

18 August 2025

Health Select Committee
Parliament Buildings
Wellington

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Tēnā koe

PREAMBLE:

He Whakaputanga o te Rangatiratanga o Nu Tirenī and Te Tiriti o Waitangi were some of the enabling frameworks, outside of Te Ao Māori, that our tupuna envisioned would support the development of our nationhood as Aotearoa/New Zealand.

This submission is an ongoing part of that continuum to realise and reassert the aspirations of our tupuna to facilitate intergenerational equity whilst recognising and upholding Te Mana me te Mauri o te Taiao and Te Tiriti o Waitangi.

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

1. This response is made on behalf of Te Kahu o Taonui (Te Tai Tokerau Iwi Chairs Forum).
2. Te Kahu o Taonui was established in 2006/07 and is now a collective of Authorities in Te Tai Tokerau namely Ngāti Kuri Trust Board, Te Rūnanga Nui o Te Aupōuri, Te Rūnanga o Te Rarawa, Te Rūnanga o Ngāi Takoto, Te Iwi o Ngāti Kahu Trust, Kahukuraariki Trust / Ngātikahu ki Whangaroa, Te Rūnanga o Whaingaroa, Te Rūnanga-Ā-Iwi-Ō Ngāpuhi, Te Rūnanga o Ngāti Hine, Ngātiwai Trust Board, Te Iwi o Te Roroa and Te Rūnanga o Ngāti Whātua.
3. The aim of Te Kahu o Taonui is to advance the collective aspirations of Te Tai Tokerau iwi and hapū. “*Me mahi tahi tātou mō te iwi te take*”.

Healthy Futures (Pae Ora) Amendment Bill

POSITION:

4. Te Kahu o Taonui is **strongly opposed** to the Healthy Futures (Pae Ora) Amendment Bill (the Bill).

STATEMENT OF KEY MATTERS OF CONCERN:

Te Tiriti o Waitangi / Treaty of Waitangi

5. The Crown has an obligation to make decisions in a way that is consistent with Aotearoa / New Zealand's founding document, Te Tiriti o Waitangi / Treaty of Waitangi.
6. The Treaty of Waitangi established a relationship akin to a partnership and imposed on both Treaty partners an obligation 'to act towards each other reasonably and with the utmost



good faith'. The principle of partnership itself is expressed through the necessary balancing of the concepts of kāwanatanga and tino rangatiratanga and expressed in Articles 1 and 2.¹

7. The Treaty of Waitangi was based on the fundamental exchange of kāwanatanga, the right of the Crown to govern and make laws for the country, in exchange for the right of Māori to exercise tino rangatiratanga over their land, resources, and people. The Crown's right of kāwanatanga is not unfettered. The guarantee of tino rangatiratanga requires the Crown to acknowledge Māori control over their tikanga, resources, and people and to allow Māori to manage their own affairs in a way that aligns with their customs and values.²
8. This partnership therefore means that the Crown should be 'empowering Māori to design and provide health services for Māori'.³
9. The principle of active protection also arises from the Treaty partnership, through the exchange of kāwanatanga and tino rangatiratanga. The principle of active protection includes the Crown's responsibility to actively protect Māori health and wellbeing through the provision of health services. The principle of active protection also requires the Crown to make available to Māori, as citizens, health services that reasonably and adequately attempt to close inequitable gaps in health outcomes with non-Māori.⁴
10. Article 3 of the Treaty confirms that Māori have all the rights and privileges of British subjects, hence Article 3 not only guarantees Māori freedom from discrimination but also obliges the Crown to positively promote equity. The principle of equity is closely linked to the principle of active protection which also means that health services must not only treat their patients equitably but be equitably accessible and equitably funded.⁵
11. The Treaty principles of equity and active protection therefore require the Crown to make every reasonable effort to eliminate barriers to services that may contribute to inequitable health outcomes.⁶
12. The Bill sidesteps the Crown's obligations preferring instead to maintain its earlier amendment to the Act "... to state that the legislation recognises the Crown's responsibility to consider and provide for Māori interests, rather than recognising the Crown's intention to give effect to the Treaty of Waitangi".⁷
13. The Bill undermines the Treaty of Waitangi by deliberately dismantling the Crown's obligations within the health system. The original Pae Ora (Healthy Futures) Act 2022 took historic steps to reflect the Crown's responsibilities under the Treaty and included language around partnership, equity, and shared authority.
14. This Bill removes those clauses, weakens references to the Treaty, and replaces them with vague and discretionary language like "within available resources" or "as far as reasonably practicable" which enables the Crown to intentionally avoid its Treaty responsibilities.
15. Te Kahu o Taonui considers this a fundamental breach to our Te Tiriti / Treaty partnership relationship.

¹ Waitangi Tribunal (2023). Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wai2575: pp27

² Ibid: pp28

³ Ibid: pp29

⁴ Ibid: pp30

⁵ Ibid: pp33

⁶ Ibid: pp35

⁷ Regulatory Impact Statement: Amendments to the Pae Ora (Healthy Futures) Act 2022. Pp6



Relief Sought:

- Reinstate Te Tiriti / Treaty obligations across the Bill
- Restore all references to the Treaty of Waitangi in the purpose clause
- Remove "as far as reasonably practicable" caveats in clauses that enables the Crown to opt out of its Treaty duties; and
- Insert a stand-alone clause affirming the Treaty of Waitangi as the foundational constitutional framework for health governance in Aotearoa / New Zealand.

Te Tiriti o Waitangi settlements⁸

16. Within Te Tai Tokerau seven of our iwi members have negotiated Treaty Settlements with the Crown whereby a range of formal and informal arrangements have been negotiated in response to the Crown's Treaty breaches. In relation to Māori health issues the Crown has acknowledged that:
 - Māori health has been worse than that of many New Zealanders⁹
 - Māori have had little access to adequate healthcare over a prolonged period;¹⁰ and that
 - Māori have experienced a lack of access to reasonable healthcare which has had a detrimental effect on whānau health and wellbeing.¹¹
17. The promotion of an "effective and durable working relationship" with the Minister of Health was one mechanism that sought to provide direct advice on health disparities. However, in response to the government's proposed Amendments, no consultation and/or engagement has occurred with our Treaty Settlement Entities, preferring instead to elevate the role of the Hauora Māori Advisory Committee whilst 'realigning' or minimising the effectiveness of our Iwi-Māori Partnership Board (IMPB).
18. The relegation of IMPBs is a return to a failed model as the Bill reduces their role from strategic decision-makers to mere advisors. This is not an evolution of the system, it is a return to the deeply flawed model of District Health Boards, where Māori advisory groups existed on the periphery, with no power, no resources, and no influence.
19. This model does not work and has failed Māori for decades. Under the Pae Ora (Healthy Futures) Act 2022, IMPBs were intended to co-design services, set priorities, and help commission care.
20. This Bill serves only to entrench Crown control over Māori health and fails to honour the promises of the Treaty of Waitangi. To make it worse, the Bill trades local and regional knowledge and relationships for the elevation of the Hauora Māori Advisory Committee, a group appointed entirely by the Minister of Health, with no accountability to whānau, hapū, or iwi.
21. Te Kahu o Taonui considers this another fundamental breach to our Te Tiriti / Treaty partnership relationship.

⁸ See [Quarterly-report-to-31-Mar-2024.pdf \(tearawhiti.govt.nz\)](https://tearawhiti.govt.nz/quarterly-report-to-31-mar-2024.pdf)

⁹ Te Rarawa Claims Settlement Act (2015)

¹⁰ Ngāti Kuri Claims Settlement Act (2015)

¹¹ Te Aupōuri and the Crown Deed of Settlement of Historical Claims (2012). Pp44



Relief Sought:

- Restore the strategic authority to our Iwi-Māori Partnership Board to ensure that they retain their roles as co-designers and co-commissioners, not merely “advisors”; and
- Legislate collaborative strategic commissioning requirements with Iwi between Te Whatu Ora/Health NZ, and Iwi-Māori.

Māori Health Inequities

22. Current health disparities show that Māori have higher rates than non-Māori for many health conditions and chronic diseases, including cancer, diabetes, cardiovascular disease and asthma. Other key findings include:

- Māori adults were almost twice as likely as non-Māori adults to have experienced any type of racial discrimination
- Māori boys and girls (aged 14-15 years) and Māori adults (aged 15 years and over) had daily vaping rates that were around three times higher than their non-Māori counterparts
- Ischaemic heart disease rates were twice as high for Māori adults compared to non-Māori adults
- Māori females had a lung cancer registration rate over three times that of non-Māori females
- Māori males and females were around one and a half times more likely than non-Māori males and females to have diabetes; and
- Māori aged 5-34 years were more than twice as likely as non-Māori in the same age group to have been hospitalised for asthma.¹²

23. In relation to the above data this Bill will increase Māori health disparities primarily because it is returning to the colonialist philosophy that central government knows what is best for Māori, irrespective of the plethora of evidence and data, and acknowledged by the Crown via various Treaty settlements.

24. Once again, Te Kahu o Taonui considers that this regression is another fundamental breach to our Te Tiriti / Treaty partnership relationship.

CONCLUSION:

25. Te Kahu o Taonui is also deeply concerned on the government’s stance and direction especially in lieu of the wider wellbeing landscape for Māori where government:

- Disestablished Te Aka Whai Ora / Māori Health Authority
- Changed Smokefree legislation
- Repealed s.7AA of the Oranga Tamariki Act and Te Mana o Te Wai obligations; and is
- Reviewing Treaty clauses.

26. In comparison to the Pae Ora (Healthy Futures) Act 2022, this Bill is a structural rollback of the most promising steps toward Treaty-based reform in our health system and as a nation it will take us backwards - constitutionally, morally, and practically.

¹² See <https://www.health.govt.nz/publications/tatau-kahukura-maori-health-chart-book-2024>



27. Te Kahu o Taonui strongly opposes this Bill as it becomes another legislative amendment from this National-led Coalition Government that is marginalising Māori aspirations and wellbeing. These system 'realignments' from our Treaty partner lacks honour and has no mana.
28. Te Kahu o Taonui also notes that because Government is developing reform at pace and has purposefully sought not to engage and consult directly with its Treaty partner, and Treaty settlement partners, (often against the advice of their officials) that utilising the Select Committee as a default mechanism to engage and consult further exacerbates our aggrieved position.
29. This is increasingly worrying when Select Committee democratic processes are at risk when recommendations presented back are not reflective of overwhelming submitter feedback when their concerns are ignored by departmental reports especially when it rejects a political agenda and manifesto that seeks to:
 - Omit the Treaty of Waitangi and its principles; and
 - Breach the Crown's obligations under the Treaty.¹³
30. From Te Kahu o Taonui perspective the above consistently reflects a fundamental breach in the Te Tiriti / Treaty partnership, which is distressing, debilitating, untenable, lacks integrity and is ongoing.
31. Te Kahu o Taonui does not want to be heard on this submission, however, please note that our stance does not usurp the mana of our respective Authorities to engage directly with the Select Committee should they so wish.

Signed:

Katie Murray
Co-Chairperson
Te Kahu o Taonui

Dated: 18 August 2025

Aperahama Edwards
Co-Chairperson
Te Kahu o Taonui

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¹³ See <https://waateanews.com/2025/08/13/98-7-of-submitters-voices-ignored-in-regulatory-standards-bill-recommendations/>