

Submissions on the Strategy consultation document: a summary of key themes and Ministry of Health response

Theme	Response
<p>Broad support for need to refocus and rethink services and research priorities, with divergent views on the specific priorities and preferred direction of change, based on industry and health service perspectives.</p> <p>Three out of five submissions indicated they supported the general direction of the strategy and a further one in five indicated qualified support. Support was strongest from health, service providers, local government or individual submissions.</p>	<p>Where appropriate, the Ministry has updated the strategy to:</p> <ul style="list-style-type: none"> • reflect/clarify specific strategic issues and priorities • clarify and add supporting detail in the service plan • strengthen the role of codesign and consumer input to ensure services are likely to be better designed, more accessible and more effective. <p>A new services and technology pilot fund has been included to provide a focus on trialling new activities.</p>
<p>Harm minimisation efforts could be significantly enhanced through greater use of emerging technologies. For example, to help with policies such as venue exclusion, online self-help tools and to limit gamblers exposure to gambling harm (particularly from use of gaming machines).</p>	<p>The Ministry has added a new technology fund to develop and trial use of technology, in response to a broad range of submissions.</p>
<p>There were divergent, sector specific views on level of funding required, particularly the proposed management of the \$5 million underspend.</p> <p>NCGM and some industry submissions did not support the total spend of \$60.339 million, nor the proposed transfer of \$5 million, arguing the consultation document was not specific enough and the unspent funds should be repaid to gambling operators. Some argued the overall funding should be cut back to between \$40–52 million. Some submissions argued funding should be reduced and services cut back, as presentations to services were declining</p> <p>Other submissions either supported the proposed funding or (some service providers) argued that more funding was needed to address increases in operating costs or pay equity.</p>	<p>The Ministry proposes to retain total spending of \$60.339 million, including to transfer \$5 million forecast underspend from the current appropriation, and has:</p> <ul style="list-style-type: none"> • updated the gambling industry data and levy rates section as required/available • provided a new table setting out the various costs and credits and their impacts on the levy • provided extra information and a detailed breakdown on the proposed uses for the \$5 million • altered the proposed use of the \$5 million to include a technology innovation fund by reducing spending for new service pilots • strengthened information provided about the gambling environment, gambling expenditure and behaviour patterns, gambling harms and its impacts and to clarify the number of people reporting gambling harm exposure is increasing.

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<p>Broad support to focus on reducing inequalities and address areas of persistent gambling harm and relapse particularly where defined by social deprivation measures.</p>	<p>The Ministry has updated the strategy to highlight these impacts and the focus on Māori and vulnerable groups as appropriate, in response to submissions from health and service providers and consumers.</p>
<p>Online gambling and gaming convergence are seen as the new threats particularly because of implications for Maori and Pacific youth. Associated with this were concerns about the unregulated nature of online gambling and the need for this mode of gambling to contribute to levy payments for harm caused to people in New Zealand.</p>	<p>The Ministry has strengthened these aspects of the strategic environment and the service plan, including investigating the current prevalence of this mode of gambling and services, particularly public health, to including children and youths under 18. The Ministry has also amended the strategy and priorities to note the joint-work programme with DIA includes a review of online gambling.</p>
<p>More support is required for youth health, such as targeted intervention and health education regarding risks of harm from online gambling and gaming convergence.</p>	<p>The Ministry has strengthened this aspect of the strategic environment and service plan, and included a priority action to engage with government agencies working for children and youth to identify an appropriate service response and links to the Child Wellbeing Strategy.</p>
<p>Sectors' opinions and preferences varied concerning the options for weighting expenditure and presentations. There was broad support to increase the expenditure weighting from 10% to at least 30% from NCGM, research and some service providers. Gambling industry (Other) tended to support the 10% expenditure weighting, which incidentally would result in a lower levy payment requirement.</p>	<p>The Ministry has amended the proposals to note there is strong evidence to support an increase in the weighting on expenditure to 30%, and this is its preference.</p>
<p>NCGM did not support residential care or face-to-face support whereas service providers, health providers and consumers supported new models of care and support.</p>	<p>The Ministry has provided additional information to clarify the pilot nature and scope of these activities, and to confirm that they will be evaluated and that there is no intention to build new facilities.</p>
<p>Models of care/support need to better reflect language and cultural diversity of people at risk and their needs, eg, to overcome stigma or shame, provide language support and culture specific delivery models (Māori, Pacific and Asian).</p>	<p>The strategy has been amended to indicate the Ministry proposes to pilot new services/models of care to address inequity and barriers to access. Limited redrafting in several sections to highlight the need for services to address cultural barriers, provide language support and culture specific delivery models of care e.g. through codesign and consumer input.</p>
<p>More effective health promotion and prevention services, with a face to face support for vulnerable groups.</p>	<p>The Ministry has amended the service plan to prioritise greater use of service codesign and consumer input in public health services, and to use pilots to develop and trial more effective ways of reaching and supporting vulnerable groups. It will also trial peer support.</p>

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Support for research into new areas, action research and programme evaluations to identify what works best and drivers of persistent/relapse harmful gambling behaviour.	The Ministry has amended the research and evaluation sections in strategy and service plan to highlight these priorities, strengthening the role of action research and evaluation. It has also increased the evaluation budget.
Calls for clearer regulatory/policy direction and guidance from central government on venue location.	The Ministry has amended strategic objective 4 priorities to include this item, which will be referred to the joint work programme with DIA.
Minimal support for financial incentives to relocate non-casino gaming machines, although considerable feedback was received on how to minimise harm.	The consultation document indicated decisions about this would come after decisions about the next strategy. Amended strategic objective 4 priorities to include this in our joint work with DIA.
A wide range of views were expressed about how the levy formula could be changed to better reflect gambling harm.	The consultation document indicated decisions about this would come after decisions about the next strategy. Amended strategic objective 4 priorities to include this in our joint work with DIA.
To a lesser extent there were comments about the need (or not) for peer support, consumer networks, screening, workforce development.	<p>The Ministry has amended the strategy to note it proposes to:</p> <ul style="list-style-type: none"> • trial peer support and residential care models, and introduce consumer networks, for gambling services. (These are all well established in other mental health and addiction services.) • explore ways to introduce screening for gambling harm among front line and primary health support services to promote earlier detection of gambling harm and reduce the ongoing impact on quality of life • explore ways to improve the levels of cultural competence and general training as appropriate for health professionals, peer support workers, cultural navigators and persons working in host responsibility roles.