



Briefing on matters relating to the Inquiry into improving child health outcomes and preventing child abuse with a focus from preconception until three years of age

Report of the Health Committee

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Recommendation

The Health Committee has considered the Briefing on matters relating to the Inquiry into improving child health outcomes and preventing child abuse with a focus from preconception until three years of age, and recommends that the House take note of its report.

Introduction

The Health Committee tabled its report *Inquiry into improving child health outcomes and preventing child abuse with a focus from preconception until three years of age* in November 2013. The report had cross-party consensus and was widely acclaimed both nationally and internationally. It took a proactive, health promotion, disease prevention, investment approach, based on evidence. The report is wide-ranging and advocates investing an equitable share of health funding in the very early years of life where there is clear evidence it is most effective, according to Heckman, a Nobel Laureate economist.¹ The Government responded in March 2014, stating that “overall the Government supports the report and notes that it generally aligns with Government priorities”.² On 9 April 2014 we initiated a Briefing on matters relating to the Inquiry into improving child health outcomes and preventing child abuse with a focus from preconception until three years of age.

Committee response

We are pleased that 55 of our recommendations were “accepted” and 54 “accepted in part”. We exhort the Government to progress them, and hope that the 14 recommendations “noted” or “not accepted” will be reconsidered in due course. We were particularly pleased that our first major recommendation was accepted, but note that the non-acceptance of subsequent, overlapping recommendations has led to some ambiguity regarding the extent of this acceptance.

The first major recommendation read:

We strongly recommend that the Ministry of Health work with all relevant parties and other key ministries to establish a programme with timelines for implementing our recommendations, especially our key recommendations. We understand that the recommendations involving investment in the very early lives of children may take time, but we wish to see the Government commit itself to optimal and equitable investment in this area in the medium to long term.

¹ See http://www.parliament.nz/en-nz/pb/sc/documents/reports/50DBSCH_SCR6007_1/inquiryinto-improving-child-health-outcomes-and-preventing.

² See <http://www.parliament.nz/resource/0002200372>.

We understand that the response “accept” is made in good faith, and that our report will be taken seriously as a package and progressed. Given that the Government has “accepted” our first key overarching recommendation, we assume that the 54 recommendations “accepted” or “accepted in part” will involve putting the bulk of our report into action within, or close to, the timeframes we recommended.

While the majority of New Zealand children do well, the committee initiated the inquiry because of increasing concerns that a significant proportion of our children do not have the chance to achieve their full potential. Instead they experience preventable child abuse, neglect, poor achievement, morbidity, and mortality.

The committee fully supports the Government’s efforts under the Better Public Services Programme, the white paper for vulnerable children, the Children’s Action Plan, and the wide range of initiatives in the health, education, and social sectors for children and their parents set out in the Government’s response. This includes initiatives in early childhood education, and efforts to ensure that as many young people as possible will be fully equipped to enter the workforce and gain a meaningful job.

Inquiry report

Our report employed a proactive approach from preconception onward because we consider that, if New Zealand is going to succeed in “breaking cycles of disadvantage”, we must do everything possible to ensure that parents are as healthy as possible before conceiving so that the next cohort of children are given the best possible start. This means best-practice evidence-based policies and services:

- prior to conception, in reproductive health, education, and nutrition
- in maternity and post-natal care, with rigorous ongoing follow-up to allow the early detection of problems in the preschool and school years
- in early childhood education, health, housing, and social services.

We note a spectrum of political comments on the Government’s response to our report. They ranged from positive remarks, from people including the Children’s Commissioner, to concern that many of the recommendations have been ignored.

We wish to emphasise that our recommendations constitute a package, which particularly asks that the Government

- Establish a New Zealand and international evidence base for the economic value and cost-effectiveness of very early intervention programmes; (**Recommendation 1**) and ensure that New Zealand children are invested in, in an equitable way.
- Develop a co-ordinated cross-sectoral action plan with the objective of giving New Zealand world-leading, evidence-based sexuality and reproductive health education, contraception, sterilisation, termination, and sexual health services, distributed to cover the whole country. (**Recommendation 6**) We consider that successive Governments have not tackled this area successfully to date, despite its being a key area to improve New Zealand’s high rate of teenage pregnancy, sexually transmitted infections, and unplanned pregnancy.

- Develop a comprehensive, coordinated action plan, based on the best evidence available, involving Government departments, nongovernmental organisations, and the private sector (food and lifestyle industries), with a whole-of-life approach to improving nutrition, and reducing obesity and related non-communicable diseases, with a special emphasis on working with Māori and Pacific communities. **(Recommendation 30)** We are very supportive of the Government’s Healthy Families New Zealand initiative, but consider the rates of obesity and non-communicable diseases in New Zealand are so high, and the future projected burden of disease so worrying, that a very strong Government response is required—including a comprehensive action plan.
- That the key recommendations of the *External Review of Maternity Care in the Counties Manukau District* be funded and adopted in the Counties Manukau District Health Board and relevant places elsewhere in New Zealand. **(Recommendation 65)** We were very concerned to learn that only 16.8 percent of all women living in the Counties Manukau region accessed care before 10 weeks gestation, but that 86 percent of pregnant Pacific women were overweight or obese. There were high rates of preventable gestational diabetes especially in Māori, Pacific, and Indian women. Many vulnerable families and children also live in this area. Given the increasing incidence of obesity, diabetes and other non-communicable diseases, the case for early booking, best-practice testing, and appropriate follow-up care and intervention is overwhelming.
- That the Ministry of Health require DHBs to set a key performance indicator for the majority of women to be booked in for antenatal assessment by 10 weeks gestation. Best-practice clinical, social, and laboratory assessment should take place, and an on-going plan formulated for each pregnancy. This should be introduced as a national health target. **(Recommendation 67)**

We hope relevant Government departments will continually look for best-practice evidence around the world to inform New Zealand policies.

Recommendations not accepted or noted

We consider that the recommendations in our report that were “not accepted” or “noted” need to be monitored. This is especially so in areas such as children’s nutrition, marketing food to children, sugar content of food products, folic acid, and on our recommendation that “the Government work with Local Government New Zealand and the Ministry of Health to make district health boards responsible for setting standards around water quality monitoring to meet World Health Organisation standards, including the optimal level of fluoridation of water supplies”. **(Recommendation 103)** The High Court has now judged in favour of the Taranaki Local Authority. Many local authorities around New Zealand told us they would like to work with ministry and district health boards on the issue of fluoridation. The fact that district health boards are majority elected retains a democratic say in decision-making.

Conclusion

We thank the Government for its response. We request that it progress all 104 accepted and partially accepted recommendations according to their time-lines, and monitor and reconsider the remainder. Given the unique cross-party consensus on our report, and the great challenge for New Zealand to do everything possible to ensure all children have the

chance to achieve their full potential, we ask the Government to put its full weight behind the recommendations of our report.

Appendix

Committee procedure

On 9 April 2014 we initiated the Briefing on matters relating to the Inquiry into improving child health outcomes and preventing child abuse with a focus from preconception until three years of age.

Committee members

Dr Paul Hutchison (Chairperson)
Shane Ardern
Paul Foster-Bell
Kevin Hague
Hon Annette King
Iain Lees-Galloway
Scott Simpson
Barbara Stewart
Poto Williams
Dr Jian Yang