



Te Kāhui Hauora o Te Taihū Iwi Māori Partnership Board

Pūrongo ā-Tau | Annual Report

Hūrae 1, 2024 – Hune 30, 2025 | July 1, 2024 – June 30, 2025



Mihi

Acknowledgments

Tihei Mauri ora! I runga i te mana o Te Kāhui Hauora, e hiahia ana mātou ki te tuku mihi ki te hunga katoa i tautoko mai i te tīmatanga. Ahakoa ngā wero i teara, kua tutukipai mātou, ā, me tukumihi ki ngā whānau puta noa i tō mātou rohe mō ō rātou kōrero me ō rātou whakaaro. He tohu tēnei Pūrongo mō te hunga katoa i whaiwāhi mai ki tō mātou tipu. Tēnei te mihi rawa a tuki a koutou katoa.

We acknowledge the eight iwi of Te Taihū and māta waka and for their support as we continue the push for health equity in our rohe.

We acknowledge our Te Taihū Māori health providers for their dedication and support of all whānau Māori and their wider communities: Te Piki Oranga, Maataa Waka ki Te Taihū, Te Hauora o Ngāti Rārua, Te Kotahi o Te Taihū Trust, Hawaiki Kura, Manu Ora, and Hei Kai Ke Aku Ringa. The work of all these organisations is essential in supporting the well-being of our communities.

We acknowledge the marae of Te Taihū for being the safe space and endless well of support for whānau across decades.

We acknowledge the engagement, collaboration and partnership of our Te Taihū public health organisations, Nelson Bays Public Health and Marlborough Primary Health.

We acknowledge kaimahi working in the health system, including Te Whatu Ora's Māori health directorate here in Te Waipounamu. Your collaborative spirit and commitment to improving health outcomes in Te Taihū will continue to play a vital role as we all work together to achieve better health outcomes for Māori and a health system that reflects who we are.

We acknowledge the many who have come before us in the fight to achieve health equity for Māori.

Finally, we recognise and appreciate all the efforts made by those who continue to support and uplift whānau across the region.

We look forward to continuing to work with you all in the year ahead.

E mihi nui ana ki a koutou katoa.



Rārangi kaupapa

Contents

| | |
|---|----|
| I ngā Heamana Taurua From the Co-Chairs | 6 |
| Tā mātou whakapapa Our whakapapa | 8 |
| Ō mātou iwi Our iwi | 10 |
| Tō mātou rohe Our rohe | 11 |
| Ō mātou tāngata Our people | 12 |
| He Tirohanga o Te Tōkeke-Kore Snapshot of inequity | 14 |
| Ngā Puna Raraunga Data sources | 16 |
| Te whakahaere Governance | 17 |
| Ngā aratohu mō mātou What guides us | 18 |
| Ngā mea whakapūmau mō mātou What grounds us | 19 |
| Ā mātou mahi What we do | 20 |
| Arotake ā-tau: Te whakahou pūnaha Year in review: System reset | 21 |
| Arotake ā-tau: Te Ture Pae Ora Year in review: Pae Ora Act | 22 |
| Te Reo o te Whānau: Te Whakamahere Hauora o Te Taihū Whānau Voice: Community Health Plan | 24 |
| Te Reo o te Whānau: Ngā aronga mō tō mātou rohe Whānau Voice: Priorities for our rohe | 25 |
| Te Aroturuki Monitoring | 26 |
| Te Whakamahere rautaki Strategic planning | 27 |
| Te Tau i te tirohanga whānui Year at a glance | 30 |
| Ngā kōrero whakakapi Closing | 32 |
| Pūrongopūtea Financial statements | 33 |

Ngā Heamana Taurua

From the Co-Chairs

It has been a difficult year, shaped by a challenging political environment. While the resulting uncertainty has tested the health system and those working within it, we have remained firmly focused on our kaupapa and hapori Māori of Te Taihū.

We pause to remember those we have lost during the year under review. We acknowledge our iwi partners, our hauora partners, and all whānau of Te Taihū and we thank those within the health system who remain committed to working with us and understand the power of authentic relationships.

Although IMPBs have been tested this year, we also recognise important progress across our rohe – work toward opening of the dialysis clinic at Wairau Hospital represented a significant step forward in improving access to life-saving care for whānau Māori closer to home. We also recognise the many kaupapa across our iwi partners, hauora Māori providers, and the health system that continue to support Māori hauora. Inequities we face are not the result of our own doing. System change is required, and that takes a collective of whānau, hapū, iwi, providers, clinicians, health leaders, policymakers, all of us, working together to make that happen.

Our job is to carry the voice of whānau to influence the health system from within – as a partner, not a token entity. Needless to say, the political and legislative environment has had a significant impact on our mahi this year.

Te Kāhui Hauora was established in 2023 alongside a health system committed to locality planning and local partnership. That approach was dropped in early 2024. In mid-2024, it was signalled that IMPBs would take an expanded role and transition toward strategic commissioning influence from July 1, 2025, subject to readiness. IMPBs were required to demonstrate maturity through Community Health Plans, whānau engagement, and the ability to clearly articulate Māori priorities to influence planning and decision-making. Te Kāhui Hauora met these expectations.

We have heard our people clearly and consistently. However, partnership on the side of the Crown has been limited. As well as role ambiguity leading to inconsistent engagement, we have faced limited or slow access to timely, relevant local data, which has constrained our ability to robustly monitor system performance.

Nevertheless, work has continued.

In Q1 and Q2, we talked to whānau and key stakeholders, including hauora Māori providers, iwi and māta waka leaders and other hapori Māori, and completed *Te Reo Hauora o Te Whānau | Whānau Voice 1.0* and *Te Whakamahere Hauora o Te Taihū*, our Community Health Plan. The plan clearly sets out Māori health aspirations, priority areas, and expectations of partnership, and it remains a strong, whānau-led foundation for monitoring, advocacy, and future influence.

We also strengthened relationships with hauora Māori providers and the wider sector and confirmed a complex priority and monitoring framework and outcomes framework that reflect both clinical and community needs.

Against this backdrop, we acknowledge our kaimahi. We thank Patricia Joseph, who took us from establishment to operational phase, as Pouwhakahaere from April 2024 to February 2025, and Naomi Solomon, who stepped into the interim Pouwhakahaere role from March to July 2025. We also acknowledge the work of partners PwC through this reporting period.

Likewise, we offer a heartfelt thank you to current and former Board members, representing the eight Te Taihū iwi and māta waka. Their knowledge, experience and advocacy for whānau is invaluable. We particularly thank previous Co-Chairs, Patrick

Smith, the representative for Ngāti Apa ki te Rā Tō, and Leanne Manson, the representative for Ngāti Tama ki te Tauihu, for their contribution, particularly in the challenging establishment phase.

While outside of the reporting period, we also acknowledge the work of Pouwhakahaere Dr Kim Ngawhika, who was appointed in July 2025. Kim has stepped into leadership at a complex time. Her skill, experience, and achievements strengthen the Board and support our mahi as we continue to navigate an evolving system.

Te Kāhui has established a credible, whānau-led evidence base and priority framework that remains valuable regardless of future legislative settings. We will continue to protect whānau voice, recognising that any shift away from local commissioning influence increases the risk that Māori priorities become diluted at national or regional levels.

We remain committed to partnership and to ensuring that Māori health equity is upheld as a shared responsibility across the system. We will continue to be vigilant and advocate for Te Tiriti-consistent arrangements as a system-level obligation, not an optional input.

Our core purpose remains unchanged. Ultimately, our work is about whānau. Regardless of how the system continues to change, the value of this mahi endures. Like a waka moving through shifting conditions, we continue to adjust our course while holding fast to our kaupapa.

Ngā mihi nui ki a koutou katoa.



Lydia Mains

Co-Chair Rangitāne o Wairau representative



Maria Briggs

Co-Chair Mātā waka representative

Tā mātou whakapapa

Our whakapapa

While a relatively new entity, Te Kāhui Hauora o Te Tauīhu IMPB exists within a complex and decades-long fight for equity in Māori health.

A group of claimants, including Lady Tureiti Moxon and Janice Kuka, file an urgent claim (Wai 1315) with the Waitangi Tribunal regarding Māori health inequities and underfunding. The claimants argue that Māori are not able to exercise tino rangatiratanga in the design and delivery of primary health care, and that continued poor outcomes for Māori health were evidence of systemic problems in the primary healthcare sector. Claimants point to inadequate funding and support of Māori health providers by the Crown compared with non-Māori providers, in breach of Te Tiriti o Waitangi principles of active protection.

Acknowledging the systemic nature of issues within the health system, the Waitangi Tribunal consolidates all related claims into the broader Wai 2575 Health Services and Outcomes Kaupapa Inquiry. This inquiry examines systemic grievances across the entire health sector and investigates whether the Crown is breaching its Treaty responsibilities in the context of health services.

2005

2008

2016

2018

Wai 1315 claimants file an Application for Urgency, arguing that the Crown's primary healthcare reforms are failing Māori and causing immediate prejudice. The Tribunal declines a full urgent hearing and directs claimants to continue negotiations with the Ministry of Health. This leads to an impasse.

Labour Government Health Minister David Parker launches a significant review of the health system with the goal of future-proofing New Zealand's health and disability services. Prominent public policy expert Heather Simpson is appointed Independent Chair of the *Hauora Manaaki ki Aotearoa Whānui – The Health and Disability System Review* panel.

More than a decade since the original Wai 1315 claim was submitted, the Waitangi Tribunal releases its Stage One report into Wai 2575, which came to be known as *The Hauora Report*. The report sheds significant light on how the health sector has failed to implement Te Tiriti o Waitangi, contributing to sustained health inequities for Māori. *The Hauora Report* doesn't just highlight problems; it also proposes a strong and evidence-based series of principles to be applied across the entire health system. The report becomes a driving force for reforming the public healthcare system to improve health outcomes for Māori.

In April, the Labour Government responds to the *Health and Disability System Review* and announces major health reforms, known as the Pae Ora reforms. Among key reforms is the establishment of Te Aka Whai Ora – a new Māori Health Authority – and Iwi Māori Partnerships Boards (IMPBs) to give Māori a direct role in decision-making and resource allocation within the health system. The Pae Ora (Healthy Futures) Bill, underpinning these reforms, is introduced to Parliament in October. It aims to create a health system that better serves all New Zealanders and removes inequities for Māori by embracing hauora Māori, embedding the principles of Te Tiriti o Waitangi into health legislation and prioritising equity, partnership, and Māori health outcomes.

Te Kāhui Hauora o Te Tauihu IMPB, an alliance of the eight iwi of Te Tauihu o te Waka-a-Māui, is officially established as one of 15 Iwi Māori Partnership Boards nationwide. (In 2025, two additional IMPBs were recognised—Manawa o te Ika, covering the central North Island and Te Pūhana Ora [Rēkohu/Wharekauri – Chatham Islands]—to achieve full nationwide coverage.)

2019

2020

2021

2022

2023

Hauora Manaaki ki Aotearoa Whānui – The Health and Disability System Review is published in June, incorporating valuable insights and recommendations from *The Hauora Report*. The review strongly advocates for stronger partnerships with Māori and calls for a more prominent role for Māori in health decision-making.

The Pae Ora (Healthy Futures) Act is passed in June, officially establishing Te Aka Whai Ora, the Māori Health Authority and IMPBs as the first step to ensuring the voices of whānau Māori are heard in healthcare decision-making and to improve hauora outcomes for Māori. Under this legislation, IMPBs are given three core functions: provide Māori leadership and partnership in the health system, identify Māori health priorities and aspirations, and monitor system performance to improve health outcomes for Māori.

Ō mātou Iwi

Our iwi

Te Kāhui Hauora o Te Taihū IMPB represents Te Taihū whānau, hapū and iwi from the Kurahaupō, Tainui and Tokomaru waka, as well as mātā waka who also call this beautiful rohe home.

The tangata whenua of Te Taihū is made up of eight iwi, each of which is represented on the Board of Te Kāhui Hauora IMPB.

Bound together by whakapapa, intermarriage, co-residence and shared and overlapping customary rights, the eight iwi work together to serve all whānau Māori in Te Taihū, acknowledging that whānau wellbeing across all our communities is paramount.

Kurahaupō

Ngāti Apa ki te Rā Tō

Ngāti Kuia

Rangitāne o Wairau



Tainui

Ngāti Koata

Ngāti Rārua

Ngāti Toa Rangatira



Tokomaru

Ngāti Tama ki Te Taihū

Te Ātiawa o Te Waka-a-Māui



Our rohe

Te Taihū o te Waka-a-Māui takes in Marlborough, including Wairau, Waitohi, Waikawa, Tōtaranui, Te Hoiere, Te Pā-o-Rākau, and Kenepuru; Whakatū Nelson; and Tasman, including Waimeha, Motueka, Riuwaka, Kaiteretere, Mārahau and Mohua.

While the geographic boundary for Te Kāhui Hauora is defined for the purposes of enabling Te Kāhui Hauora to undertake its duties under the Pae Ora (Healthy Futures) Act 2022, it is not reflective of traditional and contemporary tribal boundaries.

It is our history and whakapapa that determine our unique connections to whenua and moana.



Ō mātou tāngata

Our people

Te Taihū is home to just over 19,000 Māori, representing around 12% of the total population. Our communities are made up of strong inter-connected whānau, hapū and iwi, thriving marae, and tight-knit cultural, faith, sporting, and other hapori groupings.

We are resilient, and we are growing.

We are a rohe of gardeners: Māori in Te Taihū are far more likely to grow their own fruit and vegetables compared to the national average.

The median age for Māori in Te Taihū is 26 years – significantly younger than the median age of 44 years for the area's total population. By age group, in 2023, an estimated 30% of our population was aged 0–14 years; 35.7% of us were in the 15 to 39 years bracket; 25.5% of us were 40 to 64 years old; and kaumātua aged 65, who carry the weight across generations, made up a precious 7.8% of the total Māori population.

75%

of Māori in Te Taihū are mātā waka; 25% affiliate with local iwi.

Despite having a high proportion of mātā waka, Māori in Te Taihū are just as likely to be registered with iwi and voting in iwi elections as other regions.

At least

49.3%

of Māori in Te Taihū are registered with an iwi.

From a population-based, data-driven lens, whānau Māori in Te Taihū are comparatively well, showing the smallest life expectancy gap between Māori and non-Māori in any region – 1.2 to 1.7 years locally compared with the seven-year gap nationally.

However, it is indisputable that persistent health inequities remain. These are entrenched and run deeper than statistics on a page. They are told through the voices and experiences of whānau and hauora Māori providers throughout the rohe.

Whānau views and approaches to hauora differ from how the system approaches health and highlights a fundamental divergence between indigenous and institutional perspectives on well-being.

In our first round of engagement (Q1, Q2) whānau were more interested in articulating the things that contribute to their positive wellbeing – the environment, whānau, connection, physical activity – as opposed to clinical or health issues – disease, sickness, illness. They didn't speak from a deficit approach of unhealthy or harmful behaviours such as smoking, alcohol, or lack of exercise. Instead, they spoke of the importance of social connection, and how they draw on these connections to keep well and help them through the harder times.



Better connection to the Māori community [would help]. To be better supported or informed by people who are in the same positions to help us."



Access to mental health has been an issue for over three decades and getting worse ... mental health services here are not very good."



Embedding manaakitanga in healthcare makes patients feel welcome and valued; it's a simple yet powerful way to improve patient experiences."



Te taiao – mahinga kai – taking my grandchildren to the moana and passing on my knowledge [supports my hauora]."



[A] happy home life leads to happy, healthy whānau."



Finding the right doctor who understands me and listens is difficult. I haven't found providers that I can connect with, such as GPs and dentists."



Cancer services – you've got to do better. Can we get better treatment planning?"

He Tirohanga o Te Tōkeke-Kore

Snapshot of inequity

Te Taihū rates
of new cancer
registrations
(age-standardised
rates per 100,000
population,
2016–2020)

Māori

360.2

Asian

198.7

European/other

326.9

Pacific

315.6

Rates of cancer
deaths by ethnicity
in Te Taihū
(2006–2020)

Māori

167.3%

Asian

52.6%

European/other

102.9%

Pacific

93%



Te Taihuhu breast
screening coverage
rates (for eligible
population, 2022)

Māori

67.3%

Total population

74.5%



Te Taihuhu cervical
screening rates
(for eligible
population, 2023)

Māori

67.4%

Total population

75.7%



Te Taihuhu bowel
screening coverage
rates (for eligible
population, 2023)

Māori

63%

Other populations

68.3%



Enrolment with
primary care in
Te Taihuhu (2023)

Māori

82%

Total population

94%



2-year
immunisation rate
in Te Taihuhu (2022)

Māori

84.2%

Total population

89.3%

Ngā Puna Raraunga

Data sources

- Te Taihū Health data supporting localities (Dr Sydney Kingstone)
- Proportion of Te Kūpunga 2018 survey respondents (15+) who were registered, enrolled, and voted in iwi elections.
- StatsNZ Te Kūpunga 2018: stats.govt.nz/information-releases/te-kupunga-2018-final-english
- Curtis, E., Loring, B., Walker, R., Pearce, T., Gilbert-Perenise, S., Gray, G., Akuhata-Huntington, Z., Latham, K., Kiriona, K. (2024). Iwi-Māori Partnership Board Health Profile: Te Kāhui Hauora o Te Tau Ihu Volume Two. Te Aka Whai Ora – Māori Health Authority; Auckland.
- New Zealand Health Survey
- Te Kāhui Hauora o Te Taihū Iwi Māori Partnership Board Te Whakamahere Hauora o Te Taihū Community Health Plan September 2024
- MoH, QLIK, 2022.
- canva.com/design/DAFj490tagO/zv9GB8Ao3C8ZXM92XBUIuQ/view?website#2:mental-health-addictions-in-te-taihu
- Health New Zealand online report: canva.com/design/DAFjObjtG1w/OADFF98243_W_M2w5uKFxg/view?website#2:pho-enrolment-access-by-ethnicity
- Thalamus, PMS Summary thalamus.nz/?report-key=504 – March 2025
- Health New Zealand, 'Te Taihū Lifecourse Snapshot' staff overview – March 2024
- Te Whatu Ora Cancer Web Tool. 2011-2020.
- tewhatuora.shinyapps.io/nsu-ncsp-coverage
- tewhatuora.shinyapps.io/nsu-bsa-coverage
- Te Whatu Ora National Bowel Screening Programme • 2018-2023

Ō mātou Poari

Our Board

Te Kāhui Hauora o Te Taihū represents the collective voice of the eight iwi of Te Taihū and māta waka living in the rohe.

Our Board is made up of appointees from each of the mana whenua iwi and one māta waka representative.

The Board provides strategic direction, oversight, and accountability and guides decision-making by ensuring that priorities put forward to the system are reflective of the collective vision of all iwi and, in turn, whānau.



Maria Briggs (nee Wallace)
Ngāi Tahu (Ngāti Irakehu/
Ngāti Mahaki), Ngāti Whātua
**Co-Chair | Māta waka
representative**



Lydia Mains
Rangitāne, Ngāti Rārua
**Co-Chair | Rangitāne o
Wairau representative**



Venessa Ede
Te Ātiawa, Ngāti Mutunga,
Taranaki, Ngāti Rārua
**Trustee | Te Ātiawa o Te
Waka-a-Māui representative**



Leanne Manson
Ngāti Tama ki te Taihū, Te Ātiawa
**Trustee | Ngāti Tama
representative**



Olivia Hall
Ngāti Rārua
**Trustee | Ngāti Rārua
representative**



Patariki Hippolite
Ngāti Toa Rangatira, Ngāti
Koata, Ngāti Kuia
**Trustee | Ngāti Toa
Rangatira representative**



Kathryn Hippolite
Ngāti Koata
**Trustee | Ngāti Koata
representative**



Rebecca Mason
Ngāti Kuia, Rangitāne,
Ngāti Apa, Ngāti Koata, Ngāti Toa
Rangatira me Ngāti Tahu
Trustee | Ngāti Kuia representative



Irihāpeti Mahuika
Ngāti Apa ki te Rā Tō, Kāti
Māhaki ki Te Tai Poutini, Kāti Tahu
**Trustee | Ngāti Apa ki te
Rā Tō representative**

Ngā aratohu mō mātou

What guides us

Tā mātou Matakitenga

Our Vision

Our whānau, whenua and whakapapa are flourishing.

Te Kāhui Hauora o Te Taihū IMPB believes a whānau-led and centred integrated wellbeing system in Te Taihū is achievable. A system that is committed to and accountable for achieving hauora outcomes and is well-resourced to fulfil these outcomes for all whānau. A system

Tā Mātou Whakatakanga

Our Mission

Kia whakamana, kia manaaki, kia aroha. To empower, to support, and to love.

that reflects what hauora means to us, as Māori, and upholds mana motuhake in every interaction, every decision, every plan in our rohe. We are guided by the knowledge that it is whānau who are best placed to make decisions about their own hauora.

Ngā Mea whakapūmau mō mātou

What grounds us

Ngā Mātāpono

Our Values

Te Kāhui Hauora o Te Taihū is guided by tikanga Māori to ensure we are relevant to our people. We are guided by the concepts of tika (right, fair and accurate) and pono (honest, genuine and sincere) to ensure positive change for whānau Māori.

Whanaungatanga Relationships

This means working collaboratively and inclusively with iwi, māta waka, hapori Māori and key stakeholders within Te Taihū.

Rangatiratanga Autonomy

A catalyst for advancing mana motuhake and tino rangatiratanga across health and other sectors, upholding the commitments of Te Tiriti o Waitangi, Wai 2575 recommendations, and Whakamāua: Māori Health Strategy.

Kaitiakitanga Guardianship and Protection

Driving governance and leadership in health provision for iwi, māta waka, hapori Māori and key stakeholders to achieve hauora within Te Taihū.

Wairuatanga Life essence

Ensuring the spiritual essence of holistic values is upheld.

Manaakitanga Care

Providing iwi-led decisions about health service provision that are tailored to the needs of the communities it serves.

Ōritetanga Equity

Driving the health sector to achieve equity and equality between Māori and other ethnicities living within Te Taihū.

Ā mātou mahi

What we do



... set priorities, monitor progress, and drive transformation and improvement.”

Our purpose, legislated in Section 29 of the Pae Ora Act, is to support and enable the health system to achieve hauora Māori outcomes in Te Taihū and represent local Māori perspectives on:

- the needs and aspirations of Māori on hauora Māori outcomes (Whānau Voice);
- the health sector's performance (Monitoring and Accountability); and
- the design and delivery of services and public health interventions within localities (Strategic Planning).

Section 30 of the Pae Ora Act sets out that IMPBs hold the following functions:

- engage with whānau, hapū and iwi about local health needs, and communicate the results and insights from that engagement to Health New Zealand and Manatū Hauora;
- evaluate the current state of hauora Māori in the relevant locality for the purpose of determining priorities for improving hauora Māori;
- work with Health New Zealand in agreeing to locality plans;
- monitor the performance of the health sector in a relevant locality.

Te whakahou pūnaha

System reset

In the financial year under review, Te Kāhui Hauora has invested significant time, expertise, and mātauranga into planning, working alongside communities, providers, and health agencies to identify priorities grounded in whānau experience.

This work was deliberate and future-focused, aiming to shift the system toward prevention, equity, and place-based solutions.

Specifically, through Q1 in the year under review, Te Kāhui Hauora developed *Te Whakamahere Hauora o Te Taihū*, our Community Health Plan (CHP), which was submitted to then Minister of Health, Dr Shane Reti, in September 2024 (Q2).

Soon after, in December 2024, Minister Reti celebrated the work of IMPBs toward the development of their bespoke plans. “These plans are not just documents. They are living frameworks to guide our efforts to better address specific health challenges faced by Māori communities,” Dr Reti said at the time. “Their prioritisation of local needs means agencies can take meaningful steps towards reducing actual health inequities. Through engagement with local whānau, IMPBs have been able to identify specific priorities and actions in addition to the Government’s overarching health targets.”

It was planned that Manatū Hauora, Te Whatu Ora and IMPBs would start to work cohesively throughout the first half of 2025 (Q3 and Q4) to finalise CHPs and begin implementation over the next three to five years. It was also confirmed with IMPBs that CHPs would become the base for IMPBs to take on strategic commissioning roles within their localities from mid-2025.

However, major shifts in health policy and a broader system reset in the first six months of

2025 have since resulted in reduced clarity for IMPBs and significant roadblocks to much of our work in Q3 and Q4.

This reset started in 2024 when Te Aka Whai Ora was disbanded and the de-centralised locality planning approach underpinning engagement within the health system – including structured community engagement, shared priority-setting, and place-based planning tied to equity outcomes – was dropped.

Further disruption came in January 2025 when Dr Reti was replaced as health minister, erasing previous assurances around the pathway of IMPBs.

What we have experienced in the year under review is a shift away from locality-based, Tiriti-informed planning toward:

- centralised direction and standardisation;
- narrower service commissioning and delivery focus;
- reduced emphasis on co-design and community-led priority setting.

While elements of community and whānau engagement continue in different forms, and the kaupapa underpinning locality planning remains sound, the pause and reframing of this work have highlighted the vulnerability of long-term, Māori-led planning when political priorities change, reinforcing the need for stability, partnership, and sustained commitment to community-driven health design.

Fortunately, when developing our Community Health Plan, we took into account the political cycle and future-proofed it beyond current policy. We believe *Te Whakamahere Hauora o Te Taihū* continues to provide a strong roadmap for all stakeholders in Te Taihū to work together and put a stop to continuing health inequities for Māori.

Te Ture Pae Ora

Healthy Futures (Pae Ora) Amendment Bill (2025)

After signalling further widespread change for the health sector in a Cabinet paper in June 2025, just as our IMPB wound up our financial year, the Coalition Government introduced its Healthy Futures (Pae Ora) Amendment Bill to Parliament the following month. The bill repeals key aspects of the Pae Ora Act 2022, under which IMPBs are legislated.

Under the proposed legislation, as of the time of writing, the future role, structure, and mandate of all IMPBs, as well as their position within the wider health system, are unclear.

The key impacts of the amendment bill for IMPBs are:

- Reshapes the role, function and mandate of IMPBs: IMPBs will no longer be required to evaluate local Māori health, work with Te Whatu Ora and monitor the performance of local services.
- Redefines the purpose of IMPBs to focus on localised representation.
- Requires IMPBs to report to the Hauora Māori Advisory Committee, rather than Health NZ.
- Removes the requirement for Health NZ to engage with IMPBs when setting kaupapa Māori investment priorities.
- Ends Health NZ's statutory requirement to work directly with IMPBs.
- Maintains a support obligation to IMPBs and provision of information to Māori, but not active collaboration.
- Confirms discretionary power for Health NZ to engage with Māori, including IMPBs.

Despite this challenging political environment, Te Kāhui Hauora is resolved to continue our work. Our priorities have not changed, our mission has not changed, and our function to carry the voice of whānau is as important as ever.

The Healthy Futures (Pae Ora) Bill is expected to pass its second reading in early 2026.

Whānau voice 1.0

Te Kāhui Hauora o Te Taihū plays a crucial role in capturing and representing the health-related perspectives and experiences of whānau within the region.

Our inaugural Whānau Voice Report (1.0) is an embodiment of the voices and experiences of whānau in Te Taihū as they pertain to hauora, which encompasses holistic health and well-being.

The report captures the needs, aspirations, and challenges of whānau in Te Taihū through interviews and data from various engagements through July, August, and September 2024. It includes anonymised stories from whānau,

consolidates insights from Whānau Ora kaimahi and rangatahi initiatives, and incorporates feedback from events like Kia Hukere Te Hoe, the Te Taihū senior regional kapa haka competition. Contributions from Hauora Māori providers and health professionals, as well as responses from an online survey, provide a comprehensive view of whānau interactions with health services. This blend of qualitative and quantitative data ensures whānau voices are represented and integrated into our project outcomes.

By capturing these insights, the report aims to inform and guide healthcare providers and policymakers in their efforts to create a more effective, equitable, and culturally appropriate healthcare system for Te Taihū.

Te Whakamahere Hauora o Te Taihū

Community Health Plan

As the IMPB for Te Taihū, one of our three core functions is to carry the voice of whānau and identify the priorities and aspirations of hapori Māori.

Te Whakamahere Hauora o Te Taihū, our Community Health Plan (CHP), was finalised in late 2024 (Q2) and outlines our high-level intentions for the next two to five years.

It is a piece of work we are proud of and represents the first time we have been able to gain a full picture of the hauora priorities of Māori in Te Taihū.

The plan was formulated after extensive talks with whānau and key stakeholders, including hauora Māori providers, iwi and māta waka

leaders and other hapori Māori, and informed by comprehensive health data. It discusses our approach in gathering, analysing, and determining hauora priorities and outcomes, sets priorities for the rohe, and addresses our methods for monitoring these priorities.

Guided by a clear vision and outcomes framework, the plan fulfils a dual purpose: it clearly informs Te Whatu Ora Health New Zealand of Te Kāhui Hauora's strategic direction and initial priorities for commissioning and monitoring and also acts as a footing for our collective aspirations regardless of the whims of Government policy.

We intend to continue to work in partnership with Health New Zealand and advocate strongly for the delivery of these priorities as an important step in reducing inequities for whānau Māori in Te Taihū.

Ngā Aronga mō Tō Mātou Rohe

Priorities for our rohe

The following priorities highlight the key areas of wellbeing that will command our focus over the next two to five years.

Each priority either represents a major health disparity in our community or its potential to significantly improve a disparity.

CLINICAL

Access to high-quality care and experiences

Care is easy to access, affordable, timely and culturally safe in Te Taihū. Whānau are enrolled and engaged with primary care, receive co-ordinated care across settings, and report high trust and excellent experiences

CLINICAL

Cancer services

Māori in Te Taihū are protected by prevention and early detection, receive timely and effective treatment close to home, experience whānau-centred and culturally safe cancer care, and achieve equitable survival.

CLINICAL

Mental health and wellbeing

Whānau Māori experience strong ora ngāro through early support, equitable access to effective kaupapa Māori and mainstream services, timely specialist care when needed, and culturally safe experiences that build trust and resilience across the life course.

CLINICAL

Workforce development and capability

A culturally safe, skilled workforce reflects our communities. Māori kaimahi are supported to use tikanga and te reo Māori in their practise.

COMMUNITY

Rongoā services

Whānau can easily find and access high-quality Rongoā Māori in every community, with sustained investment and recognised practitioners.

COMMUNITY

Cultural connection

Whānau are connected to te ao Māori, with services, kaimahi and spaces that uphold our values, tikanga and language.

COMMUNITY

Health literacy

Whānau understand their conditions, rights and options, feel confident navigating services, and are supported by practitioners and providers who communicate clearly and respectfully.

Te Aroturuki

Monitoring

Through continuous monitoring and advocacy within the health system, we aim to support the delivery of priorities, hold the Crown to account and drive transformation and improvement within the health system.

Goal: The system is achieving hauora outcomes for Māori.

Our ongoing workplan for Monitoring, as outlined in the Community Health Plan, includes actions over the immediate, medium and long term. They include:

- Establish and implement our monitoring and improvement process.
- Create relevant measures and indicators aligned with our hauora priorities and outcomes.
- Confirm data agreements and access with Health New Zealand and other government agencies to carry out monitoring activity.

- Identify and report areas of concern identified through monitoring.
- Work with Health New Zealand and wider IMPB teams to identify solutions to issues being identified.
- Work with Health New Zealand to analyse data so it can be presented easily to our stakeholders and communities.

In the year under review, we began work to map out an extensive framework to monitor performance in our priority area, including measures and indicators. This project carried into the following financial year.

Te whakamahere rautaki

Strategic planning

Strategic Commissioning and Service Design is one of three core functions of Te Kāhui Hauora as defined in Section 30 of the Pae Ora (Healthy Futures) Act 2022, 30, (1)

“...to work with Health New Zealand in developing priorities for improving hauora Māori.”

“...to engage with Health New Zealand and support its stewardship of hauora Māori and its priorities for kaupapa Māori investment and innovation.”

Goal: The local system and services reflect the hauora needs and aspirations of whānau in Te Taihū.

Much of our work in this space centres on advocacy and building relationships within the system. While we have achieved many actions of this workplan in the financial year under review, and strengthened local relationships within Te Whatu Ora | Health NZ, our ability to advocate at the highest levels of the health system has been largely restricted amid uncertainty affecting the health system under the Coalition Government.

Q1 and Q2 of the financial year under review saw us start preparing to take on a strategic commissioning role within the health system, from July 1, 2025. However, planned work alongside Manatū Taonga | Ministry of Health and Te Whatu Ora | Health NZ in Q3 and Q4 was shelved amid a health system reset by current Minister of Health Simeon Brown, who was appointed in January 2025.

Nevertheless, we continue to work toward our goals in this area. The ongoing workplan for Strategic Planning, as outlined in the Community Health Plan, includes actions over the immediate, medium and long term. They include:

- Establish internal commissioning capability.
- Create a shared strategic commissioning approach with Health New Zealand.
- Create a Te Taihū outcomes framework.
- Support and input into the development of local health and wellbeing planning documents.
- Work with Health New Zealand to have visibility of unmet need in Te Taihū.
- Support the procurement of hauora Māori solutions in Te Taihū.
- Increase funding for and availability of hauora Māori solutions in Te Taihū.
- Ensure all delivered and funded services by Health New Zealand contribute to achieving hauora Māori outcomes.

Strategic Positioning Paper

In September 2024, Te Kāhui Hauora confirmed our strategic direction, publishing an extensive Strategic Positioning Paper to clearly state and our collective hauora aspirations, and underpin progress.

Working with partners PwC, we looked to four key areas to help us collate and determine the priorities of Te Taihū and develop a comprehensive Hauora Outcomes Framework:

1. Whānau Voice;
2. Data on Māori health and social determinants of health in Te Taihū;
3. Hauora Māori Advisory Committee priorities (HMAC); and
4. Government hauora priorities.

The resulting framework guides our decision-making by ensuring that priorities put forward to the system align and are reflective of the voice of all.

Te Tauihu Hauora Outcomes Framework



Key

- = vision
- = Outcomes
- = Success measures
- = Outside layer= values

Te Tau i te Tirohanga Whānui

Year at a Glance

2024

Hūrae

Hosted the first Hauora Māori Providers Hui in Wairau in more than 20 years | Launched Te Kāhui Hauora website.

Ākuhata

Connected with whānau currently accessing hauora services | Connected with Whānau Ora kaimahi | Hosted rangatahi session at Marlborough Boys' College | Trustees met with Health Minister, Dr Shane Reti.

Hepetema

Finalised Outcomes Framework | Finalised Te Whakamahere Hauora o Te Tauihu (Community Health Plan) | Finalised Strategic Positioning Paper | Direct engagement with whānau at Kia Hukere Te Hoe Kapa Haka event | Launched Whānau Voice 1.0 survey online | Drafted and formalised Trustee Handbook and related policies | Communications and Engagement Plan completed by strategic partner PwC.

Oketopa

Published inaugural Whānau Voice Report | Led Rangahau Wānanga, held at Whakatū Marae, bringing together 32 participants from across the sector, including PHOs, academia, iwi, health professionals, and hauora community providers.

Noema

Shifted into implementation phase with continued support of partners PwC | Hui at Kimi Hauora Wairau Marlborough Primary Health Organisation to advance dialysis unit for Wairau | Recruitment plan developed to onboard kaimahi to support operations as strategic partners bring work to a close in early 2025.

Tihema

Finalised organisational structure for post-March 2025 | First e-pānui launched | Health Minister Dr Shane Reti confirms IMPBs will continue to play an integral – and expanded function as strategic commissioners – within the health system to address entrenched inequities in health outcomes.

2025

Hanuere

Interim Kaiwhakahaere appointed | Strategy Day for Trustees | AGM Planning | Continued partnership with PwC | Health Minister Dr Shane Reti loses health portfolio, Simeon Brown appointed Health Minister.

Pēpuere

Strategy hui for Trustees with PwC | AGM Planning | Continued partnership with PwC | National IMPB hui | Sponsored and attended Te Ipukarea, hosted in Whakatū by Ngāti Tama ki Te Taihū | Recruitment to meet planned organisational structure put on hold amid uncertainty around new Health Minister's direction and future of IMPBs.

Maehe

Hui-ā-Tau | work begins on Monitoring Framework, matched to Community Health Plan | locality data co-designed with Te Whatu Ora, Nelson Marlborough Public Health, Nelson Bays PHO, Kimi Hauora Marlborough PHO on hold after ministry's locality plans are dropped.

Āperira

Co-Chairs Leanne Manson (Ngāti Tama ki Te Taihū) and Patrick Smith (Ngāti Apa ki te Rā Tō) stepped aside, and māta waka representative Maria Briggs and Rangitāne o Wairau representative Lydia Mains were elected as co-chairs.

Mei

Board welcomed two new appointees: Rebecca Mason named as the new representative for Ngāti Kuia, and Irihāpeti Mahuika joined as the representative for Ngāti Apa ki te Rā Tō | Recruitment for communications and engagement resource | Attended regular national IMPB operations hui | work continues on development of Monitoring Framework.

June

Cabinet approves broad changes to the Pae Ora Act (2022), under which Iwi-Māori Partnership Boards were established | Health Minister Simeon Brown approves new four-chair dialysis unit for Wairau Hospital in Blenheim | Monitoring Framework confirmed | Recruitment starts for Pouwhakahaere | Planning begins for Whānau Voice 2.0.

Ngā kōrero whakakapi

To close

Te Kāhui Hauora o Te Taihū IMPB again thanks all whānau in Te Taihū, who lie at the heart of our kaupapa.

To represent you is a privilege, which we do not take lightly.

As work continues in 2026, we remain committed to partnership and advocacy to effect meaningful change.

While the landscape in which we operate has undergone significant upheaval in the year under review, our focus on whānau and better hauora Māori outcomes remains stronger than ever.

Together, we have the solutions. Together, we will create the change that is needed to realise positive change for all whānau Māori in our rohe.

Ngā mihi nui ki a koutou katoa.



Pūrongopūtea Financial statements

(April 2024 to June 2025)

Explanation re extended reporting period

Te Kahui Hauora o Te Tauīhu IMPB was exempt from filing financial statements with Charities Services in December 2024. As a result, this financial report covers a 15-month period from April 2024 to June 2025.

Performance Report

Te Kāhui Hauora o Te Tauihu Iwi Māori Partnership Board
For the 15 months ended 30 June 2025

Prepared by Go Accounting Limited

Contents

| | |
|----|------------------------------------|
| 3 | Entity Information |
| 5 | Approval of Financial Report |
| 6 | Statement of Service Performance |
| 7 | Statement of Financial Performance |
| 8 | Statement of Financial Position |
| 9 | Statement of Cash Flows |
| 10 | Statement of Accounting Policies |
| 11 | Notes to the Performance Report |
| 15 | Auditor's Report |

Entity Information

Te Kāhui Hauora o Te Taihū Iwi Māori Partnership Board For the 15 months ended 30 June 2025

Legal Name of Entity

Te Kāhui Hauora o Te Taihū Iwi Māori Partnership Board (Te Kahui Hauora)

Entity Type and Legal Basis

Charitable Trust and Registered Charity under the Charities Act 2005

Registration Number

Charitable Trust Incorporation Number - 50191913
Charity Number - CC62369

Entity's Purpose or Mission

To represent local Māori perspectives on: the needs and aspirations of Māori in relation to Hauora Māori outcomes; how the health sector is performing in relation to those needs and aspirations; and the design and delivery of services and public health interventions within localities.

Entity Structure

Te Kāhui Hauora operates as a single organisational entity. While not subdivided into formal branches or divisions, it maintains internal structures and workstreams that allow it to meet its broad statutory and strategic obligations. The organisation has explored different resourcing models and is currently operating with a pragmatic and flexible structure based on current funding and strategic needs. All operational activities are aligned with its statutory functions under the Pae Ora (Healthy Futures) Act 2022.

Entity's Governance Arrangements

The governance of the Te Kāhui Hauora is overseen by a Board of Trustees, made up of representatives from the eight iwi of Te Taihū and one mātauranga representative. The Board is responsible for making key strategic decisions on behalf of the entity. The Board holds collective responsibility for setting direction, approving strategic plans, monitoring performance, and ensuring accountability. The Board may delegate specific oversight to sub-committees.

Trustees

Kathryn Hippolite (Appointed November 2022)
Leanne Manson (Appointed November 2022)
Lydia Mains (Appointed November 2022)
Maria Briggs (Appointed June 2024)
Olivia Hall (Appointed May 2024)
Patariki Hippolite (Appointed June 2024)
Venessa Ede (Appointed June 2024)
Rebecca Mason (Appointed March 2025)
Irihāpeti Mahuika (Appointed May 2025)
Patrick Smith (Appointed November 2022, Retired March 2025)
Victoria Thorn (Appointed November 2022, Retired March 2025)

Controlled Entity's for Financial Reporting Purposes

There are no other entity's controlled for financial reporting purposes.



Entity's Reliance on Volunteers and Donated Goods or Services

The entity has no reliance on volunteers or donated goods and services.

Accountant

Go Accounting Limited
6 Cube Court
Richmond 7020

Date of Establishment

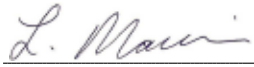
30 November 2023

Approval of Financial Report

Te Kāhui Hauora o Te Taihū Iwi Māori Partnership Board For the 15 months ended 30 June 2025

The Trustees are pleased to present the approved financial report including the historical financial statements of Te Kāhui Hauora o Te Taihū Iwi Māori Partnership Board for year ended 30 June 2025.

APPROVED

A handwritten signature in black ink, appearing to read "L. Mains", written over a horizontal line.

Name: Lydia Mains

Position: Chair, Te Kāhui Hauora o Te Taihū

Date: 18 December 2025

A handwritten signature in blue ink, appearing to read "V. Ede", written over a horizontal line.

Name: Venessa Ede

Position: Audit & Risk Committee Chair, Te Kāhui Hauora o Te Taihū

Date: 18 December 2025

Statement of Service Performance

Te Kāhui Hauora o Te Taihu Iwi Māori Partnership Board For the 15 months ended 30 June 2025

Description of Entity's Medium to Long Term Objectives

To represent local Māori perspectives on: the needs and aspirations of Māori in relation to Hauora Māori outcomes; how the health sector is performing in relation to those needs and aspirations and the design and delivery of services and public health interventions within localities.

Description of Key Activities

| | Quantity 2025 |
|--|---------------|
| Individual whanau surveyed | 253 |
| Recipients of e-pānui | 204 |
| Whanau Voice Report - V1 | Completed |
| Te Whakamahere Hauora o Te Taihu Community Health Plan | Completed |

Statement of Financial Performance

Te Kāhui Hauora o Te Taihu Iwi Māori Partnership Board
For the 15 months ended 30 June 2025

| | NOTES | 2025 (15 MTHS) |
|--|-------|----------------------|
| Revenue | | |
| Government service delivery grants/contracts | 1 | 3,209,408 |
| Interest, dividends and other investment revenue | 1 | 36,123 |
| Total Revenue | | 3,245,530 |
| Expenses | | |
| Employee remuneration and other related expenses | 2 | 751,754 |
| Other expenses related to service delivery | 2 | 1,280,074 |
| Other expenses | 2 | 13,667 |
| Total Expenses | | 2,045,494 |
| Surplus/(Deficit) for the Year | | 1,200,036 |

The attached Notes and Auditors' Report form an integral part of these financial statements.

Statement of Financial Position

Te Kāhui Hauora o Te Taihu Iwi Māori Partnership Board

As at 30 June 2025

| | NOTES | 30 JUN 2025 |
|---|-------|------------------|
| Assets | | |
| Current Assets | | |
| Cash and short-term deposits | 3 | 1,214,116 |
| Debtors and prepayments | 3 | 27,027 |
| Total Current Assets | | 1,241,143 |
| Non-Current Assets | | |
| Property, Plant and Equipment | 5 | 21,805 |
| Total Non-Current Assets | | 21,805 |
| Total Assets | | 1,262,948 |
| Liabilities | | |
| Current Liabilities | | |
| Creditors and accrued expenses | 4 | 61,922 |
| Employee costs payable | 4 | 991 |
| Total Current Liabilities | | 62,913 |
| Total Liabilities | | 62,913 |
| Total Assets less Total Liabilities (Net Assets) | | 1,200,036 |
| Accumulated Funds | | |
| Accumulated surpluses or (deficits) | 6 | 1,200,036 |
| Total Accumulated Funds | | 1,200,036 |

The attached Notes and Auditors' Report form an integral part of these financial statements.

Statement of Cash Flows

Te Kāhui Hauora o Te Taihū Iwi Māori Partnership Board
For the 15 months ended 30 June 2025

| | 2025 (15 MTHS) |
|---|----------------------|
| Cash Flows from Operating Activities | |
| Operating receipts: | |
| Government service delivery grants/contracts | 3,209,407 |
| Interest, dividends and investment revenue | 36,123 |
| Total Operating receipts: | 3,245,530 |
| Less operating payments: | |
| Employee remuneration and other related expenses | (708,618) |
| Net movement in GST | (15,202) |
| Other expenses related to service delivery | (1,265,968) |
| Other expenses | (210) |
| Total Less operating payments: | (1,989,998) |
| Net Cash Flows from Operating Activities | 1,255,532 |
| Cash Flows from Other Activities | |
| Cash was applied to: | |
| Payments to acquire property, plant and equipment | (35,262) |
| Repayments of loans from other parties | (6,154) |
| Total Cash was applied to: | (41,416) |
| Net cash flows from other activities | (41,416) |
| Net Increase/(Decrease) in Cash | 1,214,116 |
| | 2025 (15 MTHS) |
| Cash Balances | |
| Opening cash | - |
| Closing cash | 1,214,116 |
| Net change in cash for period | 1,214,116 |

Statement of Accounting Policies

Te Kāhui Hauora o Te Taihū Iwi Māori Partnership Board For the 15 months ended 30 June 2025

Basis of Preparation

The entity has elected to apply Tier 3 (NFP) on the basis that it does not have public accountability and has total annual expenses equal to or less than \$5,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

Goods and Services Tax (GST)

The entity is registered for GST. All amounts are stated exclusive of goods and services tax (GST) except for accounts payable and accounts receivable which are stated inclusive of GST.

Income Tax

Te Kāhui Hauora o Te Taihū Iwi Māori Partnership Board is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

Bank Accounts and Cash

Bank accounts and cash in the Statement of Cash Flows comprise cash balances and bank balances (including short term deposits) with original maturities of 90 days or less.

Revenue Recognition

Revenue is measured at the fair value of the consideration received or receivable for the sale of goods and services, excluding goods and services tax rebates and discounts, to the extent it is probable that the economic benefits will flow to the entity and revenue can be reliably measured.

Significant grants with documented expectations over use are initially reported as deferred revenue and subsequently reported as revenue when the documented expectations are met. Other grants are recorded in the Statement of Financial Performance in the year they are received.

Property, Plant and Equipment

Property, plant and equipment is stated at historical cost less any accumulated depreciation and impairment losses. An item of property, plant and equipment or investment property is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in profit or loss in the year the asset is derecognised.

Employee Costs

Employee costs are recognised as an expense in the period relating to the service. Any amounts owing at balance date are accrued as a liability on the statement of financial position.

Depreciation

Depreciation has been charged using the maximum rates permitted by the Income Tax Act 2007.

Changes in Accounting Policies & Comparative Figures

This is the first period of reporting. There are no comparative figures to show.

Notes to the Performance Report

Te Kāhui Hauora o Te Taihū Iwi Māori Partnership Board For the 15 months ended 30 June 2025

2025
(15
MTHS)

1. Analysis of Revenue

Government service delivery grants/contracts

| | |
|---|------------------|
| Ngāti Rārua Transfer of Funds HNZ IMPB | 1,178,973 |
| Research Wananga Funds Received (Te Whatu Ora) | 25,000 |
| Te Aka Whai Ora Contract Funds (Health NZ) | 2,000,300 |
| Expenses Recovered | 5,135 |
| Total Government service delivery grants/contracts | 3,209,408 |

Interest, dividends and other investment revenue

| | |
|---|---------------|
| Interest Income | 36,123 |
| Total Interest, dividends and other investment revenue | 36,123 |

2025
(15
MTHS)

2. Analysis of Expenses

Employee remuneration and other related expenses

| | |
|---|----------------|
| Board Meeting Fees | 33,838 |
| Contractors | 564,772 |
| Other Meeting Fees | 23,099 |
| Secretariat | 118,899 |
| Workshop / Planning Meeting Fees | 11,146 |
| Total Employee remuneration and other related expenses | 751,754 |

Other expenses related to service delivery

| | |
|--|---------|
| Advertising | 120 |
| Accounting | 9,375 |
| Administration Support | 122,535 |
| AGM | 8,274 |
| Bookkeeping | 13,237 |
| Catering | 8,992 |
| Catering - Governance | 55 |
| Cleaning | 1,236 |
| Whānau Voice | 4,419 |
| Consultancy | 16,320 |
| Consultancy - Other Governance Work (Strategic & Review) | 52,793 |
| Consultancy PWC | 891,855 |
| Insurance | 8,784 |
| IT Services | 14,301 |
| Koha | 443 |
| Legal expenses | 7,867 |
| Light, Power, Heating | 1,419 |

INDEPENDENT
AUDITORS



2025
(15
MTHS)

| | |
|---|------------------|
| Low Value Assets | 12,449 |
| Manaaki | 2,121 |
| Merchandise | 9,179 |
| Motor Vehicle Expenses | 2,695 |
| Opex | 136 |
| Office Supplies | 1,936 |
| Rates | 4,328 |
| Rent | 37,725 |
| Repairs and Maintenance | 852 |
| Subscriptions | 3,149 |
| Telephone & Internet | 1,410 |
| Travel - Governance | 7,817 |
| Travel - National | 27,777 |
| Website Subscription & Maintenance | 4,083 |
| Venue Hire | 2,392 |
| Total Other expenses related to service delivery | 1,280,074 |

Other expenses

| | |
|-----------------------------|---------------|
| Bank Fees | 210 |
| Depreciation | 13,457 |
| Total Other expenses | 13,667 |

2025
(15
MTHS)

3. Analysis of Assets

Cash and short-term deposits

| | |
|---|------------------|
| ANZ 00 Account | 1,214,116 |
| Total Cash and short-term deposits | 1,214,116 |

Debtors and prepayments

| | |
|--------------------------------------|---------------|
| GST | 20,237 |
| Prepayments | 636 |
| Withholding tax paid | 6,154 |
| Total Debtors and prepayments | 27,027 |

INDEPENDENT
AUDITORS



2025
(15
MTHS)

4. Analysis of Liabilities

Creditors and accrued expenses

| | |
|---|---------------|
| Accounts Payable | 61,922 |
| Total Creditors and accrued expenses | 61,922 |

Employee costs payable

| | |
|-------------------------------------|------------|
| PAYE Payable | 991 |
| Total Employee costs payable | 991 |

2025
(15
MTHS)

5. Property, Plant & Equipment

Office Equipment

| | |
|---------------------------|--------|
| Opening Book Value | - |
| Additions | 35,262 |
| Current Year Depreciation | 13,457 |
| Closing Book Value | 21,805 |

2025
(15
MTHS)

6. Accumulated Funds

Accumulated Funds

| | |
|-------------------------------------|------------------|
| Accumulated surpluses or (deficits) | 1,200,036 |
| Total Accumulated Funds | 1,200,036 |
| Total Accumulated Funds | 1,200,036 |

Accumulated funds are funds received from Te Aka Whai Ora that have not been utilised at 30 June 2025. These funds are to be spent on projects in the 2026 financial year and beyond.



2025
(15
MTHS)

7. Related Parties

Trustee Fees Paid

| | |
|--------------------------------|---------------|
| M Briggs | 5,583 |
| V Ede | 10,200 |
| O Hall | 2,900 |
| K Hippolite | 5,300 |
| P Hippolite | 2,650 |
| I Mahuika | 225 |
| L Mains | 8,602 |
| L Manson | 8,990 |
| R Mason | 1,325 |
| P Smith | 12,536 |
| V Thorn | 8,181 |
| Total Trustee Fees Paid | 66,492 |

During the year the following transactions occurred between related parties:

- Naomi Soloman, sister-in-law of Patricia Joseph, CEO from 15 April 2024 to 2 February 2025, was paid \$120,967 for contracting services.
- Myrna Joseph, sister of Patricia Joseph, CEO from 15 April 2024 to 2 February 2025, was paid \$16,994 for contracting services.

8. Contingent Liabilities and Guarantees

There are no contingent liabilities or guarantees as at 30 June 2025.

9. Events After the Balance Date

After balance date \$600,000 was invested in a term deposit with ANZ Bank.

There were no other events that have occurred after balance date that would have a material impact on the Performance Report.

INDEPENDENT AUDITOR'S REPORT

To the Trustees of Te Kāhui Hauora o Te Taihū Iwi Māori Partnership Board

Report on the Performance Report

Opinion

We have audited the performance report of Te Kāhui Hauora o Te Taihū Iwi Māori Partnership Board, ("the Trust"), which comprises the entity information, the statement of service performance, the statement of financial performance and statement of cash flows for the 15 month period ended 30 June 2025, the statement of financial position as at 30 June 2025 and the statement of accounting policies and other explanatory information.

In our opinion:

- a) the reported objectives and key activities, and quantification of the activities to the extent practicable, in the statement of service performance are suitable;
- b) the accompanying performance report presents fairly, in all material respects:
 - the entity information for the period then ended;
 - the service performance for the period then ended; and
 - the financial position of the Trust as at 30 June 2025, and its financial performance and cash flows for the period then ended

in accordance with Tier 3 (NFP) issued by the New Zealand Accounting Standards Board.

Basis of Opinion

We conducted our audit of the financial statements in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)) and the statement of service performance in accordance with the New Zealand Auditing Standard (NZ AS) 1 (Revised) *The Audit of Service Performance Information (NZ)*. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Performance Report* section of our report. We are independent of the Trust in accordance with Professional and Ethical Standard 1 *International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand)* issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than in our capacity as auditor, we have no relationship with, or interests in the Trust.

Responsibilities of the Trustees for the Performance Report

The Trustees are responsible for:

- a) determining that the Tier 3 (NFP) reporting framework is acceptable in the entity's circumstances;
- b) identifying outcomes and outputs, and quantifying the outputs to the extent practicable, that are relevant, reliable, comparable and understandable, to report in the statement of service performance;
- c) the preparation and fair presentation of the performance report on behalf of the entity which comprises:
 - the entity information;

- the statement of service performance; and
- the statement of financial performance, statement of financial position, statement of cash flows, statement of accounting policies and notes to the performance report

in accordance with Tier 3 (NFP) issued in New Zealand by the New Zealand Accounting Standards Board, and

- d) such internal control as the Trustees determine is necessary to enable the preparation of the performance report that is free from material misstatement, whether due to fraud or error.

In preparing the performance report, the Trustees are responsible on behalf of the Trust for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Trust or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Performance Report

Our objectives are to obtain reasonable assurance about whether the performance report is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but it is not a guarantee that an audit conducted in accordance with ISAs (NZ) and NZ AS 1 (Revised) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could be reasonably be expected to influence the economic decisions of users taken on the basis of this performance report.

A further description of the auditor's responsibilities for the audit of the performance report at the External Reporting Board's website at www.xrb.govt.nz/audit-report-18-1. This description forms part of the auditor's report.

Independent Auditors Ltd

INDEPENDENT AUDITORS LTD
NELSON

18 December 2025





