

## Submission to the Health Committee on the Healthy Futures (Pae Ora) Amendment Bill

Submitted by:



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Te Kāhui Hauora o Te Taihū Iwi Māori Partnership Board

On behalf of Te Kāhui Hauora o Te Taihū Iwi Māori Partnership Board

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### 1/ INTRODUCTION

1. Te Kāhui Hauora o Te Taihū is the Iwi Māori Partnership Board (IMPB) for Te Taihū o te Waka-a-Māui, the northern South Island, encompassing the Tasman, Nelson and Marlborough regions.

2. We represent the collective voice of the eight iwi of Te Taihū (Ngāti Apa ki te Rā Tō, Ngāti Kūia, Ngāti Koata, Ngāti Rārua, Ngāti Tama, Ngāti Toa Rangitira, Rangitāne o Wairau and Te Ātiawa o te Waka-a-Māui) and Te Taihū-based mātāwaka whānau.

3. Te Kāhui Hauora o Te Taihū wholeheartedly and firmly reject the amendments proposed in the Healthy Futures (Pae Ora) Amendment Bill, which strips the 15 Iwi Māori Partnership Boards (IMPBs) of their legislated role, reduces our function in local health settings, erases key health sector principles designed to address long-standing inequities which continue to harm Māori, reverses years of progress, and tramples on the commitments to Māori and local iwi made by the Crown under Te Tiriti o Waitangi and reaffirmed in the settlements Te Taihū iwi signed with the Crown in 2014.

4. After decades of inequity and the failure of successive governments to achieve acceptable outcomes for Māori, the Pae Ora (Healthy Futures) Act (2022) enabled Māori, through their local IMPBs, to work in partnership and participate in the design and delivery of health services to our whānau and the wider community. This amendment bill completely erases that commitment. It has been tabled without consultation and without consensus. Not only is the amendment bill yet another affront to Māori, but it will put lives at risk.

5. We therefore *call for the restoration of IMPBs' original legislative mandate, ensuring iwi and hapū remain system partners with the authority, resourcing, and independence required to protect the voice of our people.* This not only supports improvements to our local health system, but it also provides for better health outcomes for all.

6. We urge the members of the Health Committee to listen to the voices of the people, those whom you represent, and not be swayed by the anti-Māori agenda this Coalition Government is forcing upon our country. Enabling Māori a seat at the table to participate in decision-making does not take away from anyone else's rights – rather, it brings positive benefits for all.

## 2/ ORIGINAL LEGISLATIVE INTENT

7. When the Pae Ora (Healthy Futures) Act 2022 came into force, Sections 29 and 30 established IMPBs as strategic partners in the health system, a role anchored in the Te Tiriti o Waitangi provisions set out in Section 6.

8. This was not a symbolic gesture. It was a deliberate and evidence-based approach, informed by health system reviews, decades of health system strategies, and research from both Aotearoa and overseas. The findings were consistent: communities achieve

better health outcomes when they have a direct and formal voice in the prioritisation, design, and delivery of services that affect them.

9. The original legislation supported a decentralised model, bringing decision-making and performance monitoring closer to the people most affected by those decisions. This approach allowed for strengthened accountability and improved responsiveness, and meant solutions could be shaped by those with the deepest understanding of local realities. IMPBs were created to give effect to this intent, with clear and practical functions that enabled us to influence the health system at both local and national levels. These included:

- Setting local Māori hauora priorities and outcomes that would inform and guide local planning and commissioning actions.
- Participating in local health planning using our trusted relationships and deep connections with whānau, hapū, iwi, and the wider community.
- Monitoring local health system performance against agreed local, regional, and national targets and measures, with the goal of improving Māori health outcomes, local system efficiency and performance, and eliminating inequities that cost our health system.
- Supporting and leading improvement initiatives in partnership with the local health system, ensuring action is taken where performance is not meeting agreed standards.
- Reporting to whānau, hapū, and iwi to demonstrate how their voices are being translated into tangible change and measurable improvement.
- Advising on the appointment of Māori members to the Hauora Māori Advisory Committee (HMAC), ensuring local perspectives are represented and heard at a national decision-making level.

10. This legislative design recognised that iwi and hapū are not just stakeholders to be consulted; we are Te Tiriti partners with both the right and responsibility to shape how the health system performs for our people. The proposed amendments dismantle this intent, shifting us from being active system leaders to passive advisors. This is a change that is both unnecessary and harmful.

### 3/ IMPACT OF THE PROPOSED AMENDMENTS

11. If passed, the Amendment Bill will fundamentally weaken the role of IMPBs and reverse the gains made to date. Specifically, it will:

- a. Dismantle our partnership with Health New Zealand (HNZ)*

The amendments replace our Tiriti-based partnership with a one-way reporting line to the Hauora Māori Advisory Committee (HMAC), established under section 89 of the Pae Ora (Healthy Futures) Act (2022) for the sole purpose of advising the Minister of Health.

This amendment fundamentally shifts the relationship with HNZ, and places Māori once again in the backseat. We note that all former District Health Boards operated with a Māori advisory council or committee, and we saw no change in outcomes as a result of that structure. The amendments now before the committee take us back to the future: the collective voice of our whānau, and of the local health, iwi, and community entities we work alongside to improve our health system, will be reduced to a filtered report and our ability to hold the local health system accountable for poor Māori health outcome will effectively disappear.

*b. Remove our investment planning, monitoring, improvement, and priority-setting powers*

The amendments strip our ability to shape local investment decisions, monitor system performance, or lead improvement actions. Without a legislative requirement for HNZ to respond to our priorities, the voices of our people will be sidelined once again. This perpetuates the very underperformance and inequities that have plagued Māori health for decades. These inequities carry both a human and financial cost for our local health system.

*c. Erode accountability and responsiveness to local needs*

Our role would be reduced to “community engagement” and “feedback,” without any authority to influence decisions or drive action. This undermines responsiveness to Māori needs and aspirations in Te Taihū and removes a critical lever for ensuring that services are both equitable and effective.

*d. Dismantle a proven mechanism for local leadership and innovation*

The original partnership model enabled local solutions and innovations to thrive, and as IMPBs, we were only just getting started. In Te Taihū, iwi-led partnerships have already delivered significant improvements, such as the development of [local community renal dialysis services](#) and targeted iwi-driven initiatives addressing specific health issues. These successes were possible because decision-making power was local and collaborative. Centralising control will stifle this progress and weaken our ability to respond to community needs.

#### 4/ REINSTATING INTENDED FUNCTIONS AND STRENGTHENING IMPBS

12. If this Government is serious about improving health outcomes for Māori and building a system that is accountable, efficient, and patient-focused, then IMPBs must be restored to their original role and, in fact, strengthened to reflect the additional responsibilities that now sit with HNZ following the disestablishment of Te Aka Whai Ora.

13. We do not seek symbolic recognition or passive advisory roles. We seek to operate as true system partners: independent, resourced, and empowered to lead, influence, and hold the health system to account for our people. But we want to do this in a way that is truly supportive and collaborative with HNZ and other system entities. Our value lies in our deep relationships with whānau, hapū, iwi, and our understanding of the health and wellbeing needs of the people who live in our rohe. Our tangata whenua iwi have proven time and time again, and particularly throughout the Covid pandemic, that when we work in partnership, positive change does happen.

14. We therefore call for the original functions of the IMPBs to be reinstated and propose several ways in which these can be further strengthened:

1. Co-commission kaupapa Māori services  
In partnership with HNZ, allow IMPBs to co-commission Māori-focused services and initiatives, including their planning, procurement, and monitoring.
2. Set local and regional Māori health priorities and outcomes, and align with national priorities proposed by HMAAC  
Define, in partnership with communities, HNZ and other local entities, the outcomes that matter most to Māori in our rohe and ensure these directly inform local and regional health planning.
3. Co-design of health services  
Allow IMPBs to work alongside HNZ to design services and models of care through meaningful co-design of services they commission and deliver.
4. Monitor system performance  
Reinstate IMPBs' authority to assess health services against agreed targets, measures, and equity outcomes, and to work locally on remedial action when performance is inadequate.
5. Nominate members to HMAAC

Restore the original process enabling IMPBs to nominate Māori members to the Hauora Māori Advisory Committee, ensuring national Māori health leadership reflects the voices of iwi and hapū across the motu.

6. Be structurally and financially resourced

Guarantee sustainable baseline funding and operational support to enable IMPBs to fulfil their mandate, including administrative, analytical, and commissioning capabilities.

15. Strengthening IMPBs in this way is not only a matter of honouring Te Tiriti o Waitangi. It is a practical, evidence-based strategy for delivering more responsive, efficient, and equitable health services. Where IMPBs have been involved in genuine partnership, we have seen tangible improvements across Aotearoa.

## 5/ FURTHER OPPOSITION TO PROPOSED AMENDMENTS

16. We specifically note our opposition to the following amendments to the Healthy Futures (Pae Ora) Amendment Bill:

a/ We oppose some changes to Section 6 – Te Tiriti o Waitangi. Its original intent gave a powerful underpinning to the entire Bill that later sections built upon. Without a strong Te Tiriti foundation, sections about our purpose and function lose a connection to its principles. These principles:

- Placed a clear and greater level of accountability on the health system for hauora Māori outcomes [Section 6(a)].
- Required Health New Zealand (HNZ) to engage meaningfully with IMPBs in the planning and design of local services [Section 6(f)].
- Established HNZ's explicit responsibility to engage with IMPBs, seek and incorporate their input into performance monitoring, and respond to their advice.

The current Bill's amendments downgrade these obligations to mere "support" and information-sharing, removing enforceable duties and eroding our partnership with the local health system.

b/ We oppose the repeal of Section 7 in its entirety. This section provided an important statutory safeguard by embedding hauora Māori and partnership principles into the health system. Rather than weakening or removing these principles, the Act should retain and strengthen them to ensure that Te Tiriti o

Waitangi obligations, Māori health equity, and culturally safe practice remain core requirements across the health system. We believe that all entities in the health system, including HNZ, should be held accountable for these and that their application of these principles in decision-making should be a non-negotiable responsibility.

c/ We strongly oppose any repeal of sections 12 and 16, particularly 12(3)(a) and 16(1)(d)(ii). Instead, we call for their retention — or even enhancement — to safeguard Māori representation and Te Tiriti-centred governance at HNZ board level and view these as important core competencies for any governance member in the health system.

d/ We oppose the amendment to section 14(1)(n) and instead propose the following as a core function of HNZ:

- “engage with Iwi Māori Partnership Boards locally and regionally, and the Hauora Māori Advisory Committee nationally.”

This amendment aligns with other amendments we have proposed to maintain our partnership with, and oversight of, HNZ performance at a local and regional level, enabling local action and improvements to occur within a national framework overseen by HMAAC and driven by their priorities and national health targets. We believe these two can co-exist.

e/ We oppose the weakening of Section 15 in the Amendment Bill. We recommend retaining Section 15 in its original wording, with additional clarity that HNZ must:

- Provide multi-year baseline funding to enable IMPBs to perform commissioning, monitoring, and engagement functions effectively.
- Share Māori health data and analysis to enable evidence-based decision-making, co-design and commissioning of local and regional health services for Māori.
- Act in response to the recommendations made by IMPBs at a local and regional level to achieve hauora Māori outcomes.

f/ We strongly oppose the repeal of Section 16A. Replacing a legislated requirement with voluntary engagement weakens Māori influence and accountability in the health system, and disregards evidence that states that greater accountability is a hallmark of high-performing and equitable health systems.

We recommend retaining Section 16A in full, recognising that formal engagement and reporting mechanisms for Māori are essential to upholding Te Tiriti o Waitangi and ensuring Māori concerns meaningfully inform HNZ actions.

Our view is that this section needs to be strengthened with the following changes:

- Include after 16A(a)(i) “engaging with IMPBs for the purpose of responding to these needs and achieving these aspirations by designing, commissioning and delivering improved services, and together leading improvement action.”
- Enhance 16A(b) “report back to Māori ‘annually’ on how engagement under this section has informed the performance of its functions.”
- Include after 16A(b) “report back to IMPBs annually on how the partnership under this section has improved local and regional service provision to Māori.”

g/ We strongly oppose the amendments to Sections 29 and 30 and propose reinstating these sections with the following enhancements. As stated earlier in this submission, watering down the influence of Māori, through our IMPB structure, is not based on research or the reality of action on the ground. If this government truly wants to improve the health system for all, especially its most vulnerable members, we not only need to reinstate the functions of the IMPBs but also enhance these.

We propose including commissioning and planning functions in Section 29 by adding:

- (d) to act as local commissioner for kaupapa Māori services in alignment with Māori health priorities identified by iwi and hapū in each IMPB area.
- (e) to ensure Māori communities are directly involved in the planning, funding, and monitoring of health services within their area.
- (f) to support HNZ to make the necessary decisions and improvements to how health services are planned, funded and delivered in relation to their performance for Māori.

In Section 30, explicitly empower IMPBs to:

- (h) plan, commission, and monitor kaupapa Māori health services
- (i) co-develop regional health and service plans with HNZ
- (j) evaluate health service performance from a Māori equity and rights-based perspective
- (k) report independently to Māori communities and Parliament on system performance for Māori

h/ We propose reinstating Section 90 in its original form, allowing IMPBs to nominate Māori members to HMAAC, and requiring the Minister to provide timely notification and support for a fair, transparent process.



i/ Te Kāhui Hauora o Te Taihū also take issue with Amendment 4 in Part 1 – Amendments to [the] principal Act, which proposes that the name of the current act, “Pae Ora (Healthy Futures) Act 2022,” is replaced with “Healthy Futures (Pae Ora) Act 2022”. We ask why this is necessary. Te reo Māori is an official language of this country. This change appears to be a petty and wholly political move designed to again downgrade the position of Māori and te reo me ona tikanga and uphold destructive, colonist beliefs. Should this amendment be accepted, it will do nothing but clearly illustrate the alternative motives behind the legislation changes now before you. Are our elected representatives happy to support a divided nation? Do you honestly support the continuous belittling of te reo Māori? The health system in this country is in dire straits. Your job is to ensure people are protected and looked after, and that our tax dollars are spent wisely. Changing the name of the act will do nothing to create better outcomes for the people and communities of Aotearoa. We implore you to put a stop to the divisive race-baiting that has become a hallmark of this current Government.

## 6/ CONCLUSION

17. Te Kāhui Hauora o Te Taihū wholeheartedly reject the amendments proposed in the Healthy Futures (Pae Ora) Amendment Bill and call for the restoration of IMPBs’ original legislative mandate, ensuring iwi and hapū remain system partners with the authority, resourcing, and independence required to protect the voice of our people, work to improve our local health system, and deliver better health outcomes for all.

18/ We urge our elected members to take heed of research and evidence detailing the sustained failures of the health system for Māori and allow IMPBs and the health system time to prove that partnership is the answer.