TE KARU O TE IKA POARI HAUORA O WAIRARAPA IWI MĀORI PARTNERSHIP BOARD

MONITORING REPORT

FOR THE PERIOD ENDING

Quarter 3 - 2025

REPORT DATE

31 MAY 2025

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EXECUTIVE SUMMARY

Our Monitoring Role

Section 30(1) of the Pae Ora Act 2022 states that IMPB functions include "*to monitor the **performance of the health sector** in the IMPB coverage area.*" This report defines the health sector, phasing in of monitoring work; the performance indicators that the IMPB is applying for monitoring; and the results of monitoring for the last quarter.

Monitoring performance against IMPB priorities

Data insights

Overall, some services appear to be making progress while others are not, demonstrated by the equity gaps in various areas. Our priorities (over and above endorsement of Government priorities) include:

- Public & Population Health:
  - Suicide prevention (including investment in kaupapa Māori approaches)*
- Primary & Community Care:
  - Increasing Rongoa services (and associated investment)*
  - Improving primary care access (enrolment and utilisation)
  - Increasing and expanding Rangatahi school-based health services*
  - Kaumatua health and wellbeing (access to surgery and age-related care)*
  - Improving access to oral health for children and youth up to age 18*
  - Increasing and improving access to Palliative Care by Māori*
- Hospital & Specialist services:
  - Increasing voice of Tangata Whaikaha and their access to specialists*
- Addressing a number of enablers:
  - Increasing commissioning investment; improving data collection and reporting; increasing Māori health workforce; increasing role of Māori in decision-making; eliminating racism*

Our IMPB has not been able to get current data from Health NZ on a number of these areas marked with an asterisk and this has impeded our ability to assess whether there have been improvements or lack of. The non-provision of this data from Health NZ severely impedes our ability to monitor trends and performance of Health NZ against these key priority areas. The lack of data provision is in itself a performance issue for Health NZ.

For access to primary care - we were able to obtain data from the PHO which confirmed that currently there are 9,112 Māori (18.8%) enrolled out of 48,461 patients. Census 2023 noted the population in the Wairarapa at 49,599 and Māori population at 9,516. This would indicate that almost 96% are enrolled with primary care. Utilisation rates (how many Māori that are enrolled that have actually seen a GP in the past 12m) are pending.

Whānau voice insights

There is a general theme across whānau feedback that there remain significant barriers to whānau accessing care. These include difficulty getting an appointment (including after-hours service options); racism and discrimination within their service experience; transport and cost barriers (cost of care, and cost to travel to care outside of the area); lack of Māori provided service delivery options including the need for more Rongoa services and more Māori service delivery models such as wānanga; lack of investment in services for Māori and lack of specialist services offered in Wairarapa.

These barriers undoubtedly have an impact on the health care utilisation, access and outcomes for whānau Māori and until more investment in kaupapa Māori service options is made, these results will

persist.

Monitoring performance against Government priorities

Data insights

- **Immunisation rates (target 95%)**: In June 2022, immunisation rates at age 5 years for Māori was at 88% and matched the district's overall rate. Current data is for age 24m only (and not 5-year rates) but does show the rate as only 78.6% which is worse than the non-Māori rate of 86.9%.
- **Shorter stays in ED (less than 6 hours)**: Māori have closely similar ED stays (64.5%) as for Pacific and European/other ethnicities – but overall, the rate is well short of the 95% national target.
- **Wait times for First Specialist Assessments (less than 4m)**: 65% of the total Wairarapa population meet the national standard which is well short of the 95% target national rate (no breakdown by ethnicity)
- **Wait times for cancer treatment (31 days from referral)**: 100% of Māori and Pacific ethnicities wait less than 31 days for treatment whereas only 95.2% of European/other wait less than 31 days in comparison. All rates exceed the national target of 90% which is an excellent result.
- **Wait times for elective surgery (less than 4m)**: 75.4% of Māori wait less than 4m compared to the national target of 95%, however all other ethnicities are also lower than the national target.

Whānau voice insights

Tangata Whaikaha remain concerned about access to specialist assessments and elective surgery.

FIVE PATHOLOGIES

Data insights

- **Cancer:** Screening rates for Māori vary. For breast-screening, the rate was 71% in 2022 but is now 67.3% so coverage has worsened. Bowel screening rates for Māori have slightly improved since September but still remain at 66.1% which is well below the national target. Cervical screening sits at 65.3% compared to 60% in 2022 so there has been a slight improvement. Rates need to be significantly improved to ensure protection from preventable cancer mortality amongst whānau Māori. While access to cancer care is very timely once diagnosed (as indicated above) – there is a large proportion of the Māori population who have not been screened and could be affected by worsening cancer status without knowing.
- **Diabetes:** Wairarapa had a slightly lower prevalence of diabetes in the 2017-2020 period than the national figure, however Māori at 7.7% had a much higher prevalence than non-Māori. Almost 1/5 of patients enrolled with the PHO have diabetes (Dec 2022) and of these, 82% were between 15-74 years of age.
- **Mental Health and Addictions:** 1/3 of people accessing all Mental health services in 2022 were Māori and 31% of all Mental health hospital admissions were Māori (compared to 19% population share). Recent data shows Māori exceed (81.4%) the national target of 80% for faster access to primary mental health services and are close to reaching the national target for faster access to specialist MHA care (within 5% of milestone). Māori are also within 5% of the milestone for shorter waits in EDs for MHA-related care. These are excellent results for a need that impacts Māori at higher levels than non-Māori.
- **Heart disease:** In May 2020, Māori in Wairarapa had higher rates than European/other ethnicities for every cardiovascular indicator (e.g. high cholesterol, high blood pressure etc). 64% of Māori enrolled in primary care had high or intermediate risk of cardiovascular disease in May 2023. No updated data is available at this time to compare with these baselines.
- **Respiratory disease:** A quarter of PHO-enrolled Māori patients in mid-2023 had asthma with a significant number (38%) being under 25-years of age. 18% of patients with COPD were Māori in

May 2023. No updated data had been provided to show any improvements.

Whānau voice insights

Whānau stress the need for healthy lifestyles and supporting whānau to achieve this through education, information, advice and access to nutrition, traditional kai, rongoa Māori and access to care (wait times for appointments).

Monitoring performance against legislation

Overall - the performance of Health NZ, as a key agency within the "health sector", against its obligations in the Pae Ora Act 2022 – is still a "work in progress". There are many areas for improvement that need to "get underway" to fulfil the aspirations of the legislation and contribute to improved health for Māori. Performance against key obligations in the legislation reveals:

PAE ORA ACT COMPLIANCE	OVERALL RATING			
DOMAIN	Not achieved	Partially achieved	Achieved	TOTAL INDICATORS
Tiriti o Waitangi Principles	4	2	2	**8**
Health Sector Principles	6	10	0	**16**
Section 15: Supporting IMPBs	1	1	0	**2**
Section 16A: Engagement with Māori	2	0	0	**2**
Totals	**13**	**13**	**2**	**28**
	46%	**46%**	**8%**	**100%**

Overall Conclusions

Overall - the performance of the health sector through Health NZ - needs significant improvements in several areas when it comes to meeting the sector's obligations to address equity and outcomes for whānau Māori. Our IMPB assessed the performance of Health NZ against three domains:

- Performance on IMPB priorities identified in our Community Health Plan in September 2024
- Performance on Government priorities (5+5+5)
- Performance of Health NZ against its obligations in the Pae Ora Act 2022

IMPB priorities

We have been significantly impeded in being able to monitor progress for a number of our priorities, due to lack of data from Health NZ on current state so that we can compare performance against the 2024 baselines. We are especially interested in investments in services in Wairarapa for schools, suicide prevention, rongoa, Kaumatua health and a number of enablers. We are also concerned for Tangata Whaikaha voice being elevated and their access to specialists being addressed. PHO enrolments are high at almost 96% but data on utilisation is pending to determine whether enrolled whānau are actually accessing care.

Government priorities

It is clear that Health NZ has positioned itself to gather and report data by districts for the Government's priorities – but has not embedded routine gathering and reporting for IMPB priorities. We proactively accessed data from Health NZ's own quarterly report rather than through the IMPB Data Platform that we were advised would house all of the data relevant to us. This is a key concern for our IMPB and needs urgent attention to enable us to successfully perform our functions. Our reliance on timely data that is relevant not just for government priorities (which we have endorsed),

but also for IMPB priorities that have been generated through whānau engagement – is critical. Note only is Health NZ reporting on Government priorities, but clearly its attention is toward those same priorities – in some cases at the expense of IMPB priorities. Despite this we note some promising results for Māori across the Government's health targets and, in some cases, Māori experienced higher performance rates than non-Māori (e.g. mental health access, cancer treatment).

Māori are significantly impacted by all of the Government's priority pathologies - but we lack current data to assess status compared to the 2022 data that we received for the baseline measures.

Our IMPB recommends that the primary focus for the sector for the next quarter should be on addressing the significant gaps in Tamariki **Māori immunisation rates, cancer screening** and **ED stays**. We also recommend strengthening the resourcing of Hauora Māori partners who have demonstrated tremendous success in vaccination (as proven with Covid success) and promoting screening.

Performance against the Pae Ora Act 2022

We assessed Health NZ against 28 indicators extracted from the Act. In total we identified that no action has begun or is evident to us for 46% of the indicators, and partial action is underway for 46% of the indicators. Most of the activity aligned to the Act is being done at a local level due to our relationship with the IMPB Relationship Manager – but we have had little authentic and meaningful engagement at a regional and national level. We have not received necessary information to influence Health NZ investments in our area. A major gap exists in the national services relationships with our IMPB, lack of engagement and transparency for decisions being made on services in our rohe, and lack of involvement in decisions on investments. We hope this improves over the next quarter and in future the areas needing strengthening become embedded in the work of Health NZ.

INTRODUCTION

This report fulfils one of the key legislative functions of Iwi Māori Partnership Boards (IMPBs) under Section 30(1) of the Pae Ora Act 2022 which states that IMPB functions include:

- *(d) to monitor the **performance of the health sector** in the IMPB coverage area:*
- *(e) to engage with Health New Zealand and support its stewardship of hauora Māori and its priorities for kaupapa Māori investment and innovation:*
- *(f) to report on the hauora Māori activities of Health New Zealand to Māori within the area covered by the iwi-Māori partnership board.*

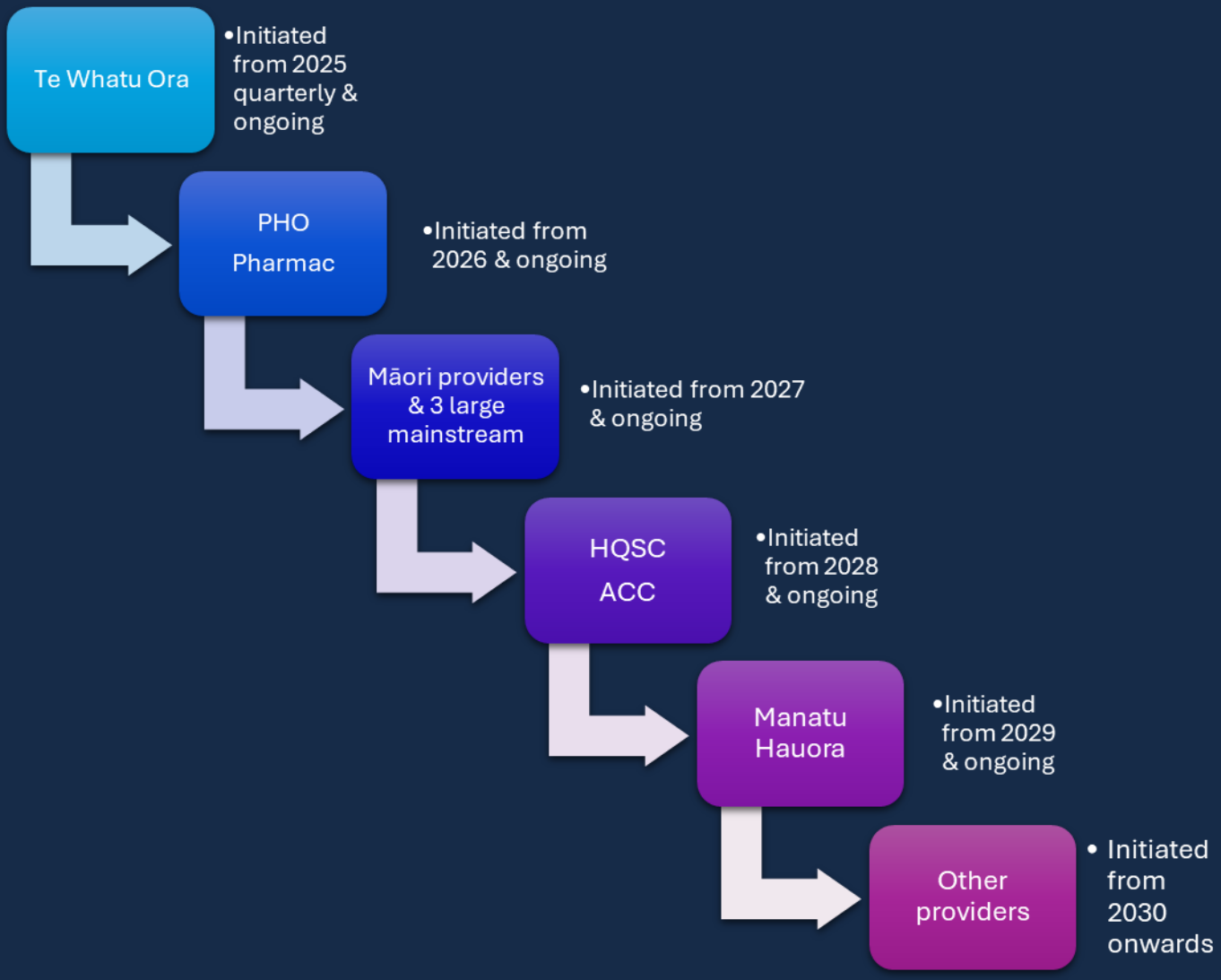
The first official Monitoring Report of the IMPB was issued in April 2025 for the quarter ending 31 March 2025 and this report will be repeated on a quarterly basis.

Defining our scope

1. The "*health sector*" involves a complex mix of organisations – not just Health NZ | Te Whatu Ora. It involves many other agencies

Phasing the monitoring of the health sector

In order to manage the workload and practicalities of monitoring the performance of the entire sector, we have adopted a phased approach. We plan that engagement with each agency will be **initiated in the year** below to start designing performance indicators and implementing monitoring processes with support of those agencies who will need to provide data.



Data and information sources

For our monitoring role we rely on three key data sources:

- the relevant agency providing data to us to monitor Hauora Māori outcomes and inequities
- the voice of whānau that we engage with, who provide their perspectives on their experiences with services and providers in the sector
- an assessment of the performance of the agencies according to their legislative obligations – especially any specific obligations to whānau Māori

Where any agency fails to provide us with the data we need, we will report this as "*XXX agency did not provide the data*". For Health NZ specifically this refers to Section 15 of the Pae Ora Act 2022 which requires HNZ to provide sufficient and timely data to IMPBs (timely has been defined by the Minister of Health has defined as within 30 days of our request). The failure to provide us with the data we need, is in itself, a measure of performance or non-performance. For other agencies in the sector, we plan to negotiate with each what specific data will be useful to monitor them against their obligations for equity and for whānau Māori, so that they will provide us with the data we need to monitor performance.

Key areas being monitored

The monitoring of the health sector will be generally organised into three categories:

- **IMPB Priorities** that have been determined from our whānau engagement work, and our own data analysis. These have been communicated to Health NZ, and we have advocated for their inclusion in Regional Health and Wellness Plan. We will monitor and report on the health system's performance against these priorities, based on indicators of success that we have identified, and performance data provided by agencies for these indicators.
- **Government priorities** determined in the Government Policy Statement (GPS) for health, which currently include 5 health targets, 5 modifiable behaviours and 5 pathologies. The health sector has developed performance indicators for each of these Government priorities. While the Government and health sector focus on these priorities, our role will be to ensure whānau Māori receive equitable access, utilisation and outcomes from their work – and to give advice on implementing their approach to these priorities in our communities
- **Alignment with legislative obligations**. While legal obligations for the sector are outlined in the Pae Ora Act 2022 obligations, some of the agencies in the health sector will also have their own legislation that we would monitor them against for specific obligations to whānau Māori. The Act contains a number of principles and obligations for the health sector such as Te Tiriti o Waitangi and Health sector principles for instance which apply to all agencies. For Health NZ there are specific obligations to IMPBs and whānau Māori. We will assess how well these obligations have been met according to the description of each of these in the legislation.

PERFORMANCE OF HEALTH NZ FOR IMPB PRIORITIES

Our priorities have been generated through analysis of whānau engagement conducted in 2024, and analysis of health system data provided by Health NZ and PHOs in our area. Our IMPB priorities are in addition to our support for the Government's priorities which also have a significant impact on whānau Māori.

DOMAIN	IMPB PRIORITY	GOVERNMENT PRIORITY?
PUBLIC & POPULATION HEALTH	Environmental restoration and access to traditional kai	Yes (diet)
	Ecological & intergenerational knowledge transfer	
	Immunisation promotion	Yes
	Smoking (and vaping)	Yes
	Suicide Prevention	
	Social determinants of health (esp. housing)	
PRIMARY & COMMUNITY CARE	Increase Rongoa services	
	Primary health care redesign	
	Immunisation provision	Yes
	Rangatahi school-based services	
	Kaumatua health and wellbeing	
	Rural mobile services	
	Oral Health – pepi through to age 18	
	Mental Health and Addictions	Yes
	Diabetes self-management	Yes
	Access to Palliative Care	
	Cancer care	Yes
HOSPITAL & SPECIALIST SERVICES	Access to cancer specialists and treatment	Yes
	Access to specialists for Tangata Whaikaha	
ENABLERS	Increase voice of Tangata Whaikaha	
	Improve Commissioning approaches	
	Improve Data access and accuracy	
	Increase Māori decision-making role	
	Increase Māori Workforce development	
	Eliminate Racism in the sector	

Indicators of performance

Public and Population Health

- Government investment in community- or marae-based programmes focused on traditional kai, food sovereignty, and intergenerational practices *(diet is Government priority)*
- # wananga conducted in Wairarapa annually that transmit ecological knowledge
- Steady reduction in number of smokers (from 1/3 of Māori smoking today) reported annually
- Increase in smokefree homes in Wairarapa
- Increase in regulation of tobacco and vape outlets in Wairarapa
- Decrease in uptake of Māori taking up vaping
- Annual reduction from 8 suicides in 2020/21 to eliminate suicide in Wairarapa
- Increase in investment in suicide prevention programmes (e.g. Kia Piki te Ora) targeting schools and Rangatahi
- Iwi-led respite option is available in Wairarapa for whānau at risk of suicide
- Increases in Māori screening Rates for:
    - Breast-screening
    - Cervical screening
    - Prostate screening
    - Bowel screening
    - Lung cancer screening
- Steady reductions in mortality rates for Māori from cancer
- Compliance of health sector with Treaty principles within Te Whakamaua
- Levels of collaboration between NZPHS and IMPB in the design of screening solutions
- Addressing social determinants of health through a Population Health approach across sectors
    - IMPB has formal relationship with MHUD and other housing investors to advocate for safe and suitable whānau housing
    - Number of Māori homeless reduces in Wairarapa (as recorded through Council data)
    - Increases in Māori home ownership (Census data)
    - IMPB initiates relationship with Whaikaha and increases their visibility as an agency in Wairarapa

Primary and community care

- IMPB and Te Whatu Ora develop primary care strategic agenda for Wairarapa to increase Māori enrolment rates, access to primary care (increased utilisation rates of GP services) and options for primary care (virtual, online, mobile, Nurse-led care)
- Value of investment in Rongoa Māori by Te Whatu Ora (Hauora Māori Services) and steady increase annually
- All school-based services in Wairarapa schools documented by Te Whatu Ora and reviewed with IMPB
- Increase in leadership-focused school programmes led by Māori
- InterRai data on NASC for Kaumatua to assess:
    - Access to NASC compared to non-Māori
    - No. accessing home support compared to non-Māori

  - No. referred for residential care compared to non-Māori
- No. Kaumatua (over 55) registered with primary care (PHO) and utilisation rates compared to non-Māori
- No. Kaumatua on wait lists for surgery
- Evidence of current mobile rural services to set baseline
- IMPB establish relationship with mobilehealth.nz to increase services in rural Wairarapa
- Reduction in children with dental caries
- Increase in the number of Māori who are dental caries free at age five.
- Access to dental for high need adults increased
- Mental health hospital admissions for Māori compared to non-Māori by age range
- Baseline of community-based mental health services undertaken to determine baseline. IMPB review with Te Whatu Ora to assess reach, scope, suitability and options of services for Māori
- No. Māori enrolled with PHO diagnosed with diabetes
- No. managing vs not managing diabetes (HBAIC levels, regular medication, regular monitoring) with GPs
- Lung cancer diagnoses Māori vs non-Māori
- Lung cancer mortality rates for Māori vs non-Māori
- InterRai data on:
  - NASC assessments for palliative care vs non-Māori
  - NASC referrals for palliative / in-home hospice support Māori vs non-Māori
  - Ratio of Māori vs non-Māori hospice / palliative workforce in Wairarapa

Hospital and Specialist Services

- Māori have equitable access to treatment for cancer (see Government priority indicator)
- Reductions in Māori cancer mortality rates for all cancers
- Annual engagement with Tangata Whaikaha community to assess improvements in access to specialist services

Enablers

- Six-monthly forum for IMPB, Whaikaha and Councils with tāngata whaikaha Māori over kai – discuss options for increasing voice Including potential for a formal tāngata whaikaha Māori community advisory committee
- Te Whatu Ora provides list of Māori providers being commissioned to deliver care in Wairarapa at least annually
- Scope of services and reach for the Māori provider (contracts) documented for IMPB and reviewed with Te Whatu Ora for coverage
- Annual increases in total investment in Māori provider delivered services in Wairarapa
- Increase in Māori provided disability services, mental health and suicide prevention services
- Extent of devolution of clinical services from hospital environments into community
- Data sovereignty and access to data by the two Iwi in Wairarapa via IDI and Data Sharing Agreements
- All data reported by Te Whatu Ora reveals Māori vs non-Māori rates
- Ethnicity is routinely collected by Te Whatu Ora for all services

- A strategy is developed with Data & Digital team at Te Whatu Ora, Whaikaha and the Tangata Whaikaha community to identify a process for capturing Tangata Whaikaha data by the health system (facilitated by IMPB)
- Increased and expanded roles for Iwi Māori Partnership Boards
- Increased Iwi and Māori involvement in environmental decision-making
- Increased Māori health funding
- Commitment to Māori Data Sovereignty principles across the health and disability system
- Increased prominence to evidence-based decision-making
- Increased cultural safety across the health and disability system
- Greater focus on working across sectors to improve wellbeing for whānau Māori
- Adequately recognising and responding to the levels of inequity in the rohe

Actual performance for the quarter

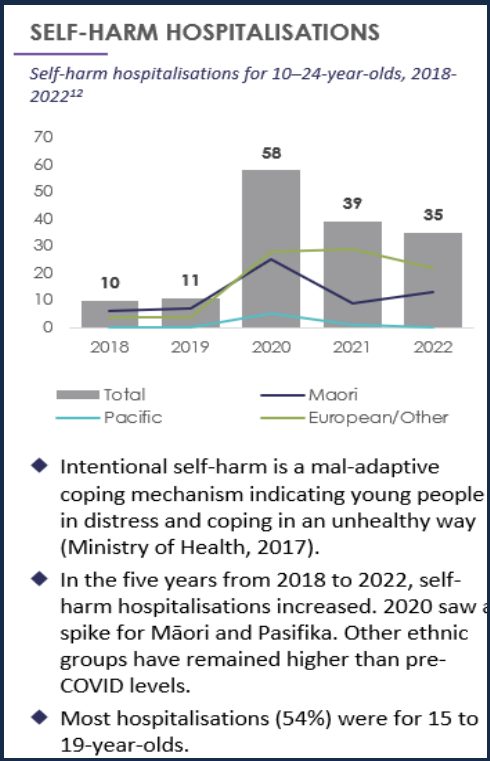
What the data tells us about performance for IMPB priorities

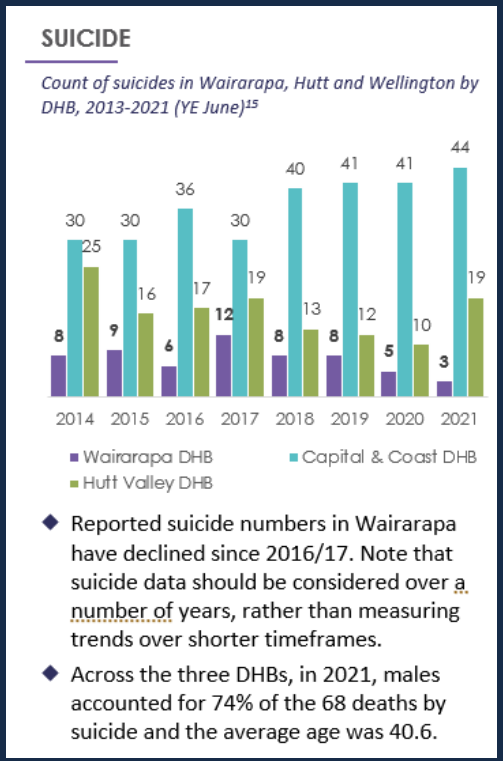
Some of our priorities reside outside of the health sector (e.g. inter-generational knowledge transfer) so have not been included in this schedule. Only those priorities that are impacted by Health NZ are included here. There are several IMPB priorities that are also Government priorities – so these are reported in the chapter on performance against Government priorities (Immunisation promotion and provision; smoking; access to cancer care and treatment; mental health and addictions and diabetes care).

PUBLIC AND POPULATION HEALTH

Suicide Prevention

Baseline 2024





Source: Wairarapa DHB Current state report (2023)

Update as of 31 March 2025

We also have no current data on suicide rates within the Wairarapa from Health NZ to compare against the previous reporting. Our IMPB has not seen or been notified of any additional investment in culturally appropriate suicide prevention programmes within Wairarapa.

PRIMARY AND COMMUNITY CARE

Increase Rongoa services: Holistic, indigenous Māori models of health and wellbeing

Baseline 2024

We have not received data on Rongoa services commissioned by Heath NZ, or utilisation data from Health NZ.

Update as of 31 March 2025

Our IMPB does not yet have transparency about the current investment in Rongoā Māori services in the Wairarapa and any planned or future investment to increase this. We have signalled Rongoā investment as a priority for commissioning in Wairarapa – but are not yet involved in Health NZ commissioning decisions for the current year or from 1 July 2025.

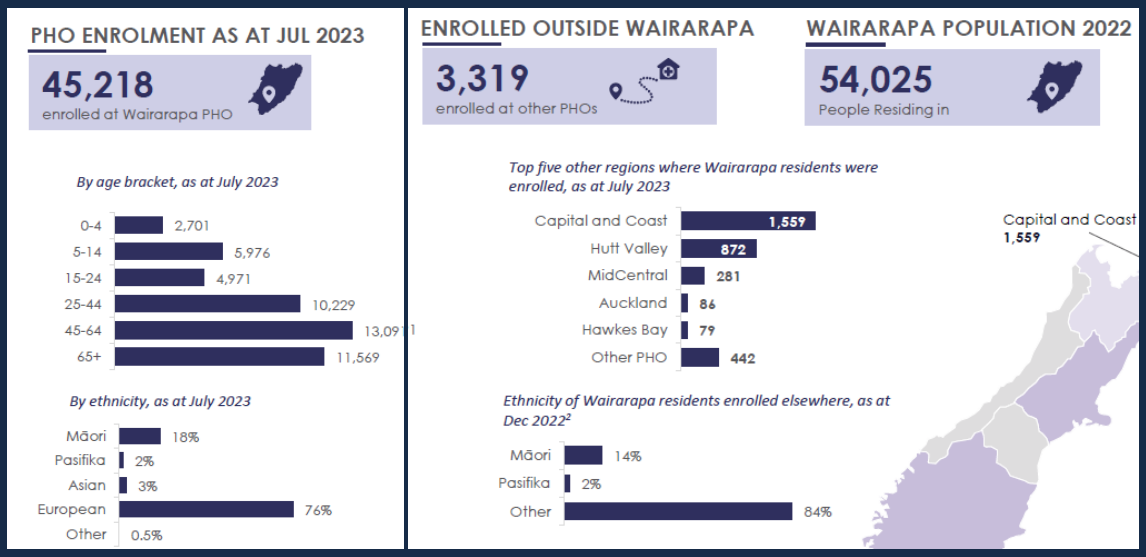
Primary health care redesign – to improve access and utilisation by whānau

Baseline 2024

Primary health care was recognised as important in many health reports, including recognition of the inequities in Māori health outcomes and Māori provider funding related to the Primary Health Care Strategy 2001. One recommendation is that a primary health care strategic agenda be co-designed with the leadership of kaupapa Māori health experts to achieve equitable health outcomes.

Primary Health Organisation (PHO) enrolment rates for Māori (at 89.2%) were lower than non-Māori enrolment rates (at 95.2%) in the Wairarapa. Ambulatory sensitive hospitalisation (ASH) rates (which are driven by hospitalisations that could have been avoided with care in the community) were high for Māori (Māori making up nearly half of all relevant hospitalisations in the rohe).

PHO enrolment data from 2023 (Wairarapa DHB Current State Report, 2023) were:



As of July 2023, 94% of Wairarapa's population were enrolled with a PHO. This included 88% of Māori, 88% of Pasifika and 95% of other ethnic groups. The Wairarapa region has a growing number of unenrolled members of the community, currently estimated at 2,500-3,000people (Practice Plus, Tū Ora, 2023).

Update as of 31 March 2025

Current PHO enrolment rates (9,112 out of 48,461) are 95.7% – this means that approx. 4.3% are unenrolled or enrolled in PHOs outside of the Wairarapa. This is a strong enrolment rate for Māori given the total (2023) Māori population of 9,516.

Utilisation rates are pending to identify actual utilisation of GP services by whānau. It could be that while the enrolment rate is high – whānau are not accessing care at least annually.

Rangatahi school-based services

Baseline 2024

Recommendations from our community needs analysis in 2024 highlighted the need for education – based interventions to improve the health and wellbeing of young people in the Wairarapa District including establishing school-based health leadership programmes and/ or clinics and Health care

services and programmes run by health kaimahi. Over a quarter of those enrolled in the region's 35 schools identify as Māori. A larger proportion of Māori rangatahi, compared with non-Māori rangatahi, are unable to access health care when needed and issues for rangatahi in the Wairarapa include not enough chlamydia testing and high hospitalisation rates for self-harm. No data on SBHS was provided to inform our baseline assessment.

Update as of 31 March 2025

Our IMPB does not have data yet on Wairarapa-specific information on the current investment in school-based health services (SBHS) or planned future commissioning plans to increase this investment. We have had access to national and regional SBHS data – but nothing specific to our IMPB area yet.

Kaumatua health and wellbeing

Baseline 2024

Around 8% of those over 60-years of age in the Wairarapa identify as Māori. However, it is noted in the Current State Report from Te Whatu Ora (2023) that many Māori in the region do not live to retirement age. Evidence shows lower access to timely surgical operations and lower rates of dental Māori kaumātua compared with non-Māori in the rohe. Evidence analysed in 2024 supported a greater focus on kaumātua in the Wairarapa. This included a call for better aged care services, establishing papakainga with attached health service centres, dedicated kaumātua primary health care services. Evidence also emphasised the need for social connectedness and having services that focused on holistic wellness, not just the treatment of disease.

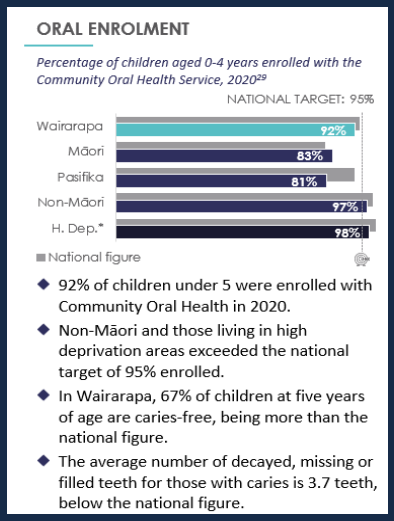
Update as of 31 March 2025

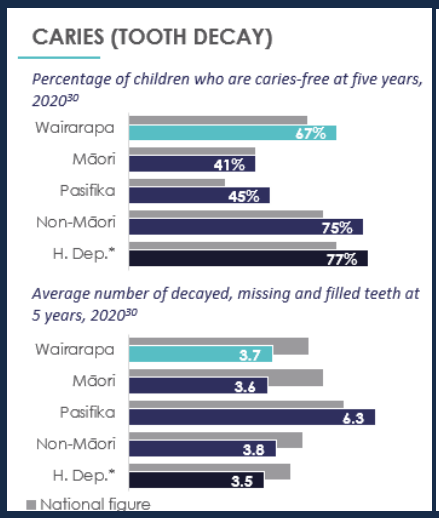
Our IMPB does not yet have specific age-related data on kaumatua access to primary care, but we are working with our PHO to address this. Similarly, we do not yet have specific age-related data on access to surgery by Kaumatua, or access to dental care. These are areas we aim to improve in our ongoing monitoring role.

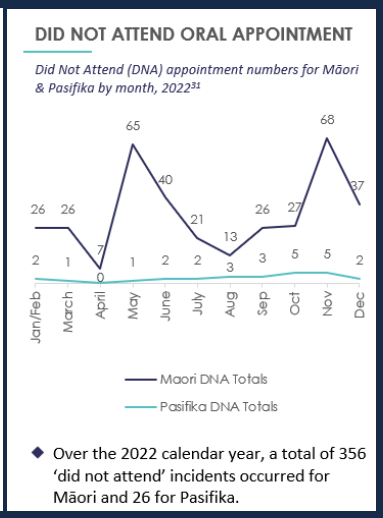
Oral Health – pepi through to age 18

Baseline 2024

Oral health was connected to nearly half of all ambulatory sensitive hospitalisations for Māori. Tamariki Māori have lower rates of being caries free at 12 and 13 years-old – only 75% of Māori in this age group are caries free, compared with 84% of non-Māori – and have a slightly higher average number of missing and filled teeth at year 8 than non-Māori. Only 83% of Māori aged under 5-years are enrolled in community oral health compared with 97% of non-Māori tamariki, and only around 41% of Māori are caries free at 5-years of age, compared with 97% of non-Māori tamariki.





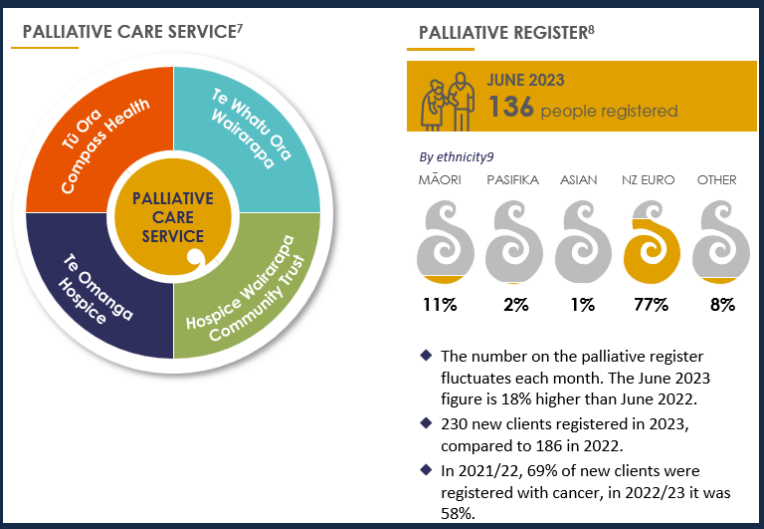


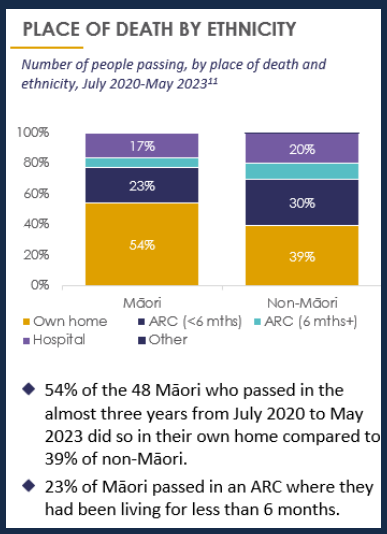
Update as of 31 March 2025

Our IMPB has not received updated data on this priority specific to dental caries and dental enrolment. Some ASH data is available and is reported elsewhere but does not specifically identify oral health.

Access to Palliative Care

Baseline 2024





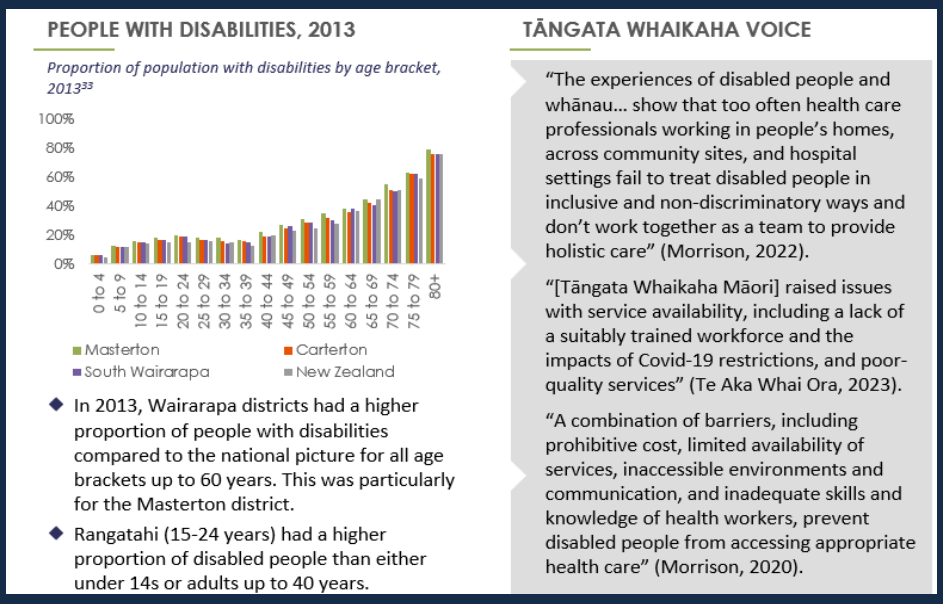
There was limited data available on palliative care in Wairarapa, but evidence gathered for our Community Health Plan (Sept 2024) revealed that palliative care is primarily used by non-Māori (77% of those who access palliative care in Wairarapa are non-Māori and 11% are Māori). The most common place of death for Māori is in their own home (54% for Māori compared with 39% for non-Māori). While it is difficult to draw conclusions from this data, it does appear that a different model of palliative care is needed for Māori compared with non-Māori. Evidence highlights the additional barriers to palliative care for Māori and the need for palliative care to be culturally aligned. There is also evidence on the need for culturally appropriate palliative care that supports whānau health literacy.

Update as of 31 March 2025

No data has been provided to update Māori assessments, referrals and utilisation of palliative care for our IMPB to make comparisons on the data produced last year.

HOSPITAL AND SPECIALIST SERVICES

Baseline 2024



The Less Talk, More Action report (which was based on interviews with tāngata whaikaha Māori me ō rātou whānau) recommended that mechanisms for tāngata whaikaha Māori to have a say in policy design, service development, and how services are monitored be established in the Wairarapa rohe. At a community (district) level this could be a quarterly forum where "officials" meet with tāngata whaikaha Māori for instance. Data on health needs and aspirations of tāngata whaikaha Māori in Wairarapa is extremely limited or non-existent due to decades of inaction by health and disability agencies.

Update as of 31 March 2025

Despite raising this issue in our Community Health Plan (Sept 2024) there has been no action initiated to build relationships between Health NZ and Wairarapa whānau on Tangata Whaikaha aspirations and concerns about access to specialist services. This is still an outstanding matter. Furthermore, there is no specific Whaikaha-related data that is available for analysis.

ENABLERS

Improve Commissioning approaches

Baseline 2024

Wairarapa DHB reported in 2023 that "*there is longstanding underinvestment in specific Māori health funding and also little to no understanding of expenditure required to tackle inequities. Wairarapa DHB annual financial spend on Māori Health for 2021/22 was 14.5%*".

There were many findings in analysis of various health reports on the need to invest in and support Kaupapa Māori health and disability services. Māori-owned and Māori-governed services is both an expression of rangatiratanga and a necessary part of whānau Māori having options to access appropriate Māori-led care.

Update as of 31 March 2025

Our IMPB has received some 2023/2024 data on the current investment in the Wairarapa District, but we are awaiting specific details for 2024/2025 and outyears. We are therefore unable to compare expenditures and commissioning investments (current and proposed future) at present.

Improve Data access and accuracy

Baseline 2024

Several findings from the evidence focused on the importance of high-quality data to identify and address inequities for Māori and to monitor performance of the health system (especially the services delivered and commissioned by Te Whatu Ora or the former Wairarapa DHB). There was also a focus on ensuring that Māori in the Wairarapa have more access to data that is important to them.

Update as of 31 March 2025

Our IMPB is not yet receiving timely and comprehensive data related to all of our priorities impacted by Health NZ even though the Minister had advised officials in July 2025 that he expected a 30-day turnaround to data requests by IMPBs. The absence of data across all of our priorities and the Government's priorities – for IMPBs – is a serious impediment to IMPBs being able to perform their roles.

Increase Māori decision-making role

Baseline 2024

Increasing Māori involvement in decision-making emphasises the importance of whānau, hapū, iwi and hapori Māori having a say in decisions relevant to the health and disability sector.

Update as of 31 March 2025

As is indicated in the dashboard at the appendix, our IMPB is not being involved in decision-making in a meaningful or authentic way yet.

Increase Māori Workforce development investment

Baseline 2024

Several findings directly address building the Māori health and disability workforce, many of the areas for investment discussed earlier in this report are dependent on a large, well-trained, highly competent, and well-supported Māori health workforce. Encouragement for local activities like training and resourcing local Māori to be pou in the community, and national-level concerns such as addressing the under-representation of Māori across a range of health professions.

Update as of 31 March 2025

Our IMPB does not have any transparency on workforce development or investment in Wairarapa, however Health NZ published on its website a quarterly report on its workforce as of 31 December 2024 which we used to search for an update on workforce representation.

Table 4: Employee Count and proportion of ethnicities by occupation group

Occupation Group	Other[1]		Asian		Māori		Pacific		Unknown		Total
Nursing	16,416	47.1%	13,744	39.4%	2,275	6.5%	1,287	3.7%	1,166	3.3%	34,888
Corporate and other	10,889	55.4%	3,608	18.4%	2,281	11.6%	1,387	7.1%	1,493	7.6%	19,658
Allied and scientific	8,781	66.0%	2,784	20.9%	854	6.4%	434	3.3%	460	3.5%	13,313
Care and support	3,941	37.9%	3,061	29.4%	1,765	17.0%	1,192	11.5%	436	4.2%	10,395
SMO	4,532	71.4%	1,213	19.1%	162	2.6%	57	0.9%	383	6.0%	6,347
RMO	2,775	57.5%	1,293	26.8%	362	7.5%	162	3.4%	235	4.9%	4,827
Midwifery	1,309	79.8%	103	6.3%	153	9.3%	27	1.6%	49	3.0%	1,641
Total	**48,579**	**53.4%**	**25,796**	**28.4%**	**7,844**	**8.6%**	**4,544**	**5.0%**	**4,217**	**4.6%**	**90,980**

**Other' is a group amalgamation of all ethnicities that do not fall into the groups Asian, Māori or Pacific. Employee counts in the Grand Total line are slightly lower than the sum of the Occupation Groups, as some individuals may be represented in more than one Occupation Group

Table 8: Distribution of reported ethnicities by District and Employee Count

Health New Zealand (Health NZ)	Other*	Asian	Māori	Pacific	Unknown	Total[2]
Canterbury	6,852	1,996	462	154	1,329	10,793
Auckland	4,884	4,663	608	1,040	386	11,581
Waikato	4,171	2,938	890	194	80	8,273
Southern	4,021	1,137	222	80	125	5,585
Waitemata	3,720	3,506	617	521	0	8,364
Capital & Coast	3,502	1,928	449	552	458	6,889
Counties Manukau	2,662	3,886	613	1,286	200	8,647
Bay of Plenty	2,615	737	502	61	1	3,916
Northland	2,250	775	734	69	92	3,920
Nelson Marlborough	2,092	384	164	23	111	2,774
MidCentral	1,975	699	280	60	13	3,027
Hawke's Bay	1,966	579	555	63	46	3,209
National Payrolls	**1,769**	**594**	**480**	**211**	**792**	**3,846**
Taranaki	1,415	381	226	20	44	2,086
Hutt Valley	1,040	545	118	113	282	2,098
Lakes	891	400	294	36	0	1,621
Whanganui	728	175	160	15	0	1,078
South Canterbury	629	147	39	10	17	842
Tairawhiti	506	143	344	17	3	1,013
West Coast	479	131	47	8	137	802
Wairarapa	412	52	40	11	101	616
Total	**48,579**	**25,796**	**7,844**	**4,544**	**4,217**	**90,980**

*Other' is a group amalgamation of all ethnicities that do not fall into the groups Asian, Māori or Pacific.
**Totals may not add as some individuals are associated with more than one ethnicity.

When looking at Māori workforce identifying as Māori in the Wairarapa district there were 40 (6%) out of 616 staff identifying as Māori as identified above in Table 8 from the Health NZ report. In the Wairarapa IMPB area, Māori make up 19% of the total population therefore the Health NZ workforce is not reflective of the population characteristics in our area. HNZ should have around 120 Māori staff in order to b reflective of the population so there is a considerable gap.

Eliminate Racism in the sector

Baseline 2024

Eliminating racism is a necessary pre-condition to ensuring the best health outcomes for Māori and honouring Te Tiriti o Waitangi. Our indicator is the level of complaints from whānau Māori about experiences of racism or discrimination. We were unable to get baseline data for 2024.

Update as of 31 March 2025

Our IMPB has been unable to get data on complaints by Māori patients and consumers about experiences of racism when using services of Health NZ.

What whānau have told us about whānau-generated IMPB priorities

PUBLIC AND POPULATION HEALTH

Suicide prevention

Whānau advocated for adequate resourcing to deliver suicide prevention programmes that are designed and delivered in schools with whānau, for young people. A Māori Women's Welfare League report also recommended support be given to iwi to establish respite facilities and provide wrap-around support to intervene when whānau are at heightened risk. There was some evidence that Māori-led suicide prevention – that is designed, delivered, and implemented within whānau, hapū, iwi, and communities – is more successful.

Social determinants of health

Common themes that emerged from an analysis of the responses from whānau engagement in 2024:

Affordability of daily living

When asked about health and wellbeing for themselves and their wider whānau, 20% of the respondents raised concerns about the affordability of daily living.

"We have to worry about rent rises, food costs, power, etc. on limited incomes."

"Make it cheaper for our families to access the things we need to be healthy, mentally and physically."

Housing

Housing was a concern for 19% of the respondents, who expressed worries around the lack of housing stock and housing that was safe, warm, and dry.

"We need a better home that is warmer in winter. The house is cold, which makes us sick; the high ceiling of a big house is not good."

Respondents referred to their own challenges around housing, with many expressing concern about housing quality and affordability.

"Housing, rents, bills, [and] stress consume most whānau."

Covid-19

A small number of respondents (3%) specifically mentioned the ongoing impacts of the Covid-19 pandemic on their health and wellbeing.

"COVID-19 is still out there with new variant. [We] must continue to do all we have being doing to

prevent [it, to] keep alert."

"Covid is scary – the thought of what may be makes us all very anxious."

PRIMARY AND COMMUNITY CARE

Access to care

Fifteen percent of the respondents raised concerns about the high cost of accessing health and disability services. This was especially apparent when the respondents talked about oral health and wellbeing.

"Specialist services are out of town and the cost to get there and to pay for the service decides whether you go or not."

"[Need] cheaper rates to see doctors."

"Everything we need is accessible except dental health. It is so expensive. Oh, also the fact we live away from Masterton and Wellington and Palmerston hospitals – that's stressful."

"Cheaper and easier dental care. Fair access to health providers. We live in Featherston and having to go to [a] specialist outside of Featherston is hard financially."

"The world is expensive for everyone. Dental [care] is too much. Only go for emergencies."

"Dental [care] is very expensive – my kids just don't go. Hearing aids for [my] husband [were] $3,000. Teach health professionals to consider that health for us is unaffordable."

While some respondents raised concerns regarding prescription costs, others wanted more options around the use of mātauranga Māori in health.

"I can't go without medication, and it costs a lot for pensioners to pay."

"A healthy environment would be one where everyone is able to access and understand their health[care] and to allow rongoā Māori and Kaupapa Māori healers."

"Provide other services, such as rongoā Māori services. Provide [a] holistic health programme embedded in te ao Māori."

Rongoa services

Several health reports reviewed for our Community Health Plan (Sept 2024) held recommendations or key findings in favour of more rongoā services, with the most tangible recommendation being that local health and disability sector commissioning include provision for rongoā Māori as part of supporting holistic health and wellbeing of whānau Māori. Rongoā is a taonga tuku iho. Sustaining Indigenous Māori health practices is seen as a way of both valuing Māori knowledge and Māori wellbeing through the "alleviation of symptoms and enhanced wellness for individual clients, as well as the promotion of cultural values and traditions, and maintenance of environmental relationships for Māori, iwi, hapū and whānau collectives".

ENABLERS:

Racism

The experience of racism impacting on health and wellbeing was mentioned by several respondents.

"I get stressed due to racism, fighting against this, and seeing my family struggle."

"Stop racism so that we can be given a chance."

"The critical mass of people who are standing up against racism, which I feel is a factor of our mental health and the reason so many of our people are incarcerated, is growing. There are more people making a stand for equality and equity for Māori and those who are differently abled. It's [becoming] more accessible, both physically and mentally. But it needs to improve even more, and we must continue to push."

"Better care for Māori. Racism and discrimination [are] issue[s]. Promote/inform patients about operations, appointments, waiting times. Kōrero more – listen to us [for] our perspective or

suggestions."

The need for more Māori staff, as well as for more Kaupapa Māori health and disability services, were also highlighted.

"Māori healthcare and services need to be available for the Wairarapa. Also end-of-life care and funeral services for Māori whānau."

"Having a Māori doctor would be good. They get a bit whakamā going the medical centre. Feel they are judged."

"Having more Māori health practitioners or a culturally appropriate option for whānau to feel safe, heard, not judged, not a minority, culturally respected, and not looked down on. Cultural competency in tauiwi health practitioners needs to be ongoing."

Commentary

Data insights

Overall, some services appear to be making progress while others are not, demonstrated by the equity gaps in various areas. Our priorities (over and above endorsement of Government priorities) include:

- Public & Population Health:
  - Suicide prevention (including investment in kaupapa Māori approaches)*
- Primary & Community Care:
  - Increasing Rongoa services (and associated investment)*
  - Improving primary care access (enrolment and utilisation)
  - Increasing and expanding Rangatahi school-based health services*
  - Kaumatua health and wellbeing (access to surgery and age-related care)*
  - Improving access to oral health for children and youth up to age 18*
  - Increasing and improving access to Palliative Care by Māori*
- Hospital & Specialist services:
  - Increasing voice of Tangata Whaikaha and their access to specialists*
- Addressing a number of enablers:
  - Increasing commissioning investment; improving data collection and reporting; increasing Māori health workforce; increasing role of Māori in decision-making; eliminating racism*

Our IMPB has not been able to get current data from Health NZ on a number of these areas marked with an asterisk and this has impeded our ability to assess whether there have been improvements or lack of. The non-provision of this data from Health NZ severely impedes our ability to monitor trends and performance of Health NZ against these key priority areas. The lack of data provision is in itself a performance issue for Health NZ.

Primary care enrolment rates (at almost 96%) are very high – however data is pending from the PHO on utilisation rates to see whether whānau are accessing care at least annually.

Whānau voice insights

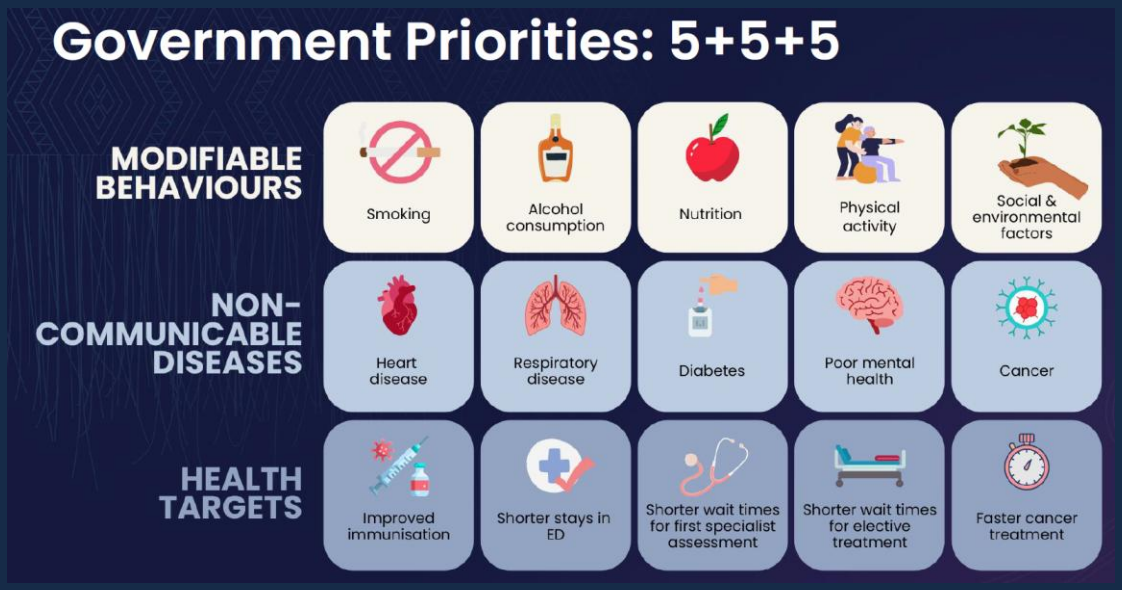
There is a general theme across whānau feedback that there remain significant barriers to whānau accessing care. These include difficulty getting an appointment (including after-hours service options); racism and discrimination within their service experience; transport and cost barriers (cost of care, and cost to travel to care outside of the area); lack of Māori provided service delivery options including the need for more Rongoa services and more Māori service delivery models such as wānanga; lack of investment in services for Māori and lack of specialist services offered in Wairarapa.

These barriers undoubtedly have an impact on the health care utilisation, access and outcomes for whānau Māori and until more investment in kaupapa Māori service options is made, these results will persist.

PERFORMANCE OF HEALTH NZ FOR GOVERNMENT PRIORITIES

Priorities set by Government (2024)

The Government determined a set of priorities for the system in the Government Policy Statement (GPS) in 2024 generally referred to as the 5+5+5 described below:



Indicators for performance

HEALTH TARGETS

	CURRENT RATE	PERFORMANCE MILESTONES National Rates 2024/25	2025/26	2026/27
IMPROVED IMMUNISATION 95% of children fully immunised at 24 months of age		84%	87%	90%
SHORTER STAYS IN ED 95% of patients to be admitted, discharged or transferred from an emergency department within six hours		74%	77%	80%
SHORTER WAIT TIMES FOR FIRST SPECIALIST ASSESSMENT 95% of patients wait less than 4 months for a first specialist assessment		62%	65%	70%
SHORTER WAIT TIMES FOR ELECTIVE TREATMENT 95% of patients wait less than 4 months for elective treatment		63%	67%	71%
FASTER CANCER TREATMENT 90% of patients to receive cancer management within 31 days of the decision to treat		86%	87%	88%

MODIFIABLE BEHAVIOURS

SMOKING	Percentage of people aged 15 years and over who are daily smokers, reported by population group	Reduction to 5% or less of people aged 15 years and over who are daily smokers, reported by population group, with a 5% or less target in each population group
ALCOHOL CONSUMPTION	Percentage of people aged 15 years and over who engage in hazardous alcohol consumption	Year-on-year reduction in proportion of those aged 15 years and over who engage in hazardous alcohol consumption
NUTRITION	Percentage of people eating the recommended daily intake of vegetables and fruit (5+ servings of vegetables, and 2+ servings of fruit)	Increase
PHYSICAL ACTIVITY	Percentage of children and adults meeting recommended hours of physical activity / physical activity guidelines	Year-on-year increase
SOCIAL & ENVIRONMENTAL	Percentage of children living in households where food runs out often or sometimes in past year (0–14 years) (food insecurity)	Year-on-year decrease
SOCIAL & ENVIRONMENTAL	Either face-to-face or non-face-to-face contact with family or friends at least once a week (social connection)	Increase
SOCIAL & ENVIRONMENTAL	Social connection, cohesion and culture (question from the two-yearly GSS)	Increase
SOCIAL & ENVIRONMENTAL	Loneliness - lonely most or all of the time in the last four weeks	Decrease in reported rate from the New Zealand Health Survey question
ALL 5 BEHAVIOURS	Mean number of decayed, missing and filled teeth (DMFT) teeth in children aged 5 & 8	Decrease in mean number of DMFT in children aged 5 and in school year 8
ALL 5 BEHAVIOURS	Percentage of children caries free at age 5 & 8	Increase in percentage of children caries free at age 5 and in school year 8

Indicators for the 5 pathologies:

NON-COMMUNICABLE DISEASES

	MEASURE	EXPECTATION
HEART DISEASE	Hospitalisation for all cardiovascular diseases	Decrease
	Chronic rheumatic heart disease hospitalisations	Decrease
RESPIRATORY DISEASE	Potentially avoidable hospitalisations based on ASH conditions (asthma, chronic obstructive pulmonary disease & ear nose and throat) and age brackets (0–4, 5–14, 45–64 years)	Decrease
	Housing-related hospitalisations	Decrease in housing-related illness including rheumatic fever and respiratory disease
	Pneumonia hospitalisations	Decrease
DIABETES	Potentially avoidable hospitalisations based on ASH conditions (diabetes) and age brackets (0–4, 5–14, 45–64 years)	Decrease
	Rate of registrations on Virtual Diabetes Register (VDR)	Improve trend
MENTAL HEALTH	Psychological distress	Decrease in people reporting high or very high levels of psychological distress in the New Zealand Health Survey questions
CANCER	Bowel screening rates of adults aged 60–74 years (two-yearly screening interval)	Bowel screening participation to target 60% of Māori and Pacific adults aged 60–74 years (two-yearly screening interval)
	Cervical (HPV) screening rates of eligible women aged 25–69 years (five-yearly screening interval)	Increase cervical (HPV) screening coverage to 80% of eligible women aged 25–69 years (five-yearly screening interval)
	Breast screening rates of eligible women aged 45–69 years (two-year screening interval)	Increase breast screening coverage to target of 70% or greater of eligible women aged 45–69 years (two-year screening interval)

Actual performance for the quarter

What the data tells us about performance for Government priorities

FIVE MODIFIABLE BEHAVIOURS

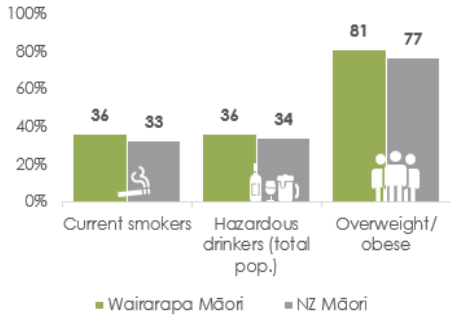
- Smoking
- Alcohol
- Diet
- Exercise
- Social and environmental factors

Unsafe alcohol use, diet, exercise and smoking

Baseline data from 2024

WAIRARAPA & NZ MĀORI RISK FACTORS

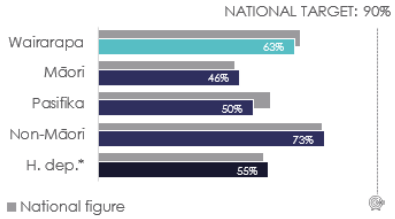
Prevalence of risk factors in the Māori population, 2023[44]



- Over a third of Wairarapa Māori are currently smokers and hazardous drinkers.
- Wairarapa Māori have higher prevalence across all three risk factors when compared with both New Zealand Māori and the Wairarapa population.

SMOKEFREE HOUSEHOLDS

Babies who live in a smokefree household at WCTO visit 1, Jan-Jun 2022[18]

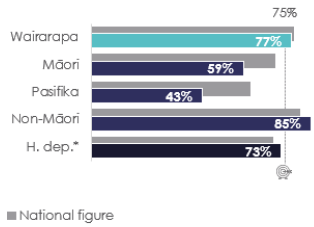


- Benefits of smokefree mothers and homes are well recognised (MOH, 2022).
- If almost two-thirds of babies in Wairarapa lived in a smokefree household at the time of their first WCTO visit, this means that almost a third of babies lived in a household with a tobacco smoker.
- Wairarapa has similar rates to national figures, however, numbers of Māori and Pasifika were less than the national figure; with all groups below the national target.

Data specific to children is as follows:

HEALTHY WEIGHT AT FOUR YEARS

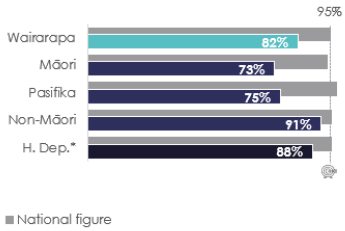
Percentage of children at a healthy weight at four years, Jan-Jun 2022[23]



- 77% of children in Wairarapa are a healthy weight at four years old, above the national target.
- However, Māori (59%) and Pasifika (43%) are below national figures in this area.

BODY MASS INDEX (BMI)

Percentage of children with a BMI >98th percentile who are referred, Jan-Jun 2022[23]



- Referral rates for children with a BMI in the 98th percentile in Wairarapa were lower than national figures and targets.
- 73% of Māori children in this BMI percentile were referred, compared with 75% of Pasifika and 91% of non-Māori.

Smoking and vaping were noted in several health reports as a priority for hauora Māori and reported in

our Community Health Plan (Sept 2024). This included recommendations that there be increased access to quit services for Māori and additional smoking and vaping interventions for both primary- and secondary-aged students. Over one third of Wairarapa Māori were current smokers. There were also low numbers of smokefree households for pēpi Māori in the Wairarapa (46% of pēpi Māori had smokefree households compared with 73% for non-Māori babies). There was significant evidence of the importance of reducing tobacco use in rangatahi and Māori populations and there are widely accepted benefits of Māori-led cessation programmes.

Update since baseline

Our IMPB has not received any updated data to compare against these factors at this time.

Social cohesion and environmental factors

Baseline data from 2024

On average, Māori have fewer years of good health as well as shorter lives than non-Māori. Some parts of Wairarapa, particularly Masterton, have high levels of deprivation that impact the accessibility of healthcare services.

The Wairarapa DHB current state report (2023) noted that:

- Wairarapa has a range of social housing providers who, despite waitlists, can accommodate whānau in need of housing.
- Over the last three years (to 2022) the supply of public housing tenancies has doubled in Masterton. This will assist to meet increasing need.
- Wairarapa has bus and train services to provide access between urban areas, including Wellington.
- The current cost of living crisis is decreasing access to warm, dry and affordable housing across Wairarapa.
- The greater the proportion of household income required to service housing costs, the less there is available to meet healthcare and other needs.
- Wairarapa is a largely rural region, linear in nature and with a relatively low population. This makes efficient and cost-effective public transport difficult. Public transport is the responsibility of the Greater Wellington Regional Council and largely outside the influence of healthcare providers.
- Health providers have limited ability to directly influence environmental factors (such as drinking water quality). Instead, relationships with those authorities that do have direct influence could be prioritised.
- Wairarapa is predominantly rural. Rural populations are less likely to have access to registered, monitored water sources and are therefore more vulnerable to waterborne diseases and exposure to wastewater contamination.
- The number of applicants on the public housing register in Wairarapa has remained relatively low in Carterton and South Wairarapa over the past three-years, while fluctuating in Masterton.
- The supply of public housing tenancies is increasing in Masterton to meet this need, while again remaining low in Carterton and South Wairarapa (potentially due to lower population numbers).

Update since baseline

Our IMPB has not received updated data on these indicators to compare with the above baseline.

FIVE HEALTH TARGETS

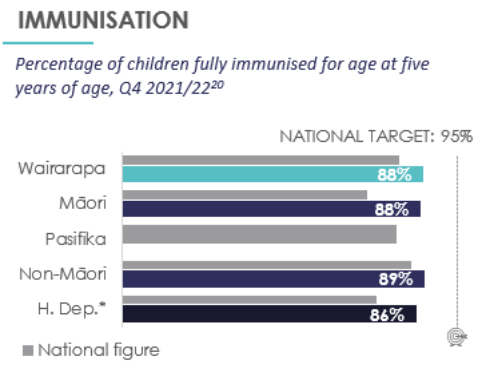
- **Immunisation rates**

- **Shorter stays in ED**
- **Shorter wait time for First Specialist Assessments**
- **Shorter wait time for cancer treatment**
- **Shorter wait time for elective surgery**

Immunisation

Baseline data from 2024

In June 2022, the immunisation rate for tamariki Māori was 88% which was the same as the district's overall rate and slightly higher than the non-Māori rate (fully immunised at age 5):



- Timely immunisations ensure children are protected against harmful, avoidable infections (MOH, 2022).
- In Wairarapa, 88% of children are fully immunised at five years of age. This is higher than the national figure but lower than the national target of 95%.
- No data was available for Pasifika for this time period.

Source: Wairarapa DHB Current State report (2023)

Updates since baseline

In our IMPB area, the immunisation rates for immunisation at 24m (rather than 5 years) were reported in Health NZ's quarterly performance report as of 31 December 2024 and revealed that the rate for tamariki Māori was 78.6%. The immunisation rates for tamariki Māori are very poor in comparison with non-Māori which was 86.9%.

While the data compares immunisations at different milestones, the lower coverage rates at younger ages for tamariki Māori puts those tamariki at un-necessary risk.

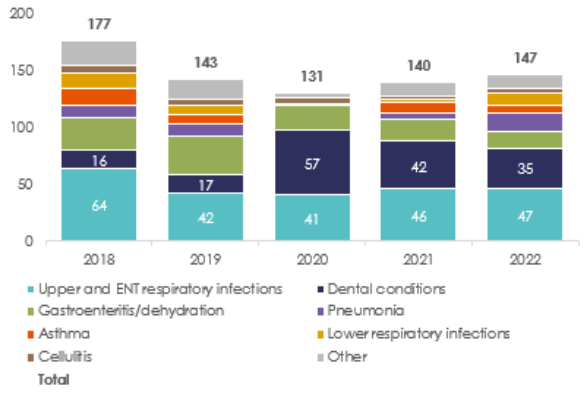
Hospitalisation and ASH rates

Baseline data from 2024

Data from the Wairarapa DHB Current State report (2023) showed the following ASH rates:

AMBULATORY SENSITIVE HOSPITALISATIONS (ASH) BY TYPE

Total ASH count for 0–4-year-olds in Wairarapa, by type, 2018-2022[28]

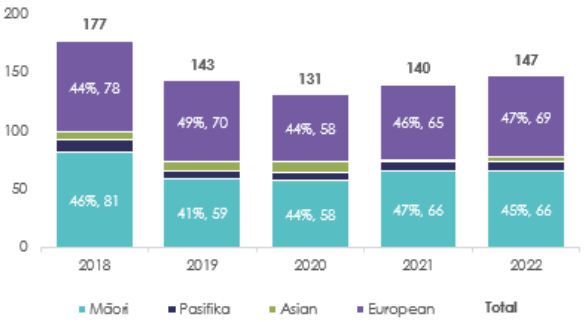


Total ASH count for 0–4-year-olds 2018-22: **738 (8% of total ASH)**

- 8% of the total 9,391 ASH from 2018 to 2022 were for under-fives.
- Upper and ENT respiratory infections accounted for the most ASH for under-fives from 2018 to 2022 in Wairarapa, with 240 hospitalisations over the time period (an average of 48 per year). Although in 2020, dental conditions were the top cause of ASH.
- 2022 saw the highest levels of pneumonia (17 hospitalisations) and the lowest levels of gastroenteritis/dehydration (14) in the time period.

ASH BY ETHNICITY

Total ASH count for 0–4-year-olds in Wairarapa, by ethnicity, 2018-2022[28]



- Of the total 738 ASH from 2018 to 2022 for 0–4-year-olds, 45% were Māori, 5% Pasifika, 4% Asian and 46% European.
- ASH figures declined in 2020 and 2021 suggesting COVID impacted numbers coming to hospital. However, in 2022, numbers were again above the 2019 level.

Upper respiratory and ear, nose, throat (ENT) hospitalisations were the most common ASH for Māori (34% of all Māori ASH) and non-Māori (32%) over the five years.

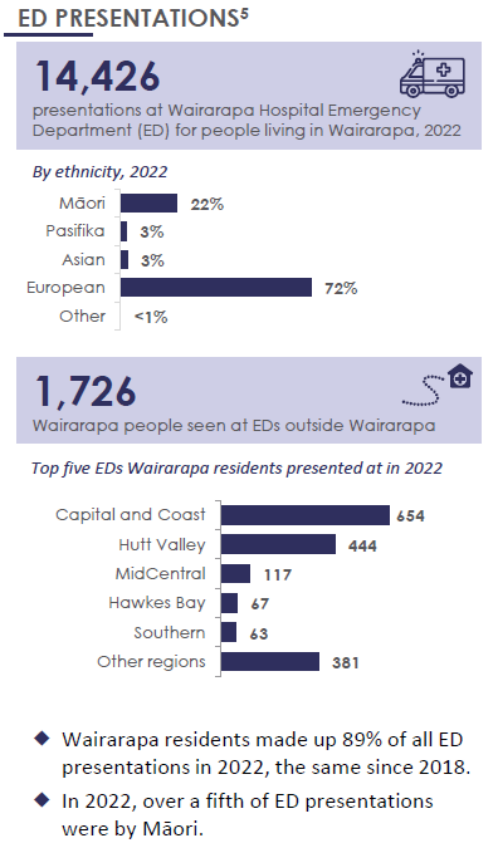
The second most common ASH for Māori children were for dental conditions (27%) whereas for European under-fives it was gastroenteritis/dehydration (21%) and then dental conditions (18%). ASH for dental conditions increased in 2020 for all ethnicities and, for Māori and European children, stayed above pre-COVID levels.

Updates since baseline

- ASH rates for the Wairarapa District[1] revealed that:
  - ASH rates for children 0-4 years per 100,000 were significantly higher for tamariki Māori at 6,250 compared to 4,145 for European / other
  - ASH rates for adults 45 – 64 years per 100,000 were 6613 for Māori and 3,677 for European / other. Māori adults have significantly higher rates per 100,000 compared to other ethnicities.
- These figures tend to indicate that compared to the previous reported ASH rates, inequity for Māori of all ages remains a significant issue.

Presentations at Emergency Departments

Baseline data from 2024



While Māori made up 22% of ED presentations, this compares to the fact that Māori make up 18% of the population.

Updates since baseline

- Health NZ has not supplied ED admissions data to compare with baseline results for Wairarapa – however our IMPB accessed the Health NZ Quarterly performance report (Q2) to identify Wairarapa District data. Data on ED wait times was not provided as part of the baseline data in 2024
- Data for the Wairarapa District on ED wait times[2], when comparing patients admitted, discharged or transferred from an ED within six hours as a percentage of all patients who attended an ED, reveals that Māori ED wait-times were actually better than Pacific and European/other populations – however all rates were far off the national target of 95%:
  - 64.5% Māori

[1] Health NZ Quarterly Performance Report – Quarter 2 2024/2025 (accessed via HNZ website April 2025) – P2 – 22 and 23

[2] Health NZ Quarterly Performance Report – Quarter 2 2024/2025 (accessed via HNZ website April 2025) – P2-45

- 60.5% Pacific
- 70.5% Asian
- 59.2% European/other

First Specialist Assessments

Baseline data from 2024

No data was available to determine a baseline.

Updates since baseline

Health NZ has not provided updated data on first specialist medical appointments and missed appointments yet for our IMPB area.

Health NZ has reported on wait-times for FSA's in their quarterly performance report for the Wairarapa District[3]. The data reveals that 65% of people in the Wairarapa District wait less than four months for their FSA from date of referral. This is very low in comparison to the national target of 95%.

Planned (elective) care

Baseline data from 2024

No data was available to determine a baseline.

Updates since baseline

Health NZ has reported on wait-times for elective treatment (planned care) in their quarterly performance report for the Wairarapa District[4]. The data reveals that the proportion of people given a commitment to treatment, waiting less than 4 months (as a proportion of all people on wait lists) is as follows:

- 75.4 % Māori
- 72.7% Pacific
- 72.7% Asian
- 59.2% European / other

The Māori rate is the highest of all groupings however the national target is 95% - therefore for all ethnicities, the gaps are still significant.

Faster Cancer Treatment

Baseline data from 2024

Our IMPB did not gather data on this measure in our 2024 baseline activity.

Updates since baseline

Health NZ has reported on wait-times for cancer treatment in their quarterly performance report for the Wairarapa District[5]. The data reveals the following in respect of the Wairarapa District for the proportion of eligible cancer patients who received their first treatment within 31 days of a health professional's decision to treat:

- 100% Māori
- 100% Pacific'
- Not reported - Asian
- 95.2% European/other

This shows that rates for Māori exceeds the national target of 90% and also the rate for European/other. The Wairarapa district is the 2nd best performing district in the country for this indicator and has achieved excellent results for whānau Māori.

[3] Health NZ Quarterly Performance Report – Quarter 2 2024/2025 (accessed via HNZ website April 2025) – P2 – 39

[4] Health NZ Quarterly Performance Report – Quarter 2 2024/2025 (accessed via HNZ website April 2025) – P2 – 40

[5] Health NZ Quarterly Performance Report – Quarter 2 2024/2025 (accessed via HNZ website April 2025) – P2 –51

FIVE PATHOLOGIES

- **Cancer**
- **Heart disease**
- **Respiratory disease**
- **Mental Health**
- **Diabetes**

Cancer

Baseline (2024) and current rates comparisons

Cancer screening rates are as follows and reveal very low screening rates overall, and particularly low rates for Māori against the national targets for screening. Much more needs to be done to increase cancer screening for whānau Māori due to the higher mortality rates from cancer and urgent investment in promotion and support for access is needed.

Breast cancer screening rates for wahine Māori were at 71% in 2022 (WDHB data: Current State report) so have dropped since then.

Te Karu o te Ika Poari Hauora: Breast cancer screening rates

Ethnicity	Period ending sept 2024	Period ending Dec 2024
Asian	51.6%	55.5%
Māori	65.3%	67.3%
Other	69.6%	72.9%
Pacific	65.4%	68.5%

In 2022, Māori bowel screening rates were at 71% (WDHB data: Current State report) and these too have dropped since then:

Te Karu o te Ika Poari Hauora: Bowel cancer screening rates

Ethnicity	Period ending sept 2024	Period ending Dec 2024
Asian	55.2%	56.4%
Pacific	60.2%	62.4%
Māori	65.4%	66.1%
Other	68.1%	68.4%

The Wairarapa DHB Current state report noted that in 2022, less than 60% of wahine Māori had cervical screens and while there has been a slight increase to December 2024, the progression is not fast enough to help prevent cancer mortality among wahine.

Te Karu o te Ika Poari Hauora: cervical cancer screening rates

Ethnicity	Period ending sept 2024	Period ending Dec 2024
Asian	60.6%	62.3%
Other	63.6%	63.6%
Māori	63.9%	65.3%
Pacific	78.0%	76.8%

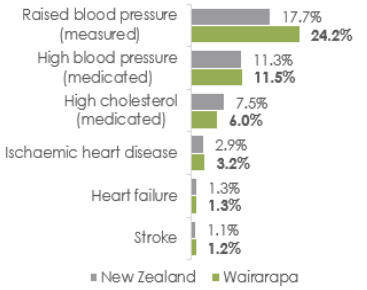
Source: Whiria platform: data provided by Health NZ April 2025

Heart disease and circulatory conditions

Baseline data from 2024

CARDIOVASCULAR PREVALENCE

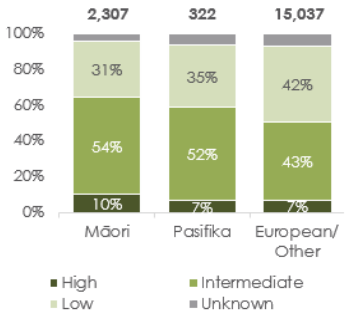
Percentage of Wairarapa population with cardiovascular disease, pooled data (age-standardised) 2017-2020[16]



- Wairarapa had similar prevalence for each cardiovascular indicator when compared to the national figure for 2017-2020 apart from raised blood pressure, which affected almost a quarter of Wairarapa's population.
- Māori in Wairarapa had higher rates than European/other[1] ethnicities for every cardiovascular indicator.

CVD RISK BY ETHNICITY

Latest Cardiovascular Disease Assessment (CVDA) results for all enrolled population, at May 2023[17]



- 64% of Māori enrolled at Tū Ora had a high or intermediate risk of cardiovascular disease as at May 2023 compared with 50% for 'other' ethnic groups.

In 2022, Māori aged 5-59 years accounted for 19% of myocardial infarction ASH for that age bracket and Māori 60+ accounted for 7%. For stroke, Māori aged 5-59 years accounted for a third of stroke ASH, and Māori over 60 years, 8%.

Source: Wairarapa DHB Current State Report (2023)

Updates since baseline

Health NZ has not provided updates data for us to compare with the 2024 baseline.

Respiratory disease

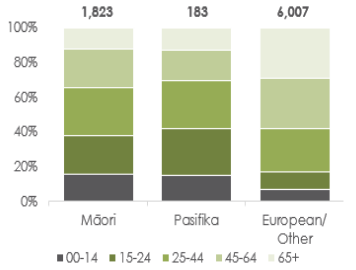
Respiratory disease includes asthma, bronchiectasis, pneumonia, upper and lower respiratory infections and chronic obstructive pulmonary disease (COPD). Respiratory disease is New Zealand's third most common cause of death (Asthma and Respiratory Foundation NZ, 2023). Charts here are for the whole Wairarapa population.

Baseline data from 2024

Data from the Wairarapa DHB Current state report (2023) reveals the state of asthma and COPD and its significant impact on whānau Māori. ASH rates are also provided.

ASTHMA

Current enrolled population who had an asthma classification or 2+ prescriptions for asthma medication in the last year, at May 2023, by ethnicity[19]

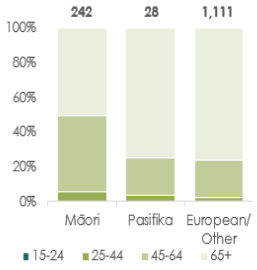


Total people with asthma (May 2023): **8,018**

- Over 8,000 people enrolled with Tū Ora in Wairarapa had asthma at May 2023, almost a quarter of them Māori.
- A higher percentage of asthma sufferers for Māori (38%) and Pasifika (42%) were under 25 than for other ethnicities (17%).
- More than half of asthma sufferers of European/other ethnicities were over 45.

COPD

Current enrolled population who had a COPD classification, at May 2023[19]

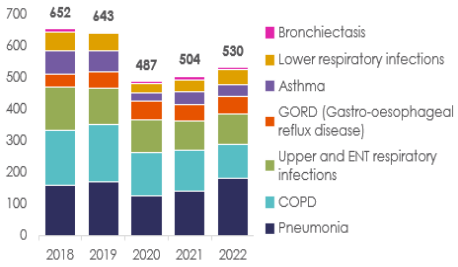


People with COPD (May 2023): **1,381**

- 1,381 people had a COPD classification at May 2023.
  - 18% of them were Māori and 2% Pasifika.
  - The majority (72%) were over 65 with less than 3% under 45.

ASH FOR RESPIRATORY DISEASE

Ambulatory sensitive hospitalisations for respiratory disease, 2018-2022[20]



Total ASH for respiratory disease 2018-2022: **2,816**

- ASH related to respiratory disease dropped in Wairarapa in 2020. This may be related to the COVID-19 pandemic.
- Pneumonia and COPD made up over 50% of all ASH for respiratory disease from 2018 to 2022.
  - For the over 60s, these account for a fifth of their ASH.
  - For 5 to 59-year-olds, pneumonia is 5% of ASH, and COPD is 4%. The most common respiratory ASH for 5 to 59-year-olds was upper and ENT respiratory infections.

Updates since baseline

Health NZ has not provided updates data for us to compare with the 2024 baseline.

Mental health

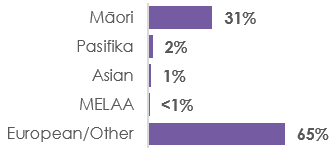
Baseline data from 2024

Evidence gathered from health reports (including Wairarapa DHB data from their Current State Report 2023) stressed the importance of improved mental health and wellbeing, for example for rangatahi, and the need for better access to mental health and addiction services. The top mental health admissions into hospital for Māori in the Wairarapa are bipolar affective disorders, schizoaffective disorder, schizophrenia, unspecified nonorganic psychosis, and severe depressive episode without psychotic symptoms, with the last of these being more common than amongst other ethnicities).

WAIRARAPA PEOPLE ACCESSING ALL MH SERVICES[1], 2022

3,181
people in 2022

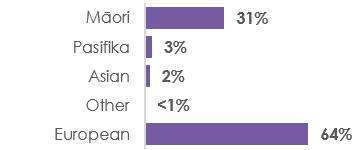
By ethnicity[2]

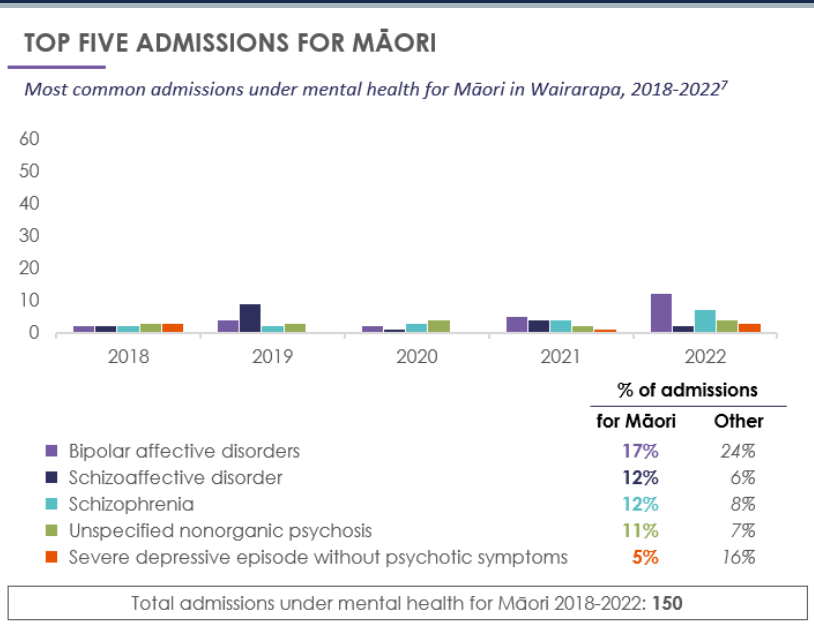


TOTAL MH ADMISSIONS TO WAIRARAPA HOSPITAL[3], 2018-2022

483
admissions

By ethnicity[3]





Source: Wairarapa DHB Current State Report (2023)

- Māori admissions for mental health totalled 150 between 2018 to 2022.
- The top five admissions listed above accounted for 56% of all admissions. The other 44% was made up of more than 30 diagnoses.
- Admissions for bipolar affective disorders, which accounted for 17% of all Māori admissions over the five-year period, increased from two in 2018 to 10 in 2022.
- Schizoaffective disorder was more prevalent for Māori than non-Māori, contributing 12% of Māori admissions.
- The largest cohort accessing MHA services were aged between 40-59 years, followed by rangatahi between 10-24 years.
- 38% of Māori accessing MHA services are rangatahi, compared to 25% of non-Māori.
- Some years more Māori men were seen by MHA services than Māori women. However, in 2020, we saw 55% women compared to 45% men.

Updates since baseline

Health NZ has not provided updates data for us to compare with the 2024 baseline for our IMPB area through the Whiria platform for IMPBs. However - it is noted that the Government is beginning to collect and report on several mental health targets for its' mental health priorities[6] including:

- Faster access to primary mental health and addictions services (target 80% seen within 1 week). It is noted that for the Wairarapa district, rates are as follows which reveals a fairly positive result for whānau Māori:
    - Māori – 81.4%
    - Pacific – 70%
    - Asian – 100%
    - Other – 80.6%
- Increased mental health and addiction workforce development (target 500 MH&A professionals trained each year). Data shows nationally that there are 457 in training – however it is unknown how many of those in training are from the Wairarapa area or whether they plan to work in the Wairarapa area. Likely the same can be said for all IMPBs.
- Faster access to specialist mental health and addictions services (target 80% seen within 3 weeks of referral). It is noted that for the Wairarapa district, rates are as follows which reveals a fairly positive result for whānau Māori. The current rate is relative to the European/other rate and closing in on the 80% target rate:
    - Māori – 74.7% (which is within 5% of the current milestone)

[6] Te Whatu Ora: Quarterly performance report: Quarter Two 2024/25 – Page 5 and Page 49-61

  - Pacific – 60%
  - Asian – 66.7%
  - Other – 76.9%
- Shorter mental health and addiction-related stays in emergency departments (target 95% seen within 6 hours). It is noted that for Wairarapa district, that rates are as follows which reveals a positive result for whānau Māori:
  - Māori – 70.6% (which is within 5% of the current milestone)
  - Pacific – 50%
  - Asian – 100%
  - Other – 53.6%
- Strengthened focus on prevention and early intervention (target 25% of total MH&A spend is on prevention and early intervention). While nationally the current annual budgeted amount is reported as 24.4% - it is unknown how much of this is being spent in the Wairarapa district.

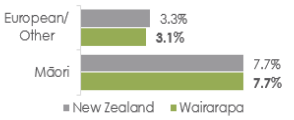
Diabetes

Baseline data from 2024

DIABETES PREVALENCE IN ADULTS 15+

Wairarapa population over 15 years with diabetes, pooled data (age-standardised) 2017-2020[21]

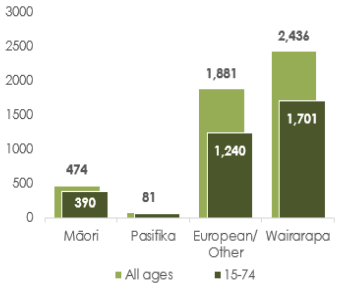
Wairarapa population over 15 years with diabetes by ethnicity, pooled data (age-standardised) 2017-2020[21]



- Wairarapa had a slightly lower prevalence of diabetes in 2017-2020 than the national figure.
- However, Māori at 7.7% had a much higher prevalence than European/other although was equal to the national rate for Māori.

ENROLLED DIABETICS BY ETHINCITY

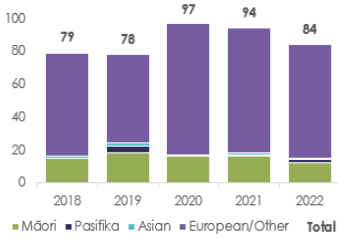
Current diabetics enrolled in Wairarapa by ethnicity, Dec quarter 2022[22]



- Of the 2,436 diabetics enrolled in Wairarapa Oct-Dec 2022, almost a fifth (19%) are Māori.
- 15 to 74-year-olds made up 70% of all diabetics registered in that quarter. Of Māori diabetics, 82% were between 15-74

ASH FOR DIABETES BY ETHNICITY

Ambulatory sensitive hospitalisations for diabetes by ethnicity, 2018-2022[23]



Total ASH for diabetes 2018-2022: **432**

- There were 432 ambulatory sensitive hospitalisations for diabetes from 2018-2022 in Wairarapa.
- The majority were in the 5-59 years age bracket (53% of hospitalisations), although numbers for this age bracket decreased year on year from 2018, while 60+ increased.

Source: Wairarapa DHB Current State Report (2023)

Updates since baseline

Health NZ has not provided updates data for us to compare with the 2024 baseline. Our IMPB may also be able to acquire some diabetes-related data from our local PHO with whom we have recently signed a Data Sharing Agreement. We will aim to report further data in the next quarter. Suffice to say, the diabetes burden amongst whānau Māori remains high.

What whānau have told us about any of the Government's priorities

WHĀNAU VOICE RELATED TO THE FIVE MODIFIABLE BEHAVIOURS: Smoking, Alcohol, Diet, Exercise and Social and environmental factors

Concerns raised by whānau about addressing risk factors and maintaining wellbeing

Wellbeing (nutrition and exercise)

Many survey respondents (38%) in our Whānau Voice engagement reported in 2024 expressed either a need to improve, or their concerns around, fitness and nutrition.

"Have meal plans, maybe talk to a nutritionist, start swimming, … bike to work."

"Eat proper food and fruit, [drink] water. Have programmes to learn how to eat healthy on a budget."

"Lose weight, get fit, flexible, help me plan my goals, health coaching."

Respondents talked about wellbeing for the wider whānau, particularly in relation to the affordability and accessibility of resources to support their whānau to be healthy and well.

"I need to motivate them, and Masterton needs to offer more for the kids, without expensive price tags."

Addictions

Eight percent of the respondents raised concerns about addressing addictions, such as smoking, often in the context of making changes for the benefit of their wider whānau.

"My life has been a struggle against respiratory disease, as I had pneumonia when I was 11 months and my father was a heavy smoker. For me, the damage smoking does cannot be emphasised enough."

"Quitline workshops to help me get a job [by helping] me to quit my addictions – drugs, alcohol, smoking."

"Stop smoking, cut down the drinking. I think I need to make the changes."

"Help with drug addictions is better one on one; consistency at Te Rangimarie Clinic."

WHĀNAU VOICE RELATED TO THE FIVE HEALTH TARGETS

- **Immunisation rates**
- **Shorter stays in ED**
- **Shorter wait time for First Specialist Assessments**
- **Shorter wait time for cancer treatment**
- **Shorter wait time for elective surgery**

Concerns around health and disability services

Half of the respondents (52%) identified concerns around health and disability services, primarily the availability of services, along with the quality of care. The cost of services was of great concern to respondents.

Physical access: *A small number of respondents talked about issues with physical access to services. "Look at the amount of services we are having to access out of our area and perhaps set up better access. Look into the disability parking accessibility."*

Location of services and transport: *Some respondents (7%) also pointed to issues with accessing services because of their own location and/or lack of transport. "The only after-hours service is in Masterton. What if you live in South Wairarapa? What if you have no access to a car? Difficult to get an appointment at after-hours service, costs a lot to attend. Often a long wait to be seen. High cost to see a GP during 'normal' hours." "Living in Featherston and being so far from Masterton can be a financial burden. For a teeth specialist, I have to travel outside of Featherston. This is difficult while being a single parent." "I think more services need to be provided for Māori kaumātua. Especially those of us living in South Wairarapa. Transport is a huge issue for us – shuttle not always available."*

Additional barriers for those with lived experience of disability. "Financial assistance to get me to Paraparaumu, as there is no specialised stroke physiotherapy."

Availability of services: *When thinking about health and wellbeing, both as an individual and for the wider whānau, 22% of the respondents raised issues with accessing health services. They mentioned concerns about the waiting time for appointments and specialist services, and the need for flexible after-hours services. "Shorter wait times, access to doctors when needed (usually have to wait days), check-ups to become the norm (especially for males) – ask them to come in and have an appointment already booked in." "Access to healthcare locally, access to more after-hours services*

instead of waiting in ED, access to healthcare when you need it." "Better access to healthcare. Phone consultation does not give true understanding of what the patient is going through."

Cost: *"Specialist services are out of town and the cost to get there and to pay for the service decides whether you go or not."*

WHĀNAU VOICE RELATED TO THE FIVE PATHOLOGIES: Cancer, Heart disease, Respiratory disease, Mental Health and Diabetes

Perception of good health

Of those respondents who rated their own health (categorised as 'poor', 'fair', 'good' or 'very good'), 82% indicated that they felt they had 'fair', 'good', or 'very good' health, although what that meant varied.

"Fair. General health is good but chronic joint pain affects daily living and activities."

"I'd rate my health as fair [to] good. I'm in no pain and take no medication."

Nineteen percent of the respondents who rated their own health indicated they felt that their health was 'poor', often in relation to specific health conditions.

"Poor. I have gastrointestinal issues I have known about for some time, but I have not rectified due to costs, due to fear."

"Not great. Just a lot of heart and blood pressure problems, lack of diet choices as healthy food is too expensive, being on a benefit."

Several specific areas of health and wellbeing concern or health conditions were raised by 32% of the respondents.

Mental health was directly raised by 10% of respondents (however, the need for a focus on mental health, including the impacts of stress, was raised throughout the responses). Many respondents made the connection between mental health and the overall health and wellbeing of both themselves and their wider whānau. Respondents specifically raised concerns about the stigmatisation of mental health, as well as the lack of appropriate mental health services in the district.

"It's hard at the moment, due to a whānau member needing support with his mental health, but due to mahi, we can't find any after-hours [services] to support his needs."

Respondents discussed the impacts of specific health conditions (for either themselves or their whānau) such as diabetes (4%), respiratory conditions (4%), cancer (2%), and other health conditions (10%) such as dementia, stroke, Parkinson's, gout, cardiovascular issues, and chronic pain. Some respondents mentioned multiple health conditions.

Commentary

FIVE MODIFIABLE BEHAVIOURS

Data insights

- Baseline data provided by the Wairarapa DHB in their Current State report was useful to establish our starting point – but unfortunately Health NZ has not provided ongoing data to measure progress against these same indicators.
- The data does indicate however that smoking is still a major issue for whānau Māori in the Wairarapa, as well as hazardous drinking and obesity.

Whānau voice insights

- Whānau want to see the increase on wellbeing significantly strengthened within the health sector and within communities. They would like to see more educational and information wānanga in

communities which promote wellbeing, social cohesion, and teaching people how to be more self-sufficient. They want a greater focus on promoting Rongoā, traditional therapies and dietary advice including teaching cooking skills. There is strong support for the Healthy Homes initiative.

- There appears to be no further investments in these areas since the 2024 baseline – however this is impossible for our IMPB to confirm as we do not have transparency over investments yet in our rohe for 2024/2025 and beyond.

FIVE HEALTH TARGETS

Data insights

- **Immunisation rates (target 95%)**: In June 2022, immunisation rates at age 5 years for Māori was at 88% and matched the district's overall rate. Current data is for age 24m only (and not 5-year rates) but does show the rate as only 78.6% which is worse than the non-Māori rate of 86.9%.
- **Shorter stays in ED (less than 6 hours)**: Māori have closely similar ED stays (64.5%) as for Pacific and European/other ethnicities but a lower rate than for the Asian community – but overall, the rate is well short of the 95% national target. The data for 2024 was not collected for the IMPB so comparisons cannot be made to 2024 rates.
- **Wait times for First Specialist Assessments (less than 4m)**: 65% of the total Wairarapa population meet the national standard which is well short of the 95% target national rate (no breakdown by ethnicity)
- **Wait times for cancer treatment (31 days from referral)**: 100% of Māori and Pacific ethnicities wait less than 31 days for treatment whereas only 95.2% of European/other wait less than 31 days in comparison. All rates exceed the national target of 90%
- **Wait times for elective surgery (less than 4m)**: 75.4% of Māori wait less than 4m compared to the national target of 95%, however all other ethnicities are also lower than the national target.

Whānau voice insights

Tangata Whaikaha remain concerned about access to specialist assessments and elective surgery.

FIVE PATHOLOGIES

Data insights

- **Cancer:** Screening rates for Māori vary. For breast-screening, the rate was 71% in 2022 but is now 67.3% so coverage has worsened. Bowel screening rates for Māori have slightly improved since September but still remain at 66.1% which is well below the national target. Cervical screening sits at 65.3% compared to 60% in 2022 so there has been a slight improvement. Rates need to be significantly improved to ensure protection from preventable cancer mortality amongst whānau Māori. While access to cancer care is very timely once diagnosed (as indicated above) – there is a large proportion of the Māori population who have not been screened and could be affected by worsening cancer status without knowing.
- **Diabetes:** Wairarapa had a slightly lower prevalence of diabetes in the 2017-2020 period than the national figure, however Māori at 7.7% had a much higher prevalence than non-Māori. Almost 1/5 of patients enrolled with the PHO have diabetes (Dec 2022) and of these, 82% were between 15-74 years of age. No current data is available to compare.
- **Mental Health and Addictions:** 1/3 of people accessing all Mental health services in 2022 were Māori and 31% of all Mental health hospital admissions were Māori (compared to 19% population share). Recent data shows Māori exceed (81/4%) the national target of 80% for faster access to primary mental health services and are close to reaching the national target for faster access to specialist MHA care (within 5% of milestone). Māori are also within 5% of the milestone for shorter waits in EDs for MHA-related care.
- **Heart disease:** In May 2020, Māori in Wairarapa had higher rates than European/other ethnicities for every cardiovascular indicator (e.g. high cholesterol, high blood pressure etc). 64% of Māori

enrolled in primary care had high or intermediate risk of cardiovascular disease in May 2023. No updated data is available at this time to compare with these baselines.

- **Respiratory disease:** A quarter of PHO-enrolled Māori patients in mid-2023 had asthma with a significant number (38%) being under 25-years of age. 18% of patients with COPD were Māori in May 2023. No updated data had been provided to show any improvements.

Some updated data has been provided on mortality rates, heart disease, diabetes, respiratory disease and mental health status since 2024 baseline data – for the Tūwharetoa area – to enable us to compare performance or progress.

Whānau voice insights

Whānau stress the need for healthy lifestyles and supporting whānau to achieve this through education, information, advice and access to nutrition, traditional kai, rongoa Māori and access to care (wait times for appointments).

PERFORMANCE OF HEALTH NZ AGAINST LEGISLATION

The Pae Ora Act 2022 defines a number of areas which place obligations on agencies to IMPBs and / or to whānau Māori. Since we are beginning with a focus on Health NZ, we are focused here on legislation that is specific to Health NZ's obligations.

Legislative requirements

Section 6: Te Tiriti o Waitangi (the Treaty of Waitangi) states:

In order to provide for the Crown's intention to give effect to the principles of te Tiriti o Waitangi (the Treaty of Waitangi), this Act—

- *a) requires the Minister, the Ministry, and all health entities to be guided by the health sector principles, which, among other things, are aimed at improving the health sector for Māori and improving hauora Māori outcomes; and*
- *b) requires the Minister to establish a permanent committee, the Hauora Māori Advisory Committee, to advise the Minister; and*
- *c) requires the Minister to have regard to any advice of the Hauora Māori Advisory Committee when determining a health strategy; and*
- *f)* ***provides for iwi-Māori partnership boards to enable Māori to have a meaningful role in the planning and design of local services****; and*
- *g) requires the Government Policy Statement to contain priorities for hauora Māori; and*
- *k) includes, as criteria for appointment to the board of Health New Zealand, that the board collectively has knowledge of, and experience and expertise in relation to, te Tiriti o Waitangi (the Treaty of Waitangi) and tikanga Māori; and*
- *l) requires the board of Health New Zealand to maintain systems and processes to ensure that Health New Zealand has the capacity and capability to understand te Tiriti o Waitangi (the Treaty of Waitangi), kaupapa Māori services, cultural safety and responsiveness of services, mātauranga Māori, and Māori perspectives of services; and*
- *m) requires Health New Zealand—*
    - *i. to have systems in place for the purpose of engaging with Māori and enabling responses from that engagement to inform the performance of its functions; and*

ii. *to support and engage with iwi-Māori partnership boards; and*

n) *requires Health New Zealand to report back to Māori on how the engagement under section 16A has informed the performance of its functions.*

Section 7: Health sector principles

For the purpose of this Act, the health sector principles are as follows:

the health sector should be equitable, which includes ensuring Māori and other population groups—

i. *have access to services in proportion to their health needs; and*

ii. *receive equitable levels of service; and*

iii. *achieve equitable health outcomes:*

b) *the health sector should engage with Māori, other population groups, and other people to develop and deliver services and programmes that reflect their needs and aspirations, for example, by engaging with Māori to develop, deliver, and monitor services and programmes designed to improve hauora Māori outcomes:*

c) *the health sector should provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori and for that purpose, have regard to both—*

i. *the strength or nature of Māori interests in a matter; and*

ii. *the interests of other health consumers and the Crown in the matter:*

d) ***the health sector should provide choice of quality services to Māori and other population groups**, including by—*

(i) ***resourcing services to meet the needs and aspirations of iwi, hapū, and whānau, and Māori (for example, kaupapa Māori and whānau-centred services);** and*

(ii) *providing services that are culturally safe and culturally responsive to people's needs; and*

(iii) *developing and maintaining a health workforce that is representative of the community it serves; and*

(iv) *harnessing clinical leadership, innovation, technology, and lived experience to continuously improve services, access to services, and health outcomes; and*

(v) *providing services that are tailored to a person's mental and physical needs and their circumstances and preferences; and*

(vi) ***providing services that reflect mātauranga Māori**:*

e) *the health sector should protect and promote people's health and wellbeing, including by—*

(i) *adopting population health approaches that prevent, reduce, or delay the onset of health needs; and*

(ii) ***undertaking promotional and preventative measures to protect and improve Māori health and wellbeing**; and*

(iii) *working to improve mental and physical health and diagnose and treat mental and physical health problems equitably; and*

(iv) *collaborating with agencies and organisations to address the wider determinants of health; and*

(v) *undertaking promotional and preventative measures to address the wider determinants of health, including climate change, that adversely affect people's health.*

2) *When performing a function or exercising a power or duty under this Act, the Minister, the Ministry, and each health entity must be guided by the health sector principles—*

a) *as far as reasonably practicable, having regard to all the circumstances, including any resource constraints; and*

b) *to the extent applicable to them.*

3) *In subsection (1)(d),* ***lived experience*** *means the direct experience of individuals.*

Section 15: Supporting IMPBs states

"*Health New Zealand must provide sufficient and timely information to iwi-Māori partnership boards to support them in achieving their purpose in section 29*" (noting Minister of Health has expressed 'timely' as within 30 days)

Indicators of performance

The IMPB has developed a self-assessment tool that enables the IMPB to conduct its own assessment of performance against each of the legislative requirements listed above. It is largely a qualitative and perhaps subjective report – as it will look at how well – in the eyes of the IMPB – Health NZ has performed against the above obligations. The assessment will be made on the basis of

- Adherence to the legal requirements as it is stated in the Act
- Responsiveness – is the system paying attention to its legal obligations and proactively implementing them, in a respectful way?
- Timeliness – does the system respond to requests (including data and information) consistently in a timely way (within 30 days)?
- Collaboration – is the system implementing its obligations in a collaborative way or a paternalistic top-down way?

Actual performance for the quarter

What the assessment tells us about performance against legislation

Overall, our assessment shows that almost half of the specific requirements in the Pae Ora Act 2022 are not currently being implemented or complied with, and almost half of the requirements are partially underway or showing some progress. Regional and national engagement has been almost non-existent. The two areas rated as "achieved" are deliverables that fall under the responsibility of the Minister, not Health New Zealand, although they were credited in this assessment.

PAE ORA ACT COMPLIANCE	OVERALL RATING			
DOMAIN	Not achieved	Partially achieved	Achieved	**TOTAL INDICATORS**
Tiriti o Waitangi Principles	4	2	2	**8**
Health Sector Principles	6	10	0	**16**
Section 15: Supporting IMPBs	1	1	0	**2**
Section 16A: Engagement with Māori	2	0	0	**2**
Totals	**13**	**13**	**2**	**28**
	46%	**46%**	**8%**	**100%**

What whānau have told us

HAUORA ASPIRATIONS

Participants in a prior health survey were asked what good health and wellbeing meant to them, both as individuals and for their whānau. We view their whakaaro as articulating the kind of health system they want to see that supports whānau views on wellbeing.

Mauri ora – what good health and wellbeing means at a personal level

Many whānau centre on their desire to obtain or have good health, live a long life, and be there for their whānau.

"A longer life that does not have lots of ailments. Feeling good about myself and not feeling forgotten or overlooked because I am older."

"Feeling good physically and mentally, for myself and my family."

"The ability to function day to day without pain or a heavy weight of stress and mental strain."

A common thread in responses was a view of health and wellbeing that was holistic, incorporating all elements of physical, mental, and spiritual health and connected to whānau and culture.

"My whare tapa whā being kept in balance."

"It means that I am physically and mentally able, and spiritually balanced. It also means that my whānau are well and/or have the means to be well. It's not really possible to have individual wellness without whānau having the same … we need food, and we need our home."

"Being physically active, which takes care of my mental wellbeing."

"Nutritional food. Emotionally happy. Physically well."

Whānau ora – what good health and wellbeing means to whānau

It was common for whānau participants to equate whānau ora with happiness, as well as having their basic needs met:

"An absence of ill health. That we are all able to care for ourselves and each other without too much intervention. Perhaps some guidance, advocacy, and knowing where to go for any health and wellbeing needs."

"Happiness, laughing, eating well, a healthy home, being active, family time, time with friends and extended whānau, access to medical facilities, resting."

"Holistically well, including mental, physical, wairua, and mana being respected and intact, and our way of life being respected."

"Being financially able to access appropriate healthcare when needed. Also having the services needed in the communities where our families live."

Wai ora – aspirations regarding their environments

Whānau have expressed concerns for their physical environment and its management through genuine partnerships between the central or local government agencies and Māori.

"More open green spaces, easier access to public transport, and lower-cost transport e.g. electric bikes." "The beaches full again and accessible." "Making sure everything is going good around the environment moana … Our town needs to accept Māori – we are partners, not tenants, in this town."

The concept of wai ora extended to the built environment and places where people lived, with access to quality housing seen as a key determinant of health and wellbeing.

"Warm, dry, clean home. Home that is not overcrowded."

"Affordable house, papakāinga. Affordable, accessible kaupapa Māori facilities."

"More healthy kai, maara kai. Collective impact so more agencies/services [are] working smoothly together."

Commentary

Overall - the performance of Health NZ, as a key agency within the "health sector", against its obligations in the Pae Ora Act 2022 – is still a "work in progress". This is understandable given the multi-year restructuring process that the agency has been undergoing, changes in Government, and impact of financial constraints. It is hoped that this assessment will inform planned future work programmes which enable Health NZ to achieve full compliance, and to become a role model for other agencies in the sector. There are many areas for improvement that need to "get underway" to fulfil the aspirations of the legislation.

Appendix: Dashboard for Te Whatu Ora performance against key provisions in Pae Ora Act 2022

NOTE: The focus of this monitoring assessment by our IMPB is on Health NZ | Te Whatu Ora as one of the health entities referred to by the legislation. Where the Act refers to **health entities** or the **health sector** – the focus of this report is on Health NZ | Te Whatu Ora only. Over each successive year, other health entities will be added and assessed.

KEY:

- Red = Alignment with Pae Ora Act assessed by our IMPB as not achieved / or there has been no action
- Orange = Alignment with Pae Ora Act assessed by our IMPB as partially achieved / some action
- Green = Alignment with Pae Ora Act assessed by our IMPB as achieved / completed

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
SECTION 6: TIRITI O WAITANGI: In order to provide for the Crown's intention to give effect to the principles of te Tiriti o Waitangi (the Treaty of Waitangi), this Act:			
1	(a) requires the Minister, the Ministry, and all health entities to be guided by the health sector principles, which, among other things, are aimed at improving the health sector for Māori and improving hauora Māori outcomes; and		The overall assessment of how well Health NZ has performed against these provisions demonstrates achievement on the part of the Minister – but significant gaps on the part of HNZ.
2	(c) Requires the Minister to establish a permanent committee, the Hauora Māori Advisory Committee, to advise the Minister		The Minister has set up HMAC. Parekawhia McLean is Chair. HMAC advises the Minister and has given advice on nine priority domains for Hauora Māori.
3	(d) Requires the Minister to have regard to any advice of the Hauora Māori Advisory Committee when determining a health strategy		HMAC advised the Minister on health priorities and suggested 9 domains which have been shared with IMPBs – initially at the July 2024 national hui in Rotorua.

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
4	(f) Provides for **iwi-Māori partnership boards** to enable Māori to have a **meaningful role** in the planning and design of local services		DEFINITIONS: ***'Meaningful role'*** *to us means regular and authentic engagement, ideally kanohi ki te kanohi, and transparency of timely information in order for our IMPB to understand current state, potential future state, challenges / risks and opportunities. It means we receive timely responses to queries and questions in order to help us understand and gain knowledge that informs our role and ability to perform our functions. These standards enable our IMPB to have a meaningful dialogue on improvements that benefit whānau in our rohe, because we are pre-informed.* ***'Local services'*** *in our context includes not just services commissioned and delivered by providers in our rohe. It includes those which are commissioned nationally and delivered in our rohe (e.g. dental and aged care national agreements), as well as services that are commissioned regionally that cover our rohe (e.g. PHO services). Our IMPB expects a meaningful role at all of these levels in order to have an impact on service delivery and quality in our rohe for whānau.* Overall, our assessment is that there has not been meaningful engagement to date. **Local (Wairarapa)** We would like to be engaged but this is not yet occurring. Local HNZ in Wairarapa has not engaged with us in full planning and design but we have some historical relationships with individual staff who have supported IMPB provider hui at our request. Our Chair has had some meetings with the hospital manager who is keen to engage with the IMPB but is awaiting direction from the region **Regional (Te Ika Roa)** We have had an immunisation funding opportunity with the NZ Public Health Service (NZPHS) - but this did not eventuate due to potential for the IMPB to be confused as a provider. We have had no engagement from Regional Director NZPHS on regional priorities for public health . We have not had any engagement in planning and design with the former or current Regional Commissioner or former Regional Director for hospital services in our area. Our IMPB priorities outlined in our Community Health Plan have not been incorporated into Te Ika Roa Region's Health and Wellness Plan (RHWP). The Regional Health and Wellness Plan was written without any input from our IMPB. Since RIT has been disestablished, we have initiated relationship with new

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
			DCE. We are not yet engaged with any service managers to input into planning and design. Our IMPB does not have a meaningful role in the planning and design of regional services. We met only twice with RIT when it existed. **National** <u>Hauora Māori Services - HMS (former Te Aka Whai Ora)</u> In early 2024 HMS ran RFPs and then sent them to IMPBs for review and provide feedback. We were never informed of the outcomes for Wairarapa. The only engagement we have had is informing us (via Spreadsheet) of contracts. We were to meet via roadshow, but the hui was cancelled in February - and we are awaiting new engagement. There is no transparency over planning and design for this year or next year and we have no transparency over current investments, end dates for contracts for services and any uncommitted funds that we can influence planning and design for. <u>National Commissioning and HNZ Service delivery approaches</u> IMPBs do not yet have a meaningful role in national health planning and design of services invested in our areas (e.g. National PHO agreement, national dental commissioning, national aged residential care commissioning) – as the national commissioning team has yet to engage with us on these important agreements which impact services provided in our rohe. Our IMPB does not have a meaningful role in national health planning and design of services invested in our area and services funded and planned for the Wairarapa.
5	Government Policy Statement (GPS) to contain priorities for hauora Māori		Yes. The GPS has Hauora Māori priorities determined by the Government. The GPS does not yet contain any reference to IMPB Hauora Māori priorities that have been determined from localised data analysis and whānau engagement. It is hoped that the Government will engage with IMPBs to include our IMPB priorities that have been generated by whānau.
6	HNZ includes, as criteria for appointment to the board of Health New Zealand, that the board		Board appointments require this under the Act – but currently there is no Board as HNZ is governed by commissioners (Lester Levy) until 30 June. While there is a requirement – the current governance does not allow this requirement to be met

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
	collectively has knowledge of, and experience and expertise in relation to, te Tiriti o Waitangi (the Treaty of Waitangi) and tikanga Māori; and		
7	Board of HNZ to maintain systems and processes to ensure that HNZ has the capacity and capability to understand te Tiriti o Waitangi (the Treaty of Waitangi), kaupapa Māori services, cultural safety and responsiveness of services, mātauranga Māori, and Māori perspectives of services		Firstly - is no Board in place at HNZ as above. Secondly – IMPBs have received no evidence that these systems are in place or utilised by HNZ as no systems or processes have been shared or engaged with our IMPB.
8	HNZ to have **systems in place** for the purpose of engaging with Māori and enabling responses from that engagement to inform the performance of its functions		Our IMPB has not received any information on HNZ's Māori engagement strategy or process for engaging Māori and is unaware if this even exists.
SECTION 7: HEALTH SECTOR PRINCIPLES Requires the Minister, the Ministry, and **all health entities** to be guided by the health sector principles, which, among other things, are aimed at improving the health sector for Māori and improving hauora Māori outcomes. For the purpose of this Act, the health sector principles are as follows:			
9	the health sector should be equitable, which includes ensuring Māori and other population groups: (i) have access to services in proportion to their health needs; and (ii) receive equitable levels of service; and (iii) achieve equitable health outcomes:		Our IMPB has used two primary sources of information to assess alignment with this requirement in the Pae Ora Act: data provided to us by Health NZ (and the PHO) on a number of health indicators, and the voice of whānau that we have gathered and reported on in 2024 and early 2025. The data provided by Health NZ reveals that many whānau Māori do not have access to services in proportion to their needs; many are not receiving equitable levels of service or achieving equitable outcomes. Furthermore - whānau feedback shows many do not have access to primary care; support for chronic conditions; access to elective surgery or palliative care. There are some areas where equity is being achieved OR where Māori rates are higher than non-Māori rates (e.g. some access to mental health services, cancer treatment, some wait times for assessments and elective surgery. These achievements provide

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
			positive indicators for progress on equity between Māori and non-Māori. There are alarming rates of lower screening and immunisation however.
10	(b) the health sector should **engage with Māori**, other population groups, and other people to **develop and deliver services and programmes** that reflect their needs and aspirations, for example, by **engaging with Māori to develop, deliver, and monitor** services and programmes designed to improve hauora Māori outcomes		**Local** If HNZ is engaging Māori providers or the wider Māori community or manawhenua - we are unaware of this as we have not been informed. There is no engagement with our IMPB that meets these requirements. The IMPB is aware of an example of an independent researcher who has completed work gathering Māori mental health practitioners points of view. The final report is currently undergoing rigorous scrutiny by HNZ (local) in an endeavour to release. **Regional** The RIT meetings in Te Ika Roa have not routinely included IMPBs and we have yet to participate in a robust regional leadership collaboration with HNZ. **National** Our IMPB has never met with the HNZ Commissioner or Acting CEO of HNZ but had met previously with the former CEO. Our IMPB has been represented at a national working group online forum which discusses matters relating to data and other Hauora Māori matters.
11	(c)the health sector should provide **opportunities for Māori to exercise decision-making authority** on matters of importance to Māori and for that purpose, have regard to both— (i)the strength or nature of Māori interests in a matter; and (ii)the interests of other health consumers and the Crown in the matter		Our IMPB identifies this requirement as ensuring we have opportunities to "exercise decisions making authority" over matters of importance to us which include the very priorities generated from our whānau voice engagement which are now embedded in the Community Health Plan. An important matter for our IMPB is equitable funding opportunities to both Māori AND mainstream providers. Opportunities made available to mainstream entities should be equally made available to Māori providers and this is currently not the case. This is necessary to ensure coverage for whānau and to ensure capability and capacity building for service delivery by Māori providers. HNZ has not given equal weight to the voice of Māori providers regarding resourcing in

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
			an equitable way e.g. new immunisation investments. The local PHO is creating clinics and becoming "providers" and competing with other providers including Māori providers (leading to loss of GPs and NPs) as the PHO can offer better conditions due to their funding. Another example is sexual health services tendered on GETS. PHOs are getting preference for funding and there is no equitable distribution of funding to Māori providers. Hauora Māori Services within HNZ should be ensuring that there is dedicated allocations from these new funding pools for Māori providers, and this is not occurring. Another example is the PHO bringing in rongoa practitioners from Wellington into their Wairarapa clinics without consultation with mana whenua or Iwi representatives or IMPB or Māori providers who already know the Rongoā providers practicing in Wairarapa. Bringing outside services into our rohe without consultation with manawhenua is unacceptable.
12	(d)the health sector should provide choice of quality services to Māori and other population groups, including by (i) **resourcing services** to meet the needs and aspirations of iwi, hapū, and whānau, and Māori (for example, **kaupapa Māori and whānau-centred services**)		To assess this – the IMPB needs: • A list of all providers and services in their area • A list of all Māori providers and current resourcing / investment We have not had full transparency over this to determine whether there is sufficient resourcing to meet the needs and aspirations of iwi, hapū and whānau . Our health needs analyses to date (in our CHP) infers that there is insufficient resourcing since there are extensive inequities across a range of indicators for Māori
13	(d)the health sector should provide choice of quality services to Māori and other population groups, including by 16(ii)providing services that are **culturally safe and culturally responsive** to people's needs		Our IMPB has not received any information to assess this: a) Results of cultural audits of provider services (HNZ holds the contracts with providers that requires cultural safety and should be monitoring for this. HNZ needs to provide performance results for providers they have audited in our rohe). b) Some providers have to meet national standards such as A&D National Standards, Aged Care Residential Standards, H&D Standards – HNZ audit reports on the cultural safety and responsiveness of providers should be provided to the IMPB to assess this. Our IMPB would also like to negotiate with HNZ on the matter of 'who' is conducting

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
			cultural safety audits of services in our rohe, and whether they have the appropriate expertise that represents and acknowledges manawhenua in our rohe.
14	(d)the health sector should provide choice of quality services to Māori and other population groups, including by (iii)developing and maintaining a **health workforce** that is representative of the community it serves		In order to assess this, our IMPB needs workforce data from HNZ (and in time other agencies and providers) to be able to compare whether HNZ Is maintaining a workforce representative of the population. Data was previously reported at a national level to former DHBs through the Shared Services team, but this seems to have fallen away since the advent of HNZ. Hauora Māori Services Our IMPB is aware that HMS manages and distributes the Pitomata Scholarships for health professions. Our IMPB has not been consulted on a potential role in allocating scholarships in a manner that addresses our Hauora priorities or helps to bridge gaps in the workforce.
15	d)the health sector should provide choice of quality services to Māori and other population groups, including by (iv) **harnessing clinical leadership, innovation, technology, and lived experience** to continuously improve services, access to services, and health outcomes		Our IMPB is aware that Hauora Māori Services maintains Te Whiri Kaha (Māori Clinical Senate) which was set up originally by the Māori Health Authority, and that this has representation from Māori clinicians in our region. In the restructuring proposal of Hauora Māori Services (Dec 2024), and in the HNZ restructuring proposals related to clinical networks - our IMPBs identified that a stronger linkage between clinical leadership and IMPBs is needed. We have not been engaged with regional clinical leadership to date. Despite the above, our IMPB has been proactive in either writing submissions or participating in specific engagements impacting on clinical and other matters including: - mental health suicide prevention action plan 2025-2029 - Trans (gender-related health care / puberty blocker) guidelines - Changes to eligibility ages for bowel screening and impact on Māori - Medicines Regulations moving from 3m to 12m extended prescribing As a side note we have also engaged with the Stroke Foundation on their work and its

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
			impact for whānau and with HQSC on their Whaitua mapping tool.
16	(d)the health sector should provide choice of quality services to Māori and other population groups, including by (v) **providing services that are tailored to a person's mental and physical needs and their circumstances and preferences**; and		The IMPB has not received any information to assess this such as results of audits of provider services (*HNZ holds the contracts with providers that requires these conditions and should be monitoring for this*). HNZ needs to provide performance results for providers they have audited in our area. While we acknowledge the IMPB has not requested the information – HNZ should be aware of its legal obligations under the Act to provide it.
17	(d)the health sector should provide choice of quality services to Māori and other population groups, including by (vi) **providing services that reflect mātauranga Māori**		Our IMPB is aware that Te Aka Whai Ora (now HNZ Hauora Māori Services) did fund Mātauranga Māori programmes and services nationally through a tender process. The IMPB has not received a list of these providers or programmes for 2024/2025. We are unaware of what has been funded, when the funding expires, results from the funding, and how the initiatives reflect mātauranga Māori and our stated priority of expanding Rongoa services.
18	(e) the health sector should protect and promote people's health and wellbeing, including by (i) adopting population health approaches that prevent, reduce, or delay the onset of health needs		IMPB views Population Health approaches as addressing social determinants and prevention. Data shows that preventive programmes such as cancer screening, immunisation, health promotion on smoking, vaping, alcohol and drugs ALL show Māori rates worse than non-Māori. The data also shows Māori rates of diabetes, heart disease, respiratory disease and cancer are much higher than non-Māori – and these inequities have persisted over several decades (back to Hauora Report of 1980s). This reveals that population health approaches are not effective for Māori and there should be a disinvestment and reinvestment in Māori-led services which would be more effective.
19	(e) the health sector should protect and promote people's health and wellbeing, including by (ii) **undertaking promotional and preventative measures to protect and improve Māori health and wellbeing**		Our IMPB supported advocacy with the Minister re: bowel screening. It is our view that the health sector is NOT adequately protecting Māori interests adequately where inequities still exist (and in particular where circumstances have worsened since the 2022 baseline data. There are a few areas of success however in achieving positive rates for whānau Māori and these provide positive signs.

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
			Active protection is also about giving us the ability to monitor the health of whānau and access to care. Without all of the data that we need to do this, HNZ is failing to support us to join with HNZ to protect Māori interests.
20	(e) the health sector should protect and promote people's health and wellbeing, including by (iii) working to **improve mental and physical health and diagnose and treat mental and physical health problems equitably**;		**CONTEXT:** *HNZ holds contracts with providers (not IMPBs) and also delivers services itself – and therefore should be requiring their providers to meet this requirement to ensure mental and physical health diagnoses and treatments are occurring equitably to patients/whānau (whether funded or delivered).* Evidence from whānau voice engagements we have undertaken reveal that there are issues. The number of Māori waiting to access a GP, higher Māori admissions to ED and inequities indicate that the system is not providing equitable care and diagnosing / treating mental and physical problems in an equitable way. Māori unrolled whānau is a major issue. Child oral health data shows a far greater proportion of tamariki Māori have dental disease and their experience of this disease is more severe for example.
21	(e) the health sector should protect and promote people's health and wellbeing, including by (iv) **collaborating with agencies and organisations to address the wider determinants of health**; and		Our IMPB does participate in a Regional Government agency forum (facilitated by the Public Service Commissioner). We also meet with Mana Whenua, Marae representation and Councils. There is more to do in this area to ensure health is adequately represented and advocating for collective action to address the social determinants of health.
22	(e) the health sector should protect and promote people's health and wellbeing, including by (v) **undertaking promotional and preventative measures to address the wider determinants of health, including climate change, that adversely affect people's health**.		Our IMPB has not been engaged in any kaupapa related to climate change or environmental matters that may impact health of our community such as pollution, toxins or any other Taiao related or Health Protection role (food water air safety).
23	(2) When performing a function or exercising a power or duty under this Act, the Minister, the Ministry, and each health entity must be guided by the health sector principles		Overall - our assessment is that HNZ is not adequately complying with the health sector principles and does not appear to be consistently guided by these principles in performing its functions.

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
Section 15: Health New Zealand must support and engage with iwi-Māori partnership boards			
24	Section 15(a)(i): Health New Zealand must— (a) take reasonable steps to support iwi-Māori partnership boards to achieve their purpose in section 29, including by providing— **- administrative, analytical, or financial support where needed**; and		**Local** Our IMPB Relationship Manager from Health NZ has been a regular communicator with us and has attended local whānau engagement hui. We have support from local Public Health Service staff – but have yet to develop a strong working relationship with Masterton Hospital and other services. The Manager is interested but is also awaiting direction from the regional leadership. **Regional** To date we have not enjoyed positive support from the regional leadership of HNZ from Commissioning, Public health or hospital leadership, or the Hauora Māori Services. Work on the regional plan was done without us. We have not felt supported with administrative, analytical or financial support at a regional level. **National** HNZ Hauora Māori service (HMS): - HMS has funded IMPBs to 30 June 2026. We have been informally advised that this will be extended by 4 years in February 2025 but have not received any formal notification or contract extension. This was many months ago. We have no certainty beyond June 2026 which makes recruitment challenging. - The current financial support is insufficient for IMPBs to fully undertake all of their functions - and this has been documented under “resourcing requirements” in our CHP. We have not had any formal response to those resource requirement requests since submitting our CHP. - Hauora Māori Services staff have met with our IMPB on different occasions around our Community Health Plan and provided a letter acknowledging the strengths of our CHP – but more recently wanted additional changes to the CHP, when we have already moved on to implementation of the CHP. - We are unaware of what HMS plan to do with our CHP and how we are able to use

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			our CHP to influence national level investments (both for the Hauora Māori Appropriation as well as other national commissioning). - Our IMPB did receive support from HMS for the establishment of our website development (costs covered). <u>HNZ National Public Health Service, Workforce, National commissioning and Hospital and Specialist Services</u> These teams have not undertaken any engagement with our IMPB. Our expectation is that locally, regionally and nationally, all of our priorities identified in our Community Health Plan, become priority areas for engagement with us to jointly develop solutions for services in our area.
25	Section 15(a) (ii): Health New Zealand must support and engage with iwi-Māori partnership boards by providing **sufficient and timely information**		In 2024, Health NZ Hauora Māori Services produced IMPB Profiles I and II for our IMPB as a start point on key priorities determined by government. These provided a useful baseline for key areas of health status for whānau We were informed that we would receive data that we need on a quarterly basis for our priorities outlined in our CHP. We have received some limited data to December 2024 and not for March 2025 period. Immunisation data and screening data but none of the other data we need. Health NZ through Hauora Māori Services has been unable to provide accurate and timely data about Hauora Māori investments in our IMPB area for 2024-2025 and for 2025-2026 and beyond. We are seeking transparency and information to help us in our role of working with HNZ on kaupapa Māori investments.
26	Section 15(b): engage with iwi-Māori partnership boards when **determining priorities for kaupapa Māori investment**.		Health NZ has not engaged with us to determine priorities for kaupapa Māori investments in our area. Our IMPB has already determined its priorities (from 2024 data and whānau engagement) and clearly evidenced and outlined these in our September 2024 Community Health Plan. We do not have any transparency on the 'kaupapa Māori investment' in our rohe for 2024-2025 or beyond in order to determine: a) If there are non-commissioned funds that could be invested in our priorities

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			either this year or next financial year b) which of our priorities could or should be invested in c) where potential disinvestments could occur that would allow reinvestment in our CHP priorities d) what kaupapa Māori investment budget may be available from 1 July 2025 and beyond for our CHP priorities e) what funds may be available for enablers such as workforce development or data capability IMPBs themselves are also recipients of kaupapa Māori investment – but as mentioned above, we have no certainty beyond 30 June 2026, and we are not fully funded for our entire functions as outlined in "resource requirements" in our CHPs.
SECTION 16A ENGAGING WITH AND REPORTING TO MĀORI Health New Zealand must—			
27	(a) have systems in place for the purpose of— (i) engaging with Māori in relation to their aspirations and needs for hauora Māori; and (ii) enabling the responses from that engagement to inform the performance of its functions; and		Our IMPB has not received any information on HNZ's Māori engagement strategy or process for engaging Māori or results from engagement with Māori.
28	(b) report back to Māori from time to time on how engagement under this section has informed the performance of its functions.		Our IMPB has not received any information or report on how engagement with Māori in the Wairarapa has informed their performance.