

Committee Secretariat  
Committee Secretariat  
Health Committee  
Parliament Buildings  
Wellington  
Phone: 04 817 9520  
[he@parliament.govt.nz](mailto:he@parliament.govt.nz)

## HE TĀPAETANGA NĀ NGĀ POARI HOURUATANGA IWI-MĀORI MŌ TE PIRE PANONI I TE TURE PAE ORA

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### A SUBMISSION BY IWI-MĀORI PARTNERSHIP BOARDS ON THE HEALTHY FUTURES (PAE ORA) AMENDMENT BILL

#### KUPU WHAKATAKI | INTRODUCTION

1. This submission is made for and on behalf of the collective of 15 Iwi-Māori Partnership Boards (**IMPBs**) across Aotearoa.
2. It is submitted in response to the Healthy Futures (Pae Ora) Amendment Bill (**the Bill**) and is high-level in nature.
3. IMPBs oppose key provisions in the Bill and seek the Select Committee's recommendation that that these provisions be redrafted to ensure the Bill achieves its objectives and is fit-for-purpose.
4. We note that each of the 15 IMPBs will be making individual submissions, and this submission merely provides for the shared interests of IMPBs as a collective.
5. The Pae Ora (Healthy Futures) Act 2022 (**the Act**) is one of the few contemporary health laws that actively embeds the principles of te Tiriti o Waitangi (**te Tiriti**) into its purpose, structure, and operation. It creates mechanisms for Māori to exercise rangatiratanga through direct participation in health governance, service design, and independent performance monitoring.
6. The Bill's proposed repeals and amendments dismantle these mechanisms, erode te Tiriti protections, and limit Māori participation to narrow advisory roles without decision-making authority. This represents a retrograde step in Crown-Māori relations, with significant constitutional implications.

#### NGĀ POARI HOURUATANGA IWI-MĀORI | IWI-MĀORI PARTNERSHIP BOARDS

7. IMPBs are provided for under s 6 of the Act, to enable Māori to have a meaningful role in the planning and design of local services.
8. Since the passing of the Act in 2022, 15 out of 17 IMPBs have been established and operational.
9. Since the disestablishment of Te Aka Whai Ora (the Māori Health Authority), IMPBs alongside the Hauora Māori Advisory Committee (**the HMAc**), serve as the statutory bodies under the Act that give effect to the Crown's obligations to support and engage with iwi, and honour te Tiriti and its principles.

## TE PIRE | THE BILL

10. According to the Bill's general policy statement,<sup>1</sup> the objective of the Bill is to "improve the effectiveness of health services delivery to patients.
11. The amendments will achieve this objective by—
  - 11.1 refocusing the purpose, objectives, and functions of Health New Zealand:
  - 11.2 strengthening Health New Zealand's focus on infrastructure:
  - 11.3 strengthening governance, strategic direction setting, planning, and monitoring arrangements for health services delivery:
  - 11.4 clarifying roles and responsibilities."
12. The Bill purports to complement the ongoing activities of the Government as part of its Health Delivery Plan.
13. The Bill also outlines that it seeks to clarify the role and responsibilities of iwi-Māori in relation to the delivery of health services, by:
  - 13.1 Strengthening the role of the Hauora Māori Advisory Committee (**the HMAc**) by giving it a statutory purpose: to provide advice to the Minister and Health New Zealand on health services for Māori; and
  - 13.2 Clarifying the role of IMPBs so that their function is to engage with Māori communities about health needs in their area and provide advice to the HMAc.
14. The Bill proposes the repeal and/or replacement of provisions in the Act that impact upon IMPBs in both a direct and indirect way. Namely, ss 3, 6, 7, 14, 15, 16, 16A, 29, 30, 33, 36, 42 and 89.
15. The Bill also proposes the addition of new and complete provisions that impact on IMPBs. Namely, at ss 17, 36A, 49, 50, 51, and 52.
16. Many of these changes are not simply technical or administrative; they will directly harm Māori communities. Repealing sections that require engagement, cultural responsiveness, and monitoring of Māori health outcomes will:
  - 16.1 Reduce culturally safe service delivery, leading to more Māori disengaging from the health system;
  - 16.2 Remove independent monitoring, meaning inequities may go unreported or unaddressed; and
  - 16.3 Undermine locally tailored service design, resulting in one-size-fits-all health interventions that fail to meet Māori needs.
17. These concerns are supported by the Waitangi Tribunal's *Hauora Report*,<sup>2</sup> which found that the Crown's failure to design and deliver a health system that gives effect to te Tiriti has been a primary cause of persistent health inequities. Current Ministry of Health data continues to show a 7-8 year gap in life expectancy between Māori and non-Māori, and higher rates of preventable hospitalisations for Māori across multiple conditions.<sup>3</sup> Evidence demonstrates that kaupapa Māori services improve engagement, access, and outcomes for Māori, outcomes that the Bill's proposed repeals would jeopardise.

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<sup>1</sup> Healthy Futures (Pae Ora) Amendment Bill, Explanatory note, <https://www.legislation.govt.nz/bill/government/2025/0179/15.0/d19357087e2.html>

<sup>2</sup> Waitangi Tribunal, *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Wai 2575, 2023).

<sup>3</sup> At [2.5].

## NGĀ TĀPAETANGA | SUBMISSIONS

18. IMPBs do not support any changes to the Act that replace, weaken, or invisibilise te Tiriti o Waitangi, the Treaty of Waitangi and its principles.
19. IMPBs are troubled by the proposed changes in the Bill, which will narrow and minimise roles, responsibilities and functions under the Act.
20. The Bill's repeal of provisions in s 6 of the Act is opposed because it erodes the current te Tiriti protections in the place and undermines the overall Tiriti-compliance of the health sector, including the right of Māori to exercise authority over matters affecting Māori wellbeing at s 6(f).
21. The Bill's repeal of s 7 of the Act is opposed because it removes any statutory obligation for the Minister, the Ministry and each health entity to be guided by principles that ensure equity in the health sector.
22. The Bill's repeal of s 14(1)(n) is opposed because it removes Health New Zealand's mandatory engagement with IMPBs.
23. The Bill's repeal of s 15(b) is opposed because it provides only for Health New Zealand's mandatory support for IMPBs, and not its engagement.
24. The Bill's repeal of s 16(d)(ii) is opposed because it removes the mandatory requirement for the Health New Zealand board to ensure the maintenance of systems and processes that are capable of understanding te Tiriti, kaupapa Māori services, cultural safety, responsiveness of services, mātauranga Māori and Māori perspectives of services.
25. The Bill's repeal of s 16A is opposed because it removes the mandatory requirement to engage with and report to Māori.
26. The Bill's repeal of s 29 of the Act is opposed because it weakens the purpose of IMPBs to represent local perspectives on health outcomes based on their needs and aspirations. This significantly diminishes the purpose that is provided for in the Act.
27. IMPBs submit that s 29 should instead be replaced with a provision that:
  - 27.1 Enhances IMPB's engagement with Māori communities to provide for the needs and expectations of Māori in relation to hauora Māori outcomes.
  - 27.2 Retains the full independent health sector performance monitoring powers currently held by IMPBs; and
  - 27.3 Implements the design and delivery of services and public health interventions locally in partnership with IMPBs.
28. The Bill's repeal of s 30 of the Act is opposed because it weakens the functions of IMPBs to engage with local Māori communities about their health needs, aspirations, and health outcomes; and communicate the results and insight from that engagement to the HMAc. This significantly diminishes the functions that are provided for in the Act.
29. IMPBs submit that s 30 should instead be replaced with a provision that clarifies the role of IMPBs, by:
  - 29.1 Retaining IMPBs existing functions;
  - 29.2 Strengthening the function of IMPBs to provide advice on matters related to hauora Māori to Health New Zealand; and
  - 29.3 Ensuring that IMPBs have a statutory authority to appoint a majority of members to the HMAc;
  - 29.4 Adding the accountability of the HMAc to iwi through IMPBs.

30. IMPBs submit that the proposed new statutory function of HMAC should come with a greater level of accountability to iwi-Māori through IMPBs as iwi-Māori appointed entities. This could be provided for under s 89 by:
- 30.1 inviting IMPBs to nominate members to the HMAC (this could be done by reinstating the original provision in the Pae Ora (Healthy Futures Act 2022 (s90 (1)(a))).
  - 30.2 Requiring HMAC to take into account advice from IMPBs and report back to IMPBs on how that advice has informed its own advice to the Minister and the Health New Zealand Board.
31. IMPBs would support the addition of provisions to develop new health strategies that will include specific actions to improve Māori health outcomes, while maintaining concerns about the implementation of these health strategies without the roles and responsibilities of IMPBs and the HMAC being strengthened as submitted above; and
32. IMPBs seek to remind that given the Bill in its current form has yet to be passed, the Act remains unchanged. Therefore, Health New Zealand and all health sector entities must give effect to the current law, rather than any proposed law.

## KUPU WHAKAKAPI | CONCLUSION

33. IMPBs oppose key provisions in the Bill and seek the Select Committee's recommendation that these be redrafted. Should Parliament proceed regardless of our opposition, any amended law must retain and strengthen statutory te Tiriti protections, independent monitoring powers, and co-design mechanisms that give Māori genuine influence over health services. Removing these protections would breach the principles of te Tiriti, dismantle proven accountability measures, and risk deepening inequities in Māori health outcomes.

I tēnei rā, te 18 o Ākuhata 2025 | Dated 18 August 2025

Signatories:



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Hikitia Ropata  
Chair – Āti Awa Toa Hauora Partnership Board



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Kandi Ngataki  
Chair – Ngaa Pou Hauora oo Taamaki Makaurau

T Stewart

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Tereki Stewart  
Chair – Te Taumata Hauora o Te Kahu o Taonui

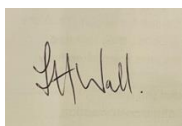


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Tania Rauna  
Co- Chair – Tairāwhiti Toitū Te Ora



Kerri Nuku and Lewis Ratapu  
Co-Chairs – Tihei Tākitimu



Louisa Wall  
Chair – Tūwharetoa IMPB



Jenny Kaka-Scott  
Deputy Chair – Te Taura Ora a Waiariki



Lydia Mains  
Co- Chair – Te Kāhui Hauora o Te Taihu



Maria Briggs  
Co- Chair – Te Kāhui Hauora o Te Taihu



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Marise Kerehi Stuart  
Co-Chair- Te Karu o te Ika Poari Hauora



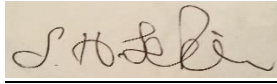
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Jake Carlson (Co Chair)  
Co Chair – Te Karu o te Ika Poari Hauora

*Rutu Swinton*

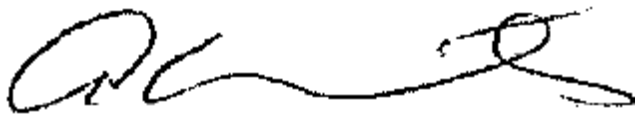
Rutu Swinton

Co Chair – Te Moana a Toi



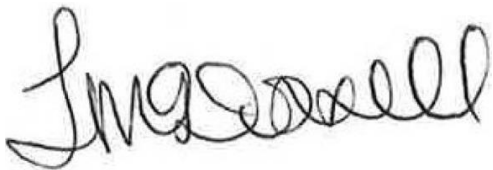
Hone Te Rire

Co Chair – Te Moana a Toi



Honey Winter

Co Chair – Te Mātuku



Te Aroha McDonnell

Co Chair – Te Mātuku



Danielle Harris

Chair – Te Pae Oranga o Ruahine o Tararua IMPB



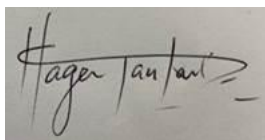
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Leanne Horo  
Chair – Te Punanga Ora

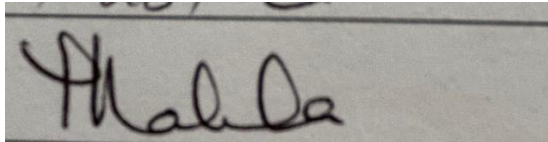




Rakihiia Tau  
Chair – Te Tauraki



Hagen Tautari  
Chair – Te Tiratū



Tipa Mahuta  
Chair – Te Tiratū