

# Aide-Mémoire

## Meeting with Health Coalition Aotearoa

**Date due to MO:** 23 October 2024      **Date of meeting:** 31 October 2024

**Security level:** IN CONFIDENCE      **Reference:** H2024052555

**To:** Hon Matt Doocoy, Associate Minister of Health

**Consulted:** Health New Zealand:

**Proactive release:** This **title** is proposed by the Ministry of Health for proactive release:

## Contact for telephone discussion

Name	Position	Telephone
Ross Bell	Group Manager, Strategy, Monitoring and Engagement, Public Health Agency   Te Pou Hauora Tūmatanui	s 9(2)(a)
Alison Cossar	Manager, Ope Turingawari, Public Health Policy and Regulation   Te Pou Hauora Tūmatanui	

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### About the Meeting

**Purpose of Meeting**

- Health Coalition Aotearoa (HCA) representatives have requested a meeting and wish to discuss the Government's plans for a further review of the alcohol levy and activities to minimise alcohol harm and inequities.

**Details of Meeting**

- Thursday 31 October 2024
- 4:00-4:30pm
- Online (teams) meeting

**Attendees**

- Dr Karen Wright (co-chair of the alcohol expert advisory group, HCA).
- Steve Randerson (co-chair of the alcohol expert advisory group, HCA).

**Organisation**

- HCA is a coalition of health non-governmental organisations, professionals, and academics committed to reducing harm from alcohol, tobacco, unhealthy food, and advancing public health equity.

**Ministry representatives**

- Ross Bell, Group Manager, Public Health Agency (who is the senior responsible officer for alcohol policy) will attend the meeting.

**Other information**

- HCA has a growing public profile and is often approached by the media. Any information shared with the groups representatives is likely to be made public.

**Comment:**

- This aide-mémoire provides you with brief talking points and biographies of the HCA representatives (Appendix 1 and 2).

## Health Coalition Aotearoa

1. HCA was established on 7 May 2018 as a coalition of health non-governmental organisations, professionals, and academics committed to reducing harm from tobacco, alcohol, unhealthy food, and advancing public health equity.
2. In 2019, HCA became an Incorporated Society and achieved charitable status. A board was established, along with expert panels on alcohol, tobacco, unhealthy food, and public health infrastructure.
3. HCA's vision is for an Aotearoa where strong preventative health measures, policies, and strategies protect against the impacts of harmful industries and is informed by the best evidence and a commitment to honour the principles of Te Tiriti o Waitangi.
4. In November 2023, HCA provided a briefing to the incoming parliament which included their three priority areas for alcohol:
  - a. increasing alcohol excise tax and funding of prevention and treatment services
  - b. providing greater protection from alcohol marketing and
  - c. uphold commitments to Te Tiriti o Waitangi in alcohol law.
5. This meeting focuses on the Government's plans for further reviewing the alcohol levy, activities to minimise harm and achieving alcohol harm reduction targets.

## The Government Policy Statement on Health includes a focus on alcohol

6. The Government Policy Statement on Health (GPS) 2024-2027 includes a focus on accelerating action to address five non-communicable diseases (cancer, cardiovascular diseases, respiratory disease, diabetes, and poor mental health) and notes the prevention of these diseases will be achieved through addressing five modifiable risk factors (alcohol, tobacco, poor nutrition, physical activity and adverse social and environmental factors).
7. The GPS sets an expectation for a year-on-year reduction in the proportion of those aged 15 years and over who engage in hazardous alcohol consumption.

## Alcohol levy and activities funded by the levy

*The new alcohol levy rates were confirmed in June 2024*

8. Since the health reforms in 2022, the Public Health Agency (PHA) within the Ministry of Health (the Ministry) has held the overall responsibility for the alcohol levy, including leading all policy work related to the levy, and providing monitoring and oversight of levy allocations and spending.
9. The PHA in collaboration with Health New Zealand (Health NZ) commissioned an independent review of the alcohol levy in January 2023. The final review report was completed in March 2024 and informed the annual levy setting process for the 2024/25 financial year.

10. As you are aware, on 10 June 2024, Cabinet confirmed an increase to the alcohol levy from \$11.5 million to \$16.6 million for the 2024/25 financial year. This was the first time the alcohol levy has been increased since 2009.

*The levy currently funds a wide variety of alcohol harm related programmes.*

11. The National Public Health Service and Hauora Māori Services within Health NZ receive the bulk of the alcohol levy allocations for operational programmes to address alcohol harm. These include but are not limited to:
- a. a broad FASD work programme
  - b. community programmes to strengthen the communities' capacity and ability to drive innovative local solutions to address alcohol-related harm
  - c. health promotion and harm prevention initiatives including alcohol harm related social marketing projects and resources, and
  - d. programmes to build health service capacity for addiction prevention and brief interventions.
12. The PHA retains a portion of the levy for functions specific to the Ministry and which relate to and support the work of Health NZ. This includes funding for the alcohol harm reduction work programme, alcohol levy evaluation work programme, and engagement work related to the Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan refresh.

*Health agencies are working together to develop a strategic investment framework and a better understanding of the benefits of the levy-funded activities.*

13. The final review report was published in June 2024 and provided several recommendations for how the levy is administered and invested.
14. Following the review, the PHA in partnership with Health NZ is currently progressing work regarding the governance of the levy and development of a strategic framework to guide levy investment decisions. Alongside this, the PHA will set up the processes required to monitor and regularly evaluate levy funded programmes.
15. As requested, you will also receive the assessment of current levy funded initiatives regarding their value for money and alignment with government priorities in December 2024.
16. A summary table of the levy regime work currently underway is provided below.

<b>Workstream</b>	<b>Description</b>
Governance structures	Cross-agency governance to agree annually the allocations of levy funds across the agencies, as well as the overall high level programme investment decisions (funding decisions for individual activities will be made by the directorates leading the work).
Strategic Investment approach	This will include investment decision criteria to assess funding proposals against. High level criteria for broad programmes of work, as well as criteria for agencies to use to make individual activity investment decisions.
Monitoring and Evaluation	Building in a cycle of on-going monitoring and evaluation of programmes. High level evaluations of broad programmes of work can be managed jointly by agencies; specific evaluations of community and provider activities will be managed by the directorates leading the work.

Assessment of all current levy funded programmes (requested by Ministers).	This is a high level assessment to report on the value for money and alignment with government priorities of current levy funded programmes. This is to inform the 2025/26 levy setting process. Once developed, the investment criteria (referred to above) will support this assessment, which is due with Ministers in December 2024.
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Ross Bell  
Group Manager, Strategy, Monitoring and  
Engagement  
**Public Health Agency | Te Pou Hauora**  
**Tūmatanui**

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## Appendix 2: Attendees Profile

### **Dr Karen Wright, Co-chair of the Alcohol Expert Advisory Group, HCA**



Dr Karen Wright (Ngāi Tahu) is a senior lecturer at Te Kupenga Hauora Māori, Waipapa Taumata Rau | University of Auckland and has a background as a general practitioner and public health physician. Her interests are the conceptualisation and measurement of alcohol-related harm and developing a Tiriti o Waitangi centred alcohol-harm minimisation programme.

### **Steve Randerson, Co-chair of the Alcohol Expert Advisory Group, HCA**



Steve Randerson has worked in public health and the social services sector in New Zealand. He is involved in alcohol policy research with Massey University's SHORE and Whariki Research Centre, where he provides national coordination support to the Community Action on Youth and Drugs programme funded by Health New Zealand. His research has focused on the alcohol environment in New Zealand, the impacts of alcohol in residential neighbourhoods and community involvement in alcohol licencing decisions.