

Submission

18 August 2025

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

Pinnacle Midlands Health Network is a Primary Health Organisation (PHO) supporting 87 general practices across Waikato, Taranaki, Taupō–Turangi, Rotorua, Coromandel and Tairāwhiti. We also work alongside hauora Māori providers across the region, partnering on kaupapa Māori models of care, equity-focused services, and community-led health initiatives. Together with our partners, we serve a population of almost 500,000 people – including more than 101,800 Māori enrolled service users (21.62 per cent). Many of those we serve live in rural, high-deprivation, or otherwise underserved communities.

Our purpose is to enable high-quality, equitable, and sustainable primary care. We work in partnership with general practices, iwi, Māori health providers, community organisations, and government agencies to improve the health and wellbeing of our communities. Health equity is at the heart of our work, guided by Te Tiriti o Waitangi principles and grounded in the reality of what it takes to deliver care to people with the highest needs.

This submission reflects Pinnacle’s direct experience and the needs of the communities we serve in the Te Manawa Taki region.

Our position on the Healthy Futures (Pae Ora) Amendment Bill

Pinnacle does not support the Healthy Futures (Pae Ora) Amendment Bill.

This Bill undermines the foundational equity and Te Tiriti o Waitangi principles embedded in the original Pae Ora (Healthy Futures) Act 2022. It strips away legal responsibilities to address health inequities and dismantles mechanisms designed to improve Māori health outcomes. In doing so, it reverses the progress made under the recommendations of the Wai 2575 Waitangi Tribunal Report and weakens commitments to culturally safe, equitable healthcare for all marginalised communities, including those in rural and underserved areas where access to services is already fragile.

The current Pae Ora Act rightly requires Health New Zealand | Te Whatu Ora to actively address health inequities. This Bill removes that obligation, replacing equity – which means providing the right support and resources so everyone has the same opportunity to thrive – with a misleading notion of equality, meaning treating everyone the same regardless of their starting point. We know this approach fails, because it ignores the realities of disadvantage and the systemic barriers faced by many in our communities. Fairness, doing what is just and right, requires acknowledging that people begin from different places. Equity addresses these differences, ensuring resources and support are distributed to provide equal opportunities. It is a unifying concept that ensures everyone has the chance to thrive.

This Bill is a regressive step at a time when Aotearoa New Zealand needs unity and without further deepening division by removing vital equity measures from law, taking us further from pae ora and from upholding our Te Tiriti o Waitangi obligations.

Why Pinnacle opposes the Bill

1. Removal of equity as a guiding principle

The current Pae Ora Act rightly requires Health New Zealand | Te Whatu Ora to actively address health inequities. This Bill removes that obligation, replacing equity – which means providing the right support and resources so everyone has the same opportunity to thrive – with a misleading notion of equality, meaning treating everyone the same, regardless of starting point.

We know this does not work. In Te Manawa Taki, health outcomes for Māori are consistently and significantly worse than for non-Māori. Treating everyone “the same” will simply lock in those disparities. This is particularly stark in rural areas, where distance, cost, and limited workforce compound inequities. Removing equity as a principle undermines the foundation of a fair health system.

2. Weakening of Māori health leadership and tino rangatiratanga

The Bill downgrades the role of Iwi Māori Partnership Boards (IMPBs) to advisory only, removing their shared decision-making authority. In our region, IMPBs are already making a difference, connecting communities with system-level decisions, ensuring local voices influence national priorities, and advocating for services that work for their people.

IMPBs can do what mainstream organisations and government cannot: bring deep, lived understanding of iwi, hapū, and whānau needs into health system planning and delivery. They provide trusted leadership, hold the health system to account for equity, and ensure investment reaches where it will have the greatest impact. Weakening their role will cut that vital link and set back Māori health improvement.

3. Erosion of culturally safe care

Removing requirements for tikanga, mātauranga Māori, and cultural competence on the Health New Zealand | Te Whatu Ora board is a significant step backwards. At a time when trust and safety in care settings are critical, particularly for Māori, Pasifika, Rainbow, migrant, and Takatāpui whānau, the Bill sends the wrong message.

Culturally safe care is essential to achieving equitable outcomes. Removing these requirements risks eroding trust, deterring engagement with health services, and worsening inequities. Community-based services that build trust through culturally safe and relationship-based care may no longer be prioritised, undoing years of progress.

4. Risk of privatisation and fragmentation of care

The Bill encourages outsourcing healthcare delivery to private providers. While public–private collaboration can have a role in specific circumstances, embedding it as legislative direction risks shifting the health system’s focus from community wellbeing to profit margins. Private providers are not bound by the same equity obligations or accountability to communities as the public system. Increased reliance on them will fragment services, create inconsistency in access and quality, and divert funding away from the public health workforce and long-term investment in prevention.

International evidence shows this approach carries real risks. In England, research published in The Lancet Public Health found that for the general population, every 1% annual increase in NHS outsourcing to the private sector was linked to a 0.38% rise in treatable mortality rates in subsequent years, equating to hundreds of additional deaths.

For Indigenous populations internationally, the impacts of privatisation have been even more severe. In Australia, Aboriginal and Torres Strait Islander health outcomes worsened in areas where public services were replaced by for-profit providers. The 2021 Royal Commission into the country's privatised aged care sector identified systemic neglect and safety failings, with Aboriginal and Torres Strait Islander peoples in rural and remote areas losing local, culturally safe care entirely when for-profit providers withdrew.

In the United States, Native American and Alaska Native communities have experienced loss of culturally safe care, poorer chronic disease management, and avoidable deaths where private contractors have replaced community-led health services. The US health system – heavily privatised overall – delivers some of the worst outcomes in the developed world, with inequities entrenched and care driven by ability to pay. For Indigenous communities, this has meant higher costs, fewer culturally safe services, and lower life expectancy compared to the general population.

For Māori in Aotearoa, the pattern would be no different. Privatisation risks eroding kaupapa Māori and other community-based services, creating service deserts in rural areas, and replacing culturally safe care with generic, profit-driven models that prioritise those who can pay over those who have the greatest need.

5. Undermining te reo Māori

Changing the title from Pae Ora (Healthy Futures) to Healthy Futures (Pae Ora) offers no benefit to health delivery but does diminish the standing of te reo Māori as an official language. It also creates unnecessary cost in amending associated legislation and materials.

Impact on our communities

If passed, this Bill will:

- Reduce access to culturally competent, equity-focused care
- Undermine years of work building trust with Māori, Pasifika, migrant, rural, and underserved populations
- Risk the loss of community-based services designed to address inequities
- Make it harder to attract and retain a workforce committed to equity and cultural safety

We also note a significant data gap. While national figures suggest around 20% of Māori are unenrolled with a primary healthcare provider and higher in rural areas, there is no accurate, publicly available enrolment data for Māori in Te Manawa Taki. This absence is itself an equity issue: without it, we cannot target solutions effectively. Removing equity obligations in a system that already lacks the tools to measure inequity will deepen the problem.

In Te Manawa Taki, only around 60% of Māori tamariki and around 72% of Pasifika tamariki were fully immunised by 24 months as of December 2023, compared to around 81% for European/Other children and around 90% for Asian children – a gap of up to 30 percentage points (Pinnacle: After the pandemic – working together to improve childhood immunisation coverage, December 2023 data). Removing equity as a guiding principle will make it even harder to close these gaps and will weaken the case for investment in targeted, culturally safe services.

Closing statement

The current Pae Ora Act was built through a robust, democratic process with strong Māori engagement and evidence-based commitments to equity. It is far from perfect, but it provides the right foundations to address long-standing inequities in health.

The Amendment Bill dismantles those foundations without evidence, rationale, or mandate. It represents backwards thinking – undoing hard-won progress toward a fair, equitable, and culturally safe health system, and taking us further away from the goal of pae ora for all. For the people of Te Manawa Taki and particularly for Māori, Pasifika, rural, and other underserved communities, that will mean poorer health outcomes, widening gaps, and loss of trust in the system.

Pinnacle urges the Health Committee to reject this Bill and to instead strengthen the equity, partnership, and cultural safety provisions already in place.

Our recommendations

The Healthy Futures (Pae Ora) Amendment Bill takes us further away from where we need to be in terms of health equity.

Given its departure from Te Tiriti o Waitangi obligations, disregard for the Wai 2575 findings, removal of equity as a guiding principle, and dismantling of mechanisms that support Māori health leadership and culturally competent care, this Bill should be abandoned.

If reform is considered in future, it should:

- Retain and strengthen equity as a core principle in health legislation
- Maintain and grow Māori leadership roles such as Iwi Māori Partnership Boards, with shared decision-making authority
- Preserve cultural competence requirements for governance and leadership positions in Te Whatu Ora
- Retain Te Mauri o Rongo | The New Zealand Health Charter to safeguard culturally safe and respectful workplaces
- Prioritise data capability to accurately track and address enrolment gaps, particularly for Māori and other underserved groups
- Ensure a publicly funded and accessible health system remains the foundation of healthcare delivery
- Avoid changes that increase centralisation and politicisation of operational health decisions, such as the proposed provision for the Ministry of Health to attend Te Whatu Ora meetings, which risks undermining independent decision-making and shifting priorities away from community needs.