

# Iwi Māori partnership boards prepare to bring the ‘fire’

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The power of the whānau voice is yet to be understood, says Hikitia Ropata of Āti Awa Toa Hauora IMPB [Image: Supplied]

## Essentials

- **Iwi Māori partnership boards are gathering insights – the “whānau voice” – to collate community plans prioritising the health needs of their regions.**
- **Different areas face distinct challenges, from cold, damp housing in the Hutt Valley to water quality and pollution in Porirua.**
- **While the boards have developed a strong community engagement programme and data platform, their future is uncertain, with a government review scheduled before their contracts end in June.**

Iwi Māori partnership boards are yet to flex their muscles, says Hikitia Ropata, executive chair of Āti Awa Toa Hauora iwi Māori partnership board.

“Once we start getting our monitoring reports out...it’s going to be fire.”

Speaking this morning at the board’s first annual general meeting, Ms Ropata (Ngāti Toa Rangatira, Ngāti Raukawa, Te Āti Awa, Ngāti Porou) spoke of the power of the whānau voice – the aspirations and needs of the communities within their rohe – and what it is telling them.

“Wouldn’t it be fantastic if we could [use that information to] influence the KPIs of our partner providers and how they respond to our communities,” she says. The

result could mean “getting more people into the community care system, rather than waiting in a queue at hospital”.

Each of the 15 boards is tasked with collecting this whānau voice feedback and using it to collate community plans to prioritise the health needs of each region.

## **No voice the same**

Āti Awa Toa Hauora has found many voices with very different priorities.

Those aged between 30 and 40 years, “our kōhanga kids”, says Ms Ropata, spoke of what the interconnected view of health and wellbeing meant to them.

Elderly kaumātua talked about the difficulty in getting a doctor’s appointment, joining up healthcare services in a single location and accessing support from marae.

Ngarangi Williams (Ngāti Awa), who described herself as whānau of the IMPB and supportive of its kaupapa, spoke of her conversations with tamariki aged 12 years and under about their experience of healthcare: “The descriptive words they used were ‘not safe’.

“I thought that was quite confronting.”

## **Regional concerns**

Regional differences have also become clear. While Māori living in Kāpiti talk of whānau issues, people in the Hutt Valley have highlighted cold, damp housing and the prevalence of respiratory issues.

Pollution and water quality are a concern around Porirua, says Ms Ropata, “and that is a public health issue and a wellbeing issue because our community can’t swim in Porirua Harbour...”

She also referenced the lingering impact of a two-year absence of fluoride in the town water supply: “The impact on babies was significant; the dental issues facing families with five-, six-, seven-year-olds are still significant.

“I guess that interconnection of whenua, wai and whānau – that is the angle we come from. We have to focus on social determinants, welfare and healing...”

## **Untapped resource**

Board member Tane Cassidy (Ngāpuhi) says until now, governments have failed to tap into the whānau voice “because it is the Government that has been asking the questions.

“We have a better chance of fulfilling that obligation because we are closer to our people, but if we can show a way of doing it well, others can pick up that methodology.”

Their community engagement programme is being supplemented by a data platform developed with the Health Quality & Safety Commission, which collates regional data on social determinants of health, such as gambling, alcohol consumption, housing and fast-food availability.

What comes next remains a concern, as iwi Māori partnership boards will be reviewed next April, just before their contracts end in June.

## Financials

Āti Awa Toa Hauora covers four whaitua: Kāpiti, Porirua, Pōneke and Te Awa Kairangi. The board’s audited financial statement shows it received \$500,000 in its first year, followed by a top-up of \$1.6 million last year, and retains unspent reserves of \$1.82 million.

The top-up funding from Te Aka Whai Ora was to boost IMPB capability by helping meet each board’s establishment costs.

The approach taken by Āti Awa Toa Hauora to its establishment, growth, and spending meant many set up costs were not incurred last year, leaving the reserve taken into the current financial year.

After nine months, the executive chair says it is now in implementation mode and ready to make progress on the work programme set out in its [community health plan](#).

The board recently hosted a meeting of all PHOs within its rohe to discuss the potential impact of the Government’s soon-to-be-released “meso” organisations report.

The meeting ended with a Ngāpuhi proverb: “He nui rawa ō mahi kia kore e mahi tonu.”

“We have come too far not to go further. We have done too much not to do more.”