Local Government
Association of NSW

Shires Association of NSW

SUBMISSION TO THE SENATE STANDING COMMITTEE ON COMMUNITY AFFAIRS	
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Local Governments and Shires Association submission to the Senate Standing Committee on Community Affairs on the *Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation"*

The Local Government Association of NSW and Shires Association of NSW (the Associations) are the peak bodies for NSW Local Government.

Together, the Local Government Association and the Shires Association represent all the 152 NSW general-purpose councils, the special-purpose county councils and the NSW Aboriginal Land Council. The mission of the Associations is to be credible, professional organisations representing Local Government and facilitating the development of an effective community-based system of Local Government in NSW. In pursuit of this mission, the Associations represent the views of councils to NSW and Australian Governments; provide industrial relations and specialist services to councils and promote Local Government to the community and the media.

The Associations thank the Senate Standing Committee on Community Affairs for the opportunity to provide a submission concerning Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation.

Purpose

The Associations submission addresses the Terms of Reference provided and each of the items raised where applicable highlighting the role of Local Government.

The NSW Local Government does not have a formal position regarding Australia's domestic response to the WHO Commission on Social Determinants of health report. It does note that this is the first opportunity that Local Government and other interested parties have been able to provide comment on and welcomes this opportunity to do so.

Terms of Reference

Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation", including the:

a) Government's response to other relevant WHO reports and declarations;

From the Local Government perspective, the Australian Government's responses have been provided through the establishment of National Partnerships between Australian and State Governments. Local Government would encourage further agreement extended to the sphere which is closest to the community – Local Government. While the "social determinants of health" are not necessarily stated in these agreements, these can be identified as efforts to address it as well as through other Australian Government initiatives such as National Compact and the Social Inclusion agenda.

The WHO report by the Regional Office for Europe addressing the social determinants of health highlights the important role of Local Government as:

- equity in health is firmly at the heart of urban governance and planning,
- strategies and policies needing to be crosscutting at the national, regional and local levels,
- this requires sophisticated partnerships working across complex organisational and sector boundaries'.

Local Government encourage further support and involvement as there has been minimal engagement with regards to this.

b) impacts of the Government's response;

In NSW the impact of a lack of a response by the State Government is evident through the lack of activity being conducted through the State Government's Ministry of Health. While it has been discussed briefly at the academic level, it has not been communicated that funding has been provided to invest in raising awareness on the social determinants of health nor into research on this.

The report provided by the Catholic Health Australia in June 2012 instigating an inquiry into the costs of inaction on the social determinants of health clearly outlines the economic (and social and health) consequences of this. More specifically, the findings also reflected two key factors – the large number of

Australians of working age who currently are educationally disadvantaged having left school before completing year 12 or who are socially isolated and the relatively large wage gap between those in poor and good health in these two groups**.**

As you are aware, this report suggests that:

- 500,000 Australians could avoid suffering a chronic illness;
- 170,000 extra Australians could enter the workforce, generating $8 billion in extra earnings;
- Annual savings of $4 billion in welfare support payments could be made;
- 60,000 fewer people would need to be admitted to hospital annually, resulting in savings of $2.3 billion in hospital expenditure;
- 5.5 million fewer Medicare services would be needed each year, resulting in annual savings of $273 million;
- 5.3 million fewer Pharmaceutical Benefit Scheme scripts would be filled each year, resulting in annual savings of $184.5 million each year.

Local Government would be supportive of a 'health in all policies' approach as method to adopt social determinants of health approach and address inequity with a view to reducing long-term negative economic consequences.

c) extent to which the Commonwealth is adopting a social determinants of health approach through:

i. relevant Commonwealth programs and services,

- The Department of Health and Ageing have funded the Healthy Spaces & Places Forum in partnership with the Planning Institute of Australia and the Australian Local Government Association (ALGA). This program is offered across Australia, providing capacity building activities to council staff.

  This has also enabled a focus on *Healthy Cities* with the next global conference being held in Australia this October. It is anticipated that this conference will focus on addressing the SDoH through the medium of people, process and place.

  The Healthy Cities movement promotes comprehensive and systematic policy and planning for health and emphasizes: the need to address inequality in health and urban poverty, the needs of vulnerable groups, participatory governance and the social, economic and environmental determinants of health.

  The Australian Local Government Association (ALGA) is very supportive in promoting this conference.

  Lifestyles are important determinants of health and factors in the social environment determine access to health services and influence lifestyle choice in the first place.
  Areas for action include early life support and care, ecosystem sustainability, education, employment, food and water security, health care, housing, income, social inclusion and social welfare.

ii. the structures and activities of national health agencies, and

- The establishment of national health agencies through the Australian Government's reforms to address primary health care is welcomed if it enables changes required as per the Medicare Locals mandate and encompasses the social determinants of health in its Framework.
- In terms of preventive health, currently short-term funded programs have been provided by the Australian National Preventive Health Agency (ANPHA) focusing on obesity, tobacco control, nutrition, physical activity and healthy cities to address chronic disease directly to the community level through Local Government. Despite being welcomed, it is recommended that the Federal Government engage with the State Government and peak industries to minimise duplication.
- Local Government has been included as a key stakeholder in a complex diagram from the National Preventive Health Surveillance Forum however we have yet to be formally engaged in any long-term activities.

As emphasised in Friel's (2009) paper, Local Government recommend:

- Continued investment into research on the social determinants of health, including obesity, alcohol and tobacco, equivalent to that invested in clinical research,
- This research be provided back to Local Government through capacity building for planning and other related purposes.

Local Government seeks:

- Assurances from State and Australian Governments that Local Government's role in preventive health and social inclusion will be negotiated with Local Government and not assumed.

iii. appropriate Commonwealth data gathering and analysis; and

- Again, Local Government is the sphere closest to communities and the people. As mentioned previously, grants relating to preventive health through the National Partnership of Preventive Health have recently been directed to the Local Government arena through the Healthy Communities' Initiative, without State Government input. The data collection and evidence collected through councils is often not in a format that suitable for health analysis, nor for population health purposes.
- Data is readily available at the national level and at the state level, however the required data to assist for planning purposes at the local government level is not available to local government in a format that is easy to access and utilise. Local Government encourages planning to be conducted at a population level, also advocates for accessing information that is relevant to the Local Government area to enable better planning. Local Government also advocates for consistency within State Government legislation (eg collecting data for health promotion purposes does not fit into the framework provided through State Local Government legislation).
- It should be noted that through established partnerships across sectors at the regional level, the exchange of data collection knowledge for planning purposes occurs at high level for example, the Hunter Medical Research Institute with the Local Government sector and academic institutes within its region.
- LG recommend establish a national health equity surveillance system, with routine collection and analysis of inequities in health outcomes, behavioural risk factors and their social determinants which would also enable data to be provided back to and from the Local Government sphere. (Friel, 2009)

d) scope for improving awareness of social determinants of health:

Again, echoing points raised in Friel's paper, Local Government recommend:

- Continued commitment to population health evidence accessible to all,
- Provide training to practitioners and policy-makers, expanding progressively from the health sector out to other key sectors such as urban planning, education, on what are the social determinants of health and determinants of obesity, alcohol and tobacco, and what approaches are effective in shifting population risk as opposed to individual risk.
- Teaching institutions should institutionalise social determinants training into all medical and other health curricula, and relevant non-health programs.

There is scope to improve the awareness of the social determinants of health through collaborative partnerships. A key requirement of effective partnerships focuses on a holistic approach and active participation of communities and key stakeholders which enables local people and communities to make decisions rather than this being determined by professionals and formal institutions.

i. in the community,

As mentioned earlier, Local Government plays a key role in creating the environment for communities to prosper and enjoy improved health and wellbeing. Acting at a local level, councils can directly influence factors like regional and council planning, employment, social support, transport, community participation and access. Research has shown that all of these are key contributors to good population health outcomes. Raising this awareness at the Local Government

level through training and education directed at Councillors and other key decision makers within this sphere would be encouraged.
There is a strong association between relative disadvantage and poor health outcomes. As documented in a NSW's local council's community report, *'poor social and economic circumstances affect people's health throughout life. People further down the social ladder usually run at least twice the risk of serious illness and premature death of those near the top,'* (from: The Social Determinants of Health: The Solid Facts).

ii. within government programs, and

Currently Australian, State & Local government programs when based on a multi-stakeholder approach while more challenging proves to be more effective.

Evidence from these governments funded and administered programs would support this.

Given the large number of Australian & State funded grants programs administered through the Local Government sphere, including the Local Government funded programs, it would be opportune to develop programs with concepts relating to broader health or impact on community health in these through the different agencies as initial steps in a health in all policies approach.

Capacity building components built in to government programs to enable a sustainable approach would also assist. Further evidence from South Australia would be encouraged to be made accessible across jurisdictions and spheres of government.

iii. amongst health and community service providers

There is a diverse range of health and community service providers who would be suited to increasing awareness of the social determinants of health through their services and through funding to these providers. In particular, not for profit community service providers who also are well placed in the community, particularly with vulnerable populations including hard to reach groups would be required stakeholders to fully enable an appropriate response and enable a wider scope.

The protection and promotion of health with these communities should be a focus of Local Government activity in line with the World Health Organisation's approach to the social determinants of health and the Ottawa Charter.

Conclusion

The NSW Local Government supports:

- The Australian Government's moves to improve preventative health with the introduction of a National Health Promotion and Prevention Agency and the attendant National Preventive Health Strategy; and
- The additional funding to be allocated to preventive health issues and social inclusion in coming years and drive to address the health inequities experienced by Aboriginal and Torres Strait Islander peoples and other communities of identity and geography.

The NSW Local Government seeks:

- Assurances from State and Australian Governments that Local Government's role in preventative health and social inclusion will be negotiated with Local Government and not assumed.

References:

Brown L, Thurecht L and Nepal B (2012). CHA-NATSEM Second Report on Health Inequalities: The cost of inaction on the social determinants of health

Friel, S (2009). Health Equity in Australia: A policy framework based on action on the social determinants of obesity, alcohol and tobacco.

WHO 2011: Improving equity in healthy by addressing the social determinants of health.

WHO Regional office for Europe 2012: Addressing the social determinants of health: the urban dimension and role of local government.