**Bill Bayfield’s notes for New Zealand Health in All Policies Conference**

**Friday 1st May 2015**

The health in all policies approach with the regional council

Greetings and acknowledgements to key staff:

* Anna Stevenson and her team for pulling this conference and reflective workshop together.
* Key staff who have been involved in the development of our work programme, Evon Currie Tanya McCall, and her team, including Helen Graeme and Alison Bourn.

Unfortunately a number of my team couldn’t be here today as they are busy finishing off the analysis of submissions on our draft Long Term Plan. We’ve had over 360 submitters to this plan which is well over double what we have previously received so they’re very busy but I know a number of them are very keen to hear about this conference and future developments.

I have been asked to talk briefly today about what health in all policies looks like from a regional council perspective

The regional council’s work is very much about human health and wellbeing - working to make sure that people throughout Canterbury have a strong and healthy environment and economy, and cultural and social opportunities.

Transport, water management, air quality, waste management, harbour safety…All our work needs to be aligned to people.

A health in all policies approach for us started with relationship building

* We are a signatory to the Healthy Christchurch partnership, with Rex Williams as our Commissioner.
* We have a joint work programme in place approved by our commissioners and is the focus for a biannual governance meeting
* And we have now undertaken a range of Health Impact Assessments

As this conference is about learning and reflecting upon what health in all policies means, I have looked into what it has meant for us as an organisation and how we see this as a successful initiative

The theory of health in all policies made sense, but we needed some careful thought put into how our work programmes might recognise and incorporate public health more strongly and how our staff could start to explicitly factor public health outcomes into their work.

We also wanted to normalise the approach, so making this a real part of day to day business was one of our key outcomes, so that my staff had ready access to the knowledge within the DHB and health sector when developing our plans and policies.

As relationship building takes time, and we worked close with the health in all policies Canterbury team over a 3-4 month period to work through the issues, talk to our own staff about what such an approach might mean, and have the Board and the regional council commissioners meet to cement the relationship.

This meant beginning on common ground –focusing not on everything we did, but three key areas where we had similar priorities – water, earthquake recovery and air.

This enables our teams to join on common ground and work on areas of common priority – and most importantly see the success of a productive relationship.

An example of this work was around our collective effort on woodburners in Christchurch airshed. In the past, the two organisations would have communicated with each other via the media and would have generally challenged each other through that forum which would then have got together to sort out the issues.

Under our new relationship though, health was at the forefront of our thinking and CPH and DHB staff were involved in the policy setting and development, including the agreed role out of communications.

With the relationship in place the real progress has come through action. The joint work programme is how we make sure a health in all policies approach actually happens – how we turn the theory in action. It has broadened into waste and contaminated lands, transport and our Tuia partnership with Ngai Tahu.

What we have seen is that there is mutual benefit and learning with the two organisations and the approach of little steps at the start has laid the foundation for growth without the growing pains had we tried to tackle all of the issues at once.

Another example of the benefits of working together with ‘health’ as a strong focus has been our recent health impact assessment on the draft air plan. This work provided information that shaped how the proposed plan responds to the complex issues of clean air, warm homes and the health of our community:

* The key recommendation from this work was the need for a joined up cross sectorial approach to these issues
* The timeframes around the new measure proposed in the Air Plan have been set in a way that takes into consideration issues of affordability and allows households time to make changes
* The HIA findings have also informed the development of a supporting package prosed as part of our long term plan which includes:
* Continued funding of free home energy and heating assessments for low income/hardship households,
* A discretionary hardship fund to help replace older burners,
* Continuation of the Good Wood programme and
* Funding support towards a healthy homes officer to develop a cross sectoral implementation plan

What we have also found through working together on our joint work programme over the past 2.5 years is that a joined up approach to considering health is more than just a planning process, it’s about daily operations, thinking and behaviour.

Our practical work includes:

* Health impact assessments on transport and air
* Practical changes to improve marae drinking-water supplies
* Spread the word to rural water users that they need to have their water tested
* Worked with other agencies to make practical post-earthquake waste decisions

Most of our work is covered by this working partnership

This gives my staff focus on what matters from a health perspective, because we have a real commitment to working with the DHB and Public health teams to ensure we’re aligned before we deliver services and not find out after a piece of work has been done.

We’ve been able to , as a result of this work programme, reduce the rework and some of the public tensions of the past and produce a more effective, efficient and productive approach to policy and regulation in Canterbury

Joint agency collaboration is not necessarily easy as we have different aims, resources, time-frames and objectives.

Sometimes trying to agree on these is frustrating. But we have found that having high-level organisational support as well as a wide variety of practical projects that staff are implementing is a good way to keep on making progress.

The Canterbury Health in All Policies partnership agreement has a number of aims, and I believe we’re really starting to meet some of these now. We are incorporating health evidence into our policies and plans, we are taking a more participatory and cross-sectoral approach, and we are enabling improvements to policy proposals in ways that might lower their controversy.

We have put health on the map for the regional council, we have improved understanding of the determinants of health for our staff, and more importantly, we’re starting to see our staff explicitly factor these determinants of health into their everyday work.

So to summarise, the regional council:

* Knows what HiAP stands for
* We are working to ensure we consider health in all our policies and our work
* Has committed (at the highest level of our Commissioners) to continue this work and to make sure we have staff who keep an eye on progress, promote health in all policies work within our organisation, and make sure we are meeting our joint goals.

It seems that here in Canterbury we’ve got HiAP rolling and now we’re actively delivering on it. The next few years will be exciting as we continue this work which really is an obvious part of what a regional council does.