

# **HSC Briefing Notes for Meeting with Minister of Health - 22 March 2010**

## **Purpose**

The purpose of this briefing is to provide you with some information in preparation for our meeting on 22 March 2010 and includes material on HSC's role as a national health promotion service provider and programme updates.

## **HSC Role – National Health Promotion Service**

At our September meeting you asked the HSC to provide a paper on how HSC might be better utilised as an existing national health promotion service. HSC provided this paper in early October and understand that the Ministry will engage with the HSC in considering the paper's recommendations.

The key points we wish to make in relation to that paper include:

- HSC is interested in playing a greater role within the broader health sector.
- HSC believes that our current expertise and experience is under-utilised by the health sector, given our existing contract arrangements.
- HSC would welcome the opportunity to demonstrate our value to the broader health sector if we were able to operate as the proposed national health promotion service.
- As a Crown Entity, the HSC is well placed to be the 'provider of choice' for campaigns that are concerned with the prevention of lifestyle-related conditions such as diabetes, cancer, heart disease, etc. Currently, this is a cluttered landscape with multiple organisations undertaking a range of activities. A joined-up approach led by HSC provides for stronger, more consistent and coordinated messages, and greater efficiencies and effectiveness.
- The HSC has strong and positive connections with government and non-government organisations, business and community organisations, and frontline and provider networks.
- HSC has an accumulated wealth of research, knowledge and expertise that is currently applied across four different health areas but could readily be applied against others.
- The additional responsibilities relate to consumer-focused activities that increase access to health information and support New Zealanders to take more care of their health (as opposed to the policy and funding functions that sit with the Ministry of Health and National Health Board).
- Undertaking the above could be readily achieved with minimal disruption.

## **Recommendations**

It is recommended that you:

- a) *Agree* that the HSC engages with you and the Ministry of Health in a formal process to ensure the potential of the HSC in the sector is maximised (see Appendix One).

- b) *Note* the programme updates included in Appendix Two.
- c) *Note* the HSC is working with the Ministry to clarify the expectations regarding the Healthy Eating Healthy Action component of our work and the impacts this will have on our 2009/10 and 2010/11 Statements of Intent (as outlined in the Healthy Eating Healthy Action section of Appendix Two).

# **Appendix One – HSC - a National Health Promotion Entity**

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The revised structure for the health sector at the national level (as outlined in the Ministerial Review Group Report) suggests the Ministry of Health should focus on policy and advice, the National Health Board will focus on funding and contract monitoring, and Pharmac should have increased bulk purchasing responsibilities (medicines and clinical items). This leaves a number of health promotion tasks currently undertaken by the Ministry of Health without an obvious home eg, promotion of screening services, breastfeeding. There are, therefore, opportunities for a national health promotion service to add value to this revised structure. HSC is a specialised health promotion agency and is well placed to fulfil this role.

The point of separation between the Ministry and National Health Board (NHB) roles and that of HSC is very clear – it is the point where the work involves actively engaging audiences to effect positive behaviour change (the implementation of a health promotion activity as opposed to the policy and funding mechanisms that support it). Consequently the capacity and skill sets of the Ministry/NHB and HSC are different. The Ministry/NHB has expertise in assessing disease burden and health systems, funding, contracting and monitoring, policy development, statutory aspects etc. The HSC understands customers and their context - consumers' needs and wants - and responds to them in a way that is most likely to encourage them to change behaviour for positive health outcomes. This includes, for example, expertise in social research and evaluation, message design and delivery, community engagement, understanding what support local workers need.

With 20 years successfully operating in the health and social sectors, the HSC has the capability and capacity to provide a national health promotion service. Key benefits are listed below.

### *Use of an existing facility with healthy lifestyles capability and experience*

The HSC is already mandated in legislation to promote healthy lifestyles and the organisation has the experience, capability and capacity to respond to existing and emerging health issue/s and develop practical solutions.

### *Financial efficiencies*

Gains would be made through the bulk buying of promotions, resources, research and evaluation. There would be additional financial efficiencies in staffing and infrastructure.

### *Knowledge and information dissemination*

A national entity would communicate consistent, credible information and research.



### *Support for frontline workers*

Frontline workers would be supported with a wide range of functions, including resources and information (print resources, websites, fact sheets, promotional items, training), designed to meet their communities' needs.

### *Providing national leadership*

A national entity would provide a national 'one-stop' health promotion service for connecting consumers and providers, rather than having consumers and providers needing to access different agencies for advice, resources and/or additional support.

### *Strategic input*

A national entity would contribute to strategic discussions and policy advice about the best strategies to address new and emerging health issues.

# What Would it Take to Develop a National Health Promotion Service?

A number of changes would need to be undertaken to enable the HSC to become the national health promotion service provider as described above.

## *Provision of strategic advice*

HSC can contribute to strategic discussions about the best strategies to address new and emerging health issues. This contribution needs to start at the earliest stage in planning how to manage new issues as they arise. HSC would assist in determining the approaches to be taken, including determining if a health promotion strategy would be useful and what could be reasonably expected from it, at what cost etc.

If health promotion emerges as one of the strategies to be undertaken then HSC would be the logical organisation to deliver this.

## *Changed service specification*

The HSC can deliver an increased number of health promotion strategies simply by negotiating and adding specific service schedules to the existing contract. HSC is currently contracted to deliver tobacco control, sun safety, and problem gambling services. (The contract also specifies obesity prevention services, but they were suspended by the Ministry of Health on 31 July 2009.)

In addition to adding emerging health issues to the HSC's contract, a changed service specification should include undertaking the health promotion aspects of services currently delivered by the Ministry of Health. These include:

- Breastfeeding.
- Breast and cervical screening.
- Immunisation eg, HPV.
- Mental health eg, Like Minds.
- Pandemic advice (as required).

HSC would not deliver clinical health care services eg, screening for antenatal HIV, newborn metabolic disorders, and newborn hearing deficiencies.

The HSC would provide national coordination, leadership, resources, training and support for health promoters working in screening, providing strategic advice, training, advice for best practice, coordination and networking functions.

# Benefits of a National Health Promotion Entity

## ***Using existing capability, capacity and experience***

As an existing Crown Entity, the HSC already has the statutory mandate to promote health and encourage healthy lifestyles. Bringing together the national health promotion services currently being delivered by the HSC and the Ministry of Health would create efficiencies and cost savings for Government.

As a Crown Entity, the HSC is well placed to be the 'provider of choice' for campaigns that are concerned with the prevention of lifestyle-related conditions such as cancer, heart disease etc. Currently, this is a cluttered landscape with multiple organisations undertaking a range of activities. A joined-up approach led by HSC provides for stronger, more consistent and coordinated messages, and greater efficiencies and effectiveness.

Existing capacity within the HSC includes:

- respected research and evaluation capability
- significant health promotion experience and capability.

In addition, the HSC has:

- established connections with government, non-government organisations, business and community organisations
- excellent connections to frontline and provider networks
- proven responsiveness, including delivering cost-effective services.

## ***Efficiency***

Developing and providing nationally consistent healthy lifestyle resources, which can be adapted for local use, minimises duplication and creates cost-efficiencies.

By acting as a 'bulk buyer' of robust research and evaluation, including consumer testing, the HSC can provide economies of scale and greater efficiencies. Rather than 21 DHBs undertaking separate research to provide direction for their messages and communications, the HSC can provide more robust and reliable results, which can be shared with DHBs and other agencies.

Where paid advertising is used, there is potential for significant bulk buying discounts. The HSC has already been able to negotiate annual savings of hundreds of thousands of dollars across programme areas.

## ***Knowledge and information dissemination***

The HSC would assist community-based health workers within DHBs, PHOs and community settings by acting as a central hub and disseminator of research and evaluation knowledge.



Any strategy for promoting health – whether through communications or changes in service provision – needs to be based on an understanding of what the public needs or there is the risk of wasting health dollars. The HSC carries out a significant amount of research to foster a better understanding of the attitudes and needs of the public to ensure initiatives and information are effective.

Efficiency and quality gains can be achieved by having a small group of social and behavioural researchers focused on understanding and evaluating audience needs, wants, supportive factors, barriers to success, etc.

Providing accurate, consistent and credible knowledge and information across the nation avoids the need for each community to duplicate this work. Frontline staff can then focus on their core work, linking it to evidence-based messages communicated nationally. This approach is also key to maximising the success of health messages.

### ***Support for frontline workers***

HSC can provide the capacity and capability to act as an essential support mechanism for frontline workers across a range of functions from research and evaluation (and dissemination of results) to the production of printed resources that can be used, or adapted for use, across a range of communities.

Community-based health workers already actively seek support from the HSC to do their work. The HSC recently undertook a survey with DHB staff, who expressed a strong need for support in their work with communities.

### ***Leadership***

Good leadership is critical for any future success in health promotion. HSC believes there has been a gap in coherent leadership in recent years around strategy, as well as decisions about implementation.

HSC would demonstrate leadership by:

- **being actively sought** and involved in the early stages of the decision-making process, and being able to strategise and develop pragmatic solutions
- **providing credibility** – being an ‘intelligent’ service provider with a breadth of experience in health promotion
- **maximising good connections** with government, non-government, business, academic, and community groups - enabling HSC to keep abreast of current issues, taking into account sector concerns and mediating solutions
- **being prepared to take risks**, but also being able to manage risks
- **bringing together/connecting disparate groups** to ensure they communicate with each other and work together to meet individual and shared goals
- **being seen as an agency of choice** (one-stop shop) for connecting consumers and providers, rather than having consumers and providers going to several different agencies for advice, resources and/or additional support



- **having the ability to work on a range of issues and services**, including areas such as housing, transport, leisure and community safety
- running a **cost-effective** entity.