Merge Discussion

Purpose

This paper provides you with some thoughts on what could be included in legislation or mandated for the new Health Promotion Agency (HPA). The paper also provides you with an update on the change process, based on our meetings and discussions with the Ministry of Health, State Services Commission (SSC), and the Alcohol Advisory Council of New Zealand (ALAC).

Background

In May 2011 the Government announced a series of proposed state sector reforms, including the potential merger of HSC, ALAC, and some Ministry of Health functions into a single arm's-length national health promotion entity. The rational e for these reforms are related to the high costs of running government and the need to reduce duplication and waste. The decision to transfer ALAC, HSC and some Ministry of Health functions into a national health promotion entity was publicly confirmed on 11 August 2011, after a due diligence report was presented to Cabinet Expenditure Control Committee (refer CAB Min (11) 28/5).

At its meeting on 2 August the HSC Board requested management to consider content for inclusion in future legislation and/or mandate pertaining to the proposed HPA. This paper provides you with HSC management's perspective on what could be included in legislation to establish the new entity, based on legislative examples from existing national health promotion type agencies (ie, ALAC, Health Quality and Safety Commission, Australian National Preventive Health Agency, Health Promotion Board of Singapore, and the Health Protection Agency in the United Kingdom), and our own knowledge and experience in working in health promotion.

Context in Which HSC Operates

The HSC currently operates according to the Smoke-free Environments Act 1990 (and subsequent amendments and relevant legislative changes such as the Crown Entities Act, 2004), which specifies the functions as:

(1) The principal functions of the Council shall be—

(a) to promote health and to encourage healthy lifestyles, whether through the provision of sponsorship or otherwise; and

(b) [Repealed]

(2) For the purposes of its principal functions, the Council may provide sponsorship to—

- (a) any person or organisation involved in sports participation, artistic endeavour, cultural pursuits, or recreational activities; or
- (b) any person or organisation involved in arranging any sporting, artistic, or recreational activity; or
- (c) any person or organisation in accordance with section 56.

(3) The Council also has any other functions conferred on it by the Minister in accordance with section 112 of the Crown Entities Act 2004.

HSC's current approach draws on social marketing principles to plan, execute and evaluate our programmes, which involves the following:

- Marketing healthy lifestyle behaviours.
- Communicating information directly to the public, through the provision of online information, social networks, mobile, etc.
- Working with others across health and social sectors (through provision of partnerships, sponsorships, resources, education and training, and research information and knowledge), including:
  - supporting frontline services
  - working with communities
  - working with national and regional agencies.
- Research and evaluation including:
  - commissioning research monitoring or developing HSC programmes
  - collecting and analysing national survey data related to New Zealand lifestyles and activities of priority groups (eg, smokers and gamblers).
  - sponsoring independent research in the areas of public health
  - supporting individuals undertaking post-graduate studies at universities and medical schools
  - working with overseas researchers in the programme-specific areas of public health
  - participating on national steering committees for independently funded research
  - organising and providing resource support for national reference groups
  - organising and supporting symposia
  - other activities that promote the sharing of knowledge in public health

In addition our approach considers:

- value for money –undertaking quality improvement and critical review processes, keeping abreast of international trends and practices, and exploring new approaches and technologies.
- health equity – applying an equity lens to our work and targeting programmes towards meeting the needs of those most affected.

We would expect the new legislation to enable these types of activities to be continued.

Note that ALAC has specific legislation relating to its research, policy and advisory functions, and sponsoring treatment, care, and rehabilitation programmes (refer to Appendix 2).

Key Principles

The three key principles that we would like to see in the design of the legislation for the HPA is to ensure that it (the entity):

1. has a broad mandate to operate in way that is consistent with health promotion, public health, and social marketing principles
2. is mandated to provide national leadership, oversight, and strategic design of effective national health promotion programmes
3. is enabled to operate in partnership with the Ministry of Health, rather than at a subservient level (and to be allowed to work independently of the Ministry).

Other principles which we would like to see, include that the entity:

- is obliged to operate across government, including health, social, and environmental sectors (ie, not just restricted to health sector issues, since many of the determinants of health lie outside of this sector)
- has a specific focus on reducing health inequalities across population groups
- actively applies the Treaty of Waitangi principles of partnership, participation, and protection, and specific Māori health provisions within the New Zealand Public Health and Disability Act 2000
- has an ability to determine priority areas for its annual funding allocations that is consistent with Government health priorities, and that is subject to levy administrative requirements
- operates according to evidence-based approaches to health promotion activities, but is also mandated to encourage, sponsor, support and monitor innovation that advances public health
- is not compromised in its approach (or at least any compromise is limited) by decision makers, either as a result of their ad hoc funding arrangements, strained sector relationships, and/or poor planning decisions.
- enabled to engage more effectively across the health sector, including active participation in national DHB forums, and primary care work
- is enduring and has as an ability to respond to new and emerging "health promotion" issues
- is consulted by the Ministry of Health on all matters that relate to national health promotion, where the new entity may be affected by decisions on those matters

- is able to respond to additional Minister and Ministry requests/directives appropriately and effectively, which means receiving additional resources where necessary and warranted.

Legislative Provisions

The new entity has a number of mandatory requirements, derived from the Cabinet Expenditure Control Committee paper (CAB Min (11) 17/6), and which are summarised in Appendix 1. These mandatory requirements are broad and allow for some degree of flexibility in the development of legislation, particularly around the new entity's role and functions.

Many of the legislative provisions of the agencies reviewed as part of this paper (refer to Appendix 2) could be applied to the new entity. Most of the provisions provided specify the health priorities that the agencies will focus on (eg, ALAC – alcohol, Australian National Preventive Health Agency - healthy lifestyles and good nutrition, reducing tobacco use, minimising the harmful drinking of alcohol, discouraging substance abuse, and reducing the incidence of obesity), while the Health Quality and Safety Commission (NZ), Health Promotion Board (Singapore) and the Health Protection Agency (UK) have very broad and encompassing mandates. It is unlikely that the new entity will include provision for specific health priority areas outside of alcohol, given the timeframe for its establishment.

The advantage of broader legislation is that it allows the entity to do more things and take more flexible approaches, but may mean that it gets asked to do extra activities within an existing budget. Conversely, specifying the key health priority implementation areas will limit the scope of the entity, including potentially limiting its work to the health sector. However, it may provide opportunities to gain additional resources for priorities that are not currently funded? The HSC supports a more broad health promotion mandate.

We believe that the new entity should have an ability to negotiate a schedule of health promotion programme areas as part of an annual performance agreement. Ideally, the new entity would operate to a contract similar to a Crown Funding Agreement that is currently in place for District Health Boards. The advantage of this type of arrangement is that it allows the entity to take on other work as directed by Ministers or requested by other government agencies.

The proposed entity requires an explicit health promotion leadership mandate. This would enable the entity to be involved in strategic decisions affecting health promotion, including strategic discussions with the Ministry of Health and participating in national health sector forums (eg, DHB CEOs, GMs, primary care), or other forums where there are significant health promotion implications. The legislation should also require other crown agencies to consult with the entity where there are health promotion implications for their work.

The change process is the opportunity to review and consider whatever structural, systemic barriers have operated to prevent the ideal operation of HSC and to ensure as far as possible that these are dealt with for the HPA.

In terms of addressing the principle of working in partnership with the Ministry of Health, we would like to see an explicit requirement to signal the nature of relationship of the HPA with the Ministry. Alternatively, if the HPA is to remain independent of the Ministry then the Health Quality and Safety Commission legislation provides a useful example of expressing the relationship under the 2nd function:

> (2) In performing its functions HQSC must, to the extent it considers appropriate, work collaboratively with—
>
> - (a) the Ministry of Health; and
> - (b) the Health and Disability Commissioner; and
> - (c) providers; and
> - (d) any groups representing the interests of consumers of health or disability support services; and
> - (e) any other organisations, groups, or individuals that HQSC considers have an interest in, or will be affected by, its work.

The legislative provisions should provide clarity around the HPA's advisory function. The HSC supports a general health promotion advisory function as part of its statutory role. The HSC also supports the current independent advisory function of ALAC, and this should be maintained within the new legislation.

The HSC supports the proposal to retain the funding of alcohol-related activities through the levy on alcohol. We believe that similar caveats should be placed on the gambling levy, particularly around health promotion, that the Ministry of Health currently administers.

With regard to the research functions the HSC recognises that there are wide differences in the functioning and funding of research at ALAC and HSC. There is a need to align the intent of different legislations, specifically concerning research, so that it provides for a wider mandate for research. Provision should also be made to resource a commitment to health promotion research that encourages long-term projects and engagement with health providers, Iwi, national and international agencies, and academic institutions.

The HPA should be required to report to the Minister of Health directly.

Draft Legislative Provisions

The Ministry of Health, HSC and ALAC have already started discussing some legislative provisions for the HPA. This has been briefed to you via email but I can discuss further progress around these draft provisions at our meeting.

Change Progress Report

Since the last Board meeting, the Cabinet Expenditure Control Committee has confirmed the disestablishment of ALAC and HSC, and the transfer of their functions (along with some of the Ministry of Health functions) to an arm's length health promotion entity.

The Minister of Health was invited to set up an Establishment Board for the health promotion entity and directed the Ministry of Health to lead the overall change process, in consultation with SSC, The Treasury, ALAC and the HSC.

The Ministry of Health's Governance and Crown Entities team have been planning for the implementation of this change process and keeping HSC and ALAC Chief Executives engaged in this work. The Ministry has clarified key activities, timelines, and started discussions on the potential functions of the new entity.

The priorities are to:

- establish the governance group to oversee the change process
- assist SSC with the drafting of legislation
- prepare an implementation plan for the overall process
- establish communication channels.

SSC has confirmed the legislative timetable, which is attached as Appendix 3. The Chairs can expect to receive the draft Bill for consultation from 30 August before it is finalised on 2 September. Given the lack of time for consultation on the Bill, it will only be possible for Chairs to review/input into these documents by email.

Once the draft legislation and implementation plan are with Ministers, a more detailed project planning process for specific workstreams will need to implemented, involving entities. The following workstreams have been identified:

- planning and reporting
- legislative – led by SSC
- communications
- policy and advice
- human resources
- financial
- business systems (including procurement)
- governance and appointments.

The Ministry aims to establish a project governance group by the end of August, to oversee the change process. The Governance group will be made up of the respective Chairs of ALAC, the HSC, other Chairs effected by the changes (Mental Health Commission and the Crown Health Financing Agency) and the Director General of Health. The Governance group will then complete a detailed project plan for the change process.

The Ministry is planning to establish a transitional HPA Board in December 2011 to work through the needs of the HPA.

The Ministry will be communicating changes to the public through a website.

Recommendations

It is recommended that the Board:

1. **Note** that this paper provides you with the HSC's perspective on the legislative requirements for the proposed HPA, considering our existing functions and the potential advantages that could be made with the proposed merger.
2. **Notes** the progress update on the establishment of the HPA and that HSC is currently actively involved with the Ministry of Health, ALAC, and SSC as part of this change process.
3. **Note** that I will continue to keep you updated on the change progress.

APPENDIX 1: MANDATORY REQUIREMENTS FOR THE NEW ENTITY

The following points are mandatory given the decision by Cabinet Expenditure Control Committee on the paper entitled *Public Services to Meet the Needs of 21st Century New Zealand: Due Diligence Report on Proposals for Structure Change* (refer CAB Min (11) 28/5).

Cabinet decisions include:

Disestablish ALAC and HSC and to transfer the relevant functions of ALAC, HSC and the Ministry of Health to an arm's length health promotion entity.

That ALAC's independent, evidenced-based advisory role to Ministers and the wider group of decision-makers should be transferred to the new identity.

The Ministry of Health and the new entity will undertake additional work to report back ... on the transfer of further programmes, resources, assets and liabilities to the new entity.

ALAC is funded entirely through levies and legislative change will be required to allow the levies to be paid to the new entity. Legislation will also clarify that the levies will be used to address alcohol related activities.

It has been proposed that the new health promotion entity be categorised as a Crown agent. The Health promotion entity's independence, in its advisory role, will be provided for in the legislation.

Agrees that the new entity should be established as a Crown agent by enacting amendments to the New Zealand Public Health and Disabilities Act 2000 that:

> *Establishes the new entity as a Crown agent*
>
> *Provides for the name of the new entity*
>
> *Determines the board size (and composition if necessary)*
>
> *Sets out the new entity's specific functions and powers on establishment, including the advisory role previously provided by ALAC*
>
> *Provides for the continuation of the levies previously payable as set out in section 28 of the Alcohol Advisory Council Act 1976, to be paid to the new entity for use to address alcohol related harm and to pay a share of the operating costs of the new entity that relate to alcohol-related activities*

Provides for the continuation, upon disestablishment of ALAC and HSC, of ALAC's and HSC's functions, powers, property, information, rights, liabilities, assets, contracts, legal proceedings and other things by vesting them in the new entity

Provides for the continuity of employment, upon the establishment of ALAC and HSC, of those of ALAC's and HSC's employees who will continue as employees of the new entity, and dealing with technical redundancy and other employment matters

Provides for the continuity of employment of those employees who have been identified by the Ministry of Health as performing functions that will be carried out by the new entity, and dealing with the technical redundancy, continuity of membership of the Government Superannuation Fund and other employment matters.

Invite the Minister of Health to set up an Establishment Board for the health promotion entity to:

- *Set the strategic direction for, and govern, the operational establishment of the entity*
- *Select a chief executive designate (to lead operational establishment and be the foundation chief executive)*
- *Together with the chief executive designate, decide on the structure and personnel of the entity*
- *Develop budgets and accountability documents*
- *Direct the Ministry of Health to lead the overall change process for the health promotion entity, in consultation with the SSC, the Treasury, ALAC and HSC.*

APPENDIX 2: REFERENCES TO STATUTORY ROLES AND FUNCTIONS

Alcohol Advisory Council Act 1976 No 143 (as at 01 January 2010), Public Act

Purpose

- The purpose of this Act is to—
  - (a) provide for the establishment of an Alcohol Advisory Council of New Zealand having as its primary objective the encouragement and promotion of moderation in the use of liquor, the discouragement and reduction of the misuse of liquor, and the minimisation of the personal, social, and economic harm resulting from the misuse of liquor; and
  - (b) define the Council's functions and powers; and
  - (c) make provision for the funding of the Council's activities by means of a levy on liquor imported into, or manufactured in, New Zealand.

Section 1A was inserted, as from 20 August 2000, by section 5 Alcohol Advisory Council Amendment Act 2000 (2000 No 25).

Functions of Council

- (1) In pursuing its primary objective, the Council has the following functions:
  - (a) to encourage, promote, sponsor, and co-operate in research into—
    - (i) the use of liquor in New Zealand:
    - (ii) public attitudes in New Zealand towards the use of liquor:
    - (iii) problems associated with or consequent on the misuse of liquor in New Zealand:
    - (iv) means of minimising the harmful effects of liquor:
  - (b) to encourage, promote, sponsor, and co-operate in the dissemination to the public, or to any class of persons, of information relating to any problem that is or may be associated with or consequent on the misuse of liquor:
  - (c) to devise, promote, sponsor, and conduct, and to encourage and co-operate in the preparation and conduct of, educational programmes for the public or for any class of persons (including persons attending schools or other educational institutions, and persons who may for any reason be at special risk in respect of liquor-related problems) designed—
    - (i) to discourage the misuse of liquor:
    - (ii) to encourage moderation in the use of liquor:
    - (iii) to promote and encourage responsible attitudes towards the use of liquor:
  - (d) to sponsor innovative programmes for the treatment, care, and rehabilitation of persons adversely affected by the use of liquor, whether by themselves or others:
  - (e) with respect to any of the matters referred to in paragraphs (a) to (d), to make recommendations to the Government, departments of State, authorities in the fields of health, education, social welfare, and industry, and any other public or private bodies, associations, or persons:
  - (f) to make recommendations to such person or persons as the Council thinks fit about the advertising of liquor, whether generally or through any particular medium, and the need to regulate or in any way restrict such advertising:
  - (g) to consider such matters relating to the sale and consumption of liquor as may be referred to the Council from time to time by the Minister of the Crown who is for the time being responsible for the administration of the Sale of Liquor Act 1989, and to report to that Minister on the results of that consideration:
  - (h) to consider and report to the Minister on such matters relating to the use or misuse of liquor as are referred to the Council from time to time by the Minister:

- (i) to carry out such other activities as, in the Council's opinion, will assist in the pursuit of its primary objective.

(2) Without limiting its functions under subsection (1), the Council has the following further functions:

- (a) to encourage, promote, sponsor, and co-operate in the preparation, publication, and dissemination, to interested bodies, associations, and persons, of research papers, theses, and other reports relating to any matter with which the Council is concerned:
- (b) to obtain, monitor, analyse, collate, and disseminate to interested bodies, associations, and persons in New Zealand, information from overseas relating to any matter with which the Council is concerned:
- (c) to encourage, promote, sponsor, and co-operate in the preparation and publication of a bibliography of literature relating to any matter with which the Council is concerned.

(3) Whenever the Council makes any recommendation under subsection (1)(f) about the advertising of liquor, then, if the recommendation is not made to the Minister, it must send a copy of its recommendation to the Minister.

Health Quality and Safety Commission

Objectives of HQSC

- The objectives of HQSC are to lead and co-ordinate work across the health and disability sector for the purposes of—
  - (a) monitoring and improving the quality and safety of health and disability support services; and
  - (b) helping providers across the health and disability sector to improve the quality and safety of health and disability support services.

Section 59B: inserted, on 9 November 2010, by section 17 of the New Zealand Public Health and Disability Amendment Act 2010 (2010 No 118).

Functions of HQSC

- (1) The functions of HQSC are—
  - (a) to advise the Minister on how quality and safety in health and disability support services may be improved; and
  - (b) to advise the Minister on any matter relating to—
    - (i) health epidemiology and quality assurance; or
    - (ii) mortality; and
  - (c) to determine quality and safety indicators (such as serious and sentinel events) for use in measuring the quality and safety of health and disability support services; and
  - (d) to provide public reports on the quality and safety of health and disability support services as measured against—
    - (i) the quality and safety indicators; and
    - (ii) any other information that HQSC considers relevant for the purpose of the report; and
  - (e) to promote and support better quality and safety in health and disability support services; and
  - (f) to disseminate information about the quality and safety of health and disability support services; and
  - (g) to perform any other function that—
    - (i) relates to the quality and safety of health and disability support services; and

- (ii) HQSC is for the time being authorised to perform by the Minister by written notice to HQSC after consultation with it.

(2) In performing its functions HQSC must, to the extent it considers appropriate, work collaboratively with—

- (a) the Ministry of Health; and
- (b) the Health and Disability Commissioner; and
- (c) providers; and
- (d) any groups representing the interests of consumers of health or disability support services; and
- (e) any other organisations, groups, or individuals that HQSC considers have an interest in, or will be affected by, its work.

Australian National Preventive Health Agency Bill 2010

Objects and functions

(1) The object of this Act is to establish an Agency to advise on and manage national preventive health programs.

(2) The function of the Agency and its CEO are to be interpreted in accordance with the following objects:

(a) to effectively monitor, evaluate and build evidence in relation to preventive health strategies;

(b) to facilitate a national health prevention research infrastructure;

(c) to generate new partnerships for workplace, community and school interventions;

(d) to assist in the development of the health prevention workforce; and

(e) to coordinate and implement a national approach to social marketing for preventive health programs.

Functions of the CEO

(1) The CEO's functions are:

(a) if requested to do so by the Minister, or on his or her own initiative, to advise and make recommendations to the Minister on matters relating to preventive health; and

(b) if requested to do so, in writing, by the Chair of the Ministerial Conference, to advise and make recommendations to the Ministerial Conference on matters relating to preventive health; and

(c) if requested to do so, in writing, by a State or Territory government or the Australian Local Government Association, to advise and make recommendations to the State or Territory government or the Australian Local Government Association, as the case may be, on matters relating to preventive health; and

(d) to collect, analyse, interpret and disseminate information relating to preventive health; and

(e) every 2 years, starting in 2013, to publish a report on the state of preventive health in Australia; and

(f) to conduct educational, promotional and community awareness programs relating to preventive health, including:

(i) the promotion of a healthy lifestyle and good nutrition;

(ii) reducing tobacco use;

(iii) minimising the harmful drinking of alcohol;

(iv) discouraging substance abuse; and

(v) reducing the incidence of obesity amongst Australians; and

(g) to make, on behalf of the Commonwealth, grants of financial assistance relating to preventive health; and

(h) to encourage initiatives relating to preventive health matters through partnerships with industry, non-governmental organisations and the community sector; and

(i) to develop national standards and codes of practice relating to preventive health matters; and

(j) to manage schemes that provide awards to participants to recognise excellent performance in matters relating to preventive health; and

(k) any other function relating to preventive health that is set out in a legislative instrument made by the Minister; and

(l) to do anything incidental to, or conducive to, the performance of any of the above functions.

(2) The CEO has the power to do all things necessary or convenient to be done for or in connection with the performance of his or her functions.

(3) Paragraph (1)(b) only applies if:

(a) the Ministerial Conference agrees to the request; and

(b) when making the request, the Chair of the Ministerial Conference states that the Ministerial Conference has agreed to the request.

Note: See section 55.

(4) The Minister must not set out a function in a legislative instrument under paragraph (1)(k) unless the Ministerial Conference has agreed to the function.

HEALTH PROMOTION BOARD ACT 2001 (Singapore)

Functions, objects and duties of Board

11. —(1) Subject to the provisions of this Act, the functions, objects and duties of the Board shall be —
(a) to advise the Government, either of its own motion or upon request made to it by the Minister, on all matters connected with the promotion of good health and healthy lifestyles amongst the people of Singapore, including the formulation of policies, the creation of conditions and the provision of public facilities that are conducive to the promotion of good health and healthy lifestyles amongst the people of Singapore;
(b) to devise, organise and implement —
(i) programmes and other activities for or related to the promotion of good health and healthy lifestyles amongst the people of Singapore;
(ii) health education programmes; and
(iii) programmes and other activities for or related to the prevention or detection of diseases;
(c) to collaborate with any organisation to devise, organise and implement, or to provide support or assistance to any organisation in devising, organising and implementing, any of the programmes or activities referred to in paragraph (*b*);
(d) to monitor and conduct investigations and research into any matter relating to the health and nutritional statuses of the people of Singapore;
(e) to promote a healthy food supply in Singapore;
(f) to determine, establish and recommend —
(i) nutritional standards and dietary guidelines; and
(ii) guidelines for the provision of nutritional information;
(g) to provide healthcare services (including medical, dental, health-screening and immunisation services) to school children and such other persons or class of persons as the Board thinks fit;
(h) to provide consultancy services to Government departments, members of the healthcare industry and the private sector on matters relating to health education, the preservation and promotion of health, healthy lifestyles and healthy dietary practices and the prevention and detection of diseases;
(i) to represent the Government internationally on matters related to or connected with health education, the preservation and promotion of health and the prevention and detection of diseases; and
(j) to carry out such other functions as are imposed upon the Board by or under this Act or any other written law.
(2) The Minister may give to the Board such directions, not inconsistent with the provisions of this Act, as to the discharge of its functions, objects and duties and the exercise of its powers and the Board shall give effect to any such directions.
(3) Nothing in this section shall be construed as imposing on the Board, directly or indirectly, any form of duty or liability enforceable by proceedings before any court.

Health Protection Agency Act 2004

Functions
(1)The Agency has the following functions in relation to health—

(a)the protection of the community (or any part of the community) against infectious disease and other dangers to health;

(b)the prevention of the spread of infectious disease;

(c)the provision of assistance to any other person who exercises functions in relation to the matters mentioned in paragraphs (a) and (b).

APPENDIX 3: UPDATED TIMELINE FOR STRUCTURAL CHANGES, JULY – OCTOBER 2011

What	Who	When / By
Cabinet		1 August
Announcement	MoSS	Thurs11 August
Issue drafting instructions to PCO	SSC	Thus 11 August
PCO issues draft legislative amendments etc	PCO	Mon 15 August
Departments provide feedback on first draft of legislative amendments	DIA, Justice, Health	Fri 19 August
SSC and departments agree which decisions need to be referred to joint Ministers and draft briefing (see Cab Min reference 54).	SSC and departments	Fri 19 August (with decisions sought from Ministers by 29 August)
PCO revises draft legislative amendments and issues second draft	PCO	Wed 24 August
Departments and entities provide feedback on second draft of legislative amendments (including any response from Ministers)	Agencies	Tues 30 August
PCO makes final changes	PCO	Fri 2 September
Review final changes and complete LEG paper	SSC (and departments where necessary)	Tues 6 September
LEG paper to Minister of State Services	SSC	Wed 7 September
LEG paper lodged		Mon 12 September 10.00 am
LEG Cabinet committee		Thurs 15 September
Cabinet		Mon 19 September
MoSS's office undertakes support party consultation	MoSS's office	By Tues 27 September
Introduce Bill to the House. Bill lies on table for 3 days.	MoSS lead	Tues 27 September
First reading		Tues 4 October
House rises		Thurs 6 October (to be confirmed)

Note that House is in recess the week beginning 19 September.