15 August 2025

Committee Secretariat
Health Committee
Parliament Buildings
Wellington

Submission on the Healthy Futures (Pae Ora) Amendment Bill

Te Hiringa Mahara – Mental Health and Wellbeing Commission (the Commission) is making this submission on the Healthy Futures (Pae Ora) Amendment Bill (Bill), in recognition of the role legislation plays in enabling the health system to deliver better and equitable outcomes for people with lived experience of mental distress or addiction.

The Commission was established as an independent Crown entity by the Mental Health and Wellbeing Act 2020, following He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction. Our legislated functions are to:

- assess and report on the mental health and wellbeing of people in New Zealand, and the factors and approaches that affect them
- make recommendations to improve the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing
- monitor mental health and addiction services and to advocate improvements to those services
- promote alignment, collaboration, and communication between entities involved in mental health and wellbeing
- advocate for the collective interests of people who experience mental distress or addiction (or both), and the persons (including family and whānau) who support them.

We have specific obligations to have particular regard to the experience of, and outcomes for Māori when we perform these functions, and to have regard to the cultural, economic, educational, spiritual, societal, environmental, and other factors that affect people's mental health and wellbeing.

It is because of these mandated functions and responsibilities that the Commission is putting forward a submission on this Bill.

In line with our proactive release of information policy, we will publish this submission on our website.

We are concerned the Bill will make it harder to achieve improved mental health and wellbeing outcomes for those with high need

1. The Commission appreciates the aim of improving clarity for effective health service delivery. We are also pleased to see that the health strategies for population groups and the Mental Health and Wellbeing Strategy will give direction to our priorities for mental health and wellbeing. We recognise that a targeted approach to health service delivery can focus effort to much needed areas of improvement, but it can also come at a cost to other critical areas of priority especially for those most in need. Balance is needed: we discuss these areas of concern below.

2. There are several unassessed impacts of the Bill's changes. Elements of the Bill may make it harder to deliver improved mental health and wellbeing outcomes by reducing detail (and therefore clarity) about the expectations for the health sector, reducing accountability, and narrowing the focus of the health sector at the cost of preventative and cross-government efforts.

3. Specifically, we would like to see the Committee reconsider the way the Bill removes the Health Sector Principles, changes accountability to Iwi-Māori Partnership Boards, and introduces targets in legislation.

Health Sector Principles should be retained to set expectations for the health sector to deliver appropriate, accessible services, and preventative measures for improved health

4. Our recent performance monitoring report on the mental health and addiction system[1] highlights six shifts needed to improve the system's performance and deliver improved mental health and wellbeing outcomes. These shifts call for a mental health and addiction system that:
    - Realises the potential of lived and living experience
    - Prioritises effective services for those with highest need
    - Provides effective primary prevention and early interventions
    - Ensures accessible and effective services with improved outcomes
    - Upholds human rights-based practices
    - Is supported by a capable and competent workforce that has capacity
5. These shifts are necessary to deliver the high-quality, effective services that will achieve improved outcomes for people who use them. The current Health Sector Principles (the Principles) provide a legislated mechanism for many of these shifts to be embedded within the health system. The Principles provide detail and clarity

[1] https://www.mhwc.govt.nz/news-and-resources/system-performance-monitoring-report-2025/

about the roles of health services. We consider that the intent of the Bill to clarify roles and refocus purpose could be met without removing the Principles.

Principles that help realise the potential of lived and living experience of mental distress and addiction should be retained

6. The people-centred approach to mental health and addiction recommended by the He Ara Oranga Mental Health Inquiry report[2] called for people with lived experience of mental distress and addiction (LE) in governance, planning, policy, and service development. It emphasised the value of a workforce that understands and reflects the communities it serves, and the important counterbalance that lived experience knowledge provides to the medical focus of clinical services.

7. LE, and peer support roles, are critical to transforming models of care, have been shown to improve hope, outcomes, and quality of life, and are an important part of the solution to wider workforce shortages. We have seen in our previous work that LE leadership has been growing in some areas, and as a result trust and genuine engagement have built and are leading to change[3]. However, progress has been mixed and support for LE roles and leadership is needed.

8. Under the current Pae Ora (Healthy Futures) Act, the Principles define LE and embed LE in the health system. By removing the Principles, the Bill will remove the only mention of LE in the Act. Removal of this expectation in the Bill dilutes health entity regard for LE expertise and place in the health system and services. For example, the Health System Code of Expectations, which is explicitly based on the Principles, outlines how health entities should engage with people with LE, and entities are required to report against these expectations. With the removal of the Principles, that reporting mechanism will no longer need to consider LE, or the other elements we highlight below.

Principles that enable improved mental health and wellbeing outcomes for Māori as a population with highest need should be retained

9. We know from our monitoring that mental health and wellbeing outcomes for Māori are worse across a range of indicators than the wider population. For example, the suicide rate for young Māori is almost double that of the wider population[4]; the prevalence of psychological distress among Māori is more than 50 percent higher than non-Māori[5]; and Māori are more likely to be hospitalised for intentional self-harm and more likely to use substances than non-Māori[6]. Māori die 7 years earlier in

---

[2] https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga

[3] https://www.mhwc.govt.nz/our-work/wellbeing/leadership-as-a-mental-wellbeing-system-enabler-report/

[4] https://tewhatuora.shinyapps.io/suicide-web-tool/

[5] https://minhealthnz.shinyapps.io/nz-health-survey-2023-24-annual-dataexplorer

[6] Theodore et al, New Zealand Medical Journal, vol. 135, no. 1567, 2022.

this country and this has yet to shift. Māori face ongoing very poor mental health outcomes and this Bill dilutes support for Māori wellbeing.

10. The Principles are a key pathway in the current Pae Ora (Healthy Futures) Act describing how the sector should engage with Māori and deliver improved outcomes. To show improvement in mental health and addiction system performance, the six system shifts we outlined above include addressing inequitable need and delivering accessible and effective services for Māori. It is important that the Principles retain a focus on equity, engagement with Māori and providing kaupapa Māori services.

Principles that support work to prevent ill health, including addressing the factors that lead to mental distress, should be retained

11. Beyond accessing services, individual and family or whānau wellbeing is influenced by a range of economic, social, cultural, political and environmental factors or determinants that have a significant and long-term impact on outcomes. As such, it will take more than structural reform, and more than a health system focus, to address persistent and longstanding inequities in mental health outcomes – especially for people with lived experience of mental distress and addiction. We know from our monitoring that people with LE have a much shorter life expectancy than those who do not use services or have mental distress.

12. We are concerned that removing the Principles takes away detail about how prevention will be achieved. Along with the removal of the requirement that the expert advisory committee on public health have knowledge of preventative health and related expertise (cl 32), the removal of the Principles greatly reduces the focus on prevention and effort on the wider determinants of health, when more is needed.

Iwi-Māori Partnership Boards should retain their functions, and Health NZ should continue to work with IMPBs to support local solutions

13. Māori self-determination (tino rangatiratanga) is a particular driver of Māori wellbeing[7] and should be protected. Self-determination, including through the identification of need and the design of services to meet those needs, was supported in the original Pae Ora (Healthy Futures) Act. Iwi-Māori Partnership Boards (IMPBs) provided commissioning toward local solutions that work for Māori, giving effect to a form of self-determination. In addition, to provide services based on need, the current Act supports and requires real engagement, involvement in the

[7] New Zealand Mental Health and Wellbeing Commission, "Te Rau Tira Wellbeing Outcomes Report 2021," 2021; New Zealand Mental Health and Wellbeing Commission, "Te anga putanga toiora: Our wellbeing outcomes framework," 2022.; Te One and Clifford, Frontiers in sociology, vol. 6, 2021.; Cram, MAI Journal, vol. 3, no. 1, 2014; and Lawson-Te Aho and Liu, International Journal of Conflict and Violence, vol. 4, no. 1, 2010.

design and delivery of services, Health NZ staff who understand tikanga and Te Tiriti, and a focus on health equity and choice of services.

14. The Bill removes key mechanisms for Māori engagement in health service design. The Bill removes the mechanism for IMPBs to provide local solutions to health planners, and for HNZ to be accountable to those local bodies. Instead, the Bill replaces those mechanisms with one where local considerations are fed to a national body to advise Minister/Health NZ (cl 18,19). This centralisation of advice is unlikely to support local and targeted solutions and is unlikely to achieve the desired outcomes. Together with the removal of Principles (which give detail for need, involvement, and choice as discussed above), removing accountability to Māori (cl 17), and removing power (including to monitor) from IMPBs (cl 19) – the changes in the Bill reduce the place for Māori engagement in the health sector impacting on effective service delivery which the Bill aims to achieve. These changes should be reconsidered, and the place for IMPBs to continue with engagement, service design and need be retained.

Health targets in legislation should include measures for mental health and addiction services, or risk not achieving improved mental health outcomes

15. As part of our submission on the original Pae Ora (Healthy Futures) Bill in 2021, we noted that '*The issue of mental health is almost invisible within the Bill'* and recommended *'more explicit referencing of mental health'*. Currently, the Mental Health and Wellbeing Strategy is the only mechanism for this – we value that the Bill intends to retain this and the other health strategies.

16. However, with removal of the Principles and introduction of Targets, the Bill will focus health sector activity on a narrower set of specific areas, which do not seek to prevent mental health issues, or improve access to and quality of mental health services (apart, possibly, from access to primary care).

17. We have welcomed the introduction of targets in policy in the past, noting that a focus on access can act as a barometer of the state of the health system. If targets are to be enshrined through the Bill, then they should be expanded to cover a broader range of important areas, including access to mental health and addiction services.

18. Access rates alone do not tell the full picture, though. Therefore, the targets will need to be supported by a wider range of high-level measures across prevention, primary/community and specialist services.

19. In 2024 the Minister for Mental Health announced five mental health and addiction targets which provide expectations for system performance. They focus on faster access to primary and specialist mental health and addiction services, shorter stays in emergency departments, workforce growth, and prevention and early

intervention. These targets align with several of the key shifts required in the mental health system we outline above, and could inform the targets in the Bill.

The Committee should request further analysis of the Bill's impacts from the Ministry of Health

20. There are other elements of the Bill for which it is harder to assess the impacts because the Regulatory Impact Statement (RIS) prepared for the Bill is not relevant to much of the Bill's content. It appears the RIS has been prepared for a Bill that is substantially different to the one being consulted on.

21. The stated purpose of the Bill (as outlined in the RIS) is 'to streamline and clarify legislative provisions supporting a meaningful Māori voice in health decisions'. The RIS does not consider several elements of the Bill, and much of the Bill does not apply to this purpose. For instance:

    - The RIS does not include the changes related to delegation policies, and does not cover why the accountability provided by having Audit NZ look at the Health Plan and its performance has been removed. The RIS does not assess the impacts of these changes.
    - The introduction of Targets is not included in the RIS, so their impacts are not assessed.
    - The RIS describes the removal of the six sub-strategies in health, rather than their reissue within 2 years (as in the current Bill). There was therefore no assessment of the disruption this would cause, with the strategies newly developed, and the Mental Health and Wellbeing Strategy currently in a delayed development as a result.

22. Given the above points, it is hard to agree with the departmental disclosure statement's claim that there no "aspects of the policy to be given effect by this Bill that were not addressed by, or that now vary materially from, the policy options analysed in these regulatory impact statements". We would like to see analysis of the impacts of each part of the Bill provided to the Committee and made publicly available, in order to support decision-making.

Our advice

23. Support for the Bill is likely to note that the Bill does not prevent the implementation of the points we have raised in this submission: setting broader targets, engaging with Māori and people with LE, and preventing poor mental health and wellbeing outcomes.

24. However, this legislation sets the minimum standard expected for health service delivery. If improving access to mental health and addiction services, preventing

poor mental health and wellbeing outcomes, involving people with lived experience, and engaging Māori in the decisions that affect them are important – and we would advocate that they are – then these elements should be reflected in the legislation that the Bill seeks to amend.

25. While the Government, through this Bill, seeks to simplify and clarify expectations on the Health sector, we would like to see some elements of the Bill changed, to support improved mental health and wellbeing outcomes. We advise the Committee should:

    - recommend the Bill retains Health Sector Principles necessary to safeguard Lived Experience community and Māori involvement in planning health services, and to ensure that the health sector collaborates across government to prevent ill-health and sources of mental distress.
    - recommend that functions of IMPBs, and Health NZ's accountability to IMPBs, be retained to ensure that iwi-Māori can better develop local solutions and provision of services that affect them.
    - recommend the approach to Targets be reconsidered – with targets for access to mental health and addiction services included, supported by wider measures related to prevention and service use.
    - request that the Ministry of Health undertake and share analysis of the impacts of each part of the Bill prior to the release of the Committee's report, to support decision-making.

Nāku noa, nā

Dr Ella Cullen (she/her)

Kaiwhakahaere Punaha Toiora Arataki/Mohiotanga | Director – Wellbeing System Leadership & Insights
Te Hiringa Mahara - Mental Health and Wellbeing Commission