

SUBMISSION TO THE HEALTH SELECT COMMITTEE ON THE HEALTHY FUTURES (PAE ORA) AMENDMENT BILL

Date: August 2025

Introduction

Hauora Taiwhenua Rural Health Network is the peak membership body for rural health in Aotearoa New Zealand. We represent a broad coalition of rural health professionals, communities, and organisations committed to improving health outcomes for people living in rural and remote Aotearoa.

We appreciate the opportunity to submit on the Healthy Futures (Pae Ora) Amendment Bill (the Amendment Bill). We acknowledge that while the intent is to improve the health system's responsiveness and efficiency, our focus is on ensuring that any amendments maximise opportunities to positively impact rural, and rural Māori health equity.

Our Principles

Our submission is grounded in three fundamental principles:

1. The Pae Ora (Healthy Futures) Act, and Healthy Futures (Pae Ora) Amendment Bill identify 'rural' as a priority population. This legislated commitment sets the foundation for achieving equitable health outcomes for rural, and rural Māori, and is based on clear evidence of poorer health outcomes - particularly for rural Māori.
2. Te Tiriti o Waitangi is the founding document for this country. Through this mechanism, the Crown has committed to protecting certain rights for Māori that are articulated through the articles of Te Tiriti. This includes protecting the health of Māori as a taonga under Article 2. Courts have established principles that are embodied by Te Tiriti which include the concept of partnership between Crown and Iwi, to enact legislation that ensures equity-focused, culturally responsive planning and service delivery critical to improving health outcomes for rural Māori.
3. Government should consistently apply its Rural Proofing Policy, promoted and administered through the Ministry of Primary Industries (<https://www.mpi.govt.nz/resources-and-forms/registers-and-lists/rural-proofing-guidance-for-policymakers/>), which applies to all policy makers across Government and its agencies. Those drafting the Amendment Bill must apply these rural-proofing principles to ensure that rural health needs are embedded in all levels of health system design, commissioning and delivery.

We have reviewed the current Amendment Bill, utilising the Rural-Proofing principles, to develop the recommendations contained in this submission.

Our Comments and Recommendations:

Our submission identifies clauses within the Amendment Bill that either:

- a) We agree with and recommend are adopted without change; or
- b) We disagree with and would accept with changes that we have submitted; or
- c) We disagree with and recommend should be deleted.

All our comments are written with the express purpose of designing Health legislation that will positively impact the health outcomes of all of New Zealanders, including the 20% that live in rural and remote regions.

Feedback on the proposed changes documented in the Amendment Bill:

1. [Clause 5: Inserting a new purpose, ‘of ensuring that patients get timely access to quality health services.’](#)

Recommendation: Accept with a change to the text to ensure equitable access: suggested new wording would be, ‘of ensuring that patients get timely and equitable access to quality health services.’

2. [Clauses 5, 6, 8, 9, 10 Repeal Section 6, Treaty of Waitangi and Section 7, Health Sector Principles](#)

Comment: Repealing the Treaty of Waitangi Section and the Health Sector Principles removes Governments explicit commitment to equity and Te Tiriti o Waitangi. It weakens the commitment to improving health outcomes for all identified and legislated vulnerable population groups, but most particularly, rural, rural Māori, and rural Māori wāhine.

Recommendation: Reject this change. Reinstate the Treaty of Waitangi Section and the Health Sector Principles.

3. [Clauses 10 and 28 Repeal the Health Charter](#)

Comment: Te Mauri O Rongo - the NZ Health Charter speaks loudly about the principles that all who those who work in our health sector, follow to create, and support culturally safe workplaces. Workplaces that bring these principles to life, attract and retain a workforce that that is supported to care for their patients in the same way. We believe the Charter is vital to the NZ Health System but if it is repealed, the principles within it could be embedded in the Amendment Bill with the addition of a new section 1(f) in the Health Sector Principles, that would be prefaced, ‘the health sector will protect the cultural health and safety of all those who work in, and with the health sector, ’ just as patient rights are protected under section 1 (e) of the current legislation. The content of this new section would include a list of values and principles that capture the current intent of Te Mauri O Rongo.

Recommendation: Either, reject this change; or, if not rejected, accept the repeal of the Health Charter but embed its intent into Health Sector Principles by including a new section 1(f) of the Health Principles that acts to protect the cultural health and safety of all those who work in, and with the health sector, as outlined in the comments above.

4. [Clause 11: Political Neutrality](#)

Comment: Clause 11 inserts a new Section that clarifies the duty of all those employed by, contracted or seconded to, or in governance roles of Health NZ, to meet the requirements for public neutrality as outlined in the Public Service Act 2020. While we understand the reason for

this provision, we believe there should be explicit reference to the fact that this clause does not take precedence to the worker protections under the Protected Disclosures (Protection of Whistleblowers) Act 2022. This would allow employees of Health NZ to speak up if there were serious issues that needed to be elevated for the betterment of the health and safety of the public.

Recommendation: Accept this change with the addition of a Clause 11A (c) that, ‘This Act does not take precedence over the rights of workers under the [Protected Disclosures \(Protection of Whistleblowers\) Act 2022](#).’

5. Clause 12 (3) Governance requirements

Comment: The governance of Health New Zealand must uphold our commitment to Te Tiriti o Waitangi. The simplification of the skills and expertise of the Health NZ Board weakens this commitment. It threatens public confidence that the Board has the knowledge and expertise to lead the organisations commitment to Te Tiriti o Waitangi.

Recommendation: Reject this change.

6. Clause 13 and 14 Infrastructure planning

Comment: These clauses introduce a new objective to provide and plan for quality, cost-effective and financially sustainable infrastructure essential to delivering health services to New Zealanders. We believe there is a risk that infrastructure investment in urban centres is assessed as having greater benefit than investment in smaller rural populations. We believe this clause should have an added requirement that mitigates this risk.

Recommendation: Accept with the addition of a new section 13(f) that states, “The development of business cases for prioritising infrastructure investment must take equity into account and the impact of health outcomes for priority populations.”

7. Clause 14: Private sector collaboration

Comment: While we generally agree with the change to ensure that it is explicit that Health New Zealand is able to engage with Private Health Providers, we are concerned that many private health providers are financially and clinically motivated to focus on urban populations and lower acuity cases. This may compromise vulnerable patients access to these services, and in so doing, negatively impact rural health outcomes. We believe this risk can be mitigated with the addition of an additional sentence after Section 14(1)(k) that reads, “Any collaboration with private healthcare providers must assess the extent to which such collaboration might negatively impact existing healthcare providers and the health equity of priority population groups.”

Recommendation: Accept this change with the addition of the following text to Section 14(1)(k) that reads, “Any collaboration with private healthcare providers must assess the extent to which such collaboration might negatively impact existing healthcare providers and the health equity of priority population groups.”

8. Clauses 14, 15, 16, 17, 18, 19 Partnership with Iwi Māori

Comment: It is unacceptable to us, that the Bill reduces the role of IMPBs to gathering information on local health needs, contribute to the design and delivery of local services and act as advisors to the Hauora Māori Advisory Committee (HMAC), and that Committee's advice to the Board of Health NZ is reduced to being 'taken into consideration'.

We assert that the advice of the HMAC is integral to the governance of our health system. This must be respected and enabled by legislation stating that HMAC has a position on the Board of Health NZ.

Recommendation: Reject the proposed changes. In addition, we believe that there should be a statutory role on the Board of Health NZ for a HMAC member. This would ensure that advice from HMAC would be given full respect and consideration, before decisions are made.

9. Clause 18: Director General attending Board meetings

Comment: Enabling the Director General of Health to attend Board meetings, enhances the Ministry of Health's functions in monitoring and setting policy that will drive effective health commissioning and implementation strategies.

Recommendation: Accept this change.

10. Clause 27: Auditing of NZ Health Plan

Comment: Removing the requirement for the Auditor General to audit the NZ Health Plan removes the independent, and transparent accountability of the Health NZ Board, to the New Zealand population, in its delivery of the Plan.

Recommendation: Reject this change.

11. Clauses 23 and 24: Strategic planning

Comment: We support the requirement for a new NZ Health Plan that includes specific targets, funding details and anticipated revenue / expenditure, to be completed within 24 months of the Bill coming into effect. However, we are concerned that the shift towards performance targets risks sidelining equity and negatively impacting outcomes, particularly if targets are set for the 'total population' rather than based on priority populations. To address this, we propose the requirement for the new NZ Health Plan explicitly states that the Geographic Classification of Health (GCH) methodology is applied to all components.

Recommendation: Accept these changes on the basis that a new section is added that reads Section 47 (1) (d) "ensure that the needs of all subpopulations of New Zealand, as evidenced by the Geographical Classification for Health, are considered in making a new health strategy." And further, that Section 51(a) is changed to read, "contain an assessment of population health needs (including by GCH category).

12. Clause 26 Monitoring and Evaluation

Comment: We welcome changes that will strengthen current arrangements, but these must embed GCH methodology at all levels of health service monitoring and evaluation. Monitoring and evaluation should be firstly outcomes driven and cognitive of the administrative demands on health service providers.

Recommendation: Accept this change. Include a new Section 52 (2) (b) (iii) “that provides health outcome analysis by GCH regions”.

13. Clause 33: Population based strategies

Comment: The requirement for a new Rural Health Strategy within 24 months of the Bill coming into effect is welcomed.

Recommendation: Accept this change.

14. Further Clauses: Consistency of changes

We have not commented on other clauses within the Amendment Act that would need to be changed in order for any of the amendments suggested above to be consistent in a new Act. We leave this to officials to make such changes to other clauses as required.

Conclusion

Hauora Taiwhenua welcomes the Government’s intention that the Healthy Futures (Pae Ora) Amendment Bill affirms its commitment to ensuring our communities have equitable and timely access to quality health services and simplify the legislation to this effect. This must not come at the cost of explicit commitments to health equity for our most vulnerable populations, rural, rural Māori, and rural Māori wāhine.

The recommendations in this submission reinstates the commitment to Te Tiriti o Waitangi and addresses the unacceptable health outcomes faced by rural New Zealanders, especially rural Māori.

Ngā mihi nui,



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