TE KARU O TE IKA POARI HAUORA O WAIRARAPA

IWI MĀORI PARTNERSHIP BOARD

MONITORING REPORT

FOR SIX MONTHS PERIOD

Ending 31 December 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 six month period ending 31 December 2025.

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. All of our priorities marked with an asterisk below – were unable to be tracked due to non-provision of any data 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 June 2025) around 95% 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 and 2026 – 2027) 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 at all levels)
- Eliminating racism* (complaint data on patient experience of racism)

Monitoring performance against Government priorities

FIVE HEALTH TARGETS

- **Immunisation rates (target 95%)**: As of June 2025, the immunisation rate at 24m was 71% for Māori compared to 88% for non-Māori. As of December 2025, the rates were 79% (vs 85%). This means that there has been some improvement in Māori immunisation rates toward the national target.
- **Shorter stays in ED (less than 6 hours)**: 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. As of December 2025, the rates were 65% and 60% respectively for the Wairarapa area, so access has worsened.
- **Wait times for First Specialist Assessments (less than 4m)**: There was no data for June 2025 but for December 2025, 65% of Māori met the target of less than 4m wait time for an FSA. However, FSA appointments not kept by Māori were higher @ 11.7% of patients than for non-Māori @ 5.5%. Māori are therefore twice as likely to miss an FSA appointment which is concerning.
- **Wait times for cancer treatment (31 days from referral)**: 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 of 90%. In December the rate was 100% which is an excellent result for whānau Māori. The concern is still that Māori cancer screening rates are very low, so early detection means more attend for treatment due to late presentation or undetected cancers.
- **Wait times for elective surgery (less than 4m)**: As of June 2025, only 70% of Māori waited less than 4m (compared to 61% in the December 2025 period) and compared to the national target of 95%. This shows a deterioration of performance for whānau.

FIVE PATHOLOGIES

- **Cancer:** Screening rates for Māori vary: For breast-screening, the rate was 73% as of June 2025 and remained at 73% as of December. So no improvement has been made. Bowel screening rates for Māori remain at 66% which is well below the national target. Cervical screening rate was 70% which shows a slight improvement. Rates need to be significantly improved to ensure protection from preventable cancer mortality amongst whānau Māori.
- **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:** No June, September or December 2025 data was reported by Health NZ however utilisation rates showed Māori to be the highest users of services compared to other populations.
- **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). 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.

FIVE MODIFIABLE BEHAVIOURS

- No updated data has been provided by Health NZ for smoking / vaping, alcohol use, diet, exercise or social cohesion so we have no updates to report since our baseline reports of 2024.

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 failing both our IMPB and our whānau. There are still many areas for improvement that Health NZ has failed to implement to meet its legislative obligations. Notably we consider that performance has deteriorated with more obligations rated as not achieved than the prior period. Whilst we understand the impact of HNZ restructuring and political changes, the fact that HNZ has not prioritised the maintenance of important relationships with IMPBs is very concerning. Performance in the Government's key priority areas is also failing for whānau Māori except for access to cancer treatment.

PAE ORA ACT COMPLIANCE	OVERALL RATING			
DOMAIN (December 2025)	Not achieved	Partially achieved	Achieved	TOTAL INDICATORS
Section 6: Tiriti o Waitangi Principles	3	2	3	**8**
Section 7: Health Sector Principles	9	7	0	**16**
Section 15: Supporting IMPBs	2	0	0	**2**
Section 16A: Engagement with Māori	2	0	0	**2**
Totals	**16**	**9**	**3**	**28**
	57%	**32%**	**11%**	**100%**

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, 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. Whilst the system measures enrolment – it is more important that whānau Māori actually regularly access primary care. Being enrolled alone is not contributing to hauora Māori outcomes.

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. Cancer screening rates for breast, bowel and cervical cancer are slowly improving but are well below national targets. 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 57% of the indicators, and partial action is underway for 32% 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 year 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.*

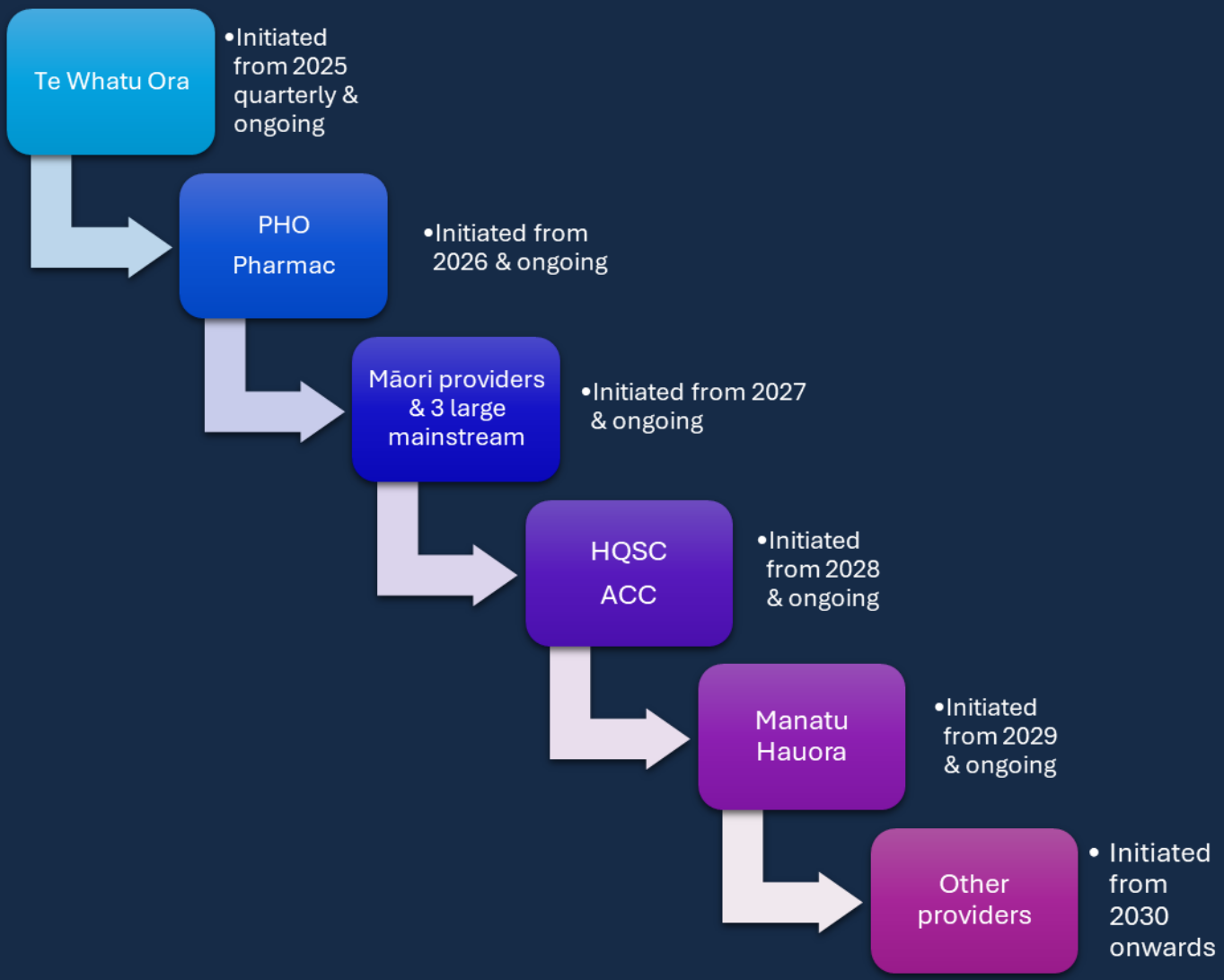
The first official Monitoring Report of the IMPB was issued in April 2025 for the quarter ending 31 March 2025,and this report will be repeated on a quarterly basis.

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

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 6m period to Dec 2025

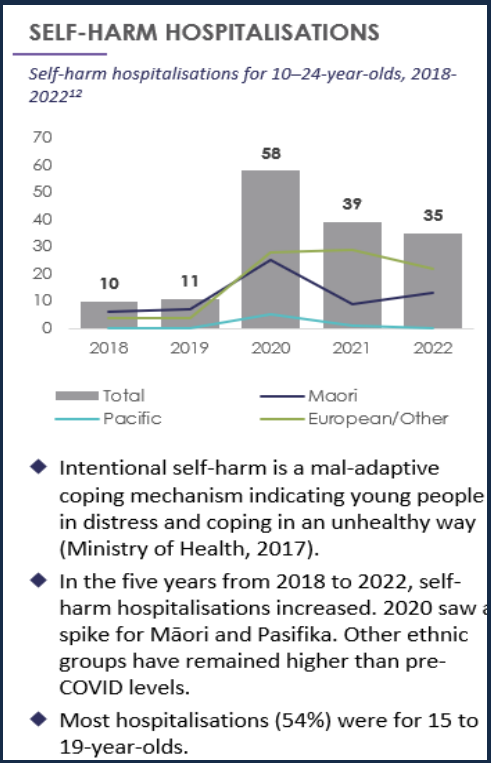
What the data tells us about performance for IMPB priorities

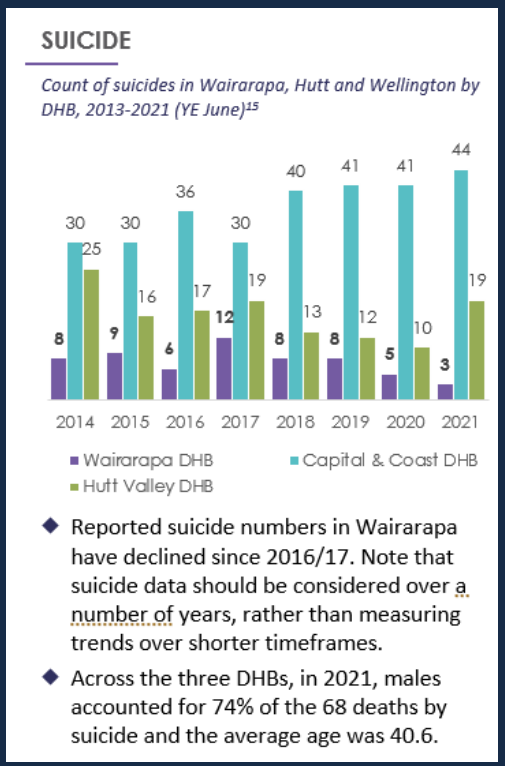
Some of our priorities reside outside of the health sector (e.g. inter-generational knowledge transfer) so have not been included in this schedule. Only those priorities that are impacted by Health NZ are included here. There are several IMPB priorities that are also Government priorities – so these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

PUBLIC AND POPULATION HEALTH

SUICIDE PREVENTION

Baseline 2024





Source: Wairarapa DHB Current state report (2023)

Update as of 31 December 2025

We have not been provided with any data for the entire calendar year of 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 31 December 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 for the entire calendar year of 2025.

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. Data as of June 2025 from the PHO identified that 96% of the Māori population were enrolled but only 80% accessed care in the previous 12m meaning around 1,800 Māori did not attend primary care at all.

Update as of 31 December 2025

Data from the PHO as at December 2025 indicates that 9,298 Māori are enrolled from a total population of around 9,740. This equates to around 95% of the Māori population. This means just over 440 Māori are not enrolled OR are enrolled in a different PHO. While utilisation data was not provided by the PHO data historical trends over previous quarters, revealed that just over 80% of those enrolled regularly 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 31 December 2025

Our IMPB has not received from HNZ any Wairarapa-specific information on the current investment in school-based health services (SBHS) for the entire calendar year of 2025.

KAUMATUA HEALTH AND WELLBEING

Baseline 2024

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

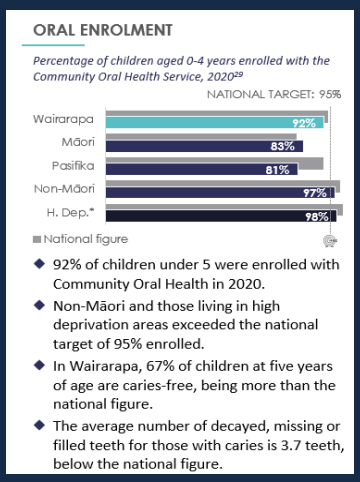
Update as of 31 December 2025

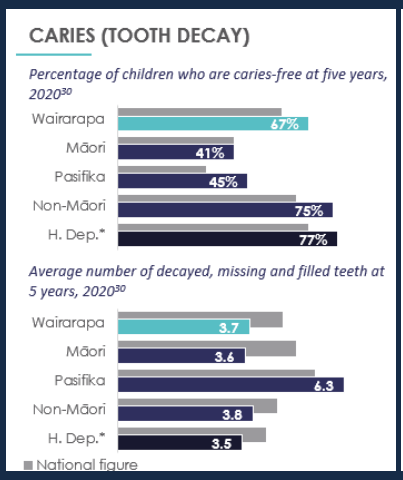
Kaumatua health and wellbeing is an area we aim to improve. Our IMPB has not received any updated data for the entire calendar year of 2025.

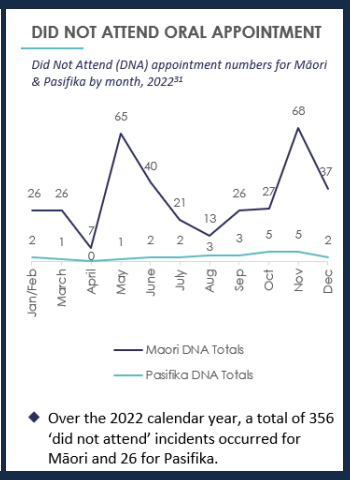
ORAL HEALTH – PEPI THROUGH TO AGE 18

Baseline 2024

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





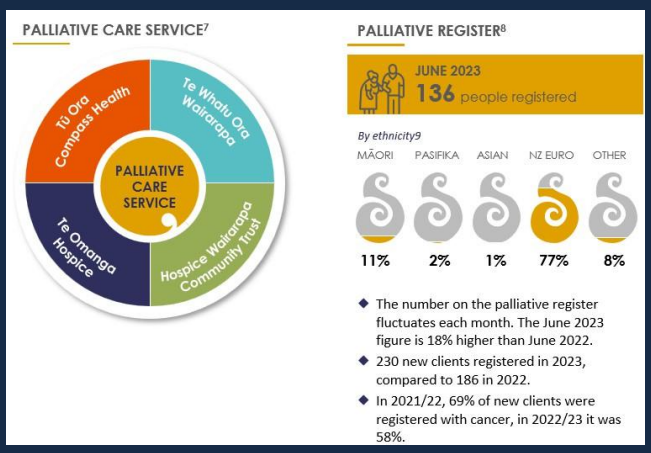


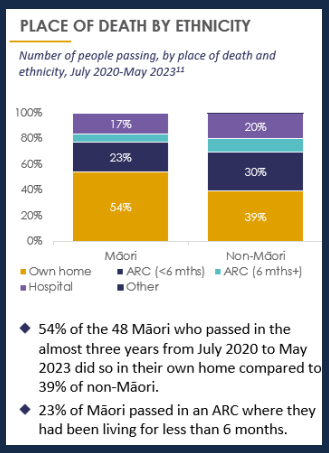
Update as of 31 December 2025

Our IMPB has still not received updated data on this priority specific to dental caries and dental enrolment however we are part of a regional project to look at the state of oral health for Māori and to institute new strategies to address dental care.

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 31 December 2025

Our IMPB has not received any data to update Māori assessments, referrals and utilisation of palliative care over the entire 2025 calendar year, to make comparisons on the data produced in 2024.

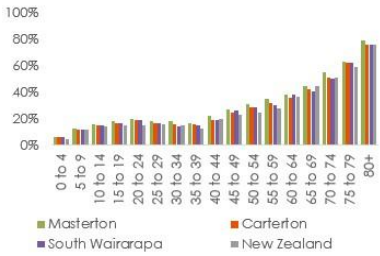
HOSPITAL AND SPECIALIST SERVICES

IMPROVING ACCESS TO SURGERY FOR TANGATA WHAIKAHA

Baseline 2024

PEOPLE WITH DISABILITIES, 2013

Proportion of population with disabilities by age bracket, 2013[33]



- In 2013, Wairarapa districts had a higher proportion of people with disabilities compared to the national picture for all age brackets up to 60 years. This was particularly for the Masterton district.
- Rangatahi (15-24 years) had a higher proportion of disabled people than either under 14s or adults up to 40 years.

TĀNGATA WHAIKAHA VOICE

"The experiences of disabled people and whānau… show that too often health care professionals working in people's homes, across community sites, and hospital settings fail to treat disabled people in inclusive and non-discriminatory ways and don't work together as a team to provide holistic care" (Morrison, 2022).

"[Tāngata Whaikaha Māori] raised issues with service availability, including a lack of a suitably trained workforce and the impacts of Covid-19 restrictions, and poor-quality services" (Te Aka Whai Ora, 2023).

"A combination of barriers, including prohibitive cost, limited availability of services, inaccessible environments and communication, and inadequate skills and knowledge of health workers, prevent disabled people from accessing appropriate health care" (Morrison, 2020).

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 31 December 2025

Despite raising this issue in our Community Health Plan (Sept 2024) and reporting the lack of data on March 31, 2025, June 30, 2025 and now December 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 31 December 2025

As reported on June 30, 2025, our IMPB had received some 2023/2024 data on the current investment in the Wairarapa District, but we were awaiting specific details for 2024/2025 and now 2025/2026 years. We are therefore unable to compare expenditures and commissioning investments (current and proposed future) at present or to have visibility over 2026/2027 projections.

IMPROVE DATA ACCESS AND ACCURACY

Baseline 2024

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

Update as of 31 December 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 and 4 months to receive September then December 2025 data. 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. In our report of June 2025, we noted that our IMPB was not being involved in decision-making in a meaningful or authentic way. Since Regional leadership has been established our communications and engagement have improved and we are now meeting regularly as a region of IMPBs with the Health NZ local leadership.

Update as of 31 December 2025

Now that we are meeting regularly as IMPBs with the Health NZ leadership team, we look forward to 2026 being a year of "action" to address our priorities and to work collaboratively with Health NZ. Already we are identifying shared priorities to work on.

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

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

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.

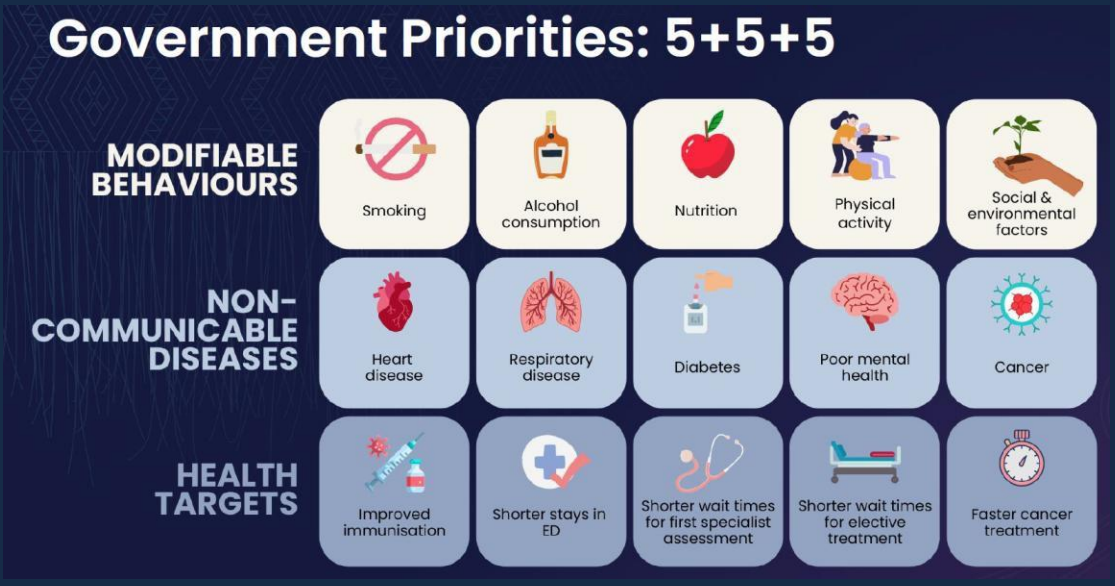
Update as of 30 June 2025

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.

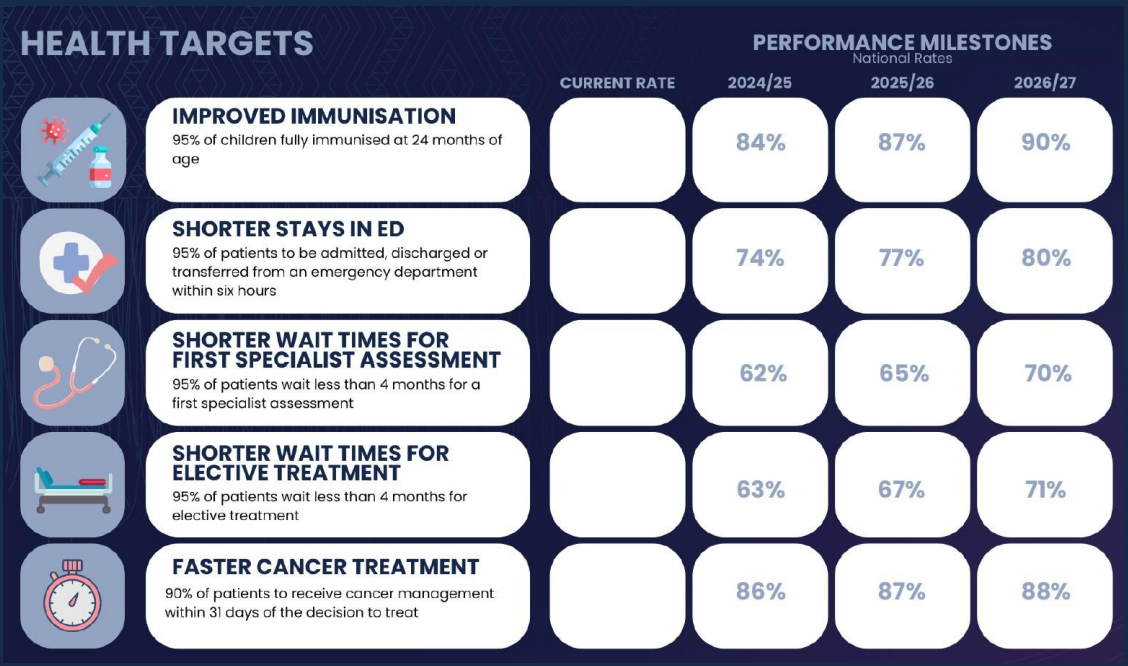
PERFORMANCE OF THE HEALTH SECTOR FOR GOVERNMENT PRIORITIES

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



MODIFIABLE BEHAVIOURS

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

Indicators for the 5 pathologies:

NON-COMMUNICABLE DISEASES

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

WHAT THE DATA SAYS ABOUT GOVERNMENT PRIORITIES

FIVE MODIFIABLE BEHAVIOURS

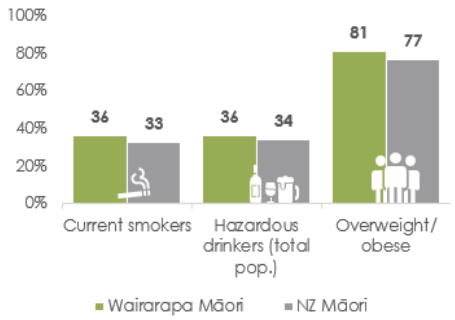
- Smoking
- Alcohol
- Diet
- Exercise
- Social and environmental factors

UNSAFE ALCOHOL USE, DIET, EXERCISE AND SMOKING

Baseline data from 2024

WAIRARAPA & NZ MĀORI RISK FACTORS

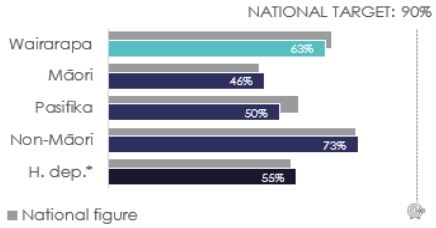
Prevalence of risk factors in the Māori population, 2023[44]



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

SMOKEFREE HOUSEHOLDS

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

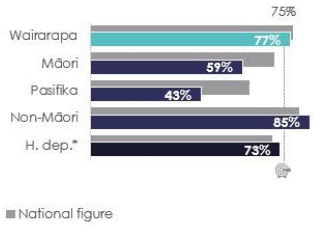


- Benefits of smokefree mothers and homes are well recognised (MOH, 2022).
- If almost two-thirds of babies in Wairarapa lived in a smokefree household at the time of their first WCTO visit, this means that almost a third of babies lived in a household with a tobacco smoker.
- Wairarapa has similar rates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

Data specific to children is as follows:

HEALTHY WEIGHT AT FOUR YEARS

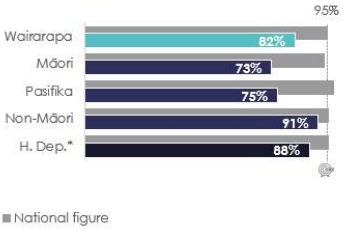
Percentage of children at a healthy weight at four years, Jan-Jun 2022[23]



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

BODY MASS INDEX (BMI)

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

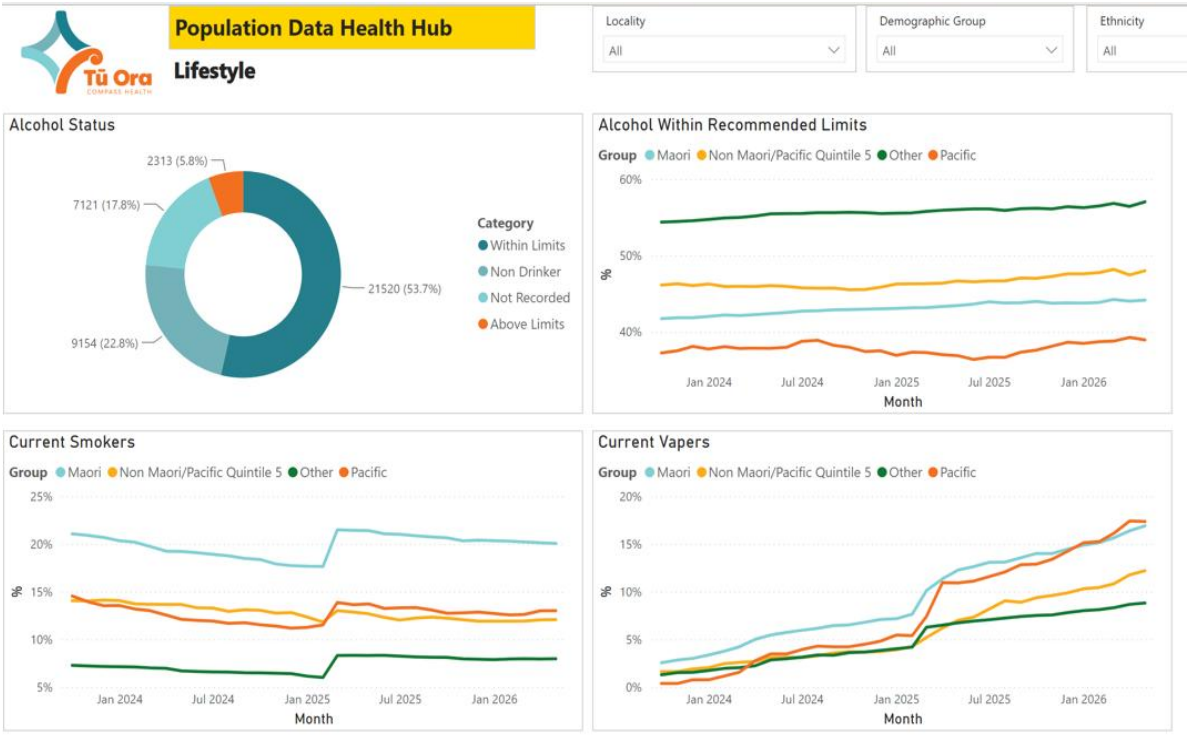


- Referral rates for children with a BMI in the 98th percentile in Wairarapa were lower than national figures and targets.
- 73% of Māori children in this BMI percentile were referred, compared with 75% of Pasifika and 91% of non-Māori.

Smoking and vaping were noted in several health reports as a priority for hauora Māori and reported in our Community Health Plan (Sept 2024). 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 31 December 2025

Our IMPB has still not received any updated data from Health NZ to compare these factors at this time, however some data was provided on lifestyle factors by the PHO as of December 2025. It is noticeable that there is some reduction in Māori smokers but a steady growing increase in the number of Māori who are vapers (although the non-Māori vaping rate is now higher):



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.
- **Access to transport:** Wairarapa has bus and train services to provide access between urban areas, including Wellington. Public transport is the responsibility of the Greater Wellington Regional Council and largely outside the influence of healthcare providers.
- **Environmental factors:** 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 31 December 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**

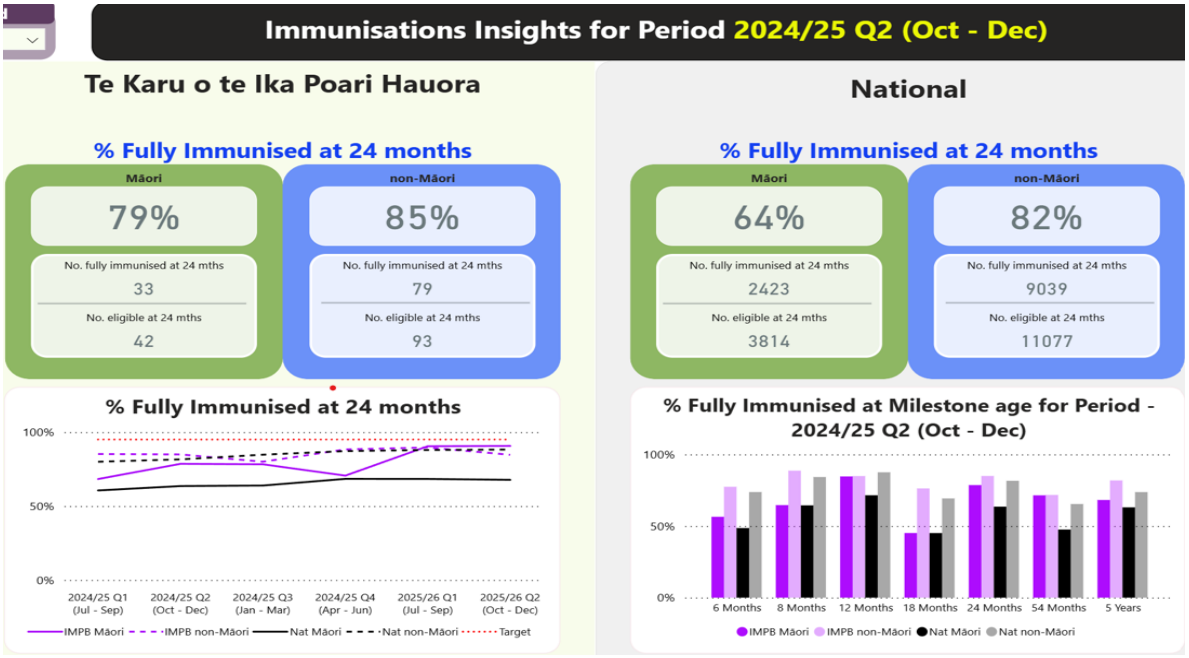
IMMUNISATION RATES

Status from previous quarter

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 (a gap of some 17%). This shows the coverage has dropped in the last quarter when it was 78%.

Status as of 31 December 2025

Data from Health NZ (below) indicates that immunisation rates for tamariki Māori at 24 months were 79%. This is an increase on the previous rate of 71% but there still remains a 14% gap between Māori and non-Māori children who have a coverage rate of 85%. The rate for Wairarapa tamariki Māori is however higher than the national rate for tamariki Māori of 64%.



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.

Update as of 31 December 2025

No data on ASH rates was reported for the Wairarapa District as of December 2025 however the June 2025 data revealed that:

Category	As at June 2025
ASH rates for children 0-4 years per 100,000	Māori = 7,238 European / other = 4,868
ASH rates for adults 45 – 64 years per 100,000	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.

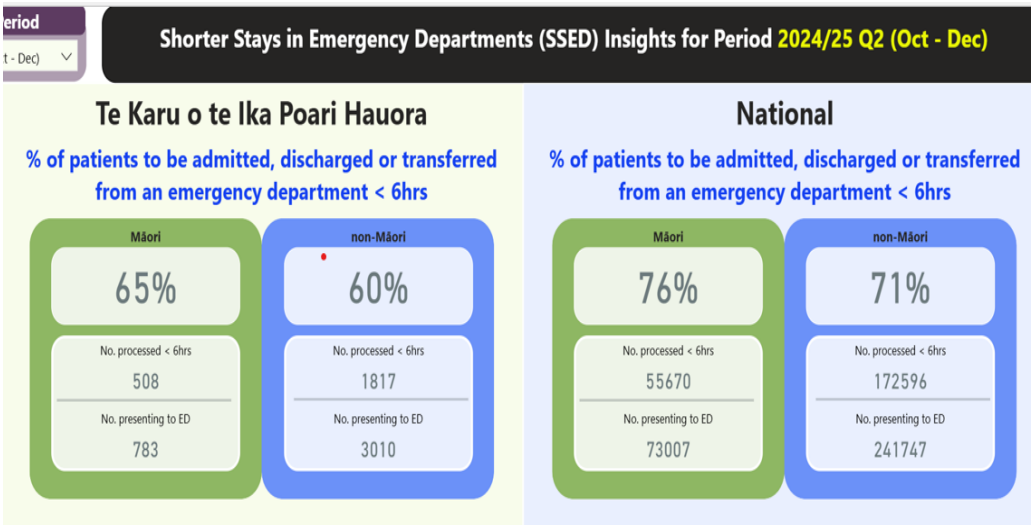
SHORTER WAIT TIMES IN EMERGENCY DEPARTMENTS

Status as of June 2025

Data provided by Health NZ indicated 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%

Status as of 31 December 2025

Data provided by Health NZ below indicates that 65% of Māori patients had a wait-time of less than 6 hours which is a significant improvement on the previous quarter's results, but still far off the national target of 95%:



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

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

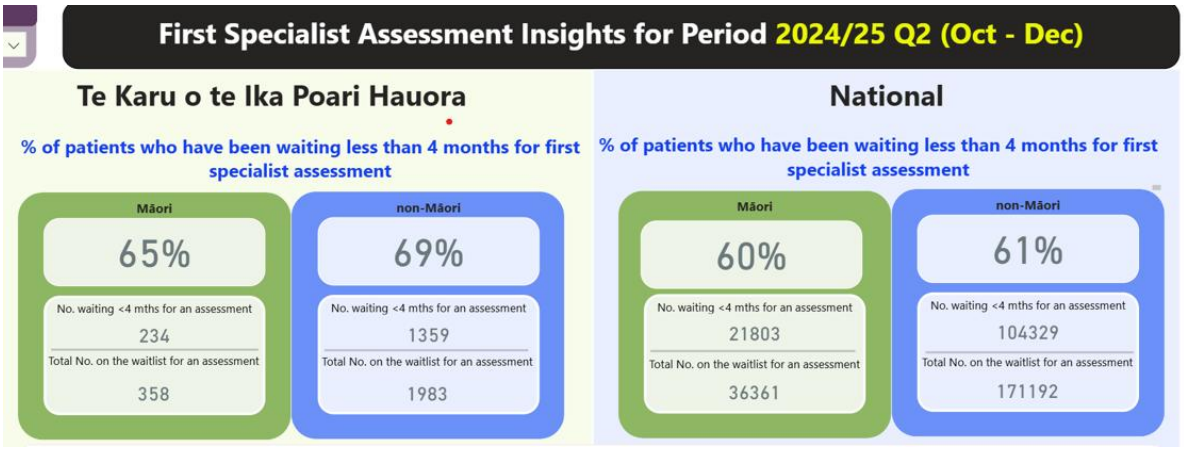
WAIT TIMES FOR FIRST SPECIALIST ASSESSMENTS

Status as of June 2025

Health NZ has a national target that 95% of all patients wait less than 4 months for a First Specialist Appointment. Health NZ reported[3] 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 did not report waiting times for FSAs.

Status as of 31 December 2025

Health NZ again reported missed FSA appointments in their quarterly report to December 2025 and noted that for Wairarapa, 11.7% of Māori missed their appointment compared to 5.5% for European/other. This reveals a continuing major barrier to access for whānau even though rates have improved since the June report. For December 2025 Health NZ did report waiting times and noted that 65% of Māori patients waited less than 4 months for an FSA – compared to 69% of non-Māori. These rates are well beyond the national target of 95%.



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[4]. 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

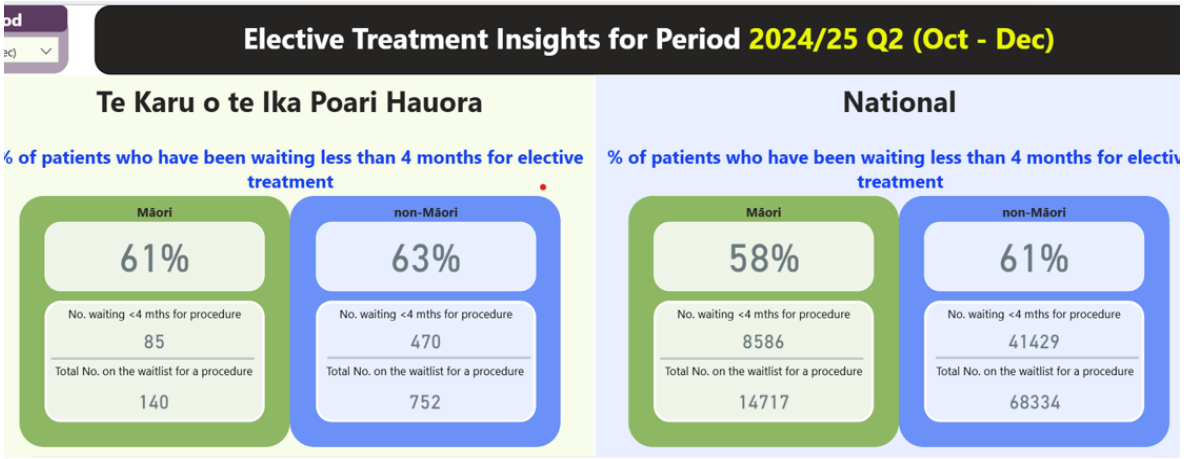
The Māori rate is the highest of all groupings however the national target is 95% - therefore for all ethnicities, the gaps are still significant.

[3] Health NZ Quarterly Performance report – Quarter 4 2024/2025 (accessed via Health NZ website – Pg 18

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

Update as of 31 December 2025

Data from Health NZ below indicates that only 61% of Māori (and 63% of non-Māori) have been waiting less than 4 months for elective treatment. This rate is lower than the previous quarter (75.4%) and shows that performance is declining - not improving. It also reveals a significant gap with the national target of 95%:



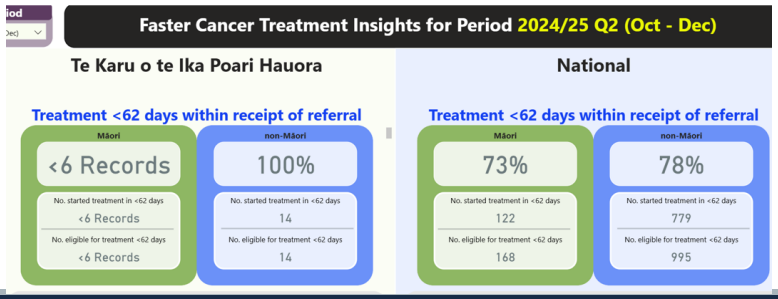
FASTER CANCER TREATMENT

Status as of June 2025

The national target is for 95% of eligible cancer patients to receive their first treatment within 31 days of a health professional's decision to treat. As of June 2025, 92% of Māori patients were treated within the national target time however in the previous quarter the rate was 100%. The Wairarapa district was the 2nd best performing district in the country for this indicator and had achieved excellent results for whānau Māori.

Status as of 31 December 2025

Data from Health NZ below reveals that 100% of Māori patients were treated within 31 days of the decision to treat for cancer. This shows an improvement in performance since the last quarter and an excellent result for whānau Māori:



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

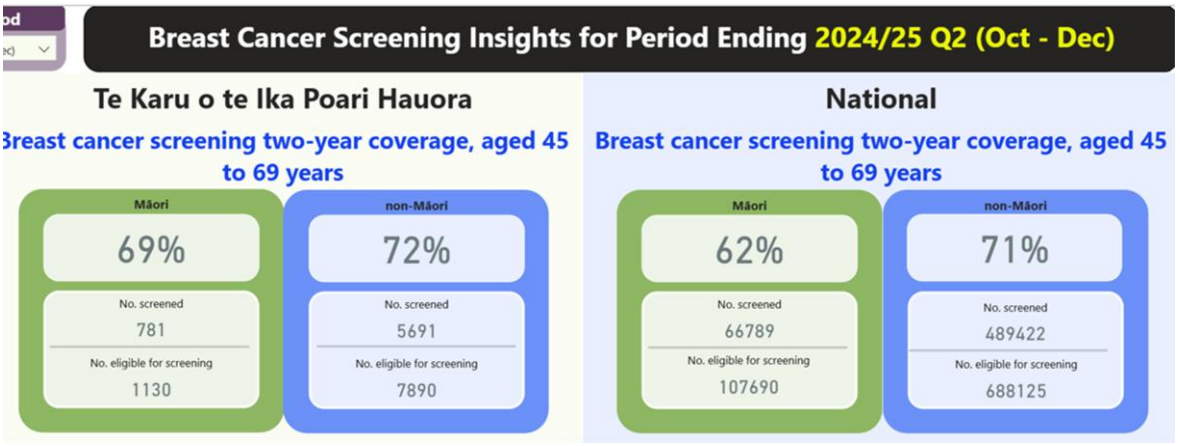
FIVE PATHOLOGIES

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

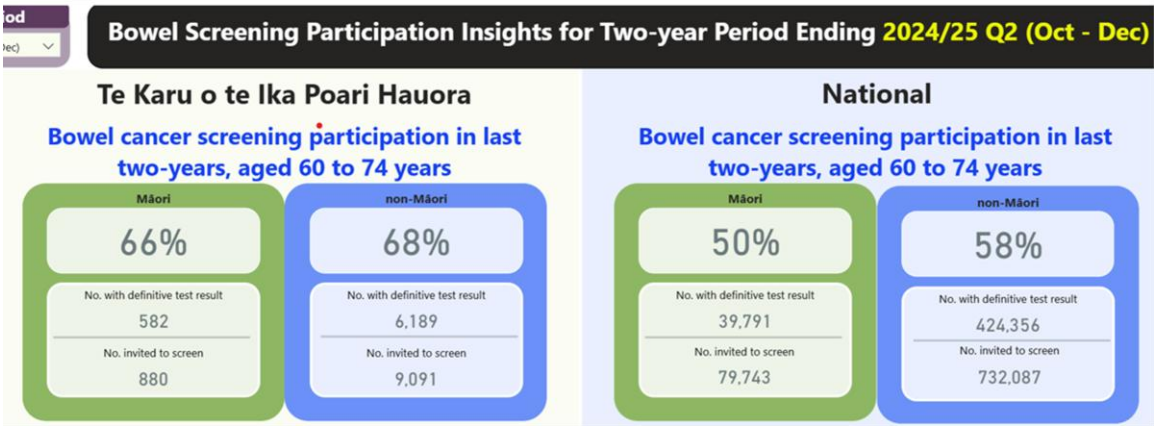
CANCER

Previous and current rate comparisons

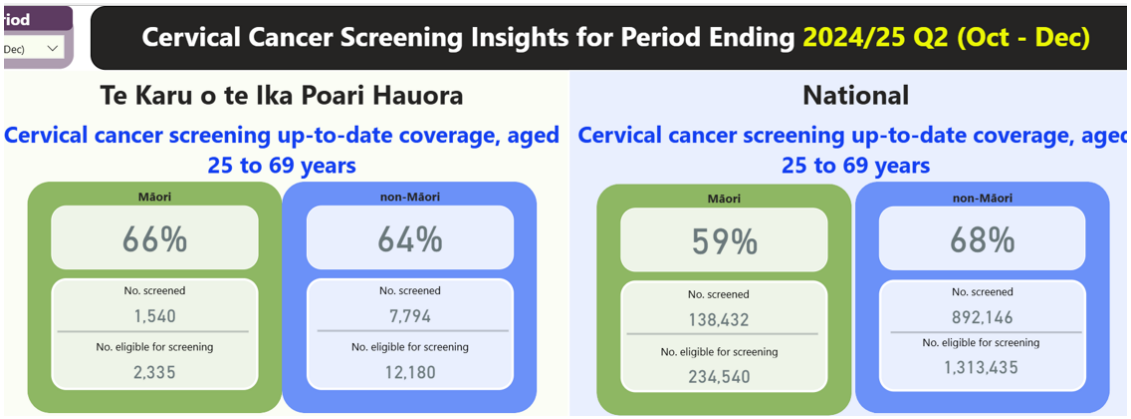
Breast screening rates for wahine Māori were at 67.3% as at March 2025 but increased to 73% which was a positive sign. Health NZ reported rates for Wairarapa were 69% (compared to 72% non-Māori) as of December 2025 so performance has declined:



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 period ending 31 December 2025 – 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 66% from over 1,500 screens in the quarter. While a small improvement it is still far off the national target of 95%:



HEART DISEASE AND CIRCULATORY CONDITIONS

Baseline data from 2024

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 31 December 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).

Baseline data from 2024

Data from the Wairarapa DHB Current state report (2023) revealed the state of asthma and COPD and its significant impact on whānau Māori. The data showed that a higher percentage of asthma sufferers under 25 were Māori (38%). Data also showed that 18% of people with COPD were Māori.

Status as of 31 December 2025

Health NZ has not provided updated data for this period to make any comparisons.

MENTAL HEALTH

Status as of June 2025

Government reported on several mental health targets for its' mental health priorities[7] including:

- **Faster access to primary mental health and addictions services** (target 80% seen within 1 week). No data was reported on waiting 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 (targeted 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.

Update as of 31 December 2025

Government reported on several mental health targets for its' mental health priorities[7] including:

- **Faster access to primary mental health and addictions services** (target 80% seen within 1 week). No data was reported on waiting times however data was provided on the number who had accessed services per 100,000. This showed the Māori rate being the highest with increased access across the board:
    - Māori – 4,814 (increase from last period)
    - Pacific – 4,667 (increase)
    - Asian – 1,577 (increase)
    - Other – 3,349 (increase
- **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 31 December 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 31 December period.

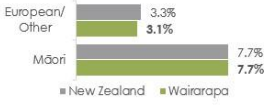
DIABETES

Baseline 2024

DIABETES PREVALENCE IN ADULTS 15+

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

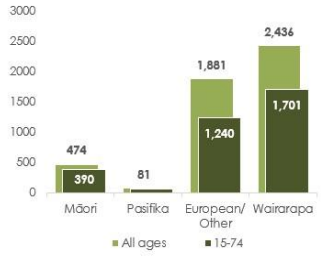
Wairarapa population over 15 years with diabetes by ethnicity, pooled data (age-standardised) 2017-2020[21]



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

ENROLLED DIABETICS BY ETHINCITY

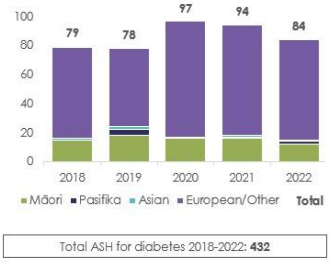
Current diabetics enrolled in Wairarapa by ethnicity, Dec quarter 2022[22]



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

ASH FOR DIABETES BY ETHNICITY

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



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

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

Updates since baseline as of 31 December 2025

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

SUMMARY OF GOVERNMENT PRIORITY PERFORMANCE FOR OUR IMPB ROHE

- **Immunisation rates (target 95%)**: In June 2025, immunisation rates at 24m were only 71% for tamariki Māori which was worse than the non-Māori rate of 88%. As of December 2025, the rate was 79% for Māori compared to 85% for non-Māori, therefore the Māori rate has increased slightly but is still far from the national target of 95%.
- **Shorter stays in ED (less than 6 hours)**: As of June 2025, the Māori rate for shorter stays in ED was 78% and non-Māori rate was 77%. As of December 2025, the Māori rate was 65% in Wairarapa compared to non-Māori at 60%. Both rates are far short of the 95% target and performance has declined since the last report.
- **Wait times for First Specialist Assessments (less than 4m)**: For June 2025, Health NZ did not report wait times but did report missed appointments. FSA appointments not kept by Māori were higher @ 19.1% of patients than for non-Māori @ 5.2%. For December 2025, Health NZ reports FSA missed appointments (Māori 11.7% and non-Māori 5.5%) as well as wait times which were 65% of Māori waiting less than 4m compared to 69% of non-Māori patients. These rates are well below the national target of 95%.
- **Wait times for cancer treatment (31 days from referral)**: For the quarter ending 30 June, 92% of Māori were seen within 31 days and 91% of non-Māori – which were both above the national target but showed worse performance than the previous quarter. As of 31 December 2025, the rates were 100% for Māori so this was an excellent result for whānau Māori.
- **Wait times for elective surgery (less than 4m)**: As of June 2025, only 70% of Māori waited less than 4m. This showed a deterioration in performance compared to the previous quarter. As of December 2025, the rate for Māori was 61% and for non-Māori 63% - both are well below the national target of 95%.

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 70% and is now 66% which shows a decline. 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:** In March 2025 Health NZ reported that Māori exceeded (81.4%) the national target of 80% for faster access (within 1 week) to primary mental health services. No June 2025 or December 2025 data was reported, however utilisation per 100,000 was reported. This showed Māori in Wairarapa to be the highest users of services (4,814 / 100,000).
- **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 period ending 31 December 2025

What the assessment tells us about performance against legislation

Status as of June 2025

Only minor improvements had been made since the previous quarter, but overall performance against the Act was severely lacking when it comes to engagement with and participation in the health system by our IMPB:

PAE ORA ACT COMPLIANCE	OVERALL RATING			
DOMAIN	Not achieved	Partially achieved	Achieved	TOTAL INDICATORS
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**
Totals	**13**	**12**	**3**	**28**
	46%	**46%**	**8%**	**100%**

Status as of December 2025

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

PAE ORA ACT COMPLIANCE	OVERALL RATING			
DOMAIN	Not achieved	Partially achieved	Achieved	TOTAL INDICATORS
Section 6: Tiriti o Waitangi Principles	3	2	3	**8**
Section 7: Health Sector Principles	9	7	0	**16**
Section 15: Supporting IMPBs	2	0	0	**2**
Section 16A: Engagement with Māori	2	0	0	**2**
Totals	**16**	**9**	**3**	**28**
	57%	**32%**	**11%**	**100%**

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. IMPBs as a key stakeholder have been completely de-prioritised in terms of having a productive and ongoing relationship with Health NZ.

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

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

KEY:

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

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
SECTION 6: TIRITI O WAITANGI: In order to provide for the Crown's intention to give effect to the principles of te Tiriti o Waitangi (the Treaty of Waitangi), this Act:			
1	(a) requires the Minister, the Ministry, and all health entities to be guided by the health sector principles, which, among other things, are aimed at improving the health sector for Māori and improving hauora Māori outcomes; and		The overall assessment of how well Health NZ has performed against these provisions demonstrates achievement on the part of the Minister – but significant gaps on the part of Health NZ. *Worsened since June 2025 due to Health NZ ongoing restructuring and changes to IMPB engagement and inclusion in Health NZ activity.*
2	(c) Requires the Minister to establish a permanent committee, the Hauora Māori Advisory Committee, to advise the Minister		The Minister has set up HMAC. HMAC advises the Minister and has given advice on nine priority domains for Hauora Māori. HMAC has not consulted with our IMPB to hear about whānau generated priorities although they may have reviewed our CHP.
3	(d) Requires the Minister to have regard to any advice of the Hauora Māori Advisory Committee when determining a health strategy		HMAC advised the Minister on health priorities and suggested 9 domains which have been shared with IMPBs – initially at the July 2024 national hui in Rotorua.

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
4	(f) Provides for **iwi-Māori partnership boards** to enable Māori to have a **meaningful role** in the planning and design of local services		Overall, our assessment is that there has not been meaningful engagement to date as of December 2025. In fact what started as early engagement with IMPBs in 2024 quickly reduced to minimal engagement and information. The assessment of December 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 in 2026. **Local (Wairarapa)** 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 **Regional (Te Ika Roa)** 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. We understand a new Local Leadership Group is to be formed which may include us, and that the new Planning Funding and Outcomes Manager, Public Health Manager and Hauora Māori Manager will meet with all regional IMPBs in early 2026. **National** <u>Hauora Māori Services - HMS (former Te Aka Whai Ora)</u> 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. We have a very minimal relationship with HMS which is highly disappointing. <u>National Commissioning and Health NZ Service delivery approaches</u> IMPBs do not yet have a meaningful role in national health planning and design of services invested in our areas (e.g. National PHO agreement, national dental commissioning, national aged residential care commissioning) – as the national commissioning team has yet to engage with us on these important agreements which impact services provided in our rohe. Our IMPB does not have a meaningful role in national health planning and design of services invested in our area and services funded and planned for the Wairarapa.

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		*No change to June assessment* 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 – but this has not occurred.
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		*No change to June assessment* 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 **systems in place** for the purpose of engaging with Māori and enabling responses from that engagement to inform the performance of its functions		*No change to June assessment* 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		*No change to June assessment* 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

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
	proportion to their health needs; and (ii) receive equitable levels of service; and (iii) achieve equitable health outcomes:		whānau that we have gathered and reported on in 2024 and 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.
10	(b) the health sector should **engage with Māori**, other population groups, and other people to **develop and deliver services and programmes** that reflect their needs and aspirations, for example, by **engaging with Māori to develop, deliver, and monitor** services and programmes designed to improve hauora Māori outcomes		*No change to June assessment* **Local:** 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. **Regional:** The RIT meetings in Te Ika Roa have not routinely included IMPBs and we have yet to participate in a robust regional leadership collaboration with Health NZ. We understand the new Local Leadership Group will commence meetings with IMPBs in 2026. **National:** Our IMPB has never met with the Health NZ Commissioner or CEO of Health NZ but had met previously with the former CEO. Our relationship with Health NZ has deteriorated in this period.

11	(c)the health sector should provide **opportunities for Māori to exercise decision-making authority** on matters of importance to Māori and for that purpose, have regard to both— (i)the strength or nature of Māori interests in a matter; and (ii)the interests of other health consumers and the Crown in the matter		*No change to June assessment* Our IMPB identifies this requirement as ensuring we have opportunities to "exercise decisions making authority" over matters of importance to us which include the very priorities generated from our whānau voice engagement which are now embedded in the Community Health Plan. An important matter for our IMPB is equitable funding opportunities to both Māori AND mainstream providers. Opportunities made available to mainstream entities should be equally made available to Māori providers and this is currently not the case. This is necessary to ensure coverage for whānau and to ensure capability and capacity building for service delivery by Māori providers. 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 already know the Rongoā providers practicing in Wairarapa. Bringing outside services into our rohe without consultation with manawhenua is unacceptable.
12	(d)the health sector should provide choice of quality services to Māori and other population groups, including by (i) **resourcing services** to meet the needs and aspirations of iwi, hapū, and whānau, and Māori (for example, **kaupapa Māori and whānau-centred services**)		*No change to June assessment* 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 from 2024, 2025 or 2026 and await data for 2026-2027. This will help us to determine whether there is sufficient resourcing to meet the needs and aspirations of iwi, hapū and whānau. Our health needs analyses to date (in our CHP) infers that there is insufficient resourcing since there are extensive inequities across a range of indicators for Māori

13	(d)the health sector should provide choice of quality services to Māori and other population groups, including by 16(ii)providing services that are **culturally safe and culturally responsive** to people's needs		*No change to June assessment* Our IMPB has not received any information to assess this: *a)* 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). *b)* Some providers have to meet national standards such as A&D National Standards, Aged Care Residential Standards, H&D Standards – HEALTH NZ audit reports on the cultural safety and responsiveness of providers should be provided to the IMPB to assess this. Our IMPB would also like to negotiate with 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.
14	(d)the health sector should provide choice of quality services to Māori and other population groups, including by (iii)developing and maintaining a **health workforce** that is representative of the community it serves		*No change to June assessment* 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. Hauora Māori Services: Our IMPB is aware that HMS manages and distributes the Pitomata Scholarships for health professions. Our IMPB has not been consulted on a potential role in allocating scholarships in a manner that addresses our Hauora priorities or helps to bridge gaps in the workforce.
15	d)the health sector should provide choice of quality services to Māori and other population groups, including by (iv) **harnessing clinical leadership, innovation, technology, and lived experience** to continuously improve services, access to services, and health outcomes		*No change to June assessment* Our IMPB is aware that Hauora Māori Services maintains Te Whiri Kaha (Māori Clinical Senate) which was set up originally by the Māori Health Authority, and that this has representation from Māori clinicians in our region. In the restructuring proposal of Hauora Māori Services (Dec 2024), and in the 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.

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
16	(d)the health sector should provide choice of quality services to Māori and other population groups, including by (v) **providing services that are tailored to a person's mental and physical needs and their circumstances and preferences**; and		*No change to June assessment* 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) **providing services that reflect mātauranga Māori**		*No change to June assessment* 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		*No change to June assessment* IMPB views Population Health approaches as addressing social determinants and prevention. Data shows that preventive programmes such as cancer screening, immunisation, health promotion on smoking, vaping, alcohol and drugs ALL show Māori rates worse than non-Māori. The data also shows Māori rates of diabetes, heart disease, respiratory disease and cancer are much higher than non-Māori – and these inequities have persisted over several decades (back to Hauora Report of 1980s). This reveals that population health approaches are not effective for Māori and there should be a disinvestment and reinvestment in Māori-led services which would be more effective.
19	(e) the health sector should protect and promote people's health and wellbeing, including by (ii) **undertaking promotional and preventative measures to protect and improve**		*No change to June assessment* 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

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
	Māori health and wellbeing		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 **improve mental and physical health and diagnose and treat mental and physical health problems equitably**;		*No change to June assessment* Evidence from whānau voice engagements we have undertaken reveals that there are issues. The number of Māori waiting to access a GP, higher Māori admissions to ED and inequities indicate that the system is not providing equitable care and diagnosing / treating mental and physical problems in an equitable way. Māori unrolled whānau is a major issue. Child oral health data shows a far greater proportion of tamariki Māori have dental disease and their experience of this disease is more severe for example.
21	(e) the health sector should protect and promote people's health and wellbeing, including by (iv) **collaborating with agencies and organisations to address the wider determinants of health**; and		*No change to June assessment* Our IMPB does participate in a Regional Government agency forum (facilitated by the Public Service Commissioner). We also meet with Mana Whenua, Marae representation and Councils. There is more to do in this area to ensure health is adequately represented and advocating for collective action to address the social determinants of health.
22	(e) the health sector should protect and promote people's health and wellbeing, including by (v) **undertaking promotional and preventative measures to address the wider determinants of health, including climate change, that adversely affect people's health**.		*No change to June assessment* 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		*No change to June assessment* 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.

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
Section 15: Health New Zealand must support and engage with iwi-Māori partnership boards			
24	Section 15(a)(i): Health New Zealand must— (a) take reasonable steps to support iwi-Māori partnership boards to achieve their purpose in section 29, including by providing— **- administrative, analytical, or financial support where needed**; and		*No change to June assessment* 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 functions. Contracts for funding beyond 30 June 2026 have also not been finalised to provide funding certainty for our operations. We are still waiting for our IMPB contract to be confirmed post 30 June. (one off funding was awarded in 2026 but we have been promised an extension to 2028 but have had no contract. **Local:** Our IMPB Relationship Manager from Health NZ has been a regular communicator with us and has attended local whānau engagement hui. We have support from local Public Health Service staff – but have yet to develop a strong working relationship with Masterton Hospital and other services. **Regional:** 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. **National** HEALTH NZ Hauora Māori service (HMS): - HMS has funded IMPBs to 30 June 2026. We have been informally advised that this will be extended by 4 years in February 2025 but have not received any formal notification or contract extension. This was many months ago. We have no certainty beyond June 2026 which makes recruitment challenging. - The current financial support is insufficient for IMPBs to fully undertake all of their functions - and this has been documented under "resourcing requirements" in our CHP. We have not had any formal response to those resource requirement requests since submitting our CHP. - Hauora Māori Services staff have met with our IMPB on different occasions around our Community Health Plan and provided a letter acknowledging the strengths of our CHP – but more recently wanted additional changes to the CHP, when we have already moved on to implementation of the CHP. - We are unaware of what HMS plan to do with our CHP and how we are able to use our CHP to influence national level investments (both for the Hauora Māori Appropriation as well as other national commissioning). - Our IMPB did receive support from HMS for the establishment of our website development (costs covered). HEALTH NZ National Public Health Service, Workforce, National commissioning and Hospital and Specialist Services These teams have not undertaken any engagement with our IMPB. Our expectation is that locally, regionally and nationally, all of our priorities identified in our Community Health Plan, become priority areas for engagement with us to jointly develop solutions for services in our area.

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
25	Section 15(a) (ii): Health New Zealand must support and engage with iwi-Māori partnership boards by providing **sufficient and timely information**		*No change to June assessment – in fact situation has worsened…* 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. 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. HNZ is still not providing the data we need in a timely manner. We do receive timely data from our PHO through a shared Power Bi file
26	Section 15(b): engage with iwi-Māori partnership boards when **determining priorities for kaupapa Māori investment**.		*No change to June assessment* Health NZ has not engaged with us to determine priorities for kaupapa Māori investments in our area. Our IMPB has already determined its priorities (from 2024 data and whānau engagement) and clearly evidenced and outlined these in our September 2024 Community Health Plan. We do not have any transparency on the 'kaupapa Māori investment' in our rohe for 2024-2025 or beyond in order to determine: a) If there are non-commissioned funds that could be invested in our priorities either this year or next financial year b) which of our priorities could or should be invested in c) where potential disinvestments could occur that would allow reinvestment in our CHP priorities d) what kaupapa Māori investment budget may be available from 1 July 2025 and beyond for our CHP priorities e) what funds may be available for enablers such as workforce development or data capability IMPBs themselves are also recipients of kaupapa Māori investment – but as mentioned above, we have no certainty beyond 30 June 2026, and we are not fully funded for our entire functions as outlined in "resource requirements" in our CHPs.
SECTION 16A ENGAGING WITH AND REPORTING TO MĀORI Health New Zealand must—			
27	(a) have systems in place for the purpose of—		*No change to March assessment (below)*

PERFORMANCE INDICATOR #	PAE ORA ACT 2022 (copied exactly from the legislation)	RATING	IMPB ASSESSED COMMENT / RATIONALE
	(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.		*No change to June assessment* Our IMPB has not received any information or report on how engagement with Māori in the Wairarapa has informed Health NZ's performance.