



Speech By  
**Hon. Cameron Dick**


**MEMBER FOR WOODRIDGE**

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Record of Proceedings, 23 May 2017

## HEALTHY FUTURES COMMISSION QUEENSLAND BILL

### Message from Governor

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (12.44 pm): I present a message from His Excellency the Governor.

**Mr DEPUTY SPEAKER** (Mr Crawford): The message from His Excellency recommends the Healthy Futures Commission Queensland Bill. The contents of the message will be incorporated in the *Record of Proceedings*. I table the message for the information of members.

#### MESSAGE

HEALTHY FUTURES COMMISSION QUEENSLAND BILL 2017

*Constitution of Queensland 2001, section 68*

I, PAUL de JERSEY AC, Governor, recommend to the Legislative Assembly a Bill intituled—

A Bill for an Act to establish the Healthy Futures Commission Queensland and to amend this Act and the Public Service Act 2008 for particular purposes

(sgd)

#### GOVERNOR

*Tabled paper:* Message, dated 23 May 2017, from His Excellency the Governor recommending the Healthy Futures Commission Queensland Bill 2017 [\[742\]](#).

### Introduction

**Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (12.44 pm): I present a bill for an act to establish the Healthy Futures Commission Queensland and to amend this act and the Public Service Act 2008 for particular purposes. I table the bill and explanatory notes. I nominate the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee to consider the bill.

*Tabled paper:* Healthy Futures Commission Queensland Bill 2017 [\[743\]](#).

*Tabled paper:* Healthy Futures Commission Queensland Bill 2017, explanatory notes [\[744\]](#).

This bill will deliver the Palaszczuk government's election commitment to create a statewide health promotion commission by establishing the Healthy Futures Commission Queensland as an independent statutory body focusing on the health of children and families in our state. Obesity and, in particular, childhood obesity is a persistent challenge to the health and wellbeing of Queenslanders. In November 2016, Queensland's Chief Health Officer reported that one in four children and two in three adults in Queensland are overweight or obese. In real figures, that is about 259,000 children and 2.3 million adults.

There are very serious health consequences at play here. Obesity and sedentary lifestyles are consistently associated with premature mortality and type 2 diabetes, and are significant risk factors for cardiovascular disease. Moreover, childhood obesity is likely to result in adult obesity and related ill

health and disease. We also know that some groups are more likely to be overweight or obese. Obesity rates are 76 per cent higher in socioeconomically disadvantaged areas of Queensland, compared to advantaged areas. Obesity rates are also higher in Aboriginal and Torres Strait Islander populations. Those living in rural and remote areas of Queensland are more likely to be overweight.

These are not easy issues to address. We do know that people need to have control over their own lives, to positively influence their own health behaviours and that of their families. That can only happen when the conditions in which people are born, grow up, live, work and age are favourable. Without addressing the underlying conditions and supporting children and families with the resources to be healthy, risky behaviours such as physical inactivity and poor nutrition are unlikely to change. That is why we are establishing an independent commission that will do things differently and be a champion for change at the individual and local levels, as well as advocate for system and environmental changes that will make a difference in disadvantaged communities.

The Healthy Futures Commission Queensland Bill 2017 will look to establish the Healthy Futures Commission Queensland as an independent statutory body that can work across boundaries to promote health equity by funding and coordinating efforts to address the factors that prevent Queensland children and families from being active and healthy. The overarching purpose of the commission is to support the capacity of children and families to adopt a healthy lifestyle through a focus on promoting physical activity and healthy eating. In this way, the commission will focus on two headline measures of success in the Palaszczuk government's vision for Queensland Health, *My health, Queensland's future: advancing health 2026*, relating to obesity in children and physical activity. They are, firstly, reducing childhood obesity by 10 per cent and, secondly, increasing levels of adult physical activity—in fact, increasing the physical activity of all Queenslanders—for health benefits by 20 per cent.

There are already many initiatives in our community and within government to target this issue. The commission will build on this to bring business, community groups and researchers together to ensure collaboration across the sectors. By providing grants and developing partnerships, the commission will be the spark to change the conditions in which children and their families live, work and play to encourage them to adopt a healthy lifestyle. Linking in with researchers and academics, the commission will focus on funding and supporting evidence based initiatives that will make a difference to the health of children, families and vulnerable communities. Supported by funding and investment in research, the commission will be able to promote a multisector approach to health promotion. The commission will make a positive and sustainable difference in this traditionally difficult area of changing individual behaviour and social norms.

As a statutory body, the commission will be a separate legal entity, directly accountable to the Minister for Health and Minister for Ambulance Services for its performance. The commission will comprise a six-member board, a chief executive officer and up to 15 staff. Board members will be appointed by the Governor in Council for up to four years. The performance of the commission will be monitored to ensure it is making progress towards reducing obesity and increasing physical activity in the community. The bill specifies that the commission must allocate at least 55 per cent of its total budget to the provision of grants for innovative ideas. Annual project funding plans must be submitted to the Minister for Health for approval each year, identifying the projects, grants, partnership and other arrangements the commission proposes to carry out for the year or the nature of those matters. The bill also requires the minister to ensure an independent review of the commission's performance is undertaken five years from the act commencing.

The Palaszczuk government is committed to making Queenslanders amongst the healthiest people in the world by 2026. Reducing childhood obesity by 10 per cent and increasing levels of physical activity are two key ways in which we can help to achieve this. The causes of obesity are complex and require a multifaceted approach.

The World Health Organisation report of the Commission on Ending Childhood Obesity makes clear that no single intervention can halt obesity. Obesity prevention requires a whole-of-government approach and community partnerships and action from the private sector, non-government organisations and input from universities, academics and researchers. The commission will play an important role in bringing these sectors together to focus on those initiatives that are likely to have the greatest impact. The commission will bring a new way of working, operating outside of the traditional government sphere. The commissioner and board members will be active champions for the commission's mandate, working alongside local communities to tackle these issues.

Giving Queensland children a healthy start will ensure they have the best possible opportunity to reach their full potential and to live a healthy and prosperous life. I commend the bill to the House.

## **First Reading**

**Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (12.51 pm): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

### **Referral to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee**

**Mr DEPUTY SPEAKER** (Mr Crawford): Order! In accordance with standing order 131, the bill is now referred to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee.