IN THE WAITANGI TRIBUNAL
KEI MUA I TE ROOPUU WHAKAMANA I TE TIRITI O WAITANGI

WAI 2575

WAI XXX

KEI RARO I TE MANA O	the Treaty of Waitangi Act 1975
A	
I TE TAKE O	the Health Services and Outcomes Inquiry
A	
I TE TAKE O	a claim filed by **LOUISA WALL** on behalf of the Tuwharetoa Iwi Maaori Partnership Board and Tuwharetoa Maaori (Wai XX)

BRIEF OF EVIDENCE OF DR LUKE ROWE

Dated this 7 day of July 2026

RECEIVED
Waitangi Tribunal
8 Jul 26
Ministry of Justice
WELLINGTON

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INTRODUCTION AND BACKGROUND

1. My name is Luke Rowe, and my tribal affiliations are Ngaati Tuuwharetoa (Ngaati Waewae me Ngaati Kurauia).

2. I am a New Zealand qualified and registered health practitioner. I am a Fellow of the New Zealand College of Clinical Practitioners.

3. I currently work as a Senior Consultant at Te Amokura Consultants.

4. I am a Board Member of the Tuuwharetoa Iwi Maaori Partnership Board (**TIMPB**). I have held this role since October, 2022.

5. I have the following qualifications:

    a) Bachelor of Arts with a double major in Psychology and Maaori studies Te Kunenga ki Pūrehuroa, Massey University

    b) Postgraduate Diploma in Clinical Psychology Te Herenga Waka, Victoria University of Wellington

    c) Master's of Science in Psychology Te Herenga Waka, Victoria University of Wellington and

    d) Doctor of Philosophy (PhD) in Philosophy Te Kunenga ki Pūrehuroa, Massey University focusing on Tane Ora - Maaori men's health in the High Performance context.

6. In this affidavit, I will speak from my 20 years of experience in mental health service delivery, design and implementation, with specific expertise in Maaori health governance and service design, including work alongside Iwi-Maaori Partnership Boards (**IMPBs**).

IWI-MAAORI PARTNERSHIP BOARDS

Timeline of IMPB evolution

7. Early Maaori health advisory structures emerged in the 1990s under the Department of Health, but their impacts varied from region to district health board. They were known in some regions as Maaori Relationship Boards at Hawke's Bay District Health Board (**DHB**) and in others including the MidCentral DHB, as Mana Whenua Hauora Boards. These two versions are essentially the same; founded largely on the voluntary commitment of Maaori leaders within those regions. Within the resources available, the plans of these boards focused on service design but lacked statutory recognition or commissioning authority.

8. The Pae Ora (Healthy Futures) Act 2022 (**the 2022 Act**) marked a transformative shift in the function and legitimacy of IMPBs. IMPBs were granted legal status, and in turn local planning influence, and prospects for monitoring and commissioning authority, far beyond previous advisory-only structures.

9. However, today's Healthy Futures (Pae Ora) Amendment Act 2026 (**the 2026 Act**) represents a significant rollback, eroding the statutory and functional improvements by stripping evaluation powers, severing direct reporting, and centralising decision-making, effectively moving IMPBs towards a consultative model akin to pre-2022 advisory boards, detailed at [7].

ROLE OF IWI-MAAORI PARTNERSHIP BOARDS IN MENTAL HEALTH

10. IMPBs take a holistic view of hauora, meaning that they play an important role, and are attuned to all health conditions. This includes mental health.

11. However, on close examination, the intentions of the 2022 Act better illuminate the role and impacts of IMPBs to mental health, including the planning, accountability and commissioning of mental health services. These include:

    a) **Locality Planning and Design:** IMPBs were meant to co-design locality plans, ensuring mental health services reflect kaupapa Maaori models (e.g. Te Whare Tapa Whaa, Whaanau Ora) and address local needs like suicide prevention and rangatahi wellbeing.

    b) **System Accountability:** IMPBs were tasked with monitoring hauora Maaori outcomes, including mental health equity indicators (access, wait times, coercive practices), and holding Te Whatu Ora (**TWO**) accountable for performance.

    c) **Co-Commissioning Leverage**: Through partnership with Te Aka Whai Ora before its disestablishment, IMPBs had a pathway to influence funding decisions for kaupapa Maaori mental health services and workforce development (e.g., Maaori psychologists).

    d) **Embedding Maaori Models:** IMPBs were intended to require Maaori wellbeing frameworks in contracts and service standards, ensuring cultural safety and whanau-centered care in mental health delivery.

    e) **Whanau Engagement:** IMPBs were designed as the formal, statutory conduit for iwi and hapu voices, ensuring mental health priorities (e.g., suicide prevention, trauma-informed care) are locally determined, not imposed by central agencies.

12. Within the rohe of Tuuwharetoa, how these intentions are realised for TIMPB is through the establishing of three overarching areas in relation to mental health.

These overarching areas demonstrate the value of local voice and decision-making to allow for localised planning, data collection and service design.

13. Firstly, workforce development to deliver more registered mental health nurses, culturally trained Health Improvement Practitioners and psychologists.

14. Secondly, mental health prevalence, access and utilisation data because access to acute care at Taupo Hospital, within the takiwa of TIMPB, remains restricted.

15. Thirdly, district level suicide data. The suicide burden in the takiwa of TIMP remains inequitable high. To the year ending 2024, there were 630 suspected suicides in Aotearoa, a rate of 11 per 100,000 people. In the area of the original Lakes DHB, which covers the takiwa of TIMPB, the rate was 26.4 per 100,000 people. This shows a significant health disparity, and one that TIMPB was committed to addressing through investing in a dashboard, which outlines our priorities, overlayed with the priorities of TWO and the Minister of Health.

THE HEALTHY FUTURES (PAE ORA) AMENDMENT ACT 2026

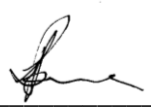
16. TIMPB, alongside the other 14 IMPBs across Aotearoa have set their strategic imperatives against the 2022 Act. These amendments under the 2026 Act compromise our ability to successfully implement these strategic imperatives.

17. IMPBs are the statutory local Maaori governance conduit in the 2022 Act. Therefore, failing to grant IMPBs co-decision-making over mental health services (including psychology inputs and standards) perpetuates the breaches highlighted that the Tribunal has already extensively documented in *Hauora: Report on State One of the Health Services and Outcomes Kaupapa Inquiry* (**Hauora Report**).

18. The loss of IMPBs under the 2026 Act are significant. Also in the *Hauora* Report, structural barriers in psychology training, regulation, and practice, that impede access to culturally safe care and increase exposure to coercive systems (health, courts, corrections, child/youth justice, education) were identified. These failures exacerbate inequities witnessed in suicide and service access data. The NZ Psychological Society collates evidence of barriers to Maaori participation in psychology, which underscore workforce gaps and the need for kaupapa Maaori training pathways. In my view, these are precisely the kind of commissioning and workforce planning functions IMPBs should lead locally.

RECCOMENDATIONS

19. I endorse the recommendations being sought by TIMPB in this claim.



DR LUKE ROWE