

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

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On behalf of: Tihei Takitimu Iwi-Māori Partnership Board
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Introduction

The Tihei Takitimu Iwi-Māori Partnership Board applauds the Government's interests to 'ensure the health system is more accountable, more efficient, and focused on delivering better outcomes for patients', 'getting the basics right', and 'ensuring New Zealanders have access to timely, quality healthcare.'

However, the Healthy Futures (Pae Ora) Amendment Bill as it is currently drafted is a backward step, ignoring the excellent progress made in improving health outcomes for whānau through locally responsive, patient-centred delivery; the trust and expectations that has been established between whānau and the Iwi-Māori Partnership Boards; and which disables local innovation and opportunity. The proposed Amendments significantly dilute the impact that Iwi-Māori Partnership Boards are making and can realise into the future.

Māori in Hawkes Bay continue to face disproportionate rates of high-priority health conditions, reduced life expectancy and barriers to accessing care. These outcomes demand urgent and targeted action where Iwi-Māori Partnership Boards have the authority, resources and support to lead local solutions that are whānau-centred.

The Pae Ora (Healthy Futures) Act 2022 made provisions for Māori leadership and partnership in Health. The proposed amendments will entrench Māori health inequities and undermine Māori rights.

On the specific amendments proposed, we support and endorse the detailed concerns outlined in the Submission prepared on behalf of all 15 Iwi Māori Partnership Boards.

In this companion submission we want to highlight some of the progress we've made across our own rohe, and demonstrate why retaining and strengthening the Board's legislative functions in needs analysis, monitoring, and strategic commissioning is critical. Instead, of the proposed amendments to the purpose and functions of Iwi-Māori Partnership Boards, we would like to propose a reset that enables and catalyses success, by leveraging the momentum established and removing the impediments to progress we have faced since inception.

We wish to make the following recommendations:

1. We are opposed to the proposed amendments to the purpose (section 29) and functions of the Iwi-Māori Partnerships Boards (section 30) in the Pae Ora (Healthy Futures) Act 2022.
2. We recommend that the purpose and functions of the Iwi-Māori Partnership Board, highlighted in Section 29 and Section 30 of the Pae Ora (Healthy Futures) Act 2022, remain intact.

3. Acknowledge that the benefits sought with respect to enhancing clarity and role accountability between Iwi-Māori Partnership Boards and the Hauora Māori Advisory Committee are based on the assumption that duplication exists, will not be realised.
4. Acknowledge that shifting accountability from Iwi-Māori Partnership Boards to the Hauora Māori Advisory Committee is contrary to the broader commitment to devolve decision-making from national settings to local settings.
5. Recommend that there are new approaches to be explored, alternatives to enacting the proposed amendments, which will build upon and leverage the progress achieved, and remove barriers to effectiveness. We would like to play a key role in achieving this.

Commentary

Since establishment, the Tihei Takitimu Iwi-Māori Partnership Board has given effect to the purpose and functions of the Pae Ora (Healthy Futures) Act 2022, led by the vision – Whānau voice – shaping the evolution of hauora.

We have been committed to fostering a culture of resilience and self-determination where whānau voice leads the way. We've engaged with whānau across the district of Te Matau a Māui/Hawkes Bay and are uniquely positioned to advocate for their needs. Importantly, we have established trusted relationships with them - a considerable strength - which would be lost should the proposed amendments go-ahead.

It is important that we continue to advocate for and prioritise models of care, services, practice, policy and investment that acknowledges and reinforces the inherent strengths, resilience and potential of whānau to achieve long-term and sustainable change. Whānau both deserve and expect this.

In a relatively short period, and in the context of health transformation, we've built an entity from the ground-up and established broad and deep capability to realise an ambitious programme alongside a range of partners and collaborators across the region.

We have learned how to leverage the constraints of the health system, and are progressing collaborative partnerships both inside and outside the health system to accelerate transformational change and better outcomes for whānau.

The proposed changes to section 29 and section 30 in the Pae Ora (Healthy Futures) Amendment Bill will disable our ability to influence and deliver locally-led solutions

The Benefits Sought from the Proposed Amendments

Reducing Functional Duplication

The rationale for the proposed amendments are highlighted in press statements from the Minister for Health, in the Regulatory Impact Statement, and manifest in the proposed amendments to the Pae Ora (Healthy Futures) Act 2022.

According to the regulatory impact statement, proposals are "likely to improve clarity of roles and responsibilities and reduce duplication of functions between Iwi-Māori Partnership Boards and the Hauora Māori Advisory Committee".

If we take the monitoring function, as an example, we would respectfully point out that the duplication the amendments seek to achieve do not exist. As illustrated in Fig. 1 (below) there is no duplication. The landscape is already streamlined, and each of the respective roles are quite clear.

The Hauora Māori Advisory Committee monitors system-wide performance across the country, but can never replace the deep local knowledge and relationships the IMPB's offer.

The impediments we have faced to effectively monitor the performance of the health sector, and what matters for whānau has been largely due to limited access to timely data and poor accountability.

This issue relates more to a systemic failure, poor digital infrastructure, system-wide restructures leading to a loss of focus, limited capacity and capability to support a reform of this nature. Consequently, this remains a critical unresolved issue and priority to achieving better health outcomes for Māori in the region.

Fig. 1



We encourage information sharing and better collaboration across the monitoring landscape, as depicted above.

a. Meeting Local Health Needs

The proposed amendments to Section 30, removes the role of Iwi-Māori Partnership Boards to monitor the system locally, and instead attempts to ‘nationalise’ the experience of whānau.

This is in contrast to other government reforms such as water infrastructure favouring regionalisation and devolution of decision-making and resources closer to the communities supported.

While the role of the Hauora Māori Advisory Committee is also subject to the proposed amendments to the Pae Ora (Healthy Futures) Act 2022, reporting at a national level significantly diminishes local whānau voice.

This is already manifest in the monitoring [reports](#) prepared by the Hauora Māori Advisory Committee, for five of nine priorities. While the reports are useful from a national population perspective, the voice of Māori is not especially visible, and none identifies the local challenges or opportunities for Te Matau a Māui/Hawkes Bay.

There remains an opportunity for Tihei Takitimu Iwi-Māori Partnership Board to continue to closely watch the performance of the health system, locally. Monitoring must remain a core function for Tihei Takitimu Iwi-Māori

Partnership Board, provided some of the critical barriers and constraints we've experienced with access to robust data, for example can be addressed as a priority.

Achieving Māori Health Equity – By Having a Seat at the Commissioning Table

The amendments to the purpose and functions of the Pae Ora (Healthy Futures) Act 2022 under section 29 and section 30, while narrowing the focus for Iwi-Māori Partnership Boards, also propose a top-down approach to health efforts, limiting Māori participation in the design and implementation of services and strategies that directly effect their lives.

In December 2024 the Tihei Takitimu Iwi-Māori Partnership Board published its first [Community Health Plan](#) a consolidation of the significant achievements in whānau voice, needs analysis and monitoring in the context of becoming Strategic Commissioners at the start of this year. The voice of whānau told us that 23 priorities mattered.

To prepare for Strategic Commissioning, we designed a framework – highlighting the capability we would require across governance and operations and subsequently shared this with the Regional Planning, Funding and Outcomes team to inform systems and processes to enable the practice of Strategic Commissioning.

It is now August 2025, and the opportunity to be involved in shaping the way services are designed and delivered; along with influencing the investment in health has not been fully realised. Those 23 priorities still await effective delivery. Again, system-wide restructures have failed to determine accountability – with limited to no visibility across 'who is responsible for what?'.

This issue is not about role definition or functional duplication. These are a failure of the current health system (readiness, data, political context, policy, where others lie in our collective organisations capabilities, practice, resources, ambition and appetite for change, as seen in the conclusion) which has led us to forge new paths and 'work arounds' to determine how best to influence investment in health, in new and innovative ways.

Opportunities to Influence Investment – A local approach to Strategic Commissioning

In light of the Government's "Going for Growth" agenda designed to boost New Zealand's economic growth and productivity¹ we explored the links between productivity and health with a sharpened focus on working-age Māori in Hawkes Bay. Building a healthy and fit-for-work workforce to meet future economic needs is an obvious priority in our area. Across Hawkes Bay, Māori make up 29 percent of Hawke's Bay's overall working population and play a vital role in the food and fibre sector industries, along with regional recovery.

Through a collaboration with our regional economic development agency, we commissioned the New Zealand Institute of Economic Research to explore the link between health and productivity.

The [report](#) highlights that:

- Improving the health of working age Māori in Hawke's Bay will lead to a potential productivity gain of **\$122m** per annum and an additional 1,800 workers for the region.
- We need to think and work differently to address health conditions adversely affecting productivity for working-age Māori.
- If we invest and deliver health services that target mental illness and addiction, diabetes and cardiovascular disease differently we will achieve better health outcomes and productivity.

- We should explore alternative models for health services that include large employers of working age Māori, iwi, hauora Māori providers, health service providers and local and central government working together to trial different ways of providing health services, including improving early access.
- The research shows that working age Māori in Hawke's Bay have high rates of acute care and ED visits and a low rate of out-patient care.
- Additionally, there is a high rate of mental health issues (including addiction and death by suicide), diabetes and cardiovascular disease. Working age Māori in Hawke's Bay are not accessing essential health care early enough, leading to more serious primary health conditions.

With the evidence from the report we have brought together a group of collaborators, including representatives from the health sector, Hauora Māori providers, iwi, business and government agencies to determine next steps.

This is one example of localised effort to amplify a local problem. In Hawkes Bay, Tihei Takitimu Iwi-Māori Partnership Board can play a key role in driving these same goals across the health system, retaining our resourcing, and legislated role, to have the influence needed to do so.

Potential Solutions

Proposed amendments to the Pae Ora (Healthy Futures) Act 2022, are one way to reset the health system, while ignoring alternatives that could be implemented to strengthen the role of Iwi-Māori Partnership Boards, and leverage off the momentum that has already been created.

We have developed significant value in robust governance; key capabilities; nuanced insights; a deep knowledge of local needs; powerful, high-trust relationships with whānau; programme delivery foundations and key collaborations inside and outside the health system.

These strengths need to be retained, and built upon to drive better health outcomes for Māori in Hawkes Bay.

Tihei Takitimu supports a programme reset that enables:

- a. Capturing lessons learned, where we collate opportunities and challenges to enable success – an opportunity to continue to advocate for whānau, on issues that matter to whānau, with whānau-led solutions that take the best of what the health system has to offer and improve.
- b. Accelerating innovation – doing things differently may start with a health service review across each area to determine the gaps and overlaps of service provision based on whānau needs and priorities, with a plan to resolve the gaps and overlaps. Access is what matters to whānau throughout Te Matau a Maui/Hawkes Bay.
- c. Removing the barriers to effective delivery – proactive delivery of local health data, visibility over investments in health for Māori and mainstream, role accountability in regional health teams, proactive opportunities to influence investment and innovation, proactive opportunities to inform service design and delivery, improved reform support_need to speak to the issues with data provision, improved structural alignments etc
- d. With the Hauora Māori Advisory Committee, work on the 'big issues' that will make the greatest impact for Māori health outcomes, resource the development of people, services, systems for impact.

Conclusion

A message that we hear regularly from whānau has to do with how often they are surveyed and by different organisations asking the same things, without any real manifestation of change.

For Iwi-Māori Partnership Boards, the proposition when it came to asking whānau about needs, health status, priorities, access, experience was different. Iwi-Māori Partnership Boards were established to influence the way our whānau health needs are taken care of.

In the current context, this influence has been impeded by barriers – some are system-wide like readiness, data, political context, policy, where others lie in our collective organisations capabilities, practice, resources, ambition and appetite for change.

We are asking the Select Committee, to consider the insights that we have shared in this proposal, to make way for stability, enabling and strengthening the Tihei Takitimu Iwi-Māori Partnership Board, to continue our programme, without legislative barriers that narrow the purpose and functions – for whānau.

Without this, stark inequities in Māori health across Te Matau a Māui/Hawkes Bay will persist and the opportunity to change this will be lost.

We seek an opportunity to present a verbal submission.