

**TE KARU O TE IKA POARI HAUORA O  
WAIRARAPA**

**IWI MĀORI PARTNERSHIP BOARD**

MONITORING REPORT

FOR QUARTER 4 ENDING

30 June 2025



**REPORT DATE**

**25 November 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

Our priorities (over and above endorsement of Government priorities) include the following. Our IMPB has not been able to obtain 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 a lack thereof. 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.

The only IMPB priority area we have been able to report on is that related to PHO enrolments, as data came from the PHO – not from Health NZ:

### PUBLIC 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)
  - *Evidence from the PHO reveals that (similar to March 2025) 96% of the Māori (Census) population was enrolled (so some 400 Māori are not enrolled in primary care OR are enrolled in a different PHO). However – the PHO data for the last quarter on utilisation - demonstrates only 80% of those enrolled actually used primary care. This means over 1,800 Māori did not go to primary care at all*
- 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 AND SPECIALIST SERVICES

- Increasing voice of Tangata Whaikaha and their access to specialists\*

### SYSTEM ENABLERS

- Increasing commissioning investment\* (investment for 2024-2025 and 2025-2026 in Wairarapa)
- Improving data collection and reporting\* (provision of sufficient and timely data)
- Increasing Māori health workforce in Wairarapa\* (data on Māori workforce as a % of total)
- Increasing role of Māori in decision-making\* (engagement in decisions locally, regionally and nationally)
- Eliminating racism\* (complaint data on patient experience of racism)



## Monitoring performance against Government priorities

### FIVE HEALTH TARGETS

- **Immunisation rates (target 95%):** In March 2025, immunisation rates at 24m were only 78.6% for tamariki Māori which was worse than the non-Māori rate of 86.9%. As at June 2025, the rate was 71% for Māori compared to 88% for non-Māori, therefore the Māori rate has declined over the quarter.
- **Shorter stays in ED (less than 6 hours):** In March 2025, Māori had 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. As of June 2025, the Māori rate for shorter stays was 78% and non-Māori rate was 77%. Both results are still well short of the 95% target even though there is an improvement over the quarter for Māori patients.
- **Wait times for First Specialist Assessments (less than 4m):** As of March 2025, 65% of the total Wairarapa population met the national standard which was well short of the 95% target national rate (no breakdown by ethnicity). There is no new data for June 2025 on wait times, however FSA appointments not kept by Māori were higher @ 19.1% of patients than for non-Māori @ 5.2%.
- **Wait times for cancer treatment (31 days from referral):** As of March 2025, 100% of Māori and Pacific ethnicities waited less than 31 days for treatment whereas only 95.2% of European/other wait less than 31 days in comparison. All rates exceeded the national target of 90%. For the quarter ending 30 June, 92% of Māori were seen within 31 days and 91% of non-Māori – which are both above the national target but show worse performance than the previous quarter.
- **Wait times for elective surgery (less than 4m):** As of March 2025, 75.4% of Māori waited less than 4m compared to the national target of 95% and at June 2025, only 70% of Māori waited less than 4m. This shows a deterioration of performance compared to the previous quarter.

### FIVE PATHOLOGIES

- **Cancer:** Screening rates for Māori vary. For breast-screening, the rate was 67.3% as at March 2025 but has increased to 73% which is a positive sign. Bowel screening rates for Māori remain at 66% which is well below the national target. Cervical screening rate was 65.3% and is now 70% which shows an 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. 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). March 2025 report indicated that Māori exceeded (81.4%) the national target of 80% for faster access to primary mental health services. No June 2025 data was reported.
- **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



## 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 DOMAIN	OVERALL RATING			TOTAL INDICATORS
	Not achieved	Partially achieved	Achieved	
Section 6: Tiriti o Waitangi Principles	3	2	3	8
Section 7: Health Sector Principles	6	10	0	16
Section 15: Supporting IMPBs	2	0	0	2
Section 16A: Engagement with Māori	2	0	0	2
<b>Totals</b>	<b>13</b>	<b>13</b>	<b>2</b>	<b>28</b>
	<b>46%</b>	<b>46%</b>	<b>8%</b>	<b>100%</b>

## Overall Conclusions

Overall - the performance of the health sector through Health NZ - needs significant improvement 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 utilisation data shows only 80% of enrolled Māori patients accessed primary care so some 1,800+ Māori have not used primary care at all. Our IMPB will seek to determine whether any of those accessed care through Emergency Departments.

### Government priorities

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. 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.

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 data.

Cancer screening rates for breast and cervical cancer are improving but bowel screening rates are not. Wait times are improving marginally but need specific attention. Māori still maintain positive access to cancer treatment once referred. Concerns for the number of Māori missing FSA appointments require a different approach to ensuring they can attend these important health interventions.



### 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, especially as the new regional leadership team becomes operational.



## 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

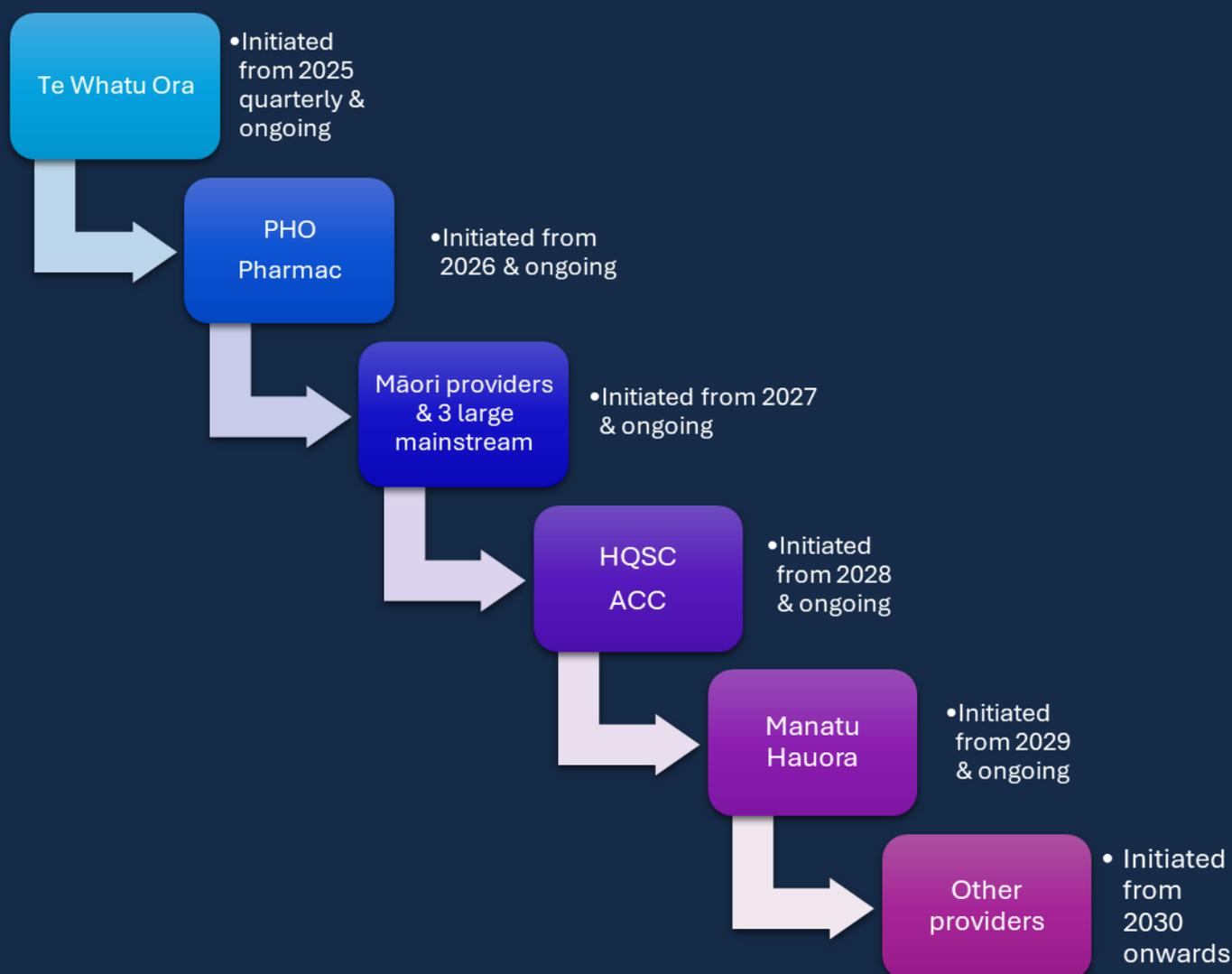
1. The “health sector” involves a complex mix of organisations – not just Health NZ | Te Whatu Ora. It involves many other agencies



### 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 Health NZ to provide sufficient and timely data to IMPBs (timely has been defined by the Minister of Health 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 generally be 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 THE HEALTH SECTOR 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?
<b>PUBLIC &amp; POPULATION HEALTH</b>	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)	
<b>PRIMARY &amp; COMMUNITY CARE</b>	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
<b>HOSPITAL &amp; SPECIALIST SERVICES</b>	Access to cancer specialists and treatment	Yes
	Access to specialists for Tangata Whaikaha	
<b>ENABLERS</b>	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	



## IMPB PRIORITIES: PERFORMANCE INDICATORS

### 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 the 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 free of dental caries 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

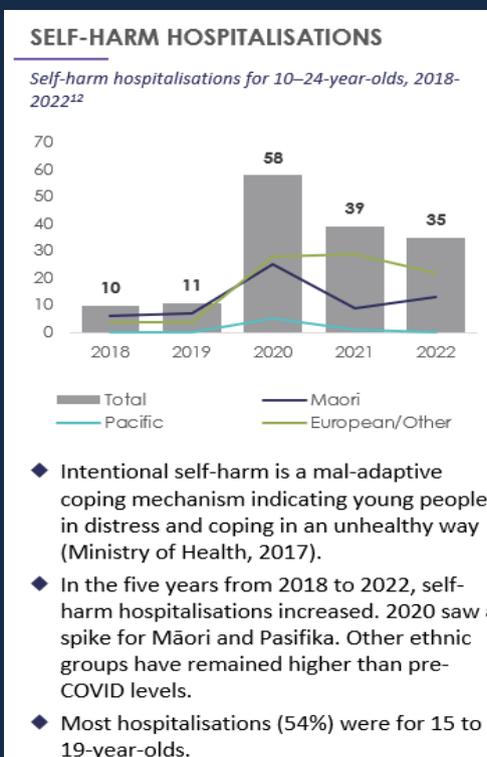
## What the data tells us about performance for IMPB priorities

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

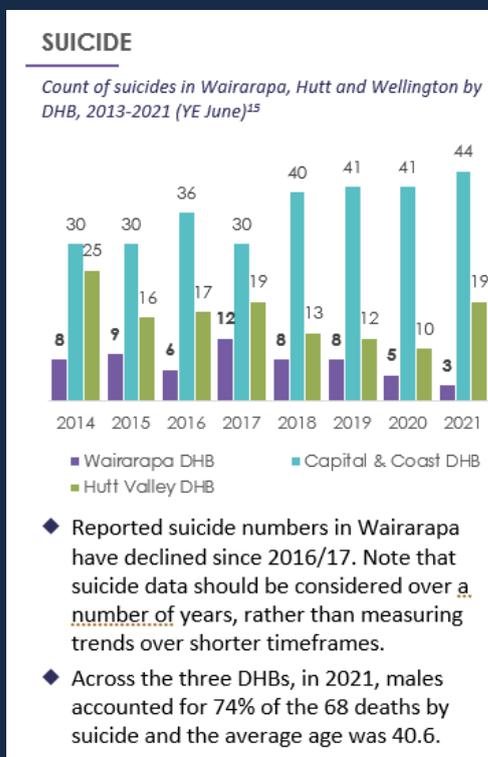
#### SUICIDE PREVENTION

Baseline 2024



Source: Wairarapa DHB Current state report (2023)

Update as of 30 June 2025



We were not provided with any data for the previous quarter to 31 March nor this quarter to 30 June 2025.



**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 30 June 2025*

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. We also do not have any data from Health NZ on Rongoā services that they have commissioned in the Wairarapa area.

**PRIMARY HEALTH CARE REDESIGN – TO IMPROVE ACCESS AND UTILISATION BY WHĀNAU**

*Baseline*

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. As at March 2025, we noted that the local PHO records indicated that 96% of the Māori (Census) population was enrolled. However - we did not have data on utilisation to determine whether this high level of Māori enrollees were actually using primary care services.

*Update as of 30 June 2025*

Net enrolment figures for Māori increased slightly for this quarter compared to the last quarter and overall it appears around 96% of the Māori population is enrolled. This means approximately 400 Māori are not enrolled OR are enrolled in a different PHO. PHO data reveals just over 80% (n=7,295) of those enrolled accessed care which means some 1,800 Māori who are enrolled did not attend primary care at all.



## 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 30 June 2025*

As per our 31 March monitoring report - 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 continue to use 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 kaumatua compared with non-Māori in the rohe. Evidence analysed in 2024 supported a greater focus on kaumatua in the Wairarapa. This included a call for better aged care services, establishing papakainga with attached health service centres, dedicated kaumatua primary health care services. Evidence also emphasised the need for social connectedness for services that focus on holistic wellness, not just the treatment of disease.

### *Update as of 30 June 2025*

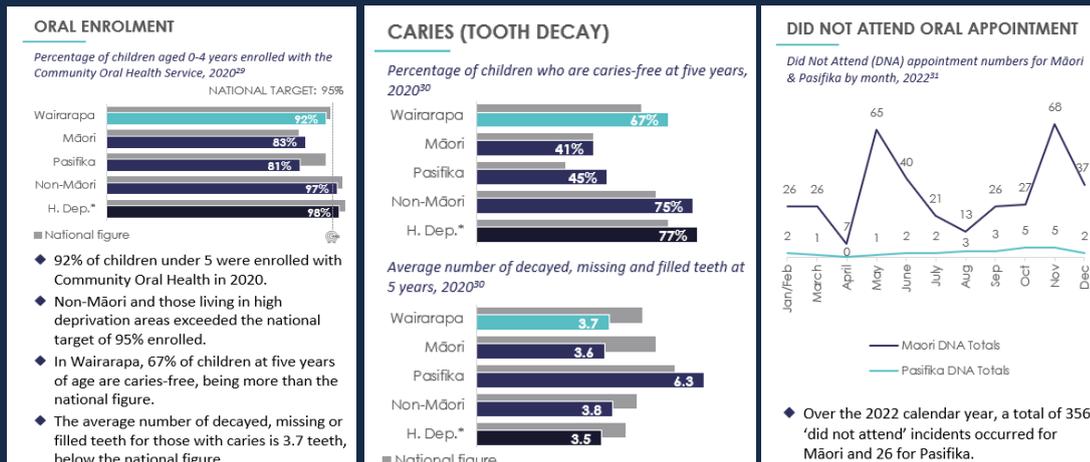
Kaumatua health and wellbeing is an area we aim to improve. As per the last quarterly report to 31 March, our IMPB does not yet have specific age-related data on kaumatua access to primary care, but we are working with our PHO to address this. Similarly, we do not yet have specific age-related data on access to surgery by Kaumatua, or access to dental care.

## 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 30 June 2025

Our IMPB has still 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 was 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.

Update as of 30 June 2025

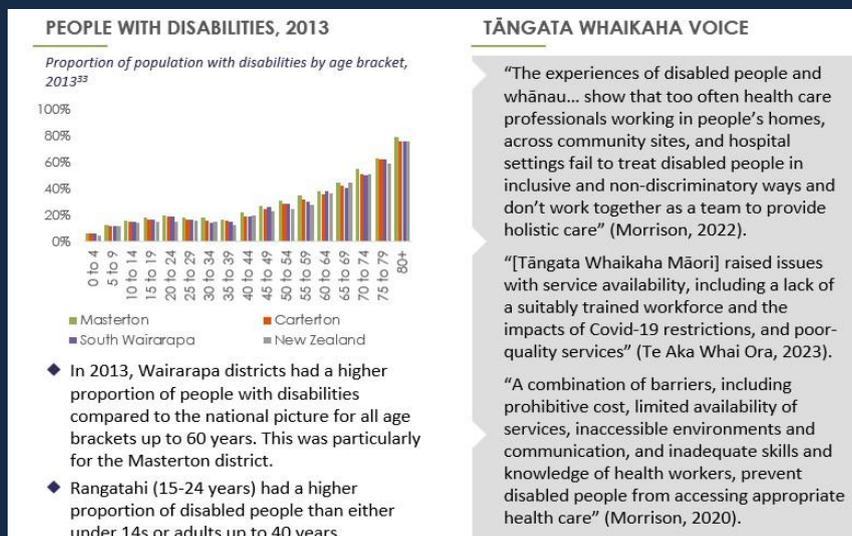
As reported on March 31, we have still yet to receive data to update Māori assessments, referrals and utilisation of palliative care for our IMPB to make comparisons on the data produced last year.



## HOSPITAL AND SPECIALIST SERVICES

### IMPROVING ACCESS TO SURGERY FOR TANGATA WHAIKAHA

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 are extremely limited or non-existent due to decades of inaction by health and disability agencies.

Update as of 30 June 2025

Despite raising this issue in our Community Health Plan (Sept 2024) and reporting the lack of data on March 31, 2025 - there has still been no action initiated to build relationships between Health NZ and Wairarapa whānau on Tangata Whaikaha aspirations and concerns about access to specialist services.



## SYSTEM 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 30 June 2025*

As reported on March 31, 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 30 June 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 2024 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.

For instance, it took 4 months for the data to 30 June 2025 to be made available to us, and another quarter (ending 30 September) has now gone by. Health NZ must improve the timeliness of its data provision to meet its legal responsibilities under the Pae Ora Act 2022.

### 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 30 June 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. In fact the situation has progressively worsened with very little contact or involvement in the work of Health NZ and Hauora Māori Services – primarily due to restructuring within Health NZ; changes in regional leadership; and a general lack of engagement by Health NZ. There are early signs that this situation may improve in the next quarter with the recent appointment of new regional leaders – and we will report on this in the next quarter.

### INCREASE MĀORI WORKFORCE DEVELOPMENT INVESTMENT

#### *Baseline 2024*

Several findings of our needs analysis 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.

#### *Update as of 30 June 2025*

Our IMPB does not have any transparency of workforce development or investment in Wairarapa; however, Health NZ published on its website a report on its workforce as of 31 December 2024 which we used to search for an update on workforce representation. This noted only 40 personnel identifying as Māori working in the Wairarapa area – a mere 6.5% of the total workforce in the Wairarapa. This is compared to the 19% Māori population in the area and shows a significant gap in equitable staffing. The Health NZ workforce is not reflective of the population characteristics in our area. Health NZ should have around 120 Māori staff in order to be reflective of the population so there is a considerable gap.

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

Health New Zealand (Health NZ)	Other*	Asian	Māori	Pacific	Unknown	Total <sup>2</sup>
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
<b>National Payrolls</b>	<b>1,769</b>	<b>594</b>	<b>480</b>	<b>211</b>	<b>792</b>	<b>3,846</b>
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
Tairāwhiti	506	143	344	17	3	1,013
West Coast	479	131	47	8	137	802
Wairarapa	412	52	40	11	101	616
<b>Total</b>	<b>48,579</b>	<b>25,796</b>	<b>7,844</b>	<b>4,544</b>	<b>4,217</b>	<b>90,980</b>

\*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.

## **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 30 June 2025*

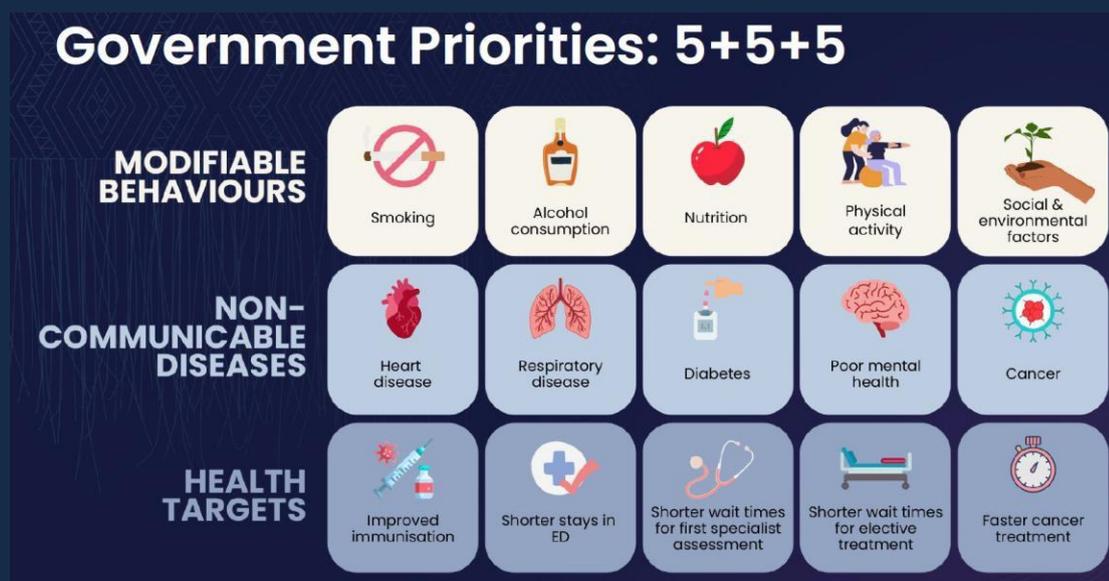
Our IMPB has been unable to obtain data on complaints by Māori patients and consumers about experiences of racism when using services provided by Health NZ.



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

## MODIFIABLE BEHAVIOURS

 <b>SMOKING</b>	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
 <b>ALCOHOL CONSUMPTION</b>	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
 <b>NUTRITION</b>	Percentage of people eating the recommended daily intake of vegetables and fruit (5+ servings of vegetables, and 2+ servings of fruit)	 Increase
 <b>PHYSICAL ACTIVITY</b>	Percentage of children and adults meeting recommended hours of physical activity / physical activity guidelines	 Year-on-year increase
 <b>SOCIAL &amp; ENVIRONMENTAL</b>	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
 <b>SOCIAL &amp; ENVIRONMENTAL</b>	Either face-to-face or non-face-to-face contact with family or friends at least once a week (social connection)	 Increase
 <b>SOCIAL &amp; ENVIRONMENTAL</b>	Social connection, cohesion and culture (question from the two-yearly GSS)	 Increase
 <b>SOCIAL &amp; ENVIRONMENTAL</b>	Loneliness - lonely most or all of the time in the last four weeks	 Decrease in reported rate from the New Zealand Health Survey question
 <b>ALL 5 BEHAVIOURS</b>	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
 <b>ALL 5 BEHAVIOURS</b>	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
 <b>HEART DISEASE</b>	Hospitalisation for all cardiovascular diseases	 Decrease
	Chronic rheumatic heart disease hospitalisations	 Decrease
 <b>RESPIRATORY DISEASE</b>	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
 <b>DIABETES</b>	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
 <b>MENTAL HEALTH</b>	Psychological distress	 Decrease in people reporting high or very high levels of psychological distress in the New Zealand Health Survey questions
 <b>CANCER</b>	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)

## WHAT THE DATA SAYS ABOUT GOVERNMENT PRIORITIES

### FIVE MODIFIABLE BEHAVIOURS

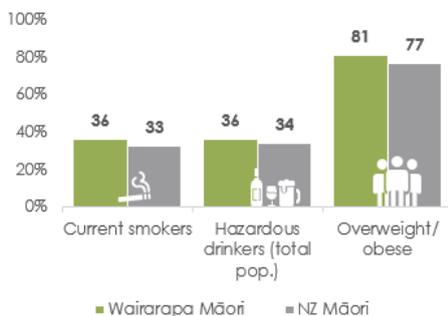
- Smoking
- Alcohol
- Diet
- Exercise
- Social and environmental factors

### UNSAFE ALCOHOL USE, DIET, EXERCISE AND SMOKING

Baseline data from 2024

#### WAIRARAPA & NZ MĀORI RISK FACTORS

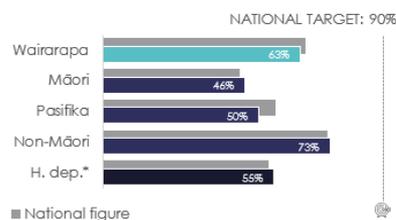
Prevalence of risk factors in the Māori population, 2023<sup>44</sup>



- ◆ 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<sup>18</sup>

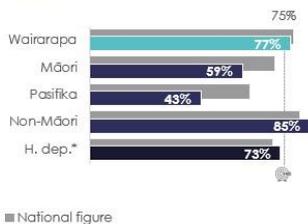


- ◆ Benefits of smokefree mothers and homes are well recognised (MOH, 2022).
- ◆ If almost two-thirds of babies in Wairarapa lived in a smokefree household at the time of their first WCTO visit, this means that almost a third of babies lived in a household with a tobacco smoker.
- ◆ Wairarapa has similar 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

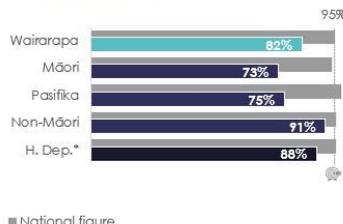
Percentage of children at a healthy weight at four years, Jan-Jun 2022<sup>23</sup>



- ◆ 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 >98<sup>th</sup> percentile who are referred, Jan-Jun 2022<sup>23</sup>



- ◆ Referral rates for children with a BMI in the 98<sup>th</sup> 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.

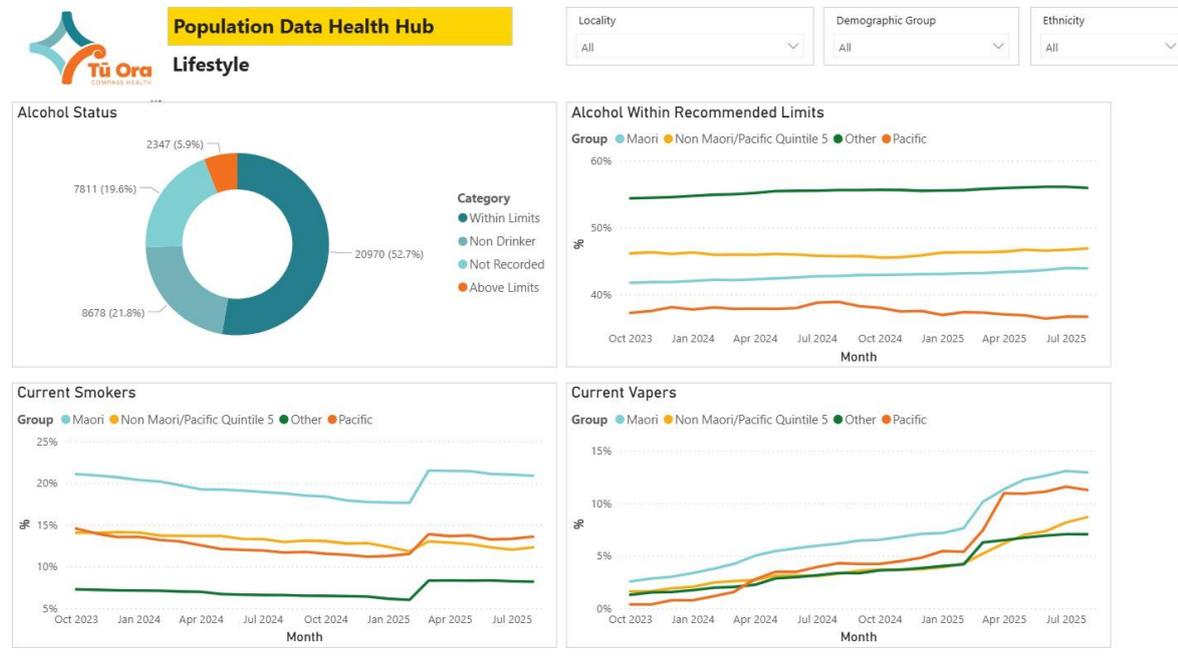
Smoking and vaping were noted in several health reports as a priority for hauora Māori and reported in our Community Health Plan (Sept 2024). Over one third of Wairarapa Māori were current smokers. There were also low numbers of smokefree households for pēpi Māori in the Wairarapa (46% of pēpi Māori 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 as of 30 June 2025*

Our IMPB has still not received any updated data from Health NZ to compare against these factors at this time, however some data was provided on lifestyle factors by the PHO. It is noticeable that there is some reduction in smokers but a steady growing increase in the number of vapers with Māori being the highest:



## 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:

- Housing:** 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. The current cost of living crisis is decreasing access to warm, dry and affordable housing across Wairarapa. 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).
- Access to transport:** Wairarapa has bus and train services to provide access between urban areas, including Wellington. 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.
- Environmental factors:** 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.

*Update as of 30 June 2025*

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

## 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

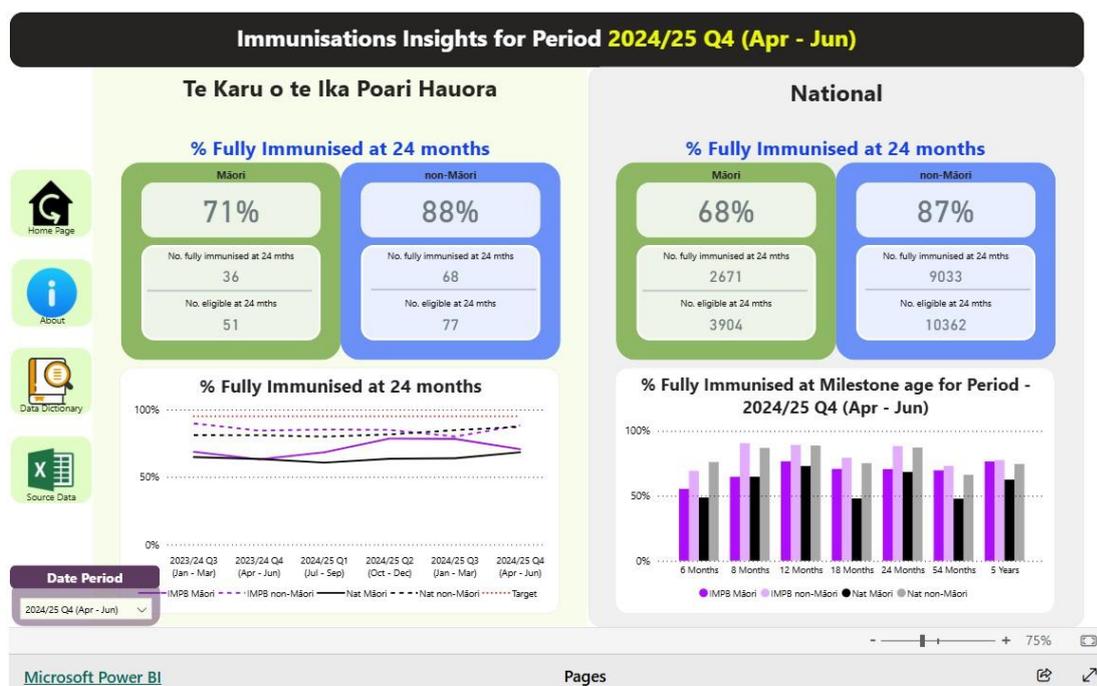
## IMMUNISATION RATES

*Status from previous quarter*

31 March 2025 data for immunisations at age 24m showed the rate as 78.6% coverage for tamariki Māori which was worse than the non-Māori rate of 86.9%.

*Status as of June 2025*

In our IMPB area, the immunisation rates for immunisation at 24 months was 71% compared to the non-Māori rate of 88% as of 30 June. This shows the coverage has dropped in the last quarter:



## HOSPITALISATION AND ASH RATES

*Baseline data from 2024*

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

- 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.

*Update as of June 2025*

ASH rates reported for the Wairarapa District<sup>1</sup> revealed that:

Category	As at March 2025	As at June 2025
ASH rates for children 0-4 years per 100,000	Māori = 6,250 European / other = 4,415	Māori = 7,238 European / other = 4,868
ASH rates for adults 45 – 64 years per 100,000	Māori = 6,613 European / other = 3,677	Māori = 7,015 European / other = 3,948

These figures continue to indicate that inequity for Māori of all ages remains a significant issue and does not appear to be improving.

### SHORTER WAIT TIMES IN EMERGENCY DEPARTMENTS

*Status as of March 2025*

Data for the Wairarapa District on ED wait times<sup>2</sup>, 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
- 60.5% Pacific
- 70.5% Asian
- 59.2% European/other

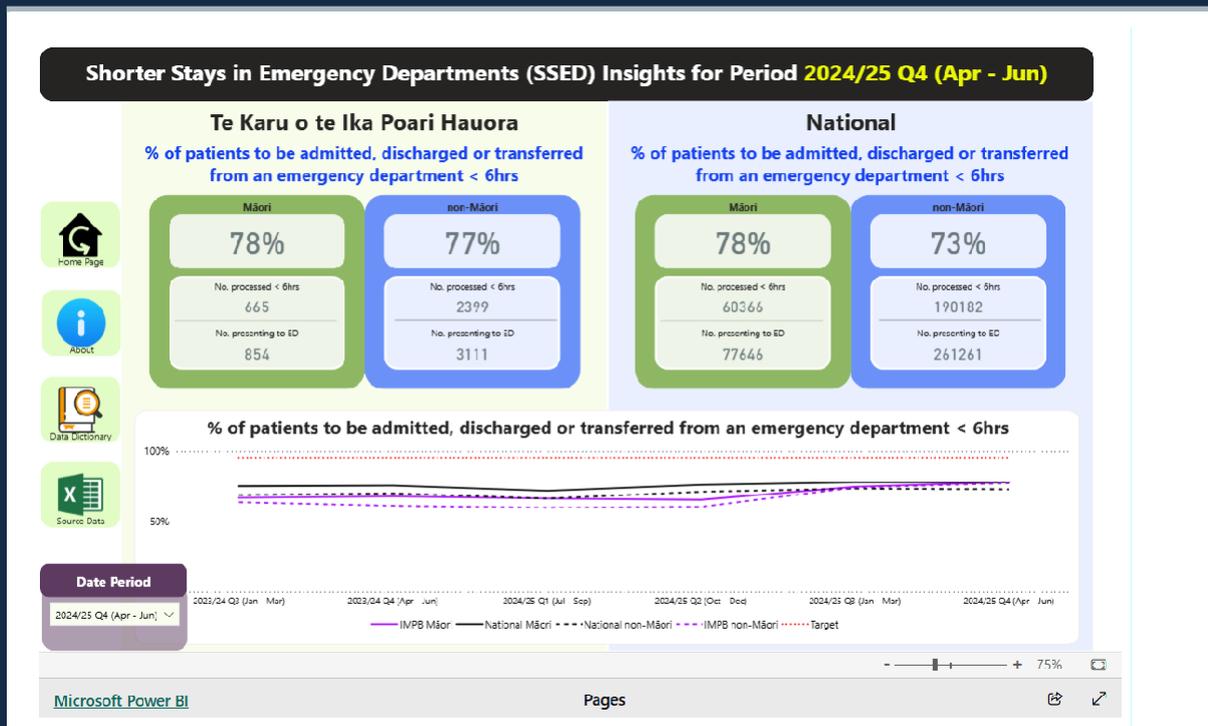
*Status as of June 2025*

Data provided by Health NZ below indicates that 78% of Māori patients had a wait-time of less than 6 hours which is an improvement on the previous quarter's results, but still far off the national target of 95%:

<sup>1</sup> Health NZ Quarterly Performance Report – Quarter 4 2024/2025 (accessed via Health NZ website) – P2 – 22 and 23

<sup>2</sup> Health NZ Quarterly Performance Report – Quarter 2 2024/2025 (accessed via Health NZ website April 2025) – P2-45





## WAIT TIMES FOR FIRST SPECIALIST ASSESSMENTS

### Baseline data from 2024

No data was available to determine a baseline.

### Update as of June 2025

Health NZ reported<sup>3</sup> missed FSA appointments in their quarterly report to June 2025 and noted that for Wairarapa, 19.1% of Māori missed their appointment compared to 5.2% for European/other. This reveals a major barrier to access for whānau.

Health NZ has not reported wait times for FSAs in its Quarter 4 report for Wairarapa.

## WAIT TIMES FOR PLANNED (ELECTIVE) CARE

### Baseline data from previous quarter

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

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

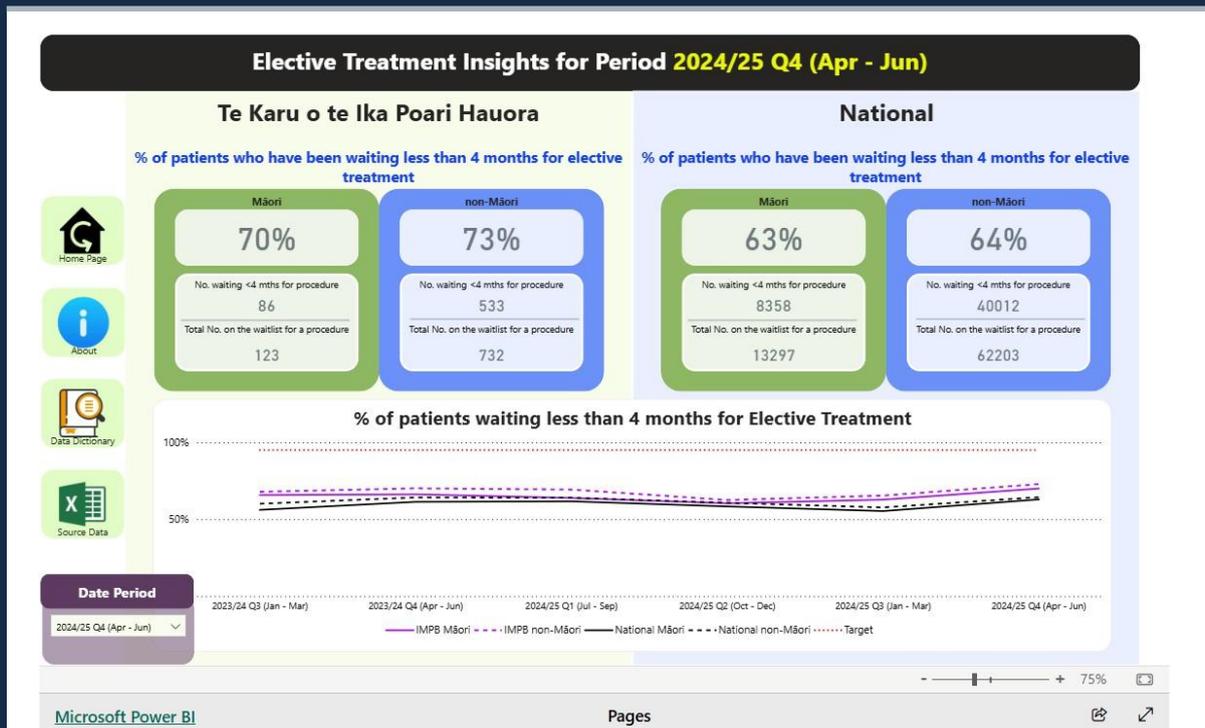
The Māori rate is the highest of all groupings however the national target is 95% - therefore for all ethnicities, the gaps are still significant.

### Update as of June 2025

Data from Health NZ below indicates that 70% of Māori have been waiting less than 4 months for elective treatment. This rate is lower than the previous quarter and shows that performance is declining:

<sup>3</sup> Health NZ Quarterly Performance report – Quarter 4 2024/2025 (accessed via Health NZ website – Pg 18)

<sup>4</sup> Health NZ Quarterly Performance Report – Quarter 2 2024/2025 (accessed via Health NZ website April 2025) – P2 – 40



## FASTER CANCER TREATMENT

### Status as of March 2025

Health NZ has reported on wait-times for cancer treatment in their quarterly performance report for the Wairarapa District<sup>5</sup>. 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 exceed the national target of 90% and also the rate for European/other. The Wairarapa district is the 2<sup>nd</sup> best performing district in the country for this indicator and has achieved excellent results for whānau Māori.

### Status as of June 2025

Data from Health NZ below reveals that 92% of Māori patients are treated within 31 days of the decision to treat for cancer. This shows a reduction in performance since the last quarter where 100% of Māori patients were seen within 31 days:

<sup>5</sup> Health NZ Quarterly Performance Report – Quarter 2 2024/2025 (accessed via Health NZ website April 2025) – P2 –51

**Faster Cancer Treatment Insights for Period 2024/25 Q4 (Apr - Jun)**

Switch to  
<62 Days

Home Page

About

Data Dictionary

\*Important  
Please Read

### Te Karu o te Ika Poari Hauora

Treatment <31 days from decision to treat

Māori*	non-Māori
92%	91%
No. started treatment in <31 days 11	No. started treatment in <31 days 74
No. eligible for treatment <31 days 12	No. eligible for treatment <31 days 81

Date Period	Māori			N
	No. eligible for treatment <31 days	No. started treatment in <31 days	% started treatment in <31 days	
2023/24 Q3 (Jan - Mar)	9	7	78%	
2023/24 Q4 (Apr - Jun)	16	15	94%	
2024/25 Q1 (Jul - Sep)	10	10	100%	
2024/25 Q2 (Oct - Dec)	6	6	100%	
2024/25 Q3 (Jan - Mar)	<6 Records	<6 Records	<6 Records	
2024/25 Q4 (Apr - Jun)	12	11	92%	

### National

Treatment <31 days from decision to treat

Māori	non-Māori
87%	86%
No. started treatment in <31 days 634	No. started treatment in <31 days 3658
No. eligible for treatment <31 days 726	No. eligible for treatment <31 days 4233

Date Period	Māori			N
	No. eligible for treatment <31 days	No. started treatment in <31 days	% started treatment in <31 days	
2023/24 Q3 (Jan - Mar)	613	513	84%	
2023/24 Q4 (Apr - Jun)	677	564	83%	
2024/25 Q1 (Jul - Sep)	702	618	88%	
2024/25 Q2 (Oct - Dec)	666	578	87%	
2024/25 Q3 (Jan - Mar)	677	589	87%	
2024/25 Q4 (Apr - Jun)	726	634	87%	

Date Period  
2024/25 Q4 (Apr - Jun)

75%

Microsoft Power BI Pages

**FIVE PATHOLOGIES**

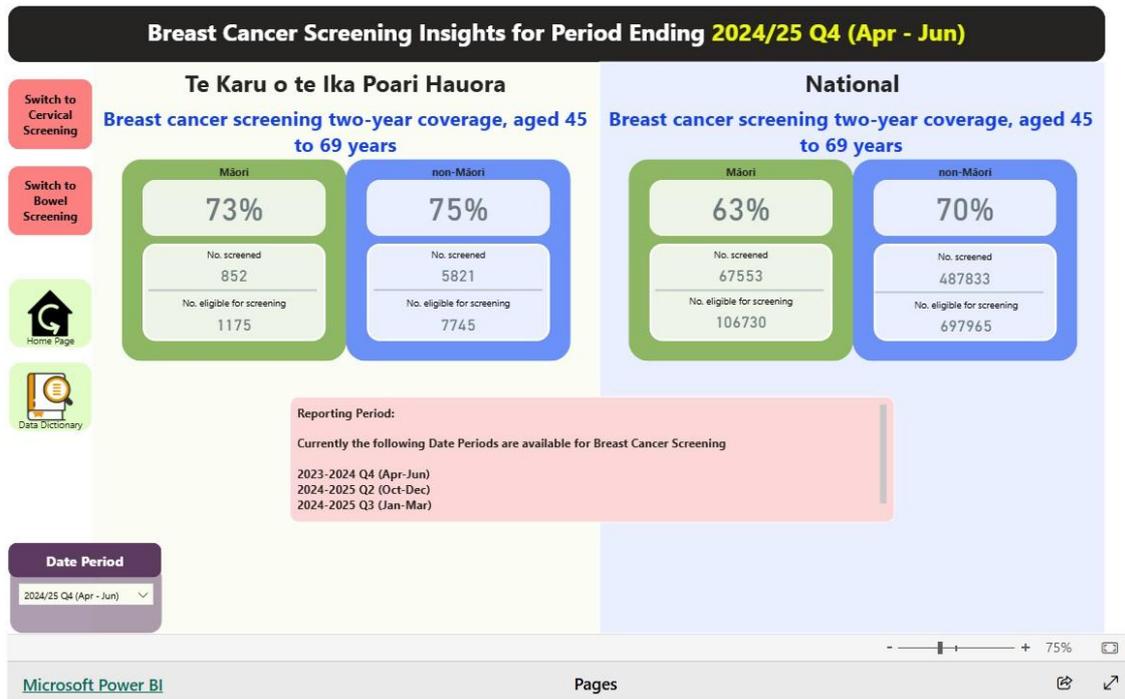
- **Cancer**
- **Heart disease**
- **Respiratory disease**
- **Mental Health**
- **Diabetes**

**CANCER**

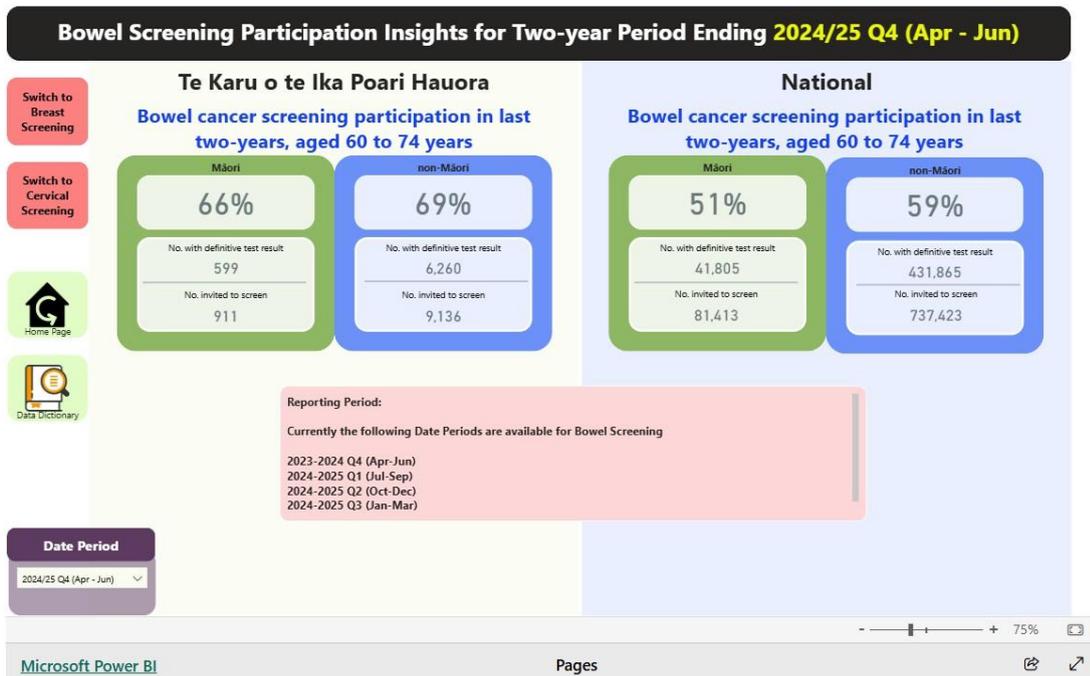
*Previous and current rate comparisons*

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.

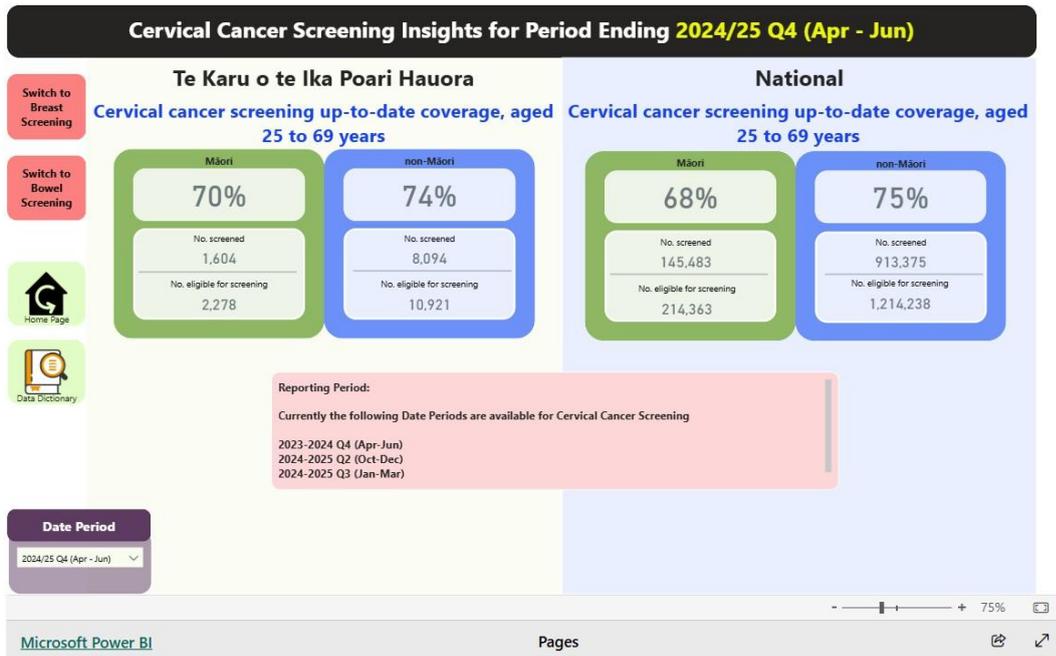
**Breast cancer screening rates** for wahine Māori were at 67.3% as at March 2025 but have increased to 73% which is a positive sign. Progress needs to continue in order to increase the coverage even further:



In 2022, Māori **bowel screening rates** were at 71% (WDHB data: Current State report) and these too have dropped since then. According to Health NZ data below for the quarter ending 30 June – the rates are now 66% in our coverage area. While higher than the national average, the fact that the coverage rate is dropping is of serious concern:



The **cervical cancer screening rate** for wahine Māori was 65.3% as at March 2025 and now sits at 70% from over 1,600 screens in the quarter - which is another positive sign of improvement:

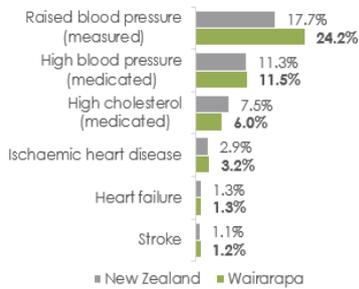


## HEART DISEASE AND CIRCULATORY CONDITIONS

*Baseline data from 2024*

### CARDIOVASCULAR PREVALENCE

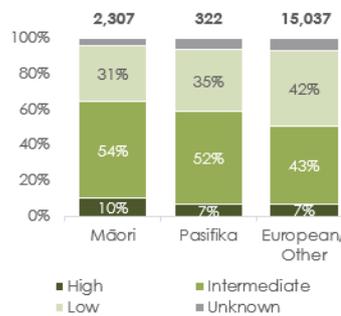
Percentage of Wairarapa population with cardiovascular disease, pooled data (age-standardised) 2017-2020<sup>16</sup>



- ◆ 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<sup>1</sup> ethnicities for every cardiovascular indicator.

### CVD RISK BY ETHNICITY

Latest Cardiovascular Disease Assessment (CVDA) results for all enrolled population, at May 2023<sup>17</sup>



- ◆ 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)

*Update as of June 2025*

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

## RESPIRATORY DISEASE

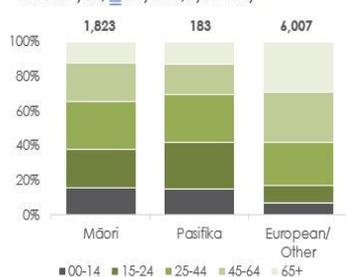
Respiratory disease includes asthma, bronchiectasis, pneumonia, upper and lower respiratory infections and chronic obstructive pulmonary disease (COPD). Respiratory disease is New Zealand's third most common cause of death (Asthma and Respiratory Foundation NZ, 2023). Charts here are for the whole Wairarapa 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<sup>49</sup>

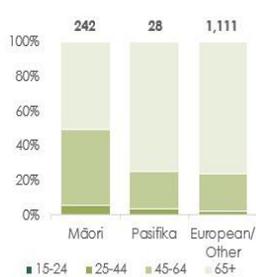


Total people with asthma (May 2023): 8,018

- ◆ 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<sup>49</sup>

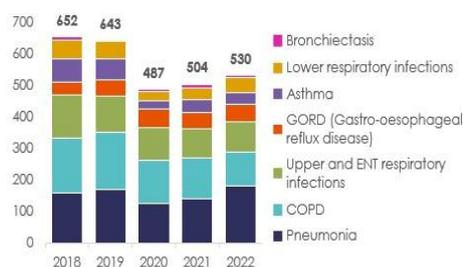


People with COPD (May 2023): 1,381

- ◆ 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<sup>50</sup>



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.

### Status as of June 2025

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

## MENTAL HEALTH

### Status as of March 2025

Government reported on several mental health targets for its' mental health priorities<sup>6</sup> 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

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

fairly positive result for whānau Māori. The current rate is relative to the European/other rate and is closing in on the 80% target rate:

- Māori – 74.7% (which is within 5% of the current milestone)
  - 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%

*Update as of June 2025*

Government reported on several mental health targets for its’ mental health priorities<sup>7</sup> including:

- **Faster access to primary mental health and addictions services (target 80% seen within 1 week).** No data was reported on wait times however data was provided on the number who had accessed services per 100,000. This showed the Māori rate being the highest:
  - Māori – 4,712
  - Pacific – 3,058
  - Asian – 1,261
  - Other – 3,204
- **Faster access to specialist mental health and addictions services (target 80% seen within 3 weeks of referral).** No data was reported by Health NZ for the 30 June period.
- **Shorter mental health and addiction-related stays in emergency departments (target 95% seen within 6 hours).** No data was reported by Health NZ for the 30 June period.

**DIABETES**

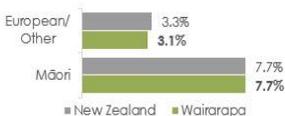
*Baseline data from 2024*

**DIABETES PREVALENCE IN ADULTS 15+**

Wairarapa population over 15 years with diabetes, pooled data (age-standardised) 2017-2020<sup>21</sup>



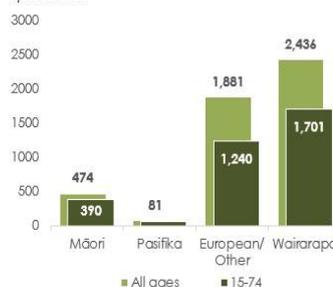
Wairarapa population over 15 years with diabetes by ethnicity, pooled data (age-standardised) 2017-2020<sup>21</sup>



- ◆ 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 ETHNICITY**

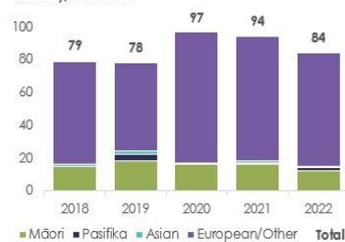
Current diabetics enrolled in Wairarapa by ethnicity, Dec quarter 2022<sup>22</sup>



- ◆ 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<sup>23</sup>



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 as of 30 June 2025*

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



## SUMMARY OF GOVERNMENT PRIORITY PERFORMANCE

- **Immunisation rates (target 95%):** In March 2025, immunisation rates at 24m were only 78.6% for tamariki Māori which was worse than the non-Māori rate of 86.9%. As at June 2025, the rate was 71% for Māori compared to 88% for non-Māori, therefore the Māori rate has declined over the quarter.
- **Shorter stays in ED (less than 6 hours):** In March 2025, Māori had 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. As of June 2025, the Māori rate for shorter stays was 78% and non-Māori rate was 77%. Both results are still well short of the 95% target even though there is an improvement over the quarter for Māori patients.
- **Wait times for First Specialist Assessments (less than 4m):** As of March 2025, 65% of the total Wairarapa population met the national standard which was well short of the 95% target national rate (no breakdown by ethnicity). There is no new data for June 2025 on wait times, however FSA appointments not kept by Māori were higher @ 19.1% of patients than for non-Māori @ 5.2%.
- **Wait times for cancer treatment (31 days from referral):** As of March 2025, 100% of Māori and Pacific ethnicities waited less than 31 days for treatment whereas only 95.2% of European/other wait less than 31 days in comparison. All rates exceeded the national target of 90%. For the quarter ending 30 June, 92% of Māori were seen within 31 days and 91% of non-Māori – which are both above the national target but show worse performance than the previous quarter.
- **Wait times for elective surgery (less than 4m):** As of March 2025, 75.4% of Māori waited less than 4m compared to the national target of 95% and at June 2025, only 70% of Māori waited less than 4m. This shows a deterioration of performance compared to the previous quarter.

## FIVE PATHOLOGIES

- **Cancer:** Screening rates for Māori vary. For breast-screening, the rate was 67.3% as at March 2025 but has increased to 73% which is a positive sign. Bowel screening rates for Māori remain at 66% which is well below the national target. Cervical screening rate was 65.3% and is now 70% which shows an 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. 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). March 2025 report indicated that Māori exceeded (81.4%) the national target of 80% for faster access to primary mental health services. No June 2025 data was reported.
- **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.



# PERFORMANCE OF THE HEALTH SECTOR 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 focusing 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)*

### **Section 16: Health NZ must 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*
- (b) *report back to Māori from time to time on how engagement under this section has informed the performance of its functions.*

## **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

#### Status as of March 2025

Overall, our assessment showed that almost half of the specific requirements in the Pae Ora Act 2022 were not 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 DOMAIN	OVERALL RATING			TOTAL INDICATORS
	Not achieved	Partially achieved	Achieved	
Section 6: Tiriti o Waitangi Principles	4	2	2	8
Section 7: Health Sector Principles	6	10	0	16
Section 15: Supporting IMPBs	1	1	0	2
Section 16A: Engagement with Māori	2	0	0	2
<b>Totals</b>	<b>13</b>	<b>13</b>	<b>2</b>	<b>28</b>
	<b>46%</b>	<b>46%</b>	<b>8%</b>	<b>100%</b>

#### Status as of June 2025

Only minor improvements have been made, but overall performance against the Act is severely lacking when it comes to engagement with and participation in the health system by IMPBs:

PAE ORA ACT COMPLIANCE DOMAIN	OVERALL RATING			TOTAL INDICATORS
	Not achieved	Partially achieved	Achieved	
Section 6: Tiriti o Waitangi Principles	3	2	3	8
Section 7: Health Sector Principles	6	10	0	16
Section 15: Supporting IMPBs	2	0	0	2
Section 16A: Engagement with Māori	2	0	0	2
<b>Totals</b>	<b>13</b>	<b>12</b>	<b>3</b>	<b>28</b>
	<b>46%</b>	<b>46%</b>	<b>8%</b>	<b>100%</b>

### 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”. IMPB progress has been hampered by the ongoing restructuring process and constant staff changes. Regional leadership is also changing. It is anticipated that improvements will occur once stable regional leadership is in place over the next quarter, and IMPB engagement improves.



## 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
<b>SECTION 6: TIRITI O WAITANGI:</b> 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	Orange	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 Health NZ. <i>Same as last quarter</i>
2	(c) Requires the Minister to establish a permanent committee, the Hauora Māori Advisory Committee, to advise the Minister	Green	The Minister has set up HMAC. HMAC advises the Minister and has given advice on nine priority domains for Hauora Māori. <i>Concern: There are proposals by the Government to amend the Pae Ora Act to increase the role of HMAC and to diminish the role of IMPBs. We oppose the changes proposed to the legislation.</i>
3	(d) Requires the Minister to have regard to any advice of the Hauora Māori Advisory Committee when determining a health strategy	Green	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		<p>Overall, our assessment is that there has not been meaningful engagement to date as of June 2025. The assessment of March 2025 remains unchanged (see below) – however we note that there are changes underway to the Health NZ Regional leadership and we expect this indicator to improve as a result.</p> <p><b>Local (Wairarapa)</b></p> <p>We would like to be engaged but this is not yet occurring. Local Health NZ 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</p> <p><b>Regional (Te Ika Roa)</b></p> <p>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 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.</p> <p><b>National</b></p> <p><u>Hauora Māori Services - HMS (former Te Aka Whai Ora)</u></p> <p>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.</p> <p><u>National Commissioning and Health NZ Service delivery approaches</u></p> <p>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.</p>



PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
5	Government Policy Statement (GPS) to contain priorities for hauora Māori		<i>No change to March assessment (below).</i>  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	Health NZ 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		Board appointments require this under the Act and new Māori appointments have been made.
7	Board of Health NZ to maintain systems and processes to ensure that Health NZ 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		<i>No change to March assessment (below)</i>  IMPBs have received no evidence that these systems are in place or utilised by HEALTH NZ as no systems or processes have been shared or engaged with our IMPB.
8	Health NZ to have <b>systems in place</b> for the purpose of engaging with Māori and enabling responses from that engagement to inform the performance of its functions		<i>No change to March assessment (below)</i>  Our IMPB has not received any information on Health NZ'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		<i>No change to March assessment (below)</i>  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
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PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
	<p>proportion to their health needs; and</p> <p>(ii) receive equitable levels of service; and</p> <p>(iii) achieve equitable health outcomes:</p>		<p>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 positive indicators for progress on equity between Māori and non-Māori. There are alarming rates of lower screening and immunisation however.</p>
10	<p>(b) the health sector should <b>engage with Māori</b>, other population groups, and other people to <b>develop and deliver services and programmes</b> that reflect their needs and aspirations, for example, <b>by engaging with Māori to develop, deliver, and monitor</b> services and programmes designed to improve hauora Māori outcomes</p>		<p><i>No change to March assessment (below)</i></p> <p><b>Local:</b> If Health NZ 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 Health NZ (local) in an endeavour to release.</p> <p><b>Regional:</b> 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 HEALTH NZ.</p> <p><b>National:</b> Our IMPB has never met with the HEALTH NZ Commissioner or Acting CEO of HEALTH NZ 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.</p>
11	<p>(c)the health sector should provide <b>opportunities for Māori to exercise decision-making authority</b> on matters of importance to Māori and for that purpose, have regard to both—</p> <p>(i)the strength or nature of Māori interests in a matter; and</p> <p>(ii)the interests of other health consumers and the Crown in the matter</p>		<p><i>No change to March assessment (below)</i></p> <p>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.</p> <p>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. HEALTH NZ has not given equal weight to the voice of Māori providers regarding resourcing in 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 HEALTH NZ 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</p>



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			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) <b>resourcing services</b> to meet the needs and aspirations of iwi, hapū, and whānau, and Māori (for example, <b>kaupapa Māori and whānau-centred services</b> )		<b>No change to March assessment (below). We still do not have a full list of providers and current investment for 2024-2025 or 2025-2026.</b>  To assess this – the IMPB needs a list of all providers and services in their area and 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 <b>culturally safe and culturally responsive</b> to people’s needs		<b>No change to March assessment (below)</b>  <i>Our IMPB has not received any information to assess this:</i>  a) <i>Results of cultural audits of provider services (HEALTH NZ holds the contracts with providers that requires cultural safety and should be monitoring for this. HEALTH NZ needs to provide performance results for providers they have audited in our rohe).</i>  b) <i>Some providers have to meet national standards such as A&amp;D National Standards, Aged Care Residential Standards, H&amp;D Standards – HEALTH NZ audit reports on the cultural safety and responsiveness of providers should be provided to the IMPB to assess this.</i>  <i>Our IMPB would also like to negotiate with HEALTH NZ on the matter of ‘who’ is conducting cultural safety audits of services in our rohe, and whether they have the appropriate expertise that represents and acknowledges manawhenua in our rohe.</i>
14	(d)the health sector should provide choice of quality services to Māori and other population groups, including by (iii)developing and maintaining a <b>health workforce</b> that is representative of the community it serves		<b>No change to March assessment (below)</b>  In order to assess this, our IMPB needs workforce data from HEALTH NZ (and in time other agencies and providers) to be able to compare whether HEALTH NZ 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 HEALTH NZ.  <u>Hauora Māori Services:</u> 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)		<b>No change to March assessment (below)</b>  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



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	<b>harnessing clinical leadership, innovation, technology, and lived experience</b> to continuously improve services, access to services, and health outcomes		region. In the restructuring proposal of Hauora Māori Services (Dec 2024), and in the HEALTH NZ 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 and Medicines Regulations moving from 3m to 12m extended prescribing.
16	(d)the health sector should provide choice of quality services to Māori and other population groups, including by (v) <b>providing services that are tailored to a person’s mental and physical needs and their circumstances and preferences;</b> and		<b>No change to March assessment (below)</b>  The IMPB has not received any information to assess this such as results of audits of provider services (HEALTH NZ holds the contracts with providers that requires these conditions and should be monitoring for this). HEALTH NZ needs to provide performance results for providers they have audited in our area. While we acknowledge the IMPB has not requested the information – HEALTH NZ 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) <b>providing services that reflect mātauranga Māori</b>		<b>No change to March assessment (below)</b>  Our IMPB is aware that Te Aka Whai Ora (now HEALTH NZ 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 or 2025/2026. 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		<b>No change to March assessment (below)</b>  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) <b>undertaking promotional and preventative measures to protect and improve</b>		<b>No change to March assessment (below)</b>  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



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	<b>Māori health and wellbeing</b>		achieving positive rates for whānau Māori and these provide positive signs. 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, HEALTH NZ is failing to support us to join with HEALTH NZ to protect Māori interests.
20	(e) the health sector should protect and promote people’s health and wellbeing, including by (iii) working to <b>improve mental and physical health and diagnose and treat mental and physical health problems equitably;</b>		<i>No change to March assessment (below)</i>  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) <b>collaborating with agencies and organisations to address the wider determinants of health;</b> and		<i>No change to March assessment (below)</i>  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) <b>undertaking promotional and preventative measures to address the wider determinants of health, including climate change, that adversely affect people’s health.</b>		<i>No change to March assessment (below)</i>  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		<i>No change to March assessment (below)</i>  Overall - our assessment is that HEALTH NZ is not adequately complying with the health sector principles and does not appear to be consistently guided by these principles in performing its functions.
<b>Section 15: Health New Zealand must support and engage with iwi-Māori partnership boards</b>			
24	Section 15(a)(i): Health New Zealand must— (a) take reasonable steps to support iwi-Māori partnership boards to achieve their		<i>No change to March assessment (below). We are still not receiving all of the data that we require and we are not receiving data in a timely manner. The 30 June data was not provided until late October 2025 and this impedes our ability to conduct our legislated</i>



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	<p>purpose in <a href="#">section 29</a>, including by providing—                      - <b>administrative, analytical, or financial support where needed;</b> and</p>		<p><i>functions. Contracts for funding beyond 30 June 2026 have also not been finalised to provide funding certainty for our operations.</i></p> <p><b>Local:</b> 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.</p> <p><b>Regional:</b> To date we have not enjoyed positive support from the regional leadership of HEALTH NZ 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.</p> <p><b>National</b></p> <p><u>HEALTH NZ Hauora Māori service (HMS):</u></p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> <li>- 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.</li> <li>- We are unaware of what HMS plan to do with our CHP and how we are able to use our CHP to influence national level investments (both for the Hauora Māori Appropriation as well as other national commissioning).</li> <li>- Our IMPB did receive support from HMS for the establishment of our website development (costs covered).</li> </ul> <p><u>HEALTH NZ National Public Health Service, Workforce, National commissioning and Hospital and Specialist Services</u></p> <p>These teams have not undertaken any engagement with our IMPB.</p> <p>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.</p>



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25	Section 15(a) (ii): Health New Zealand must support and engage with iwi-Māori partnership boards by providing <b>sufficient and timely information</b>		<p><i>Status has worsened. Data is neither “sufficient” nor “timely”. Data for our March 2025 report was exceedingly late and a similar pattern has emerged with June 2025 data being provided in October 2025. In addition we have a number of data gaps as reported in this Monitoring Report that HEALTH NZ is not fulfilling.</i></p> <p>We were informed that we would receive data that we need on a quarterly basis for our priorities outlined in our CHP. 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 HEALTH NZ on kaupapa Māori investments.</p>
26	Section 15(b): engage with iwi-Māori partnership boards when <b>determining priorities for kaupapa Māori investment.</b>		<p><i>No change to March assessment (below)</i></p> <p>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:</p> <ul style="list-style-type: none"> <li>a) If there are non-commissioned funds that could be invested in our priorities either this year or next financial year</li> <li>b) which of our priorities could or should be invested in</li> <li>c) where potential disinvestments could occur that would allow reinvestment in our CHP priorities</li> <li>d) what kaupapa Māori investment budget may be available from 1 July 2025 and beyond for our CHP priorities</li> <li>e) what funds may be available for enablers such as workforce development or data capability</li> </ul> <p>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.</p>
<b>SECTION 16A ENGAGING WITH AND REPORTING TO MĀORI</b> Health New Zealand must—			
27	(a) have systems in place for the purpose of—		<p><i>No change to March assessment (below)</i></p>



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	(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 HEALTH NZ'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.		<i>No change to March assessment (below)</i> Our IMPB has not received any information or report on how engagement with Māori in the Wairarapa has informed Health NZ's performance.

