Healthy Futures (Pae Ora) Amendment Bill

New Zealand Council Of Christian Social Services

August 2025

Tirohanga Whānui | Overview

The New Zealand Council of Christian Social Services (NZCCSS) welcomes the opportunity to provide feedback on the Healthy Futures (Pae Ora) Amendment Bill. We support the Kaupapa to advance the provision of services to improve healthcare but feel that the proposed targets will not make a substantial difference in actual health outcomes. Additionally, the proposed changes to the legalisation risk increasing health inequities faced by Māori, lack adequate consultation and risk breaching the crowns obligation to te Tiriti.

Our main points are:

Item One
The removal of the Health Sector Principles and Charter, including the principles of equitable health outcomes risks significantly worsening health outcomes for Māori and Pacific peoples

Item Two
The removal of Health Sector Principles and Charter risks breaching the crowns obligation to te tiriti o Waitangi.

Item Three
The removal of Iwi Māori Partnership Boards risks worsening inequitable health outcomes for Māori and lacks adequate consultation.

Item Four
The focus on health targets is unlikely to improve health outcomes

Taunakitanga | Recommendations

We raise the following points and recommendations for consideration:

Item One:

The Pae ora (Healthy Futures) Act 2022 was designed to improve health of all New Zealanders with a focus on achieving equity by reducing health disparities for Māori. The proposed removal of equity-focused health outcomes undermines the initial purpose of the Act.

It is well established that Māori and Pacific peoples have lower life expectancy than Pakeha, with Pakeha living on average 7 and 5.9 years longer than Māori and Pacific peoples respectively (Stats NZ, 2025). In 2021 it was calculated that even with the current policies in place Māori males would not reach equitable life expectancy with Pakeha males until 2090 (70 years), with this taking substantially longer (127 years) for Māori females (Keene & Dalton, 2021). The proposed changes will inevitably move equitable life expectancy even further out of reach. The economic burden of these health inequities is huge, with research released in 2022 estimating it costs roughly $863.3 million per year, a large proportion of which consists of indirect costs from years of life lost and lost wages (Reid et al, 2022).

Discrepancies in life expectancies can be explained by significant health inequities. Examples of this include those seen in patients with diabetes. Māori have a prevalence of diabetes 2.17 times greater than non-Māori but even when this is adjusted for the rates of complications like renal failure and lower limb amputation are significantly higher in Māori at 1.7 times and 1.4 times respectively (Ministry of Health, 2024). Similar discrepancies in health outcomes exist for many conditions, with hospitalisations rates from complications much higher in Māori.

Health disparities between Māori and non-Māori are well established and without targets to reduce these, inequitable health outcomes are likely to worsen, costing both communities and the economy.

Recommendation 1: reintroduce the Health Sector Principles and Charter, including the principles of equitable health outcomes with a focus on promoting long term equitable health outcomes.

Item Two:

The crown has an obligation to uphold the principles of te Tiriti, including article 3, ōritetanga which guarantees Māori the right to equity (Waitangi Tribunal, n.d.). The Waitangi Tribunal found in their Health Services and Outcomes Kaupapa Inquiry that the crown is "responsible for ensuring equitable policy outcomes and for the active protection of Māori health and wellbeing" (Waitangi Tribunal, 2023). The proposed removal of the equity-focused health outcomes removes policy that actively promotes equitable health outcomes for Māori and therefore risks breaching the crowns obligation to te tiriti.

Recommendation 2: Co-design policy changes with Māori (including iwi representatives) to ensure that the crown meets their obligation to te tiriti, both for equitable health outcomes for Māori and ensuring tino rangatiratanga

Item Three:

Iwi Māori Partnership Boards (IMPBs) were introduced under the Pae Ora Act in 2022 to ensure that Māori had a direct role in advancing their tino rangatiratanga. IMPBs engage with communities, making sure Māori voices are heard in the design and implementation of healthcare with an aim to ensure equitable health outcomes for Māori (Te Whatu Ora, 2025).

The proposed legislation moves the role of IMPBs to be more passive, only reporting to the Hauora Māori Advisory Committee, with no role in design or delivery of services (Wall, 2025). These changes will result in less Māori representation in design and implementation of healthcare strategies and as a result risk worsening the inequitable health outcomes currently faced by Māori.

There has been a distinct lack of consultation regarding these changes which the government advise is a result of "the speed of the work", with minimal discussions between agencies (Public Service Commission – Health Assurance Unit, 2025) It is unclear why such urgency is needed. Access to equitable health outcomes is part of the crowns obligation to te tiriti and consultation with tangata whenua is a legal obligation when developing policy that directly impacts the interests of Māori. Although proposals have been discussed with the Hauora Māori Health Advisory Committee this does not constitute independent consultation as members of the committee are appointed by the Minister of Health. Co-design of policy with Māori including the existing IMPBs and iwi representatives is needed to ensure that any changes to legislation do not have unintended negative impacts on health outcomes for Māori.

Recommendation 3: Reinstate IMPBs

Item Four:

We strongly support the introduction of initiatives which will improve health outcomes for New Zealanders. However, the targets proposed appear to be a superficial approach to a very complex problem. These targets are likely to make the provision of services appear better without actually improving health outcomes. This is supported by the findings of similar targets under previous governments for example the targets addressing wait times in emergency departments which demonstrated an initial but unsustainable reduction in wait times. After this initial decline, hospital departments were forced to find creative ways to continue to meet these targets, with wait times returning to pre-target levels after 18 months:

> *However, the Shorter Stays in Emergency Departments research also showed that after one or two years, most hospitals were unable to make further process improvements, which was when clinicians and managers started gaming the target.*
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> *As our research, Gaming New Zealand's Emergency Department Target, found they moved patients from the Emergency Departments to short-stay wards, often with the sole intention of not breaching the six-hour wait time.*
>
> *Staff in multiple hospitals falsely recorded the times patients left the Emergency Department with one hospital's management artificially inflating their hospital's reported performance by including patients that were never seen in the Emergency Department in their figures. For Emergency Department patients that really were waiting to be admitted to wards, total waiting times (rather than reported waiting times) crept back up to pre-target levels after the first 18 months of their implementation.* (Tenbensel, 2023)

Additionally, much of these initial improvements were due to increased resourcing including the provision of extra nursing staff (Tenbensel, 2017). In the current climate with continued shortages in nursing staff it is difficult to see how these improvements can be repeated without a substantial increase in funding for this sector (RNZ, 2025).

With the exception of child immunisation rates, other targets which were previously introduced were similarly lacking in effectiveness (Tenbensel, 2023). This is supported by international research which demonstrates that health targets often have minimal benefit to health outcomes (Wismar & Busse, 2002).

While outcomes of these targets may look good on paper, evidence-based research is needed to assess approaches which will have real long-term improvements on health outcomes, including consultation with front-line medical professionals and Māori to ensure that approaches will be effective and culturally appropriate.

Recommendation 4: Co-design policy with frontline medical professionals for advice on effective ways to improve care and consider evidence-based approaches to improve long term health outcomes

Ngā Tohutoro | References

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Ko wai tātou | Who we are

NZCCSS has six foundation members; the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian Support and the Methodist and Salvation Army Churches.

Through this membership, NZCCSS represents over 100 organisations providing a range of social support services across Aotearoa. Our mission is to call forth a just and compassionate society for Aotearoa, through our commitment to our faith and Te Tiriti o Waitangi.

Further details on NZCCSS can be found on our website - www.nzccss.org.nz.

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