6. CHRISTCHURCH PUBLIC HEALTH STRATEGY

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The purpose of this report is to advise Community Boards of the development process for the Public Health Strategy for Christchurch.

INTRODUCTION

Late in 1999, with the support of the Mayor, Garry Moore, a meeting was held between representatives of the Christchurch City Council and Crown Public Health, the Christchurch School of Medicine, He Oranga Pounamu, and the Ministry of Health to determine the possibility of undertaking the preparation of a Public Health Strategy for Christchurch. This would enable bodies with responsibilities for public health delivery to collaborate and coordinate activities to improve both effectiveness and efficiency. The changes that were occurring in the delivery of clinical, hospital and other health services with the creation of District Health Boards and the introduction of the New Zealand Health Strategy were seen as providing an opportunity for this to occur. The interim District Health Board chairman and Crown Public Health considered they could become more oriented to the community through working more closely with the Christchurch City Council with its community focus.

BACKGROUND

Under the Health Act 1956 every local authority has a duty *to improve, promote and protect public health within its district, …* [1] A further power exists in the Local Government Act 1974 where it is stated *A territorial authority may do all things necessary from time to time for the preservation of the public health and well-being …* [2].

The term public health is used in the context of the "health of the public" and not "publicly-funded health care". It therefore relates to the health of whole populations, or population groups such as children or older people, rather than individuals. [3]

It has long been understood that there are a number of social, economic and environmental determinants of health as they relate to whole populations. These have recently been addressed in publications such as that of the National Health Committee [4] and that of the Ministry of Health [5].

In the case of environmental determinants these are often clear and are usually well accepted. These come under the concept of environmental health, which is seen as a subset of public health. This focuses on environmental conditions and hazards that affect, or have the potential to affect, human health by direct or indirect means but can also include factors that can reduce psychosocial hazards such as crowding and lack of amenities.[6] These are covered under the Health Act and the Local Government Act and other legislation such as the Resource Management Act, the Building Act, and parts of the Hazardous Substances and New Organisms Act administered by local authorities. These include matters to do with water supply, solid and liquid waste management, housing, road safety, and control of environmental hazards.

The recent introduction of District Health Boards through legislative changes has also given these objectives relating to public health. They include the words improve, promote and protect the health of people similarly to those relating to local authorities. Their functions also include the regular monitoring of the health status and the need for services for the resident population of the area. The power exists for such Boards to enter into agreements with other bodies or groups with a view to enhancing health outcomes for people and efficiencies.

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[1] Section 23, The Health Act 1956
[2] Section 595, Local Government Act 1974
[3] Rankin, P. & van Aalst, I. , **Localising Public Health – A Background Document**, Local Government New Zealand, July 1988
[4] National Health Committee, **The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health,** June 1998
[5] ,Howden-Chapman, P. and Tobias, M. (eds), **Social Inequalities in Health: New Zealand 1999**, Ministry of Health, September 2000
[6] The concept of environmental health is defined by the World Health Organisation as *Environmental Health comprises those aspects of human health including quality of life that are determined by chemical, physical, biological, social and psychosocial factors in the environment.*

Currently Crown Public Health also works under contract to the Ministry of Health for a variety of public health related activities, including health promotion, smoke-free environments, and food standards for example.

It was considered that developing such a Public Health Strategy in conjunction with the District Health Board and other stakeholders in the Christchurch community would fit into the Community Governance model.

To recognise that the outcomes Council is seeking for Christchurch will require co-ordination not simply within Council but also extensively between agencies and groups, particularly Central Government and also the voluntary sector and the commercial sector. One of the new Policy team roles is specifically concerned with Community Governance. Its focus will be to help Council as a whole build effective linkages with other agencies so that the picture of future Christchurch is increasingly widely shared and the decisions of a wide range of agencies are increasingly congruent. [7]

PUBLIC HEALTH STRATEGY

The Community Services Committee endorsed the Council's involvement in the development of a comprehensive Public Health Strategy for Christchurch and the Council adopted this recommendation.

Representatives from Christchurch City Council, Crown Public Health, the Christchurch School of Medicine, He Oranga Pounamu, the District Health Board and the Ministry of Health have formed a Steering Group to further this concept. The Group does not intend to replace existing networks or expertise but to explore and facilitate collaboration and strategic planning for the purposes of improving public health in an equitable manner. The aim is to explore and promote collaboration and partnership between the Council, government agencies, health and other social sector agencies, tertiary institutions, voluntary organisations and community groups, industry and the media in Christchurch. It's about building alliances between all sorts of agencies who may not generally be seen as health agencies - groups working around housing, employment, transport, waste management, education, literacy, violence, childcare, etc.

It would aim to ensure health is on the agenda of policy-makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for public health

From this process any strategy developed could provide a framework for determining priorities, making decisions, planning initiatives and services and implementing them to achieve better health. It would ensure that services and programmes are targeted to meet the local needs and take into account the local social, cultural and economic environment.

To be effective the strategy needs the commitment and support of the range of stakeholders. The Steering Group has developed an engagement plan with the primary aims of assessing the level of support for involvement in ongoing public health initiatives, to identify public health issues in Christchurch, and identify strategies to improve the health of the public. This is hoped to enhance the awareness of public health by groups having a role in this field and the development of networks with key stakeholders.

The feedback for this initial consultation will guide the process and direction not the strategy development process. To be effective any strategy needs the commitment and support of the range of stakeholders. The process of including these stakeholders in developing the strategy and then in its implementation will be as important as the strategy document.

Recommendation: 1. That the information be received.

2. That the Board consider providing feedback to the steering group regarding the initiative and health priorities.

Chairperson's Recommendation: 1. That the officer's recommendation be adopted.

2. That a committee be established to consider the Health Strategy and make recommendations to the steering group. This committee to include Anne Carroll, Stephen Wright and any other interested members.

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[7] Mike Richardson, Team Leaders Briefing, December 2000