



7 February 2024

J Bruning

By email: fyi-request-25085-ae31ee39@requests.fyi.org.nz
Ref: H2023033842

Tēnā koe

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health - Manatū Hauora (the Ministry) on 8 December 2023. We note that you made four similar requests on 8 December 2023, for information specifically held by individual directorates within the Ministry. The current request specified.:

“This request is directed to Deputy Director-General – Maree Roberts, who is responsible for Strategy Policy and Legislation and staff within this directorate. Please do not forward this to another department within the Ministry of Health.

Parts 1 to 3 of your request is copied and responded to below.

1. *Budget for this team for the current and estimated next (2024/2025) financial year.*

The budget for the Strategy, Policy and Legislation directorate for the 2023/24 financial year is \$21.271 million. The 2024/25 budget has not been allocated or estimated.

2. *Income of the Deputy Director-General Strategy Policy and Legislation, and numbers of team members and the incomes of the senior leadership team.*

The information requested is outlined in the tables below.

Table 1. *Deputy Director-General and Senior Leadership incomes*

Position	Pay-band	Pay-band Midpoint
Deputy Director-General	24E	\$286,992
Group Manager	22G	\$216,144

Table 2. *Deputy Director-General team members*

Position	Direct Reports	Indirect Reports	Total
Deputy Director General	9	1	10

There are a total of 131 Full Time Equivalent staff in the Strategy, Policy and Legislation Directorate, including a number of vacant positions (23 vacancies as of 31 January 2024).

3. *Terms of reference/expectations for this team and the name of the head of department that established the terms of reference/expectations for this directorate and team.*

There are no “terms of reference/ expectations” for the Strategy, Policy and Legislation directorate.

4. *Information (for populations older than, and under 18 years) held by or requested by this directorate including research/memos/advice/emails as relating to:*

- a. *The prevalence of metabolic syndrome in New Zealand, a cluster of symptoms characterised by central obesity, dyslipidaemia, hypertension and insulin resistance.*
- b. *Current and predicted cost to the health system from metabolic syndrome which presents as multimorbidity (i.e. cost of multimorbidity for those diagnosed with metabolic syndrome).*
- c. *Metabolic syndrome and multimorbidity as a risk factor for viral and bacteriological infections.*
- d. *Metabolic syndrome as a risk factor for poor mental health.*
- e. *Socioeconomic status as a predictor for metabolic syndrome.*
- f. *Diet high in ultraprocessed food as a predictor for metabolic syndrome.*
- g. *Population level data relating to nutrient deficiency (which may include but is not limited to vitamins B,D,C and iron) by age and socio-economic status.*

5. *Information held by or requested by this directorate including research/memos/advice/emails for long-term strategy, setting direction and priority areas for investment and policy implementation. Scoping or cost/benefit analyses undertaken:*

- a. *Reducing ultraprocessed food consumption to improve mental health and/or metabolic syndrome, for example based on reduction of years of healthy life lost due to disability (YLDs) and years lost due to premature mortality (YLLs).*
- b. *Public education campaign: Diet quality/nutrition status as a predictor for mental health risk; diabetes risk; and/or cancer risk.*
- c. *Public education for healthy cooking and food preparation. Primary, secondary and for expectant parents.*
- d. *Potential for medical practices to staff publicly funded nutritionists/dieticians to support dietary changes in patients diagnosed with mental illness, diabetes and cancer.*

6. *Analyses/Reviews/Reports received or undertaken by this directorate to understand international developments:*

- a. *Meta-analyses to identify effectiveness of nutrition as protective for mental health.*
- b. *Countries that tax ultraprocessed food (UPF) and/or sugar sweetened beverages; tax levels, food products targeted for taxation, year established, end-point.*
- c. *White paper/scientific reviews on the effectiveness of UPF tax policies in OECD nations.*
- d. *OECD countries that provide healthy vegetable and meat-based school lunches.*

On 14 December 2023 we contacted you to clarify parts 4-6 your request and advised Manatū Hauora (the Ministry of Health) does not widely use the metabolic syndrome classification. We asked you to clarify if you are seeking information specifically about metabolic syndrome only or have a broader interest in obesity, diabetes, hypertension, etc. Your clarified request is copied below:

4. *Information (for populations older than, and under 18 years) held by or requested by this directorate including research/memos/advice/emails as relating to:*

- a. *Metabolic syndrome is recognised by the World Health Organization. Any reports and white papers held which reference metabolic syndrome (a cluster of symptoms characterised by central obesity, dyslipidaemia, hypertension and insulin resistance).*

- b. Current and predicted cost to the health system from multimorbidity (i.e. cost of multimorbidity) for those diagnosed with Cardiovascular Disease or at risk for Cardiovascular Disease.*
- c. Diabetes status as a risk factor for viral and bacteriological infections.*
- d. Diet/nutrition status as a risk factor for poor mental health.*
- e. Socioeconomic status as a predictor for cardiovascular disease.*
- f. Diet high in ultraprocessed food as a predictor for cardiovascular disease.*
- g. Population level data relating to nutrient deficiency (which may include but is not limited to vitamins B,D,C and iron) by age and socio-economic status.*
- 5. Information held by or requested by this directorate including research/memos/advice/emails for long-term strategy, setting direction and priority areas for investment and policy implementation. Scoping or cost/benefit analyses undertaken:*
- a. Reducing ultraprocessed food consumption to improve mental health and reduce cardiovascular disease, for example based on reduction of years of healthy life lost due to disability (YLDs) and years lost due to premature mortality (YLLs).*
- b. Public education campaign: Diet quality/nutrition status as a predictor for mental health risk; diabetes risk; and/or cancer risk.*
- c. Public education for healthy cooking and food preparation. Primary, secondary and for expectant parents.*
- d. Potential for medical practices to staff publicly funded nutritionists/dieticians to support dietary changes in patients diagnosed with mental illness, diabetes and cancer.*
- 6. Analyses/Reviews/Reports received or undertaken by this directorate to understand international developments:*
- a. Meta-analyses to identify effectiveness of nutrition as protective for mental health.*
- b. Countries that tax ultraprocessed food (UPF) and/or sugar sweetened beverages; tax levels, food products targeted for taxation, year established, end-point.*
- c. White paper/scientific reviews on the effectiveness of UPF tax policies in OECD nations.*
- d. OECD countries that provide healthy vegetable and meat-based school lunches.*

The Strategy, Policy and Legislation directorate does not hold any information in scope of parts 4 – 6 of your request. The Ministry recognises that eating well is fundamental to good mental wellbeing and supports our goal of Pae Ora – Healthy Futures for all New Zealanders. Our role is to provide advice to the Government of the day and contribute to the work programme supporting the overarching aims for the health system.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā

A handwritten signature in blue ink that reads "Maree Roberts". The signature is fluid and cursive, with the first name "Maree" and last name "Roberts" clearly legible.

Maree Roberts
Deputy Director-General
Strategy Policy and Legislation | Te Pou Rautaki