MANATŪ HAUORA
MINISTRY OF HEALTH

Briefing

Confirming direction of travel for Iwi-Māori Partnership Boards to be strategic commissioners from 1 July 2025

Date due to MO:	25 June 2024	**Action required by:**	1 July 2024
Security level:	IN CONFIDENCE	**Health Report number:**	H2024044573
To:	Hon Dr Shane Reti, Minister of Health		
Consulted:	Health New Zealand: ☒		

Contact for telephone discussion

Name	Position	Telephone
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Minister's office to complete:

☐ Approved	☐ Decline	☐ Noted
☐ Needs change	☐ Seen	☐ Overtaken by events
☐ See Minister's Notes	☐ Withdrawn	

Comment:

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Confirming direction of travel for Iwi-Māori Partnership Boards to be strategic commissioners from 1 July 2025

Security level:	IN CONFIDENCE	**Date:**	25 June 2024
To:	Hon Dr Shane Reti, Minister of Health		

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Purpose of report

1. This briefing provides you with confirmation of decisions made to date on the minimum viable priorities (MVP) for Iwi-Māori Partnership Boards (IMPBs). It also provides you with advice and seeks your decision on clinical priorities to include in the MVP for IMPBs.

Summary

2. You have agreed to the two pre-conditions required to form the MVP for IMPBs to undertake strategic commissioning functions from 1 July 2025 [H2024039006 refers]:

   a. By September 2024, a community health plan is in place for all IMPBs that sets out how they will deliver their legislative functions over the next 3-5 years. This includes a local needs assessment to determine community health priorities, annual and other plan priorities, and accountability and monitoring arrangements.

   b. IMPBs are integrated in Health New Zealand's (Health NZ) business planning, service design and service monitoring processes from January 2025, and are able to influence the planning, design and monitoring of health services in line with their priorities from 1 July 2025.

3. You have requested an important component to the MVP, a set of Māori health clinical priorities, which will align with the priorities identified by IMPBs in their community health plans and support IMPBs to target key Māori health issues. It is proposed that the clinical priorities for the MVP are focused on addressing the eight-year disparity in life expectancy at birth for Māori compared to European/Other people.[1]

4. Officials are proposing four clinical priorities for the MVP for IMPBs. The clinical priorities are based on robust evidence, respond to your direction to focus on increasing life expectancy and were developed using the below set of criteria:

   a. High impact: Current evidence indicates there are stark inequities in the relevant priority area, and that targeting these outcomes will have a high impact on Māori health and the health system more broadly.

[1] Demography life expectancy projections (2018-base), Stats NZ. 2024.

b. Strategic alignment: Aligns with Government priorities and health targets as set out in the Government Policy Statement on Health (GPS), as well as the population priorities identified by the Hauora Māori Advisory Committee (HMAC).

c. Quality and accessible data: The Ministry or Health NZ has regular access to data and insights that can be disaggregated by ethnicity and IMPB rohe.

d. IMPBs' role: IMPBs can influence the priority area in their strategic commissioning and monitoring roles at the local level.

5. The four proposed clinical priorities are:

a. Clinical priority 1: Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes and cardiovascular disease.

b. Clinical priority 2: Māori are protected from communicable diseases across the life course through the use of immunisations.

c. Clinical priority 3: Detection, screening and diagnosis of cancers are timely, comprehensive and effective.

d. Clinical priority 4: Rangatahi experience stronger mental health and resilience through better access to preventive and clinical mental health services.

6. Following your feedback, officials will include your preferred clinical priorities in the MVP for IMPBs.

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Recommendations

We recommend you:

a)	**Confirm** the addition of a set of Māori health clinical priorities to the minimum viable priorities (MVP) for Iwi-Māori Partnership Boards.	**Yes/No**
b)	**Indicate** the clinical priorities you would like to include in the MVP for Iwi-Māori Partnership Boards:	
	Clinical priority 1: Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes and cardiovascular disease.	**Yes/No**
	Clinical priority 2: Māori are protected from communicable diseases across the life course through the use of immunisations.	**Yes/No**
	Clinical priority 3: Detection, screening and diagnosis of cancers are timely, comprehensive and effective.	**Yes/No**
	Clinical priority 4: Rangatahi experience stronger mental health and resilience through better access to preventative and clinical mental health services.	**Yes/No**

John Whaanga	Hon Dr Shane Reti
Deputy Director-General	**Minister of Health**
Māori Health	
Date: 24 June 2024	Date:

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Context

1. Currently, IMPBs key functions include the need to engage with whānau and hapū about local health needs, evaluate the current state of Māori health, identify priorities, and monitor local performance.
2. Officials have provided you with advice on the next steps for IMPBs following the disestablishment of the Māori Health Authority through the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024. This has formed the basis for your update to Cabinet, *Disestablishment of Māori Health Authority – Next steps on Māori Health* [H2024042531 refers].
3. IMPBs, through the development of an enhanced 'strategic commissioning' function, are uniquely placed in the system to collectively drive and influence service decisions at the local level that impact on reducing the burden of disease for Māori.
4. This paper confirms decisions made on the MVP and seeks your decision on clinical priorities to include as an additional component in the MVP.

Confirmation of the conditions for the MVP for IMPBs

5. In previous advice from officials, you agreed to the MVP [H2024039006 refers]. You agreed to two conditions that need to be in place for all IMPBs to fulfil their legislative functions and operate successfully as strategic commissioners.
    a. By September 2024, a community health plan is in place for all IMPBs that sets out how they will deliver their legislative functions over the next 3-5 years, including a local needs assessment to determine community health priorities, annual and other plan priorities, and accountability and monitoring arrangements.
    b. IMPBs are integrated into Health NZ's business planning, service design and service monitoring processes from January 2025, and able to influence the planning, design and monitoring of health services in line with their priorities from 1 July 2025.

Officials are seeking your agreement for four clinical priorities as an additional component to the MVP

6. You have requested a set of Māori health clinical priorities be included as an additional component of the MVP for IMPBs. These clinical priorities will align with priorities that IMPBs identify in their community health plans and drive collective action towards addressing inequities in Māori health outcomes.

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7. In your update to Cabinet, *Disestablishment of Māori Health Authority – Next steps on Māori health*, you included a range of examples of the spread of burden of disease and health need for Māori, including cardiovascular disease, cancer, diabetes, and suicide.

8. It is proposed that the clinical priorities for the MVP focus on and address the eight-year disparity in life expectancy at birth for Māori compared to European/Other people[2]. This necessitates a focus on the leading conditions of Māori years of life lost:

   a. cancer (25.9% of Māori years of life lost),

   b. cardiovascular disease (22.4% of Māori years of life lost),

   c. diabetes and chronic kidney disease (7.0% of Māori years of life lost), and

   d. self-harm (6.7% of Māori years of life lost).[3]

9. These conditions also present around 14 years earlier for Māori and Māori face inequities across these areas.[4]

10. The Hauora Māori Advisory Committee (HMAC) has recently provided you with advice on a proposed list of nine population priorities to inform their monitoring role. The population priorities were developed using a set of design principles and criteria, taking a life-course and whole-of-system approach to address Māori health disparities.

11. The base analysis for the HMAC monitoring approach has also been used to inform the development of criteria to identify potential clinical priorities for the MVP for IMPB's. The criteria are:

   a. High impact: Current evidence indicates there are stark inequities in the relevant priority area, and that targeting these outcomes will have a high impact on Māori health and the health system more broadly.

   b. Strategic alignment: Aligns with Government priorities and health targets as set out in the GPS, as well as the population priorities identified by HMAC.

   c. Quality and accessible data: The Ministry or Health NZ has regular access to data and insights that can be disaggregated by ethnicity and IMPB rohe.

   d. IMPBs role: IMPBs can influence the priority area in their strategic commissioning and monitoring roles at the local level.

12. Based on these criteria, with a focus on increasing life expectancy for Māori, the below four potential clinical priorities have been identified. The priorities are framed as outcome statements to maintain the focus on high-level priorities that reflect broader Māori health outcomes:

   a. Clinical priority 1: Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes and cardiovascular disease.

   b. Clinical priority 2: Māori are protected from communicable diseases across the life course through the use of immunisations.

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[2] Demography life expectancy projections (2018-base), Stats NZ. 2024.
[3] Global Burden of Disease provisional Māori/non-Māori statistics, Ministry of Health and Institute of Health Metrics and Evaluation.
[4] Pae Tū: Hauora Māori Strategy. Ministry of Health, 2023.

c. Clinical priority 3: Detection, screening and diagnosis of cancers are timely, comprehensive and effective.

d. Clinical priority 4: Rangatahi experience stronger mental health and resilience through better access to preventive and clinical mental health services.

13. Further detail on each of the potential clinical priorities is outlined in the tables below. This analysis includes an overview of the major health impacts and outcomes for Māori, an indicative analysis of cost-benefits[5], and the opportunities or barriers to IMPB influence.

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[5] **The cost benefit analysis is based on initial work done through an external agency. It is still under development and is indicative only.**

Clinical priority 1: Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes and cardiovascular disease.		
Health impacts	**IMPB influence**	**Cost benefits**
Cardiovascular disease (22.4% of years of life lost for Māori), diabetes and chronic kidney disease (7.0% of years of life lost for Māori) collectively contribute nearly a third of years of life lost for Māori.[6] Māori are more likely to have diabetes (2.2 times as likely) and cardiovascular disease (2.0 times for ischaemic heart disease) compared to non-Māori.[7] Additionally, Māori with these conditions are more likely to experience related complications. For example, Māori with diabetes are more than three times as likely to experience renal failure hospitalisations compared to non-Māori non-Pacific peoples with diabetes.[8] These disparities lead to earlier death, contributing to the life expectancy gap for Māori. A key contributor to these inequities is the barriers that Māori experience to quality health care services to prevent and treat these conditions. For example, Māori adults were 42% more likely to not be regularly monitored for renal disease compared to European/Other patients.[9]	Diabetes and cardiovascular disease are largely diagnosed and treated through primary and community healthcare services and are key areas of focus for Māori health. IMPBs can influence through their strategic commissioning role, the design and delivery of local services and improve access for Māori to primary and community healthcare services. This will support the prevention and treatment of diabetes and cardiovascular disease. Prevention, determination and management of other long-term conditions rely on similar key aspects of the primary and community health system. Ensuring system pathways work well for Māori with diabetes and cardiovascular disease should also improve the pathways for other long-term conditions, such as gout.	Addressing the disparities in diabetes and heart disease prevalence is estimated to save the health system approximately $155 million per year. An extra 17,800 Māori adults have diabetes compared to non-Māori with an estimated additional cost of $95 million per year, and an extra 5,780 Māori adults have heart disease compared to non-Māori, with an estimated additional cost of $60 million per year.

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[6] Global Burden of Disease provisional Māori/non-Māori statistics, Ministry of Health and Institute of Health Metrics and Evaluation.
[7] Annual data explorer, New Zealand Health Survey 2022/23. Ministry of Health, 2023.
[8] Whakamaua dashboard provisional statistics. Ministry of Health, 2024.
[9] Internal presentation – Investigating the health system for Māori health. Public Health Agency, 2023.

Clinical priority 2: Māori are protected from communicable diseases across the life course through the use of immunisations.		
Health impacts	**IMPB influence**	**Cost benefits**
Immunisation uptake is a strong indicator of health service utilisation within the first 1,000 days. Immunisation rates for Māori children have decreased over the past 5 years. Current rates in June 2024, for Māori at 24 months (64% fully immunised) are 18 percentage points lower than European/Other children (82% fully immunised).[10] Additionally, Māori children were more than twice as likely to have declined immunisations (12.8% declined) compared to European/Other children (6.0% declined).[11] History has shown the disproportionate impact communicable disease outbreaks have on Māori (eg, measles, COVID-19) and this priority can support the health system in preventing future outbreaks and protecting Māori at equitable rates to non-Māori non-Pacific populations.[12,13]	Immunisation is a current health system target, and a focus area for Health NZ and primary and community care providers. Numerous primary and community initiatives are being designed and commissioned to increase immunisation rates. IMPBs will have the opportunity to significantly influence the redesign of immunisation services including applying effective approaches and lessons learned from evidence gathered from Māori health service providers during Covid 19.	Previous whānau-led vaccination drives have been shown to be more cost-effective than mainstream drives - with the Māori influenza vaccination programme 2020 ($154 per dose) and Māori influenza and measles vaccination programme 2021 ($213 per dose) estimated to be nearly a 10th the cost of the 2019 mainstream measles programme ($1,351 per dose).

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[10] Aotearoa Immunisation Register as at 17 June 2024, Te Whatu Ora. 2024
[11] Ibid.
[12] Health Sector Response to the 2019 Measles Outbreaks. Ministry of Health, 2020.
[13] 2021 COVID-19 Māori Health Protection Plan: May 2022 Monitoring Report. Ministry of Health, 2022.

Clinical priority 3: Detection, screening and diagnosis of cancers are timely, comprehensive and effective.		
Health impacts	**IMPB influence**	**Cost benefits**
Cancer accounts for nearly a third (29.5%) of years of life lost for Māori.[14] Māori are 1.3 times as likely to have cancer as non-Māori and, in 2021, Māori were 60% more likely to die from cancer compared to non-Māori. Māori are also being diagnosed later, including through emergency departments, resulting in worse cancer-related outcomes.[15] The disparity in screening uptake between Māori and non-Māori is a major contributor to this. This disparity has increased over the past 10 years, particularly for cervical and breast cancers. In May 2024, the two-year breast screening coverage rate for Māori women aged 45 to 69 years was 62% compared to 71% for European/Other women.	Cancer is one of the five NCD priorities for the Government. Locally led, whānau-focused approaches will be essential in improving access to screening services for Māori. IMPBs will have the opportunity to influence the design and delivery of future screening services as work towards this priority continues.	Investing in cancer screening makes a significant impact on cancer mortality. For example, bowel screening leads to a 16-22 percent reduction in bowel cancer related mortality and breast screening can reduce the risk of dying from breast cancer by up to a third.[16, 17]

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[14] Global Burden of Disease provisional Māori/non-Māori statistics, Ministry of Health and Institute of Health Metrics and Evaluation.
[15] Health and Independence report 2022. Ministry of Health, 2023.
[16] The cost effectiveness of bowel cancer screening in New Zealand: a cost-utility analysis based on pilot results. Sapere, July 2015.
[17] Time to Screen – Breast Screening. Ministry of Health, 2024.

Clinical priority 4: Rangatahi experience stronger mental health and resilience through better access to preventive and clinical mental health services.		
Health impacts	**IMPB influence**	**Cost benefits**
Self-harm accounts for nearly a tenth (6.7%) of life lost for Māori. Māori experience an additional 488 years of life lost due to self-harm per 100,000 people than non-Māori.[18] In addition Māori experience higher prevalence of mental health conditions. For example, Māori are more likely to experience depressive symptoms than non-Māori.[19] The peak onset of mental health conditions is within the 18-23 age group, with more than 75% of mental health disorders developing by age 24.[20] As such, it is essential that rangatahi Māori have timely access to quality mental health services. Unmet need for mental health and addiction services for Māori adults has increased between 2016/17 (6.6%) and 2022/23 (11.7%). Despite the increase in unmet need, there has been a significant increase in Māori accessing Māori mental health services since 2016/17 – with more than 58,000 Māori adults and 10,000 Māori children accessing Māori mental health services in 2022/23. [21]	Currently, focus on mental health services is largely in secondary care. However, following the Mental Health Inquiry, an increased number of preventive and clinical mental health services are delivered through primary and community healthcare services. More Māori are looking to Māori providers for mental health services, and mental health has now become one of the leading delivery services for Māori providers. As the number of clinical and preventive mental health services in primary and community care increases, IMPBs can shape and lead what the delivery of these services could look like.	Ensuring rangatahi Māori have access to the right mental health services and support could result in more than 160,000 fewer outpatient mental health consultations per year for Māori (decreasing the cost on the health system by $27.1 million per year).[22]

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[18] Global Burden of Disease provisional Māori/non-Māori statistics, Ministry of Health and Institute of Health Metrics and Evaluation.
[19] Mental Health and Problematic Substance Use Data Explorer – New Zealand Health Survey 2022/23. Ministry of Health, 2024.
[20] Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Kessler RC, Berglund P, Demler O, et al. 2005.
[21] Mental Health and Problematic Substance Use Data Explorer – New Zealand Health Survey 2022/23. Ministry of Health, 2024.
[22] Estimating the economic costs of Indigenous health inequities in New Zealand: a retrospective cohort analysis. Reid, P et al, 2022.

14. Following your feedback, officials will include your preferred clinical priorities as a part of the MVP for IMPBs.

Next steps

15. You are speaking to IMPBs at the next national IMPB chairs hui on 4 July 2024, where you have indicated that you would like to announce the MVP to IMPBs. Officials are preparing your speech and will provide this to you for initial feedback on 26 June 2024.

16. Ministry of Health officials are continuing to work with Health NZ to support the implementation of the MVP for IMPB's and a first tranche testing process. This includes creating guidance on the content of the community health plans. Officials will provide you with further advice once community health plans have been finalised in September 2024.

17. Officials are available to discuss this advice at your request.

ENDS.

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Minister's Notes

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