Mr Walsh: A total of 20 staff. If you were to think about how much 20 staff would cost, you could go to the tables in the Public Service and it would probably be less than $2 million of the $32 million or $33 million.

Mr SAUNDERS: From reading the explanatory notes and from my experience in regional Queensland, I know that we see a lot of obesity in low socioeconomic areas. In terms of the board members, will there be a position set aside for a rural and regional person to be on this board also to give that view?

Mr Walsh: I will ask Jessica to seek out the details. There are certain skills that need to be brought on to the board. I am not recalling that that is a specific one.

Mr SAUNDERS: Do you mean to say that was overlooked? We know that in rural and regional areas there are obesity problems, so there must be someone in regional and rural Queensland who has the skills to sit on this board.

Mr Walsh: We would anticipate that that would be the case, yes. In relation to the skill set coming to the board, it is important they bring skills rather than representation, other than the Aboriginal and Torres Strait Islander nominee.

Mr SAUNDERS: Also, will the board and the department be working with supermarkets? I will give you an example. With what has been happening in the country since 2013, we have seen the cost of living go through the roof. It is easy to go and buy 100 party pies for $20 and feed your children if you have a large family. Will the department be working with the supermarkets? Every time you pick up a catalogue, all of the junk food that is full of sugar and salt is at a very special price, but if you want to buy good and nourishing food for your family it is at exorbitant prices. Will there be some sort of liaising with the supermarkets?

Mr Walsh: The short answer to that is yes. What we see is that this provides a greater ability for that sort of feedback to get back to the minister directly through the agency, not necessarily having to come through the department. In fact, by Health and Wellbeing Queensland working with local communities and getting that feedback of, 'I don't like my kids reading the junk mail. Can there be something done about that?,' there is the ability to make that work. I think the short answer is yes. Also, I imagine there would be local initiatives that involve local businesses, including supermarkets in communities, which would see benefit in moving towards the goals of Health and Wellbeing Queensland to be more supported by their community.

Mr SAUNDERS: Talking about grants with NGOs and things like that, one of the hindrances with obesity—particularly in my area—is the cost of getting the children to play the sport and sign up for individual clubs with the insurance, the uniforms and things like that. It has become cost prohibitive for a lot of parents. Will there be anything in the new entity that can help struggling families to get their children back out playing sport or anything like that?

Mr Walsh: I would draw attention to the Minister for Housing and Public Works, who is responsible for sport and recreation. He has been out consulting on the Sport and Active Recreation Strategy, which is inclusive of those issues about how to increase participation in sport, particularly being able to afford that participation in that sport. I do not know exactly when that strategy will be released but I do not believe it is a long way away. We see that as an integral part of how it would collaborate with Health and Wellbeing Queensland. The two things would work together rather than compete. Health and Wellbeing Queensland will not necessarily be responsible for subsidies for sporting activities but it will be working in collaboration with Sport and Recreation.

Mr SAUNDERS: Finally, will there be units set up inside to work with the education department so that we can get into the younger children at school? As we know, if we do not get into them by the time they are nine or 10, it is a case of 'shut the gate, it is all over'. Will there be a brief to work with the education department about healthy eating? We know that we have better food in tuckshops and things like that now, but will there be an education program with this new entity with the education department?

Mr Walsh: Absolutely. Education has already committed to doing that as part of the government's addressing obesity strategy, as has Health in terms of hospitals. We are in the final stages of consulting on a health service directive which will reduce the availability of sugary drinks in hospitals. We recognise that there may be contracts in place that have to run out, but there is a full commitment. Education similarly has a healthy schools initiative that is looking at exactly what you are talking about—how to introduce good eating and activity behaviours. Jeannette, do you want to talk more about that?

Dr Young: We do have a number of strategies and you have already seen the impact on tuckshops. That is being reviewed at the moment, looking at how we can further improve it in terms of the green, amber and red type foods and when they can be sold and how they can be sold. Education has been extremely supportive of that whole program over many years now. Indeed, Queensland led the country in working with its schools about what sorts of food should be available to children.

There are a number of programs that are rolled out through different schools, and it is up to each individual school as to what works best for their own community about healthy eating initiatives. We have quite a few initiatives with Education—again, it will vary from school to school—about physical activity within schools. We know that our children in Queensland are actually quite active. On average, our kids in Queensland are active for 11 hours a week, which is quite a lot really. They are not active every single day, which is the recommendation that comes from the National Health and Medical Research Council, but they make up for it on the days that they are active. The schools have a major role in that.

Mr DAMETTO: I am supportive of anything to do with health, wellbeing and wellness. I strive every day to be a little healthier myself. One thing that interests me when I start to think about all of this is the erosion of personal choice for consumers in Queensland. Could you speak to how Health and Wellbeing Queensland may erode some of those choices that Queenslanders could be making for themselves?

Mr Walsh: Eroding the bad choices?

Mr DAMETTO: Yes, or potentially bad choices. For example, would the body look at introducing a sugar tax on some food or things like that to drive prices up in supermarkets for the sugary treats that some children or even adults may like as a treat?

CHAIR: I appreciate that that is a hypothetical, but if you could answer as best you can without straying into the territory of hypotheticals.

Mr Walsh: I will not stray into hypotheticals.

Mr DAMETTO: They are just concerns, that is all.

Mr Walsh: When you look at how Health and Wellbeing Queensland will be able to improve the levels of people of healthy weight, whether they be children or adults, the reason we have put it so that it can undertake local initiatives as well as advise government is that it takes all of those levels to make changes.

I want to very briefly draw a parallel to the success over the last 25 years in relation to tobacco smoking, where the rates have come down a lot. When you think of the initiatives that have been put in place in relation to that, there are initiatives that help with people's personal individual choice. There is a free Quitline. In other words, you can choose to smoke or you can choose to go to the Quitline. You have interventions and pathways. Plus, there were strategies that said, 'We don't want smoking in cafes or where people eat,' so parliament had that debate and put in place that legislation and those initiatives. We then had education campaigns that tried to address the way we as a society think about smoking. You may remember 'We don't smoke here anymore'. In other words, we are a culture that does not smoke, so it made it easier for people to make a choice to not smoke.

With Health and Wellbeing Queensland, there is no one thing that will deal with it. By giving it the powers and functions that are in the bill, it is able to address that at all of those levels and advise government on how to address it. Just as addressing tobacco has been a long-term, sustained focus, so too will be addressing obesity. When you come down to saying about individual choices, that is in the context of a whole set of legislative, social, cultural and other parameters that we have to embark on and go on that journey. I do not know if that answers your question specifically.

Mr DAMETTO: It does, thank you very much. Can we talk a bit about how this model would look in some of our most remote and Indigenous communities—in, say, the gulf or up towards the cape, where obesity and diabetes are very prevalent? How could this statutory body work towards making sure that those communities are getting just as much in terms of service delivery as someone in, say, Brisbane, Townsville or Cairns?

Mr Walsh: Rather than hear it from me, I will let Dr Young talk about what we think will happen there.

Dr Young: Some work that we are doing at the moment I think sets the scene well for where we can go in the future. At the moment we are doing a lot of work with those 31 Indigenous remote communities to improve their water. If you do not have clean water that you can drink, you are being forced to drink sugary options, which goes back to your last query. I think it is really hard to make healthy choices if the options are not there for you. You are actually being forced to make the unhealthy choices because of what is there in that community. We are working at the moment with those 31 communities to improve their water.

I was on a Torres Strait island last week and at breakfast I asked if I could have a glass of water. I was told no because they have to boil the water there or buy bottled water, which was too expensive for the restaurant I went to for breakfast to provide. The lady suggested I might like to go to the bottle shop and buy a bottle of water. I thought that is really tough for those people in that community, that they just cannot turn on a tap to the point that restaurants in the town do not serve water.

Mr DAMETTO: I would tend to agree. The first time I went to Weipa—I then visited Napranum—I tried to find decent food in Weipa. I could not find a decent fish burger. This is a place in which commercial fishing is prevalent. The best thing I could get was a chiko roll or a pie from the service station. To think that we could be working to get better food and nutrition to these communities is a brilliant idea.

Dr Young: It is extremely important. I see this group as being able to go in there and work with the suppliers, work with the community and talk to them about what will make a difference. At the moment I just do not think they are getting the choices. Again, I spent three days on a Torres Strait island—

Mr DAMETTO: There are no choices; that is right.

Dr Young:—and did not see a single vegetable. It is really difficult for those communities.

Mr DAMETTO: It is important that young Johnny in the middle of Townsville is not eating too much sugary stuff at lunchtime but also that Sally in Napranum has access to that good food.

CHAIR: Thank you so much for making the time to come and brief the committee today. You have taken two matters on notice. The first was a list of stakeholders consulted as part of the development of the bill. The second matter was funding for the previous bill, which we can access as well. That would be great if you could advise what was in the documents for the first bill. If we have any questions post stakeholder briefings or hearings, we might ask you to come back, but otherwise thank you very much. I declare this public briefing on the Health and Wellbeing Queensland Bill closed.

The committee adjourned at 10.48 am.