

Health Promotion Agency

***Statement of Performance
Expectations***

2014/15



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hpa.org.nz

June 2014



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FOREWORD

We are pleased to present the Health Promotion Agency's (HPA) Statement of Performance Expectations. It outlines HPA's strategic intentions and work programme for the next financial year.

HPA is committed to inspiring all New Zealanders to lead healthier lives so that we, as a country, experience better health and wellbeing, and less harm, injury and disease. HPA does this by enabling people to be more aware, motivated and able to improve and protect their own and their family's health and wellbeing. We also work to encourage physical, social and policy environments and services that support people to lead healthier lives.

Promoting health, working with communities, and communicating health messages to priority audiences are major parts of the public face of HPA. In 2014/15 activities HPA will be involved with include:

- running a number of high profile campaigns throughout the year including messaging encouraging 18 to 24-year-olds to remain Smokefree, a refreshed Like Minds, Like Mine promotion, communication to help people recognise the early signs of harmful gambling, and new material regarding rheumatic fever
- assisting the Ministry of Health to provide support to the Ministerial Forum on Alcohol Advertising and Sponsorship, which is considering whether further restrictions on alcohol advertising and sponsorship are needed to reduce alcohol-related harm
- developing a new alcohol and pregnancy marketing and communications strategy along with resources to support better awareness and promotion of key messages.

In addition, HPA is often called on at short notice to provide tactical health promotion, communications and marketing support to other Government-led initiatives. So while we work across a range of core topics including alcohol, tobacco control, nutrition and physical activity, minimising gambling harm and sun safety, we ensure we retain the flexibility to respond quickly and effectively to such requests.

Over the next financial year, HPA will continue building its relationships and partnerships with others in the sector to ensure we are able to recognise the linkages with others to achieve efficiencies in our work, maximise HPA's contribution to the Government's priority areas and achieve our long-term strategic objectives.

Like other state sector organisations, the Board is mindful of the financial constraints under which we operate. As an organisation, HPA is working to provide best value for money for the Government by continuing to make ongoing improvements in the way we work and are governed, focusing our activities where we can make the most impact, working in partnership, wherever possible, with other government agencies, and managing our organisational costs effectively.

We look forward to HPA's future achievements.

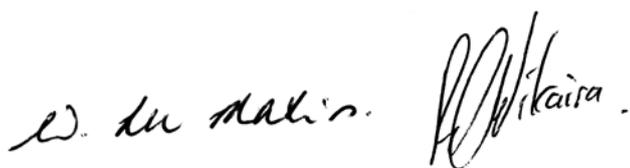


Dr Lee Mathias
Chairman
Health Promotion Agency

Rea Wikaira
Deputy Chairman
Health Promotion Agency

BOARD STATEMENT

In signing this statement, we acknowledge that we are responsible for the information contained in the Statement of Performance Expectations for HPA. This information has been prepared in accordance with the Crown Entities Act 2004 and to give effect to the Minister of Health's expectations of HPA.



Dr Lee Mathias
Chairman
Health Promotion Agency
27 May 2014

Rea Wikaira
Deputy Chairman
Health Promotion Agency
27 May 2014

HPA BOARD

HPA is governed by a Board appointed by the Minister of Health.

Board members are:

Dr Lee Mathias (Chairman)

Rea Wikaira (Deputy Chairman)

Barbara Docherty

Dr Monique Faleafa

Katherine Rich

Professor Grant Schofield

Jamie Simpson

The Chief Executive is Clive Nelson.

ABOUT THE HEALTH PROMOTION AGENCY

HPA was established on 1 July 2012. It has a central role in the health sector and is the Government's expert on national health promotion. Over its short history, HPA has managed high profile campaigns and built strong relationships with many other organisations providing leadership, acting as a catalyst for change, and encouraging collaboration.

HPA's vision is that New Zealanders realise their potential for good health and improved quality of life and New Zealand's economic and social development is enhanced by people leading healthier lives.

HPA's mission is to inspire all New Zealanders to lead healthier lives.

Legislative mandate

HPA is a Crown entity established by the New Zealand Public Health and Disability Act 2000.

HPA has an overall function to lead and support activities to:

- promote health and wellbeing and encourage healthy lifestyles
- prevent disease, illness and injury
- enable environments which support health, wellbeing and healthy lifestyles
- reduce personal, social and economic harm.

HPA also has alcohol-specific functions to:

- give advice and make recommendations to government, government agencies, industry, non-government bodies, communities, health professionals and others on the sale, supply, consumption, misuse and harm of alcohol as those matters relate to HPA's general functions
- undertake, or work with others, to research alcohol use and public attitudes to alcohol in New Zealand and problems associated with, or consequent on, alcohol misuse.

As a Crown Agent, HPA is required to give effect to government policy when directed by the responsible Minister. In delivering its alcohol-specific functions, HPA must have regard to government policy if so directed by the Minister.

HPA is funded from Vote Health, from the levy on alcohol produced or imported for sale in New Zealand, and from part of the problem gambling levy. Levy funding is used for specific purposes.

Contributing to government priorities

As a Crown entity, HPA's planning is guided by the Minister of Health's annual Letter of Expectations. The Letter of Expectations for 2014/15 acknowledges that the health of New Zealand is the shared responsibility of everyone in the sector, but HPA retains a central role as the Government's expert on health promotion.

In addition to the 2014/15 ministerial expectations of all health Crown entities, HPA has expectations from the Minister of Health that relate directly to its work. These are that HPA will:

- consolidate the work done in establishing HPA, including 'right sizing' the business, realising the forecast benefits and efficiencies, and strengthening HPA's public brand. While HPA needs to be right sized, it must also be a flexible and adaptable organisation that is able to deliver extra capacity quickly to respond to the demands of new work streams in a timely and effective way
- continue to deliver on the savings target set by Cabinet without compromising the contribution HPA and its programmes make to improving health outcomes. This will require sustained effort as HPA is asked not only to maintain current outcomes with less funding, but also to deliver more

- actively work across the sector and with other sectors to maximise its contribution to the Government's priority areas, particularly the health targets and Healthy Families NZ. HPA, as the Crown's preferred provider of health promotion activities, is expected to identify any new areas where HPA can leverage its strengths, while also working with others outside the sector to bring value, such as work on vulnerable children
- maintain a robust model for the prioritisation of work so that it is evident resources are being used where there is most need and where they deliver the best possible value
- ensure that it uses its scale, knowledge, efficiency and purchasing power to provide best value to the Government in a competitive environment.

Priorities for the health sector in 2014/15 continue those from previous years, including health targets.¹ HPA will specifically contribute to the health targets of increased immunisation and better help for smokers to quit. Rheumatic fever is an additional priority area HPA is working on.

There are also 10 Better Public Services results areas², two of which relate specifically to health and HPA – increasing immunisation and reducing rheumatic fever. In addition HPA contributes to other cross-government work programmes such as:

- the justice sector's outcomes of 'crime is reduced' and the 'impact of crime is reduced' through its work on reducing alcohol-related harm and problem gambling
- implementation of the Children's Action Plan
- achieving intergenerational change in family violence through addressing addiction
- the New Zealand Injury Prevention Strategy
- the revision of the National Drug Policy
- the Ministerial Forum on Alcohol Advertising and Sponsorship
- Healthy Families NZ.

Responsibly managing finances

HPA aims to ensure financial sustainability through setting tight, realistic budgets and careful management. It is working steadily towards the savings target set by Cabinet and included in HPA's 2013/14 Letter of Expectations.

HPA will continue to look for opportunities for collaboration across its own programmes and with both government and non-government agencies, to ensure the service delivered to New Zealanders is the best it can be given the tight financial constraints.

Reporting

HPA's corporate reporting requirements are to produce:

- a statement of intent
- a statement of performance expectations
- an annual report
- four quarterly performance reports of financial and operational performance
- an output agreement.

HPA meets with, and reports regularly to, its delegated Responsible Minister and meets, when requested, with the Minister of Health, and the other Associate Ministers of Health.

HPA strives to ensure strong working relationships and open communication with its Ministers and with the Ministry of Health. This includes maintaining a 'no surprises' policy, where early communication is provided about any material or significant events, transactions and other issues that could be considered contentious or attract wide public interest, whether positive or negative. HPA has a Memorandum of Understanding with the Ministry of Health, which outlines how the parties work together.

¹ These are summarised in the Operating Intentions section of the Ministry of Health's *Statement of Intent 2013 to 2016* (pp 12).

² <http://www.ssc.govt.nz/bps-results-for-nzers>

Strategic Framework

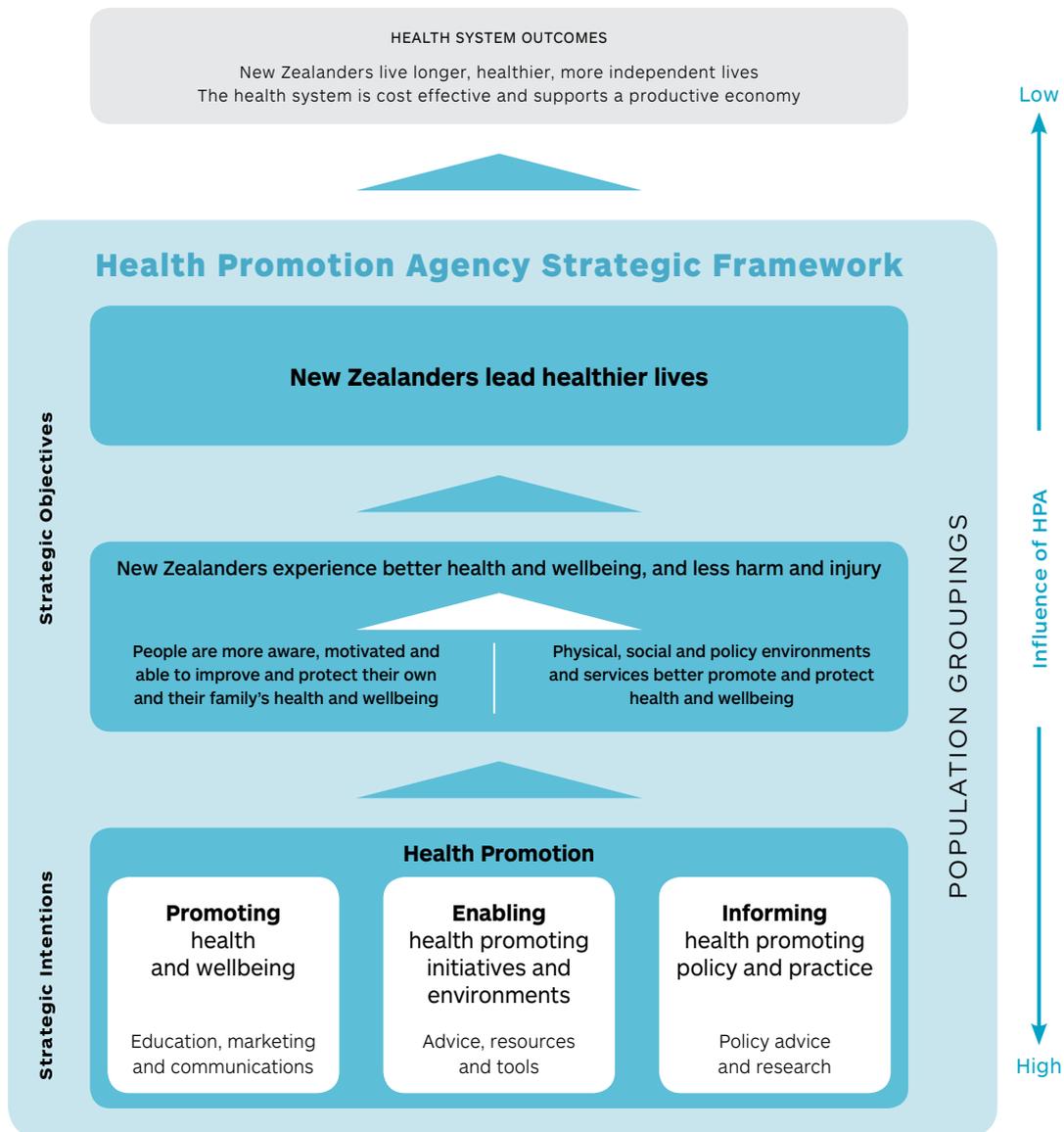


FIGURE 1: HEALTH PROMOTION AGENCY’S STRATEGIC FRAMEWORK

Figure 1 shows HPA’s strategic framework. It outlines the strategic objectives that HPA is contributing to and HPA’s strategic intentions that guide its activities. HPA will focus its efforts on population groupings disproportionately impacted by harm, injury, illness and disease.

HPA's work programme

For New Zealanders to lead healthier lives, individuals and families need to be aware, motivated and able to improve and protect their own and their family's health and wellbeing. HPA's work spans a range of major issues including:

- alcohol
- gambling harm
- health education
- mental health
- immunisation
- rheumatic fever
- nutrition and physical activity
- tobacco
- sun safety.

HPA also undertakes work in other areas when requested to do so by its Ministers or the Ministry of Health.

HPA leads and supports national health promotion initiatives through:

- marketing and communications
- health education
- advice
- resources and online tools
- policy and research
- strategic relationships.

A lot of HPA's work uses marketing approaches aimed at achieving behaviour change. Promoting health and wellbeing, working with communities and communicating health messages to priority audiences are major parts of the public face of HPA. Some population groups within New Zealand are disproportionately impacted by disease, illness or injury and have poorer health outcomes compared with other New Zealanders. Identifying and focusing health promotion activities to help improve the health and wellbeing of these groups, in particular for Māori, Pacific, and youth as priority populations, is a crucial focus for HPA. In some work programmes there are considerable gains to be made by targeting specific populations.

In practical terms HPA provides advice, resources and tools to a wide range of individuals and groups. HPA cannot do this alone and strong partnerships are key to HPA's success. HPA works with a large number of organisations, including:

- health sector agencies, particularly the Ministry of Health, district health boards (DHBs), public health units, primary health organisations (PHOs), primary health services and health professional associations
- the community and voluntary sector
- non-government organisations
- central government agencies
- territorial authorities
- education sector agencies
- businesses
- the media
- policy makers, academics and researchers.

An equally important part of HPA's work is ensuring the environments where New Zealanders live, work and play support and promote health and wellbeing. To achieve this HPA:

- works with communities to help them develop local solutions to local problems
- undertakes and supports research and provides advice to inform HPA's work and the work of others
- offers specialist knowledge and undertakes work to improve how health promotion is incorporated in workplace, sport and education settings
- influences the development and implementation of policies and laws by contributing to interagency policy processes and making submissions to central and local government and by providing evidence-based research.

STRATEGIC INTENTIONS



HPA has three interconnected strategic intentions. While the nature of the work in each one differs, together the three strategic intentions help achieve HPA's strategic objectives.

HPA provides leadership in health promotion. HPA offers specialist knowledge and expertise in developing and delivering successful, nationally-integrated health promotion and harm reduction strategies. Through its research programme HPA provides in-depth understanding of the population groups that its health promotion initiatives are trying to reach and influence, and advice on strategies that are most effective.

Strategic intention one – promoting health and wellbeing

EDUCATION, MARKETING AND COMMUNICATIONS

HPA designs and delivers a range of education, marketing, and communications strategies that inform, motivate and enable New Zealanders to lead healthier lives.

Strategic intention two – enabling health promoting initiatives and environments

ADVICE, RESOURCES, AND TOOLS

HPA's ability to inspire New Zealanders to lead healthier lives is greatly extended if it works with and through others. To achieve this, HPA provides advice, resources and tools to a wide range of individuals, groups and organisations to enable health and other sectors and communities to take action and to help improve environments so that they better promote and protect health. HPA also promotes best practice.

Strategic intention three – informing health promoting policy and practice

POLICY ADVICE AND RESEARCH

HPA provides policy advice and research to inform decision making on best practice and policy to improve New Zealanders' health and wellbeing and reduce injury and other harm, including:

- informing the development of healthy public policy and health policy
- providing expert advice on health promotion and harm reduction strategies across a wide range of health issues
- providing advice and making recommendations on alcohol-related public policy
- undertaking research to:
 - monitor key health indicators, behaviours and attitudes
 - inform and evaluate activities, programmes and initiatives
 - gather intelligence and identify emerging health issues.

STRATEGIC INTENTIONS INDICATORS

This section outlines the rationale and the indicators for HPA's work programmes.

Strategic intention one – promoting health and wellbeing

EDUCATION, MARKETING AND COMMUNICATIONS

Alcohol

HPA's latest national marketing campaign, Say Yeah, Nah, gives New Zealanders a language they can use to refuse a drink, social permission to refuse a drink, and encouragement to 'back' their mates who are trying to ease up. It also helps build a social movement in support of moderation. Say Yeah, Nah, which will continue in 2014/15, involves a range of communications elements. As Māori are at higher risk of experiencing alcohol-related harm, specific communications will continue to be developed for this audience.

Improving alcohol health literacy is also a focus area, in particular in the area of alcohol and pregnancy and the importance of not drinking while pregnant or while planning a pregnancy. A drinking and pregnancy marketing and communications strategy will be developed to support better awareness and promotion of key messages. This strategy will be a significant component of a wider HPA drinking and pregnancy work programme.

Tobacco

New Zealanders aged 18 to 24 years have one of the highest levels of smoking prevalence, with the greatest prevalence seen among Māori.³ In addition, recent evidence shows that many people take up regular smoking after the age of 18 but almost no one takes it up after age 25.⁴ Following formative research, a communications campaign to reduce the number of people taking up smoking was launched in June 2014. This campaign focuses on a primary audience of young adults aged 18 to 24-years-old with messages that are particularly relevant to Māori. Additional at-risk groups include pregnant women, Pacific peoples, and adults aged 25 to 35.

HPA partners with events such as Smokefreerockquest and Smokefree Pacifica Beats as important channels to reach young people.

Gambling harm

Choice Not Chance increases awareness of the early signs of harmful gambling and encourages people to seek help and take positive action early, both for themselves and for others they care about. Activities include a range of targeted advertising and messaging across a number of channels including printed resources and website tools. While these activities focus at the prevention/early intervention end of the spectrum, the messages also reach those who are already problem gamblers, as well as the broader public. HPA also seeks to help create a safer gambling environment, by promoting venue-based messages and supporting venues to meet legal responsibilities and implement best practice.

Mental health

HPA's mental health work is focused in two key areas:

- The National Depression Initiative (NDI), through its websites (depression.org.nz and lowdown.org.nz) and campaign messages, aims to reduce the impact of depression on the lives of New Zealanders, by aiding early recognition, appropriate treatment, and recovery.
- Like Minds, Like Mine (Like Minds) aims to reduce the stigma and discrimination faced by people with experience of mental illness, as stigma and discrimination are major barriers to a person's recovery. The role of Like Minds is not to provide direct services to those people who are socially excluded. Rather, it is to promote the conditions where social inclusion efforts and outcomes can occur more easily. From January 2015, HPA will be the single lead operational agency for Like Minds.

³ Ministry of Health. 2013. *New Zealand Health Survey: Annual update of key findings 2012/13*. Wellington: Ministry of Health.

⁴ Edwards, R., Carter, K., Peace, J., & Blakely, T. (2013). An examination of smoking initiation rates by age: Results from a large longitudinal study in New Zealand. *Australian and New Zealand Journal of Public Health*, 37, 516-519.

The Ministry will retain strategic responsibility and strategic development will be supported through the Joint Project Group.

While the NDI is a population-based initiative, increased effort will be put into creating resources targeting various high-risk population groups, including young people aged 13 to 19 years at risk of or experiencing depression and anxiety. Tools and self-help resources offered on depression.org.nz and lowdown.org.nz will continue to play an important part in the delivery of both NDI and Lowdown messages.

A refreshed Like Minds, Like Mine programme will be launched in 2014/15, using a combination of communications approaches supported by local activity. While aimed at a broad population, the refreshed programme will focus some of its efforts on improving media portrayals of people experiencing mental illness and improving employment conditions for people who have experience of mental illness.

Nutrition and physical activity

Good nutrition, regular physical activity, and a healthy body size are important in maintaining health and wellbeing and for preventing serious health conditions such as cardiovascular disease, diabetes, sleep apnoea, and certain types of cancer.⁵

Throughout children's lives parents, caregivers and families directly shape their physical and social environment, and indirectly influence behaviours, habits, preferences and attitudes. Therefore, it is critical to ensure parents and caregivers prepare and provide healthy meals for themselves and their children and encourage children to lead active lifestyles.

HPA will provide resources and information to communicate consistent nutrition and physical activity messages. HPA will work with the Ministry of Health to identify key areas where HPA can support new and existing providers that are working to improve nutrition and physical activity outcomes.

Immunisation

Marketing and communications assistance will be provided to support the Ministry of Health to achieve its aims of increased immunisations⁶ to prevent diseases and to achieve high coverage to prevent outbreaks and epidemics. This includes working with the Ministry of Health on strategy and resource development as well as promotions to increase target audience exposure to immunisation messages. Promotional activities include a campaign focused on eight month olds being fully immunised on time, Immunisation Week, the campaign to remind youth (16 and 17-year-olds) to check that their immunisations are up to date, developing resources for the Year 7 and Year 8 school immunisation programme, and developing disease-specific resources eg, meningococcal disease and measles. HPA also supports the development of accurate health education material to the public regarding immunisation issues.

Sun safety

Skin cancer is the most common cancer affecting New Zealanders. It has been estimated that all types of skin cancer account for just over 80% of all new cancers.⁷ Melanoma was the fourth most commonly registered cancer in 2010, accounting for 11% of all registrations, and the sixth most common cause of death from cancer. In 2010 melanoma accounted for 324 deaths and non-melanoma skin cancers accounted for 130 deaths.⁸

HPA's sun safety work is informed by the sector-led New Zealand Skin Cancer Primary Prevention and Early Detection Strategy 2014 to 2017 (the Strategy), which aims to reduce the incidence and impact of skin cancer. This strategy guides the programmes and activities undertaken by key agencies in the sector.

HPA's sun safety programme aims to encourage New Zealanders to practise sun safe behaviours and reduce excessive exposure to ultraviolet radiation (UVR). To achieve this, HPA will promote the Sun Protection Alert (developed in association with Metservice and NIWA), which provides daily information that enables New Zealanders to identify the times in their own region when they should use sun protection. The Sun Protection Alert will be promoted through various channels eg, newspapers, television, radio, online, events, and the Metservice phone app. HPA will also develop sun safety resources with key stakeholders eg, Cancer Society of New Zealand and Melanoma Foundation of New Zealand.

5 Ministry of Health. (2013) *The New Zealand Health Survey Annual Update of Key Findings 2012/13*. Wellington. Ministry of Health.

6 This includes the Ministry of Health's target of 95 % of children to be fully immunised by eight months of age.

7 O'Dea, D. (2009). *The costs of skin cancer to New Zealand*. Wellington: Cancer Society of New Zealand.

8 Ministry of Health. (2013). *Cancer: New registrations and deaths 2010*. Wellington: Ministry of Health.

Health education

Health education resources aim to improve health literacy so that people are better able to manage and improve their health by finding, understanding and evaluating health. HPA will continue to improve the health education catalogue of resources by implementing enhancements and efficiencies that improve the users' experience and make best use of the budget to meet users' needs. The establishment of a solid platform will ensure the health education catalogue is fully prepared for future technological changes and able to easily adapt and respond innovatively. HPA will work with providers responsible for the development and distribution of health education resources produced by the Ministry of Health and other agreed agencies, on a wide range of public health topics. The resources are distributed through the health education website and authorised providers to health service providers and the public. HPA's role is to ensure that the health education resources catalogue and website contribute to improved health literacy by being easily understandable, accessible, efficient, and reflect health priorities.

Health promotion and communications support provided for other public health initiatives

HPA is often asked at short notice to provide tactical health promotion, communications and marketing support to other government-led public health initiatives. It is common for these requests to come after the start of the financial year. Recent examples have included the following:

- In 2012/13, HPA was asked to bolster efforts to increase the number of heart and diabetes checks being undertaken. HPA worked with the Ministry of Health, Heart Foundation, Diabetes New Zealand and interested PHOs to develop a campaign to promote the importance of getting a heart and diabetes check.
- In 2012/13 and 2013/14 HPA was asked to enhance and build upon the 2013 and 2014 influenza campaigns being run by the National Influenza Specialist Group (NISG).

While it is difficult to predict exactly what will be requested, these activities will be reported against in HPA's annual report.

Strategic intention one indicators

PROMOTING HEALTH AND WELLBEING – EDUCATION, MARKETING AND COMMUNICATIONS

Activity	Performance indicators
Alcohol	
Say Yeah, Nah marketing campaign	1.1 Proportion of the target audience that considers the campaign messages are relevant to themselves or someone they care about is maintained or improved (63% in 2012/13). Source – campaign monitor.
Drinking and pregnancy marketing and communications strategy	1.2 Marketing and communications strategy developed. Source – administration data.
Tobacco	
Young adult campaign (18 to 24-year-olds)	1.3 Proportion of target audience who were aware of the campaign when prompted is established (baseline indicator). Source – campaign monitor. 1.4 Proportion of target audience who are aware of the campaign and consider the campaign messages are relevant to them is established (baseline indicator). Source – campaign monitor.
Gambling harm	
Choice Not Chance campaign	1.5 At least 15% of visitors to the Choice Not Chance website use an online self-assessment/self-help tool (baseline data is being collected in May 2014). Quality and quantity indicator. Source – Google analytics.
Mental health	
National Depression Initiative campaign	1.6 Develop and update online self-help resources to better meet the needs of specific at-risk population groups. Quality and quantity indicator. Source – Google analytics.
Lowdown campaign	1.7 New Lowdown media campaign and online activity delivered. Source – Administration data.
Like Minds, Like Mine campaign	1.8 Develop and deliver refreshed Like Minds Like Mine campaign messages. Source – Administration data.
Nutrition and physical activity	
Information for the public on healthy eating and being more active	1.9 New or updated online and print resources on preparing and providing healthy meals and being more active are developed. Sources – Resource users' survey, Administration data.

Strategic intention two – enabling health promoting initiatives and environments

ADVICE, RESOURCES AND TOOLS

Alcohol

A focus of HPA's alcohol work continues to be helping to ensure the sale, supply and promotion of alcohol is managed in a responsible manner. This includes providing advice, updating existing, and developing new, resources, guidelines and evidence-based tools for regulatory agencies, the hospitality industry and settings (such as large events and workplaces). HPA will also encourage regulatory agencies, the hospitality industry and others to work together, share resources, and focus on the regulatory and non-regulatory aspects of creating drinking environments and cultures that reduce alcohol-related harm.

Health services have considerable involvement in the prevention and treatment of alcohol-related harm. HPA will provide advice and support across the spectrum of alcohol treatment from early intervention to specialist services to help ensure that people who need help with their drinking are identified early and they receive the help they need.

Community-led action offers many opportunities for influencing New Zealand's drinking culture. HPA will undertake work with a range of community groups and organisations to resource and encourage innovative community action on alcohol issues using local solutions, in particular with populations who experience the highest levels of harm from alcohol. Activity also includes being a partner and broker for regional and local initiatives that support effective regulatory activity and community solutions, such as active community participation in the development of local alcohol policies.

Tobacco

HPA undertakes a range of activities to support frontline health promotion and tobacco control workers to be more effective. These include coordinating and resourcing World Smokefree Day, providing resources and tools, facilitating information and project sharing, promoting smokefree lifestyles, encouraging consistency between national and local activity, and encouraging the use of evidence-based approaches. HPA facilitates seminars with the purpose of providing professional development and information sharing.

Gambling harm

The work of frontline minimising gambling harm services is integral to making progress in minimising harm from gambling. These services are key to delivering HPA's national campaign through their regional and local activities and HPA will continue to support and up-skill the sector in delivering the messages locally.

Activities include providing services with merchandise and printed resources, up-to-date information, tips and ideas on message delivery at a local level, and links to relevant research. Support will also be provided to service providers to enable them to undertake a range of awareness-raising activities such as Gamblefree Day.

Mental health

The National Depression Initiative and Lowdown seek to enable health professionals and/or those who are close to people experiencing mental health issues to respond effectively to those who are experiencing depression, as well as to create social environments that protect people from depression. HPA will work with the Ministry of Health to identify and enable others to better support those at-risk of, or experiencing, anxiety or depression.

Clear alignment between national, regional and local activities will ensure that the new Like Minds, Like Mine programme messages are delivered at all levels. HPA seeks to enable innovative community activity to increase social inclusion for people with mental illness through advice, resource and tools.

Nutrition and physical activity

HPA will provide resources and information to community groups, Māori and Pacific health promoters, public health units, public health organisations, primary health services, schools, early childhood centres, sports clubs, and the media to support community activities and promotions and to help communicate consistent nutrition and physical activity messages.

Sun safety

HPA's sun safety work is directed by the priorities identified in the sector-led New Zealand Skin Cancer Primary Prevention and Early Detection Strategy 2014 to 2017. The Strategy identifies primary health care and outdoor settings as engagement channels for promoting sun safety prevention messages. The HPA will develop tools and resources to enable primary health care and employers to provide the most appropriate advice to their customers and employees. HPA will use channels, such as the Melanoma Network of NZ (MeINet), to reach primary health care professionals.

HPA will also engage with influencers such as local councils and recreational organisations to use the shade assessment tool. A shade assessment enables organisations to consider the needs and opportunities of individual sites, to ensure outdoor spaces are appropriately and cost effectively protected from UVR.

Strategic intention two indicators

ENABLING HEALTH PROMOTING INITIATIVES AND ENVIRONMENTS – ADVICE, RESOURCES AND TOOLS

Activity	Performance indicators
Alcohol	
Stakeholder magazines and newsletters	2.1 At least 65% of stakeholder respondents who are familiar with the resources indicate satisfaction (top two categories of a five-point scale) with alcohol magazines and newsletters (65% in 2012/13). Source – stakeholder survey.
Resources and advice for alcohol legislation requirements and drinking environments	<p>2.2 New or updated online and print resources for alcohol legislation requirements and drinking environments are developed and distributed. Quantity and quality indicator. Source – administration data.</p> <p>2.3 At least 75% of stakeholder respondents who have used the resources or received advice indicate satisfaction (top two categories of a five-point scale) with resources and advice for alcohol legislation requirements and drinking environments (77% in 2012/13). Source – stakeholder survey.</p>
Resources and advice for health professionals to better enable them to help people to address harmful drinking	2.4 At least 80% of stakeholder respondents who have used the resources or received advice indicate satisfaction (top two categories of a five-point scale) with resources and tools to better enable health professionals and others to help people who need help with their drinking (86% in 2012/13). Source – stakeholder survey.
Community-led action on alcohol projects	2.5 All community-led projects that HPA funds are monitored and reported on. Quality and quantity indicator. Source – administration data.
Tobacco	
Resources and tools for health professionals and others	2.6 At least 80% of stakeholder respondents who have used resources or tools confirm that their work is more effective as a result of using HPA support (88% of 24 respondents in 2012/13). Source – stakeholder survey.
Mental health	
NDI/Lowdown	2.7 At least 80% of stakeholder respondents who have used resources or tools or received advice confirm that their work is more effective as a result of using HPA support. Source – stakeholder survey.
Resources, tools and support for health professionals and others	2.8 A community partnership fund is established and all projects that HPA funds are monitored and reported on. Quality and quantity indicator. Source – administration data.
Gambling harm	
Supporting frontline services	2.9 At least 75% of respondents who have received support from HPA indicate (top two categories of a five-point scale) that they are better able to do their job as a result of HPA support (84% in 2012/13). Source – Minimising gambling harm service providers resource users' survey.

Activity	Performance indicators
Nutrition and physical activity	
Resources and advice for health professionals to better enable them to help people eat more healthily and be more active	<p>2.10 At least 75% of resource user respondents who are familiar with the resources agree (top two categories of a five point scale) they are better able to do their job as a result of HPA support (84% in 2012/13, 82% in 2011/12). Source – stakeholder survey.</p>
Sun safety	
Skin cancer prevention resources for primary healthcare professionals and other relevant organisations eg, those with outdoor workers	<p>2.11 Tools and resources are developed in consultation with users. Source – Administration data.</p>

Strategic intention three – informing health promoting policy and practice

POLICY ADVICE AND RESEARCH

Alcohol-related policy advice

HPA has a specific statutory function to give advice and make recommendations to government, government agencies, industry, non-government bodies, communities, health professionals, and others on the sale, supply, consumption, misuse and harm of alcohol.

Interagency alcohol-related policy work that HPA contributes to includes work on alcohol advertising, the Drivers of Crime initiative, injury prevention, family violence, alcohol product labelling, and the revision of the National Drug Policy.

Research

HPA has a specific statutory function to provide research on alcohol-related issues. Research is undertaken to collect nationally representative information on alcohol attitudes and behaviour in New Zealand. Other research activity includes trend measurement, expansion of the evidence base for alcohol-related harm, support for legislation change requirements, and operational and programme support.

HPA also undertakes a range of research that is used both internally and externally to inform policy, practice and future research, including the following national surveys:

- The Health and Lifestyles Survey (HLS) is a monitor of the health behaviour and attitudes of New Zealand adults aged 15 years and over, and parents and caregivers of 5 to 16-year-olds. The HLS collects information relating to alcohol, tobacco control, sun safety, problem gambling and healthy eating. The survey has been conducted every two years since 2008.
- The New Zealand Smoking Monitor (NZSM) is a continuous monitor providing information on smokers' and recent quitters' knowledge, attitudes and behaviour.
- The New Zealand Youth Tobacco Monitor (NZYTM) provides information about adolescents' smoking-related knowledge, attitudes and behaviour, and monitors the broad spectrum of risk and protective factors that relate to smoking uptake among young people. The NZYTM comprises the ASH Year 10 Snapshot (annual, with approximately 30,000 respondents) and HPA's Youth Insights Survey (biennial, with approximately 3,000 respondents). HPA manages the NZYTM as a whole, provides ASH with the Snapshot data, and undertakes analysis and dissemination of the YIS.

Strategic intention three performance indicators

INFORMING HEALTH PROMOTING POLICY AND PRACTICE – POLICY ADVICE AND RESEARCH

Activity	Performance indicators
Policy advice	
Alcohol policy advice/submissions	3.1 An independent assessment of written policy advice indicates quality advice (top two categories of a five-point scale). Source – independent review.
Research	
New Zealand Smoking Monitor (NZSM)	3.2 The NZSM is in field continuously. Source – administration data. 3.3 Data from the NZSM is reported to the Ministry of Health regularly. Quality and quantity indicator. Source – administration data.
New Zealand Youth Tobacco Monitor (NZYTM)	3.4 Data collection for the 2014 Youth Insights Survey is completed (approximately 3,000 respondents), the dataset is retained for analysis, and ongoing analysis is disseminated to the satisfaction of the Ministry of Health. Source – administration data. 3.5 Data collection for the 2014 ASH Year 10 Snapshot is completed (approximately 30,000 respondents), and the dataset is provided to ASH to their satisfaction. Quality and quantity indicator. Source – administration data.
Health and Lifestyles Survey	3.6 Data collected for a nationally representative survey of more than 2,000 households oversampling Māori and Pacific people. Source – administration data. 3.7 Reports for the 2014 Health and Lifestyles Survey are produced in 2014/15. Quality and quantity indicator. Source – administration data.
Attitudes and Behaviour towards Alcohol Survey	3.8 Alcohol attitudes and behaviour information collected through nationally representative surveys. Source – administration data. 3.9 Reports for the 2013 Attitudes and Behaviour towards Alcohol Survey are published in 2014/15. Source – administration data.
Additional projects	3.10 HPA will carry out research projects to inform policy and practice (within/ external to HPA). The projects will be conducted in a timely manner, and reports will be produced and disseminated. Source – administration data.

FORECAST FINANCIAL STATEMENTS

PROSPECTIVE STATEMENT OF COMPREHENSIVE INCOME

BUDGET 2014 – 2017

Forecast 2013/14 \$000		Budget 2014/15 \$000	Budget 2015/16 \$000	Budget 2016/17 \$000
Revenue				
12,226,371	Alcohol Levy income	11,698,000	11,546,000	11,546,000
16,829,733	Crown income	14,100,000	13,862,000	13,862,000
228,000	Interest income	200,000	200,000	200,000
29,284,104	Total Operating Revenue	25,998,000	25,608,000	25,608,000
Expenditure				
65,000	Audit Fees	65,000	67,000	69,000
170,000	Board	172,500	176,000	180,000
100,000	Depreciation	118,000	121,000	124,000
148,500	Equipment, Supplies & Maintenance	435,000	444,000	453,000
499,000	Occupancy	515,000	526,000	537,000
607,621	Other Operating	607,000	620,000	633,000
7,878,690	Personnel	7,700,000	7,854,000	8,012,000
19,815,293	Programmes	16,385,500	15,800,000	15,600,000
29,284,104	Total Operating Expenditure	25,998,000	25,608,000	25,608,000
-	Surplus	-	-	-

Notes:

- Projected revenue including Crown income will vary as programmes of work change in response to government health targets and priorities.
- Projected income in 2014/15, 2015/16 and 2016/17 is estimated on programmes of work currently confirmed.
- Expenditure reflects the savings target set by Cabinet and included in HPA's 2013/14 Letter of Expectation. The savings target is to be met without compromising the contribution to improving health outcomes expected of HPA and will be met through a combination of consolidation, production efficiencies and rephasing and reprioritisation.
- Projected cost savings/efficiency gains are:

	\$
FY 2012/13	506,000
FY 2013/14	1,466,000
FY 2014/15	2,366,000
FY 2015/16	2,806,000
	7,144,000
- Projected revenue including Crown income will vary as programmes of work change in response to government health targets and priorities.

PROSPECTIVE STATEMENT OF COMPREHENSIVE INCOME

BUDGET 2014 – 2017

Restated by Income Source:

Forecast 2013/14 \$000		Budget 2014/15 \$000	Budget 2015/16 \$000	Budget 2016/17 \$000
	Alcohol			
	Revenue			
12,226,371	Levy income	11,698,000	11,546,000	11,546,000
96,000	Interest	50,000	50,000	50,000
12,322,371	Total Revenue	11,748,000	11,596,000	11,596,000
12,322,371	Total Expenditure	11,748,000	11,596,000	11,596,000
	All other			
	Revenue			
16,829,733	Crown income	14,100,000	13,862,000	13,862,000
132,000	Interest	150,000	150,000	150,000
16,961,733	Total Revenue	14,250,000	14,012,000	14,012,000
16,961,733	Total Expenditure	14,250,000	14,012,000	14,012,000
29,284,104	Grand Total Revenue	25,998,000	25,608,000	25,608,000
29,284,104	Grand Total Expenditure	25,998,000	25,608,000	25,608,000
-	Surplus	-	-	-
	Represented by Strategic Intentions			
	Promoting	13,123,000		
	Enabling	10,068,000		
	Informing	2,807,000		
		25,998,000		

PROSPECTIVE STATEMENT OF CHANGES IN EQUITY

BUDGET 2014 – 2017

Budget 2013/14 \$000		Budget 2014/15 \$000	Budget 2015/16 \$000	Budget 2016/17 \$000
2,658,000	Opening public equity	2,658,000	2,658,000	2,658,000
–	Net surplus/(deficit) for the year	–	–	–
2,658,000		2,658,000	2,658,000	2,658,000

PROSPECTIVE STATEMENT OF FINANCIAL POSITION

BUDGET 2014 – 2017

Budget 2013/14 \$000		Budget 2014/15 \$000	Budget 2015/16 \$000	Budget 2016/17 \$000
	Current Assets			
518,000	Cash and Bank	430,000	480,000	450,000
4,500,000	Short Term Deposits	4,950,000	4,700,000	5,000,000
900,000	Accounts Receivable	1,267,000	1,067,000	1,197,000
5,918,000	Total Current Assets	6,647,000	6,247,000	6,647,000
	Less Current Liabilities			
3,150,000	Accounts Payable	3,971,000	3,904,000	3,876,000
150,000	Sponsorship	-	-	-
220,000	Employee Entitlements	300,000	306,000	310,000
3,520,000	Total Current Liabilities	4,271,000	4,210,000	4,186,000
2,398,000	Net Current Assets (Working Capital)	2,376,000	2,037,000	2,461,000
	Non-Current Assets			
260,000	Fixed Assets	282,000	221,000	197,000
260,000	Total Non-Current Assets	282,000	221,000	197,000
2,658,000	Net Assets	2,658,000	2,258,000	2,658,000
	Accumulated Funds			
2,658,000	Accumulated Funds	2,658,000	2,658,000	2,658,000
-	Net Surplus/(Deficit)	-	-	-
2,658,000	Total Accumulated Funds	2,658,000	2,658,000	2,658,000

Notes:

- 1 Short Term Deposits represent the balance of funds on term deposit. All deposits will mature within 12 months.
- 2 Includes levies collected by NZ Customs.
- 3 Includes Sundry Creditors, accrued expenditure, salary accrual and taxes.
- 4 Annual and Long Service Leave.
- 5 Fixed Assets represent net book value, i.e. cost less provision for accumulated depreciation.

STATEMENT OF ACCOUNTING POLICIES

Reporting entity

The Health Promotion Agency (HPA) is a Crown entity as defined by the Crown Entities Act 2004 and is based in Wellington, New Zealand, with offices in Auckland and Christchurch. As such, HPA's ultimate parent is the New Zealand Crown.

HPA has an overall function to lead and support activities for the following purposes:

- promoting health and wellbeing and encouraging healthy lifestyles
- preventing disease, illness, and injury
- enabling environments that support health and wellbeing and healthy lifestyles
- reducing personal, social, and economic harm.

It also has functions specific to providing advice and research on alcohol issues.

HPA has designated itself as a public benefit entity for the purposes of New Zealand equivalents to International Financial Reporting Standards (NZ IFRS).

Basis of preparation

STATEMENT OF COMPLIANCE

The forecast financial statements of HPA are prepared in accordance with the requirements of the Crown Entities Act 2004, which includes the requirement to comply with New Zealand Generally Accepted Accounting Practices ("NZ GAAP").

The forecast financial statements comply with NZ IFRS, and other applicable Financial Reporting Standards, as appropriate for public benefit entities.

MEASUREMENT BASE

The forecast financial statements are prepared on a historical cost basis.

Functional and presentation currency in the financial statements is New Zealand dollars.

Significant accounting policies

REVENUE

Revenue is measured at the fair value of consideration received or receivable.

Interest

Interest income is recognised using the effective interest method.

Leases

Operating Leases

Leases that do not transfer substantially all the risks and rewards incidental to ownership of an asset to HPA are classified as operating leases. Lease payments under an operating lease are recognised as an expense on a straight-line basis over the term of the lease in the statement of financial performance.

HPA leases office equipment and premises.

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand and deposits on call.

Debtors and Other Receivables

Debtors and other receivables are initially measured at fair value and subsequently measured at amortised cost using the effective interest rate, less any provision for impairment.

Investments

Investments in bank deposits are initially measured at fair value plus transaction costs.

After initial recognition investments in bank deposits are measured at amortised cost using the effective interest method.

For bank deposits, impairment is established when there is objective evidence that HPA will not be able to collect amounts due according to the original terms of the deposit.

Significant financial difficulties of the bank, probability that the bank will enter into bankruptcy, and default in payments are considered indicators that the deposit is impaired.

Property, Plant and Equipment

Property, plant and equipment consist of artwork, leasehold improvements, furniture and office equipment, and motor vehicles.

Property, plant and equipment are shown at cost or valuation, less accumulated depreciation and impairment losses.

Additions

The cost of an item of property, plant and equipment is recognised as an asset only when it is probable that future economic benefits or service potential associated with the item will flow to HPA and the cost of the item can be measured reliably.

Where an asset is acquired at no cost, or for a nominal cost, it is recognised at fair value when control over the asset is obtained.

Disposals

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset. Gains and losses on disposals are included in the statement of financial performance.

Subsequent costs

Costs incurred subsequent to initial acquisition are capitalised only when it is probable that future economic benefits or service potential associated with the item will flow to HPA and the cost of the item can be measured reliably.

The costs of day-to-day servicing of property, plant and equipment are recognised in the statement of financial performance as they are incurred.

Depreciation

Depreciation is provided on a straight-line basis on all property, plant and equipment, other than land, at rates that will write off the cost (or valuation) of the assets to their estimated residual values over their useful lives. The useful lives and associated depreciation rates of major classes of assets are estimated as follows:

Furniture and Fittings	10 years	10%
General Office Equipment	5 years	20%
Computer Equipment	3 years	33.3%
Leasehold Improvements*	3 years	33.3%
Motor Vehicles	5 years	20%

*Leasehold Improvements are depreciated over the unexpired period of the lease or the estimated remaining useful lives of the improvements, whichever is the shorter.

The residual value and useful life of an asset is reviewed, and adjusted if applicable, at each financial year-end.

Intangible Assets

Software acquisition and development

Acquired computer software licenses are capitalised on the basis of the costs incurred to acquire and bring to use the specific software.

Costs that are directly associated with the development of software for internal use by HPA, are recognised as an intangible asset.

Staff training costs are recognised as an expense when incurred.

Costs associated with maintaining computer software are recognised as an expense when incurred.

Costs associated with the development and maintenance of HPA's website are recognised as an expense when incurred.

Amortisation

The carrying value of an intangible asset with a finite life is amortised on a straight-line basis over its useful life. Amortisation begins when the asset is available for use and ceases at the date that the asset is derecognised. The amortisation charge for each period is recognised in the statement of financial performance.

The useful lives and associated amortisation rates of major classes of intangible assets have been estimated as follows:

Acquired computer software	3 years	33%
Developed computer software	4 years	24%

Impairment of non-financial assets

Property, plant and equipment and intangible assets that have a finite useful life are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable.

An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use.

Value in use is depreciated replacement cost for an asset where the future economic benefits or service potential of the asset are not primarily dependent on the asset's ability to generate net cash inflows and where HPA would, if deprived of the asset, replace its remaining future economic benefits or service potential.

If an asset's carrying amount exceeds its recoverable amount, the asset is impaired and the carrying amount is written down to the recoverable amount. For re-valued assets the impairment loss is recognised against the revaluation reserve for that class of asset. Where that results in a debit balance in the revaluation reserve, the balance is recognised in the statement of financial performance.

For assets not carried at a re-valued amount, the total impairment loss is recognised in the statement of financial performance.

Creditors and Other Payables

Creditors and other payables are initially measured at fair value and subsequently measured at amortised cost using the effective interest method.

Employee Entitlements

Employee entitlements that HPA expects to be settled within 12 months of balance date are measured at nominal values based on accrued entitlements at current rates of pay.

These include salaries and wages accrued up to balance date, annual leave, earned but not yet taken at balance date.

HPA recognises a liability and an expense for bonuses where it is contractually obliged to pay them, or where there is a past practice that has created a constructive obligation.

Defined contribution schemes

Obligations for contributions to Kiwisaver and ASB Group Master Trust are accounted for as defined contribution schemes and are recognised as an expense in the statement of financial performance as incurred.

Defined benefit schemes

HPA makes contributions to the ASB Group Master Trust Scheme (the scheme), which is a multi-employer defined benefit scheme.

Insufficient information is available to use defined benefit accounting, as it is not possible to determine from the terms of the scheme, the extent to which the surplus/deficit will affect future contributions by individual employers, as there is no prescribed basis for allocation.

The scheme is, therefore, accounted for as a defined contribution scheme.

HPA recognises a provision for future expenditure of uncertain amount or timing when there is a present obligation (either legal or constructive) as a result of a past event, it is probable that expenditures will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

Provisions are measured at the present value of the expenditures expected to be required to settle the obligation using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the obligation. The increase in the provision due to the passage of time is recognised as a finance cost.

Taxation

Goods and Service Tax (GST)

All items in the financial statements are presented exclusive of GST, except for payables, which are presented on a GST inclusive basis. Where GST is not recoverable as input tax then it is recognised as part of the related asset or expense.

The net amount of GST recoverable from, or payable to, the Inland Revenue Department (IRD) is included as part of receivables or payables in the statement of financial position.

The net GST paid to, or received from the IRD, including the GST relating to investing and financing activities, is classified as an operating cash flow in the statement of cash flows.

Commitments and contingencies are disclosed exclusive of GST.

Income Tax

HPA is a public authority and consequently is exempt from the payment of income tax. Accordingly, no charge for income tax has been provided for.

Foreign Currency Transactions

Foreign currency transactions are translated into New Zealand dollars using the exchange rates prevailing at the dates of the transactions. Foreign exchange gains and losses resulting from the settlement of such transactions are recognised in the statement of financial performance.

Grants and Funding

Contract commitments are recorded on a monthly basis. Specific allocations against future years' revenue are recorded in the statement of commitments. Funds are sometimes paid by instalments to meet the cash flow requirement of the programme as determined by the funding agreement.

Budget Figures

The budget figures have been prepared in accordance with NZ IFRS, using accounting policies that are consistent with those adopted for the preparation of the forecast financial statements.

CRITICAL ACCOUNTING ESTIMATES AND ASSUMPTIONS

In preparing these financial statements, HPA has made estimates and assumptions concerning the future. These estimates and assumptions may differ from the subsequent actual results. Estimates and assumptions are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Property, plant and equipment useful lives and residual value

At each balance date HPA reviews the useful lives and residual values of its property, plant and equipment. Assessing the appropriateness of useful life and residual value estimates of property, plant and equipment requires HPA to consider a number of factors such as the physical condition of the asset, expected period of use of the asset by HPA, and expected disposal proceeds from the future sale of the asset.

An incorrect estimate of the useful life or residual value will impact the depreciation expense recognised in the statement of financial performance, and carrying amount of the asset in the statement of financial position.

HPA minimises the risk of this estimation uncertainty by:

- physical inspection of assets;
- asset replacement programs;
- review of second hand market prices for similar assets; and
- analysis of prior asset sales.

HPA has not made significant changes to past assumptions concerning useful lives and residual values.

CRITICAL JUDGEMENTS IN APPLYING THE HPA'S ACCOUNTING POLICIES

Management has exercised the following critical judgements in applying HPA's accounting policies.

Leases classification

Determining whether a lease agreement is a finance or an operating lease requires judgement as to whether the agreement transfers substantially all the risks and rewards of ownership to HPA.

Judgement is required on various aspects that include, but are not limited to, the fair value of the leased asset, the economic life of the leased asset, whether or not to include renewal options in the lease term and determining an appropriate discount rate to calculate the present value of the minimum lease payments. Classification as a finance lease means the asset is recognised in the statement of financial position as property, plant and equipment, whereas for an operating lease no such asset is recognised.

HPA has exercised its judgement on the appropriate classification of equipment leases and, has determined a number of lease arrangements are operating leases.

CHANGES IN ACCOUNTING POLICIES

The accounting policies set out above are applied consistently to all periods presented in these forecast financial statements.

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