



National
Hauora Coalition

National Hauora Coalition
Annual Report 2017

**Mana Whānau,
Whānau Ora**

Prosperous whānau,
living well



ō mātou tikanga our values

Enhancing and enabling the strengths of whānau to achieve their aspirations.

We believe that whānau who are healthy, engaged, knowledgeable and prosperous are positioned well to succeed, to the benefit of New Zealand.



whānau whakataurangi
keep our word

What we say we are going to do, we do. We build trust & confidence by delivering on our promises to customers, staff and whānau.



whānau whakaaro tika
think like whānau

Whānau well-being is our priority. We succeed when whānau succeed. Whānau defines who we are and what we're about.



whakanuia te whānau
celebrate indigeneity

Indigeneity is woven into the fabric of this organisation, it is a part of who we are. We celebrate and create indigeneity, and we privilege indigenous ways of knowing and being.



mahia kia ea, kia toa
a 'can do' attitude

We are a 'can do', not a 'make do' organisation. We get things done. Our willingness to attempt the impossible will mean we accomplish extraordinary things.




whānau whai hua
outcomes matter

Because the status quo isn't acceptable, and we are intolerant of inequities. We are performance and results focussed, & will prove our contributions make a difference.



whānau auaha
everyone an innovator

We all have the courage to innovate. Our adventurous, creative & open-minded spirit will challenge the status quo to be at the 'cutting edge' of everything we do.



Kā rongo te pō,
I tuia te heke tangata I Hawaiki nui, Hawaiki roa,
Hawaiki pāmāmao.
I hono ki te wairua, ki te whai āo, ki te Ao Mārama.
Whakarongo ki te tangi a te manu nei, te tūī, tūī, tuituia
Tūia i runga
Tūia i raro
Tūia i roto
Tūia I waho
Tūia te muka tangata
Tihei mauriora

Strategic Direction

The vision of NHC is expressed as mana whānau, whānau ora –prosperous whānau living well.

The four strategic themes are:



1. Whānau-centered

- ◇ Creating solutions driven by whānau aspirations and needs
- ◇ Leading disruptive change that puts whānau at the centre to support the growth of resilient self- determining whānau/communities
- ◇ Taking a layered, connected and cross-generational approach to improve whānau outcomes, that engages whānau in their future
- ◇ Taking a more customer-focused approach to create a better customer experience
- ◇ Drawing on the strength of mana whenua to understand whānau/ community need, connecting historical journeys to contemporary Maori worldview

2. Outcomes Focussed

- ◇ Disrupting traditional health and other social service boundaries through indigenous innovation and social enterprise to deliver better outcomes for whānau
- ◇ Influencing and challenging the policy makers and market drivers that frame our operating eco-system
- ◇ Being the catalyst for an outcomes commissioning market that attracts social impact investment
- ◇ Advocating and inventing new social change technologies using scientific and systemic design principles for better results for whānau
- ◇ Innovative, award winning pathways and models of care that make the difference we say they will

3. Evidence Informed

- ◇ Researching world-class evidence-informed practice to inform our programme design
- ◇ Mapping and measuring outcomes to evaluate impact on whānau and communities
- ◇ Designing data collection tools and systems that assure information integrity
- ◇ Applying consistent approaches to outcomes measurement and evaluation
- ◇ Creating value through interpreting and translating whānau data to create knowledge
- ◇ Continuous processes of research and evaluation to prove the return for our investors

4. Systemic

- ◇ Connecting the social factors that enhance mana whānau
- ◇ Understanding and using the all-of-system levers that will have the greatest impact for whānau
- ◇ Building multi-disciplinary approaches to align and connect systems and funding across silos
- ◇ Being a trusted partner to manage system-wide engagement across agencies and providers
- ◇ Collaborating with providers to deliver regional and national outcomes
- ◇ Attracting investors and funders by saying what we will do, and doing what we say

Impact on Whānau

July 2016 - June 2017

6,039

Child Health Assessments



1,339

Newborn Pepi pre-enrolled
in NHC 2016-17



96%

8 Month old Pepi in our
Network Immunised



96%

Tamariki treated within 48 hours of
Group A Strep identified



336

Families received 1198
interventions improving the warmth
and safety of their homes



9,697

Patients brought into our network by
Whanganui providers and Whanau Ora
clinics in South Auckland



12,170

Tamariki treated for Group A
Strep sore throats



29,084

Cervical Screening Tests
for wāhine



**SCHOOL
ATTENDANCE**

Has improved as
reported by Principals



64

Families supported into
improved housing



Ngā kupu rārangi

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National
Hauora Coalition



Chairperson's foreword



Matt Sword – Chair

LLB (Barrister and Solicitor of the High Court of New Zealand) Muaupoko

It is with pleasure that I present the National Hauora Coalition Annual Report for 2016/17. It has been a dynamic and adaptive year of change for the NHC.

Our core business and dedication to increasing equitable outcomes via our primary health service has remained strong, as can be seen in our outcomes achievements.

Working at a structural level, we have been focused on the equity of funding and potential system review and revision.

Internally, we have reoriented our approach to addressing the broader social determinants of health, via a social innovation platform, with some flagship initiatives funded under a social investment approach.

Over this past year a significant amount of work has been undertaken to streamline our internal operating systems and maximise the leverage of our combined Board wisdom to tackle some of the challenges faced by the many whānau and communities we serve.

I would like to acknowledge the support and contribution of our Board and Shareholders to the vision of achieving Mana Whānau.

I wish to also acknowledge the work and commitment of our Chief Executive Officer, Executive and Operations Leadership teams and all staff for their enthusiasm and efforts to deliver on our bold strategy.

Chief Executive's foreword



Simon Royal - Chief Executive

BA (Hons) Public Administration and Political Science
Ngāti Raukawa, Ngāpuhi, Parehauraki, Te Whānau o Haunui

Te amorangi ki mua, te hapai o ki muri.

Mana whānau, whānau ora is a bold and ambitious strategy for the advancement of Māori whānau and New Zealand Aotearoa. As an organisation committed to social improvement in the lives of those that are often socially underserved we often find ourselves working in a challenging climate and success requires constant agility and adaptation. The last year has been busy, at times demanding and in a constant state of flux, with not only significant government sector changes mooted, but the ebb and flow of Crown/Māori relations and the evolving mood and aspirations of Māori. This is in regard to matters as diverse as ownership/management of natural resources (water) to health and social inequities; suicide and mental health, and the treatment of Māori children in state care, treatment of Māori in prisons; and the future Māori business and economy.

In 2017, the Waitangi Tribunal will begin the process of hearing the Health Services Kaupapa Inquiry (Wai 2575). The National Hauora Coalition will be giving evidence to support the idea that

it is time to review the major functions and structures of government to ascertain if there is a better system to improve outcomes and address health and social inequity. That system must have a greater degree of Māori involvement in all facets of health and social service commissioning and service delivery.

In the meantime, we are continuing to develop the NHC as a capable Māori Social Enterprise; building our internal capability and capacity to design and implement sustainable, replicable and scalable models of care. As we rise to this challenge we must ensure to embrace and practice mana whānau.

I would like to acknowledge the hard work and dedication of NHC staff and Governors. I am privileged as a Chief Executive to be surrounded by committed people, who are driven by our values and a deep seated desire to support whānau prosperity. I trust you find the contents of this report and its unqualified audited opinion useful as a guide, capturing our annual achievements as we continue on this remarkable journey.



Primary Health Services



Our Primary Health Services (PHS) are comprised of 34 general practices, across five District Health Boards, which engage with more than 130,000 enrolled patients. Ninety per cent of these practices are Very Low-Cost Access (VLCA) practices¹.

Our Primary Health Services are supported by a wide range of innovative programmes, including the Mōhio information platform and a suite of fully funded services available to providers and their patients.

What have we achieved?

- ◇ An increase in PHO enrolment from 130,722 to 138,249 in the 2016/17 year. Whanganui DHB providers joined the NHC in October 2016, bringing 7827 patients, followed by the Network of Whānau Ora clinics who joined in June 2017, bringing 1870 enrolled patients with them.
- ◇ The NHC was one of five pilot PHOs to be surveyed as part of the Patient Experience Survey, with 12 NHC PHO practices taking part. The majority of people surveyed reported a positive experience, with findings highlighting definitive access improvements for whānau. The survey was run by the Health and Safety Commission, an independent body that reports directly to the Ministry of Health.
- ◇ The NHC network completed 29,084 cervical screening assessments. We were the only PHO to achieve the cervical screening target in the South Auckland region.
- ◇ The NHC ranked fourth nationally for the eight-month immunisation target, our highest ranking to-date, and making us the top PHO within the DHB areas that we operate within. The NHC was also twelfth for providing support for smokers to quit.
- ◇ The NHC launched a gout management improvement project (Oranga Rongoā) with the Papakura Marae Health Clinic. This pilot is one of three successful initiatives supported by the Health Quality & Safety Commission to address the inequitable proportion of Māori and Pacific whānau affected by gout.

Impact on Whānau

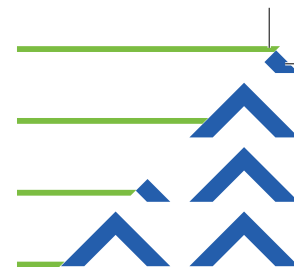
On time immunisation

Exceeding the 95% immunisation target contributed to a reduction in immunisation preventable diseases. Improving 'on time' immunisations at 8 months started with 'on time' vaccination at 5 months. The PHS team worked closely with practices that had high numbers of babies to immunise and offered additional support such as after-hours immunisation clinics and transport if needed, to increase whānau accessibility to this service.

Cervical screening

Primary Health Services engaged with wāhine in a variety of ways, endeavouring to meet and connect with people in the community. Local marae in Manurewa and Papakura held Whānau Ora open days; 'Mana Wāhine', encouraging women to participate in screening. The PHS team also facilitated targeted promotions to provide additional value for whānau, including the creation of pamper packs and operation of after-hours clinics, and offered free cervical screening training to practice nurses.

1. Very Low Cost Access practices are providers with more than 50% high needs population (defined as Māori, Pacific or New Zealand Deprivation Index (NZDep) quintile 5) that maintain their fee thresholds at lower levels to cater to those patients who can least afford primary health care.



Better help to quit

PHS offered several different methods for whānau to receive quitting information, through a temporary call centre and development of an app. The call centre approach worked well, with a broad ethnic range of callers helping to create connections for whānau seeking help. Both Māori and Asian call makers reassured members of the community when chatting to them about giving up smoking.

The app linked whānau members together, helping to connect people who don't engage with healthcare professionals very often.

What does this mean for whānau?

The NHC seeks to rectify equity issues in health to ensure that all whānau members are accessing the social and medical help they need to live full lives. The PHS play a vital role in achieving this equity by providing the preventative care needed to free people from debilitating illness or chronic poor health.

Flexible Funding Pool (FFP)

NHC engaged Julian King & Associates Limited to undertake an evaluation of the FFP programme. Evaluation findings indicated that the FFP initiative has improved over time and continues to be an effective and valued programme, reducing barriers to access for our providers' priority groups.

Evaluation data indicated the FFP programme enhances quality clinical care, with improvements in clinical guideline adherence (including more

"I have done audits around diabetes, and **we have clinically improved our diabetes population.** I have been allowed to spend time with patients, whereas we didn't have that before. We're seeing less acute presentations now too I think... this might be because **people's health is better managed**" (Nurse/ Practice Manager)

consistent adherence), patient engagement and enhanced nurse roles.

"It **definitively improves access** – and definitively allows you to get people in more often, to follow up the next day, which should reduce hospitalisation. It allows us to manage more chronic conditions, I think, more easily." (GP)

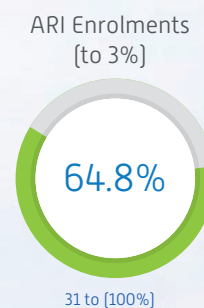
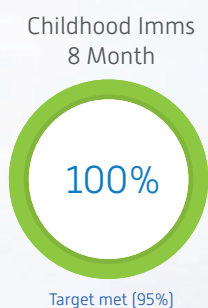
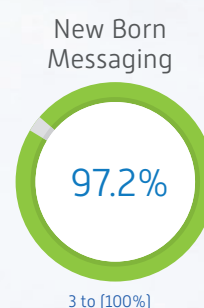
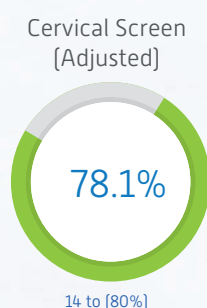
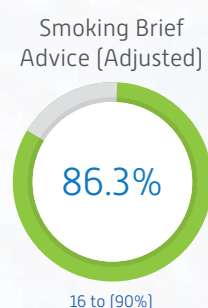
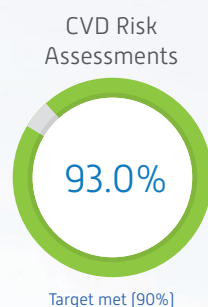
The FFP programme reduces access barriers and uptake of care for whānau, by enabling practices to offer services at a reduced cost, or free of charge. Utilisation of eligible patients (Māori, Pacific, and/or NZDep quintile 4-5) is increasing, with the number of FFP claims averaging around 10,260 per quarter.

"I like how the funding is available across the whole suite of services, instead of separate areas. Now you can **use the funding for whatever your population needs.**" (Practice Manager)

Provider satisfaction with the FFP was found to be high, with feedback noting improvements in funding flexibility and equity (by extending the 'high needs' definition to include quintile 4 patients in addition to quintile 5). Providers were particularly satisfied with NHC staff and support, and the FFP programme's suite of services and processes.

2. The FFP programme was established in 2013 as a new approach to primary health care funding allocation, and reducing inequities among high needs populations. The funding pool is allocated to practices in three streams: performance bonus payments, quality payments (for quality improvement and accreditation) and flexible fund payments, which allow practices to allocate funds as required, to meet the needs of their target population. - NZMJ 8 January 2016, Vol 129 No 142.

PHS Performance



Mōhio Services



Mōhio is real-time web-based software designed to assist healthcare professionals within general practice by integrating patient information from various service providers and funders. It also acts as a prompt for GPs, alerting them to services a patient may benefit from (for example advice on how to quit smoking). This modular system continues to grow and is now used in all NHC PHS as well as an additional PHO.

What have we achieved?

- ◇ Auckland PHO purchased licences to Mōhio in July 2016 and is now using it across all 26 of their practices.
- ◇ Increased utilisation of Mōhio by existing customers has seen the group reach increase to 99,910 unique patients accessed in the month of June 2017.
- ◇ MōhioExpress now has a video conferencing ability for general practices to join PHO conferences directly from their desktop.
- ◇ A message board function has been added to simplify communications between NHC and practice staff.
- ◇ Upgrades to Mōhio now support rapid deployment of necessary assessment forms in a tablet-friendly format.
- ◇ A comprehensive solution for gout management was developed, including patient prompts, decision support web based forms and real-time reporting.
- ◇ Our first mobile app was released for providers and NHC staff to manage the recall of patients for key activity such as cervical screening and assistance to stop smoking.



RocketM is our data collection and integration engine that will allow remote collection and querying of any data source. It is:

- ◇ Focused on individual client/patient data in 'real time'
- ◇ It is accessible via a secure centralised web interface at the NHC
- ◇ Imports data from District Health Boards and Ministry of Health data bases such as National Immunisation Register (NIR) for accurate data on childhood immunisations.

How has it driven performance?

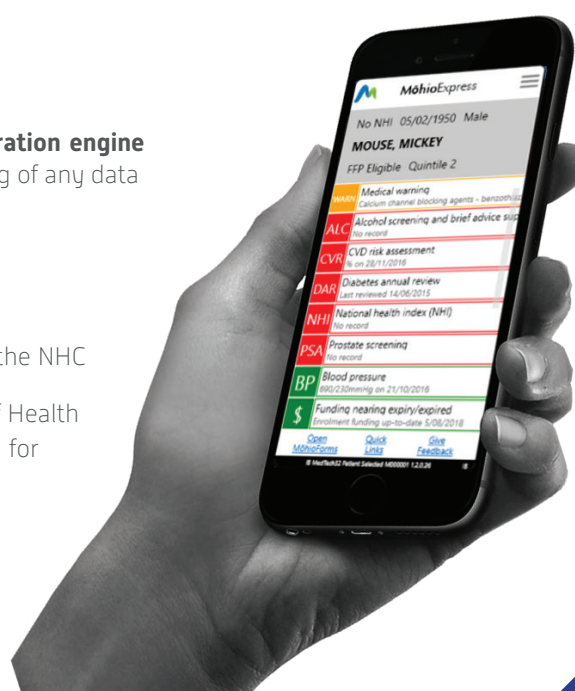
Mōhio focuses general practice and other primary health care teams on relevant and real-time data, allowing clinicians to attend to priority issues. This can include patient prompts, reminders, patient lists and other key information required to drive performance.

What does this mean for whānau?

Mōhio has been developed from the ground up to support Māori, Pacific and other high needs whānau. Within all of our Mōhio products, accurate recording of baseline data such as ethnicity is checked at all levels. All reporting from Mōhio can be broken down into ethnic groups to ensure that inequalities can be identified, managed and improved.

Looking ahead

Mōhio is continually evolving and thinking of the future. In the 2017/18 year we will be focused on direct whānau engagement with the intended launch of the "patient portal" mobile app. This will give whānau access to key health information on their mobiles, allowing them more control over their care.



Outcomes Services



Mana Kidz

Mana Kidz is a nurse-led, school-based health programme reaching tamariki in primary and intermediate schools in South Auckland. It provides primary care services to more than 34,000 children across 88 primary and intermediate schools. Of the tamariki eligible for the programme, 96% are consented into the programme. In late 2016, the programme was extended to all decile 1-3 schools in South Auckland with the implementation of a slightly scaled back model to an additional 27 primary and intermediate schools.

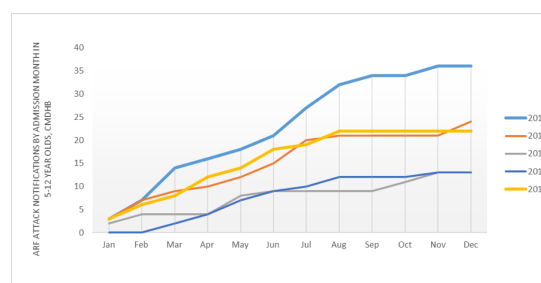
The NHC leads a network of primary care and community health providers to deliver the programme providing key support in programme development, network coordination, communications activity, clinical oversight/best practice, standardised tools and processes, quality improvement initiatives, and workforce development.

What have we achieved?

- ◇ 6,039 child health activities across the programme including ear health assessments, vision assessments, nutrition and healthy lifestyle assessment, oral health, head lice treatments and support for chronic conditions such as asthma and diabetes.
- ◇ 12,170 tamariki treated for Group A Strep positive sore throats.
- ◇ 10,113 skin condition assessments. This included a large number of impetigo and eczema which require on-going management and treatment through the school clinics.
- ◇ An evaluation of the Mana Kidz programme was published in the New Zealand Medical Journal and noted key programme successes including:
 - 96% of tamariki being treated within 48 hours after seeing a nurse.
 - Parents and teachers reporting improved attendance at school.

- 40 % reduction in Acute Rheumatic Fever admissions for 5 - 12 years olds in South Auckland since the Mana Kidz programme started, as shown in the graph below.

Acute Rheumatic Fever Attack Notifications by Admission Month in 5-12 Year Olds, CMDHB.



What does this mean for whānau?

This programme increased access to primary care for tamariki, through daily school based health services and enabled access to other community services to support health and social wellbeing. There has been a reduction in preventable diseases such as acute rheumatic fever since the programme started in 2013. Health teams work with tamariki and whānau directly to improve health literacy and provide whole school health promotion at events such as school assemblies.

Impact on whānau

Jackson had severe infected eczema - he had previously been hospitalised for this condition. Jackson was living in emergency housing, and his mum, Marama was struggling to manage his condition. Marama herself had had some awful experiences with the health system – she had little trust in health services, and was unaware of the services available to support her and Jackson. The Mana Kidz nurse had several home visits with Jackson and Marama, building a connection with them. Together, they created a care plan for managing eczema, and Jackson has not been in hospital again. Our nurse also helped Marama apply for housing assistance and they now have a home.

Mana Taimahi

Mana Taimahi recognises the positive effect employment has on whānau. Mana Taimahi started out as a 'proof of concept' pilot developed by NHC and the Ministry of Social Development (MSD). It looks at how and why GPs administer work capacity medical certificates, and promotes the idea that returning to manageable work benefits the individual, the wider whānau and community providers. Mana Taimahi is running in two West Auckland practices and continues to connect with new clients who are benefitting from tailored work-focused conversations with their doctor.

What have we achieved?

- ◇ 103 clients engaged in the programme, with more than 140 employment focused conversations being completed.
- ◇ Changing beliefs and attitudes of practitioners and patients.
- ◇ Promoting patients' understanding of the importance of being active.
- ◇ Shifted the focus of practitioners to functional recovery.

What does this mean for whānau?

This initiative provides whānau with the ability to return to work, or stay in work with appropriate support from their employer. It is understood that people in work are healthier and have better long-term outcomes compared to those who are unemployed.

Preliminary data suggests that clients feel work-focused conversations and intensive support is of benefit to them, and that the process does not deny them access to the income support they are entitled to. The NHC is currently expanding the proof of concept to a prototype project. The prototype will be extended to deliver the service to two additional West Auckland practices and 3 Whanganui practices in 2018.



Auckland Wide Housing Initiative (AWHI)

The National Hauora Coalition provides the AWHI programme, which works to improve the housing conditions for whānau in the Tāmaki Makaurau area. AWHI is one of eight Healthy Housing Initiatives (HHIs) across Aotearoa that operate similar services. The programme connects whānau to local services and organisations to create healthy, warm and dry homes that give their tamariki the best start in life. The programme also works with whānau to develop housing literacy, ensuring they have the skills and knowledge to take control of their own housing needs.

A minor repair service (MRS) was established this year to assist whānau in private rentals, or low-income home ownership with minor home repairs. This service (run by Habitat for Humanity and funded by the NHC) includes tenant advice, draught stopping kits, mould kits, minor plumbing, and installation of curtains, along with other smaller services.

What have we achieved?

- ◇ 336 families received 1,198 housing interventions, including the fitting of insulation and carpet, minor house repairs, provision of thermal curtains, dehumidifiers and heaters, and financial assistance through WINZ.
- ◇ 64 families were relocated into warmer, safer homes through AWHI and the Ministry of Social Development social housing application process.
- ◇ 556 tamariki were identified for housing assistance referrals by 220 AWHI referrers.
- ◇ 48 AWHI families were able to move out of social housing and into private rental or home ownership.

What does this mean for whānau?

Many common illnesses are caused by poorly ventilated, cold and overcrowded homes, with children particularly affected. AWHI's interventions enable whānau to take simple proactive steps to improve the conditions in the family home.

Auckland Wide Housing Initiative Insights

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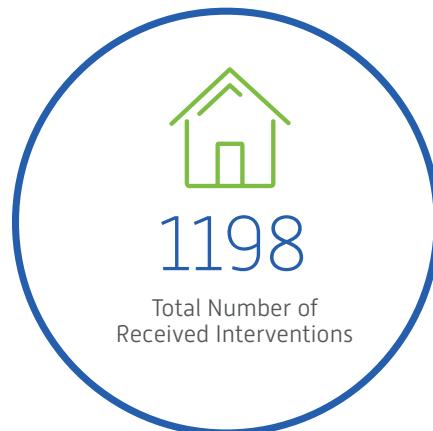


Homes Insulated

83



Heating Sources / Dehumidifiers Installed



94



Floor Coverings

73



Moved to New Homes

509



Health & Housing Literacy

104



Minor Repairs

54



Financial Entitlement Received

130



Thermal Curtains Installed

39



Ventilation Devices Installed

56



Beds & Bedding

Impact on whānau

The Henry family have six kids, and they had been put on a waiting list for a house transfer – there were lots of maintenance issues in their current Housing New Zealand home. AWHI stepped in to help with MSD appointments and to fast track their transfer application. The Henry whānau were offered a house, but turned it down – the exterior of the property was rough and the house was smaller than their current rental!

Families are often removed from housing waiting lists if they decline a property, but AWHI helped the Henry family navigate the process, and directly contacted the tenancy manager. With a little help from AWHI, the Henrys have a warm, five-bedroom, HNZ home. They have also received insulation, thermal curtains, heating, and ventilation. The AWHI team have provided the Henry whānau with information about how to keep their new home healthy and they know to stay in touch if they need more help.

Design and Development Services



Mana Ora

Mana Ora works with rangatahi feeling the impact of intergenerational welfare receipt. This mentoring and development programme is delivered through a strengths-based, kaupapa Māori approach, targeting Intergenerational Early Entrant Beneficiaries (18 - years of age); rangatahi whose parents were on a main benefit for a significant portion of their adolescence and whom entered the benefit system early.

Mana Ora addresses the range of socio-economic factors contributing to intergenerational disadvantage and seeks to connect with young people, to equip them with the means necessary to look for employment and to flourish in a job.

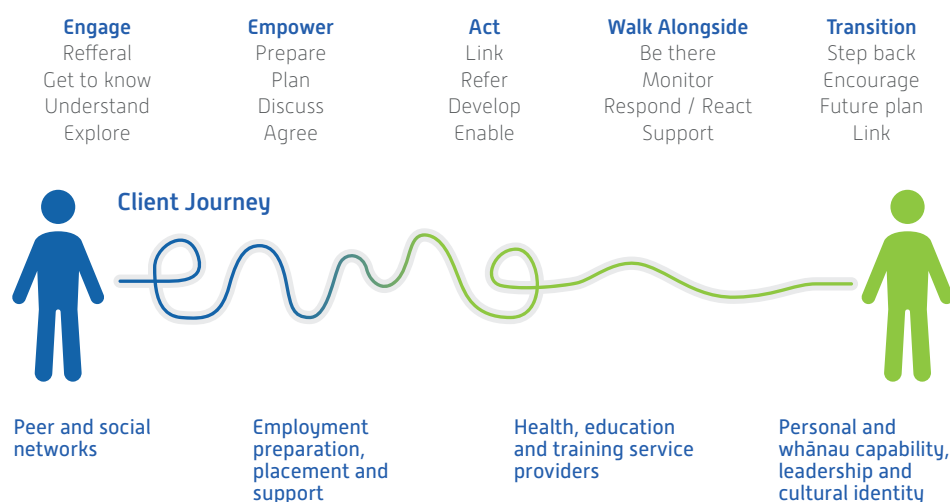
Mana Ora's goal is to remove barriers to future prosperity for rangatahi caught in a cycle of long-term disadvantage on a benefit. In order to achieve this, it is important to ensure developing relationships with rangatahi are trusting and of a

high quality. Mana Ora has three core programme roles, which are:

- ◇ Transformers: Mentoring roles that build strong relationships with IEE youth, and journey with them as they become better able to look for work and to gain meaningful employment.
- ◇ Community builders: Work closely with the transformers, cementing positive partnerships within an IEE's community and creating opportunities for people to enter the workforce.
- ◇ Change tracker: Programme manager roles tasked to coordinate the programme's co-design initiatives. This strategic position focuses on engagement, identifying necessary tools for assessment and planning, and implementing data tracking and analytic systems.

Transformer role

Role of 'transformer' to walk the pathway with clients as trusted mentor, advocate and linker to formal and informal support. Employment support.



Community builder role

Role of community builder to develop supportive enviroment across informal networks, services, employers and personal development support.

What have we achieved?

- ◇ The programme is in its early stages of development: programme roles have been filled, with Mana Ora mentors utilising a wide range of tools to engage with rangatahi, including bullet journals and flyers.
- ◇ The NHC is working with Manurewa marae to provide a safe, familiar place for mentees to develop their skills.
- ◇ Mana Ora offers weekly hui in a group setting, to provide opportunities for rangatahi to meet and tautoko each other throughout the personal development process.
- ◇ The initiative will begin recruiting rangatahi into the programme who fit the IEE criteria in January 2018.

What does this mean for whānau?

Rangatahi and whānau will be supported to develop cultural resilience, strengths and social networks to support prosperity and improved career trajectories.

Virtual Health

The NHC has worked collaboratively with provider partners Taumarunui Community Kōkiri Trust and Waikato District Health Board to increase Māori engagement with the Virtual Health platform and Smart Health APP. The NHC led co-design of an integrated community engagement strategy and asked whānau to test these services, to increase enrolment with the Smart Health APP. More than 2000 whānau members participated in this process, with community members providing feedback on available services through a variety of promotional, education and training based sessions. The APP now allows rural Māori to access GP endorsed health information, seek after-hours advice through remote contact with a GP and book and schedule secondary care/ specialist appointments, enhancing control over their health information and treatment.

Research



As well as delivering whānau-centred services that achieve better outcomes for whānau, the NHC is involved in research and measuring the impact of what we do.

Mana Tū

Mana Tū takes a mana whānau approach to caring for families coping with prediabetes or people struggling to effectively manage type 2 diabetes. Mana Tū deploys skilled Kaimanaaki-whānau into practices to work with GPs and practice teams.

They are supported by a central NHC hub, which coordinates community and social services support for whānau, as well as providing training, programme design, and quality improvement support for general practice. Mana Tū makes use of the Mōhio system to ensure relevant data is captured and effective case management is supported.

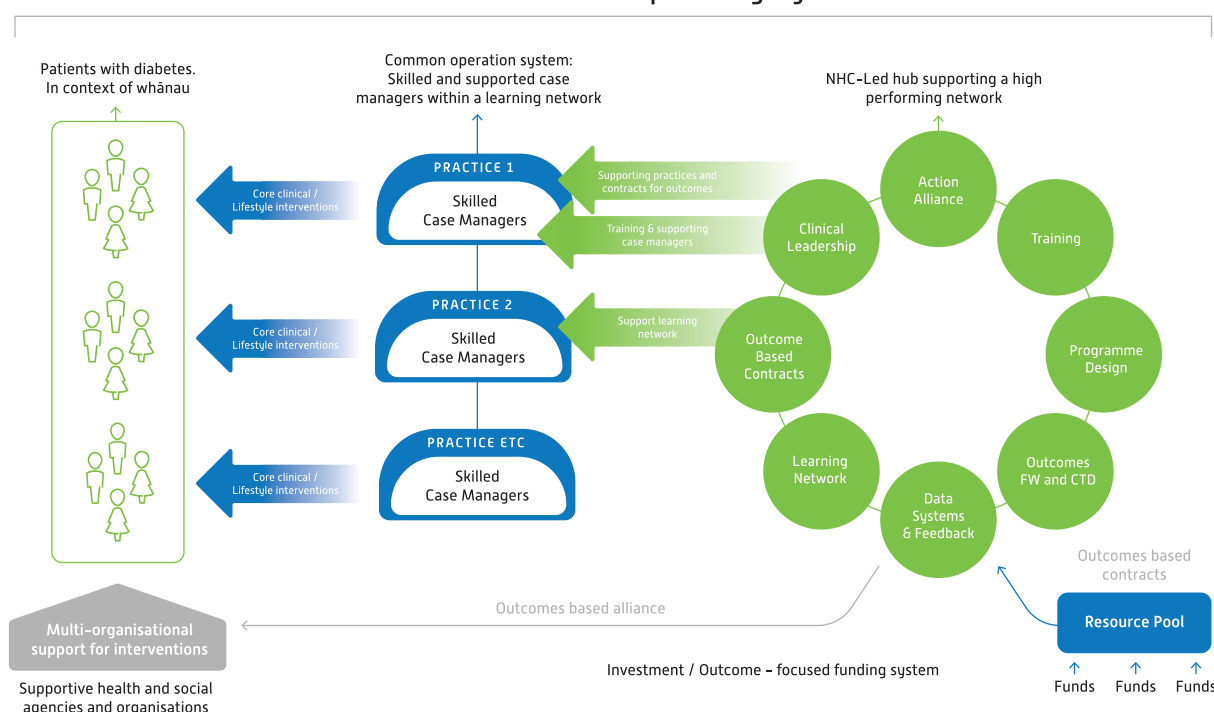
What have we achieved?

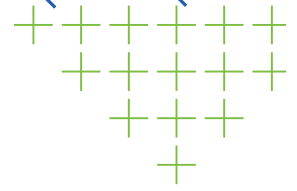
- ◇ The NHC secured a substantial National Science Challenge - Health Research Council - Ministry of Health grant to undertake the Mana Tū programme. Nine practices with

high levels of Māori and Pacific whānau struggling to control Type 2 Diabetes have offered to recruit potential participants into the programme. One practice outside of NHC's network have also agreed to participate in the research.

- ◇ 700 people have been identified that meet the inclusion criteria of the programme. 400 people will be recruited into the programme. Recruitment will commence in January 2018.
- ◇ The NHC held a stakeholder workshop with funders, primary care practices, community health and social agencies, and whānau with diabetes to gather valuable insights on the design of the Mana Tū intervention. Using insights from the workshop, a programme logic was developed. A Network Manager and Research Manager have been appointed to operationally support the set up and delivery of Mana Tū.

Overview of Mana Tū Operating System





What does this mean for whānau?

Mana Tū is an evaluation of an indigenous approach to managing long term conditions. We anticipate that Mana Tū will:

- ◇ Improve whānau health and social outcomes;
- ◇ Bridge the gap between whānau and primary care;
- ◇ Give whānau better access to support services;
- ◇ Improve health literacy; and
- ◇ Empower whānau take control over their long-term conditions

Oranga Rongoā

Gout is an equity issue. The suffering this condition causes is avoidable and differences between people and populations can be remedied. The 2016 Health Quality & Safety Commission Atlas of Healthcare Variation shows that the number of people affected by gout is increasing. Māori and Pacific whānau are experiencing five times as many hospital admissions when compared to non-Māori/non-Pacific people. At least 40 percent of Māori males suffer from gout– and this is thought to be an underestimate as many may not present to their doctor. If they do, may not be classified as having gout.

This inequity spurred Papakura Marae Health Clinic and National Hauora Coalition PHO into taking action. Their gout management improvement project is called Oranga Rongoā and is one of the three successful initiatives supported by the Commission's Whakakotahi programme. The Commission provides advisors, support, training and \$6000 to offset costs; the project teams provide the local knowledge and expertise, engagement with community and the collective drive to make a difference.

The Papakura Marae Health Clinic serves 3,200 people of whom 95 percent are Māori or Pacific. Prescribing pharmacist and project lead, Leanne Te Karu will lead a joint team from the NHC and Health Clinic, to reduce serum uric acid levels in Māori and Pacific patients with gout. To do this, the team will focus on interventions that support whānau ownership, best practice gout monitoring and management, and patient health literacy.

The team will be supported by Mōhio, a built-in decision support system that helps capture key measures to track patient care. The first step for the team has been to identify every patient who has been classified as having gout or those who may not be classified but have previously been prescribed allopurinol or colchicine. The team is working towards developing change ideas to test via plan-do-study-act cycles.

"We are thinking outside the box to address inequities. For example - if patients don't have the means to come to see us, we go out and collect them. Our aim is to reduce serum urate levels, reduce gout flare-up and reduce hospital and ED visits. Hopefully in a few months we can share our experiences and learnings." – Dr. Martin Davis, Papakura Marae Health Clinic.

Impetigo Trial

The Mana Kidz initiative was approached to support a randomised controlled trial across Counties-Manukau and Auckland DHB, to evaluate three different treatments for mild to moderate impetigo in children. This research has been approved by Auckland and Counties-Manukau DHB Research Committees and is being undertaken by Dr Alison Leversha and a research team from Auckland District Health Board, and will be working with school clinics run by the Mana Kidz programme.

There is growing concern about increasing antibiotic resistance driven by wide-spread community usage of topical antibiotics. Treatment resistance is associated with multi-resistant bacteria (such as MRSA), so alternative treatments must be found.

The aim is to compare two alternative treatments with the current standard of care treatment for mild-to-moderate impetigo among school children and examine potential changes in

the antimicrobial resistance of skin pathogens to these 3 different treatments for impetigo.

Tamariki aged 5-13 years enrolled in existing school health clinics across the Auckland DHB and Counties Manukau region delivered by Mana Kidz nurses will be part of the trial. ADHB has funded NHC for a 0.7FTE research nurse to support the Mana Kidz staff in Counties-Manukau to undertake the research as a part of their role.

There will be extra training delivered to staff around engaging whānau and obtaining informed consent as well as delivering the treatment options. The research nurse's role will be to tautoko to nurses and approach and work with whānau where needed. They will take a lead role in creating the standing orders, clinical oversight of the project and training/education needs alongside our existing Mana Kidz clinical team. The intention is to enrol 480 children in to the trial. The research trial runs until the end of 2018.

Serious skin sepsis, including cellulitis and abscess, is the third most common reason for children to be admitted to Starship Children's Hospital and the most common medical cause for hospitalisation in primary school children.



Networks

Waitemata DHB

New Lynn Doctors
McLaren Park Medical
Westview Medical Centre
Hobsonville Point Medical Centre
Doctors on Luckens
Auckland DHB
Three Kings A and M Clinic
Dominion Road Surgery
Epsom Medical Care
Onehunga Medical Practice
QuayMed Limited
109 Doctors
Maxcare Medical Centre
St Lukes
Onehunga Accident and Medical
Otahuhu Health Clinic Ltd

Counties Manukau DHB

Tamaki Family Health Centre
Otara Union Health Service
Papakura Marae Health Clinic
Third Age Health (Counties Manukau)
Te Manu Aute Whare Oranga
Health Star Medical Centre
DW Family Doctors
Mahia Road Surgery
Wiri Family Doctor
Whānau Ora Community Clinic

Waikato DHB

Dr Spry
Te Kuiti Family Health
The Family Clinic Taumarunui Kokiri
Kelston Medical Centre
Third Age Health (Waikato)

Whanganui DHB

Castlecliff Health
Eastcare Medical Ltd
Jabulani Medical Centre - Dr Brown
Jabulani Medical Centre - Dr Douglas

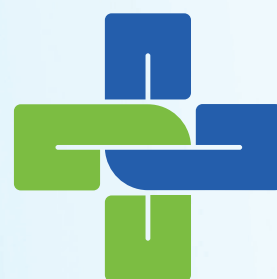
Mana Kidz Network – Counties Manukau DHB

Health Star Pacific
Kidz First Community
Papakura Marae
South Seas Healthcare
Te Hononga o Tāmaki me Hoturoa
Tongan Health Society
Total Health Care
Turuki Health Care





FINANCIAL STATEMENTS



National
Hauora Coalition

Consolidated statement of comprehensive revenue and expense

for the year ended 30 June 2017
in New Zealand Dollars

	Note	2017 \$	2016 \$
Revenue			
Rendering of services		37,135,404	41,359,829
Interest and dividends		2,911	6,886
Other income		331,760	215,617
Total revenue		37,470,075	41,582,332
Expenditure			
Employment expenses		2,967,657	3,032,831
Operating costs	3	34,239,079	37,656,903
Depreciation and amortisation expenses		45,672	35,613
Donations and grants made		1,300	1,450
Occupancy expenses		129,773	217,236
Interest expenses		596	5
Total expenditure		37,384,078	40,944,038
Surplus for the year		85,997	638,294
Equity accounted share of Joint Venture income	8	4,708	7,782
Total comprehensive revenue and expense for the year		90,704	646,076

This statement is to be read in conjunction with the notes to the consolidated financial statements and the Audit Report.

Consolidated statement of financial position

as at 30 June 2017

in New Zealand Dollars

	Note	2017 \$	2016 \$
Assets			
Cash and cash equivalents		4,796,565	2,160,340
Accounts receivable		2,145,675	1,701,375
Provision for doubtful debts		(165,798)	(183,445)
Accrued income		58,031	1,104,922
Prepayments		10,218	17,833
Current assets		6,844,691	4,801,025
Property, plant and equipment	4	48,139	64,059
Investments - Joint Venture	8	-	13,177
Non-current assets		48,139	77,236
Total assets		6,892,830	4,878,261
<i>Represented by:</i>			
Liabilities			
Accounts payable		1,125,568	1,424,961
Accrued expenses		250,592	319,539
Employee entitlements	5	298,262	264,273
GST payable		54,239	143,696
Income in advance		3,523,457	1,175,785
Current liabilities		5,252,119	3,328,254
Non-current liabilities		-	-
Total liabilities		5,252,119	3,328,254
Equity			
Retained earnings		1,640,711	1,536,830
Interest - Joint Venture	8	-	13,177
Total equity		1,640,711	1,550,007
Total liabilities and equity		6,892,830	4,878,261

This statement is to be read in conjunction with the notes to the consolidated financial statements and the Audit Report.

Consolidated statement of changes in equity

for the year ended 30 June 2017
in New Zealand Dollars

	Retained earnings \$	Joint venture \$	Total \$
Balance at 1 July 2016	1,536,830	13,177	1,550,007
Surplus for the year	85,997	4,708	90,704
Transfer of Joint venture retained earnings	17,885	(17,885)	-
Other comprehensive revenue and expense	-	-	-
Balance at 30 June 2017	1,640,711	-	1,640,711
Balance at 1 July 2015	898,536	5,395	903,931
Surplus for the year	638,294	7,782	646,076
Other comprehensive revenue and expense	-	-	-
Balance at 30 June 2016	1,536,830	13,177	1,550,007

This statement is to be read in conjunction with the notes to the consolidated financial statements and the Audit Report.

Consolidated statement of cash flows

for the year ended 30 June 2017
in New Zealand Dollars

	Note	2017 \$	2016 \$
Cash flows from operating activities			
Cash received from customers		40,412,121	42,845,929
Interest received		2,911	6,886
Cash paid to suppliers		(34,837,979)	(37,396,609)
Cash paid to employees		(2,933,667)	(3,349,275)
Interest paid		(596)	(5)
Net cash from operating activities	6	2,642,789	2,106,924
Cash flows from investing activities			
Acquisition of property, plant and equipment	4	(29,752)	(31,534)
Proceeds on disposal of property, plant and equipment		5,304	1,671
Proceeds on return of investment in joint venture		17,885	-
Net cash from investing activities		(6,564)	(29,863)
Cash flows from financing activities		-	-
Net cash from financing activities		-	-
Net (decrease)/increase		2,636,225	2,077,061
Opening cash and cash equivalents 1 July		2,160,340	83,279
Closing cash		4,796,565	2,160,340

This statement is to be read in conjunction with the notes to the consolidated financial statements and the Audit Report.

Notes to the consolidated financial statements (continued)

1 General Overview

a) Reporting Entity

The reporting entity is National Maori PHO Coalition Incorporated. National Maori PHO Coalition Incorporated is domiciled in New Zealand and is an Incorporated Society in New Zealand and registered under the Incorporated Societies Act 1908 and the Charities Act 2005.

The consolidated financial statements comprising the Society and its controlled entities, National Hauora Coalition Limited and Mohio Information Systems Limited, together the Group are presented for the year ended 30 June 2017.

These consolidated financial statements and the accompanying notes summarise the financial results of the activities carried out by the Group.

The Group provides funding for the provision of health service by Primary Health Care Providers. All entities within the Group are charitable organisations registered under the Incorporated Societies Act 1908, the Companies Act 1993 and the Charities Act 2005.

The consolidated financial statements have been approved and were authorised for issue by the board members on the date specified on the cover page.

b) Basis of Preparation

The financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice (NZ GAAP). They comply with Public Benefit Entity Accounting Standards as appropriate for Tier 1 not-for profit public benefit entities. As a registered charity, National Maori PHO Coalition Incorporated is required to prepare financial statements in accordance with NZ GAAP as specified in standard XRB A1. The Group is a Tier 1 reporting entity as it has total expenditure greater than \$30 million in the two preceeding periods.

The financial statements are presented in New Zealand Dollars (\$), which is the Group's functional currency. All financial information presented in New Zealand Dollars has been rounded to the nearest dollar.

The financial statements have been prepared on a historical cost basis with the exception of certain items for which specific accounting policies have been identified.

c) Use of estimates and judgements

The preparation of the consolidated financial statements in conformity with PBE IPSAS requires management to make judgement, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.

The Board Members have determined that there are no significant estimates that will impact on the financial statements in this financial year.

Notes to the consolidated financial statements (continued)

d) Basis of Consolidation

The consolidated financial statements include the parent entity and its subsidiaries. Subsidiaries are all entities over which the Incorporated Society has control. The Incorporated Society controls an entity when the Incorporated Society is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. All significant transactions between the Incorporated Society and the subsidiaries are eliminated on consolidation.

e) Tax

The Incorporated Society is exempt from income tax due to its charitable nature. The Society registered with the Charities Commission on 19 February 2009 and its registered number is CC37874. All amounts are shown exclusive of Goods and Services Tax (GST), except for receivables and payables that are stated inclusive of GST.

2 Accounting policies

i) Revenue

Revenue is recognised to the extent that it is probable that the economic benefit will flow to the Group and revenue can be reliably measured. Revenue is measured at the fair value of the consideration received. The following specific recognition criteria apply:

Contract revenue is measured at the fair value of the consideration received or receivable and represents amounts received for goods and services provided in the normal course of business, net of discounts and sale related taxes. Where conditions of contracts have not been met, this revenue is recognised as being received in advance until the conditions of the contract has been satisfied.

Interest income is recognised as it accrues using the effective interest rate method.

ii) Cash and cash equivalents

Cash and cash equivalents are short term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

iii) Receivables and prepayments

Receivables are stated at their estimated realisable value.

iv) Accounts payable and accruals

Accounts payable and accruals represent liabilities of goods and services provided to the Group and which have not been paid at the end of the financial year. These amounts are non interest bearing and are usually settled within 30 days. Trade payables are classified as financial liabilities at amortised cost.

v) Employee entitlements

Liabilities for annual leave are accrued and recognised in the Statement of Financial Position. Annual leave is recorded at the undiscounted nominal values based on accrued entitlements at current rates of pay. Entitlements will include unpaid salary, wages or other remuneration due at balance date, including deductions held on employees' behalf, annual leave earned but not taken and long service leave to be settled within 12 months.

Notes to the consolidated financial statements (continued)

3 Expenses	2017	2016
<i>Included in operating costs are:</i>	\$	\$
Audit remuneration	29,696	21,990
	29,696	21,989

4 Property, plant and equipment

Property, plant and equipment is stated at cost, less accumulated depreciation and impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the items. Where an asset is acquired in a non-exchange transition for nil or nominal consideration the asset is initially measured at its fair value. Any gain or loss on disposal of an item of property plant and equipment is recognised in surplus or deficit.

Subsequent expenditure is capitalised only if it is probable that the future economic benefits associated with the expenditure will flow to the Group. All other repairs and maintenance costs are recognised in surplus or deficit as incurred.

At each balance date the carrying amounts items of property, plant and equipment are assessed to determine whether there is any indication of impairment. If any such indication exists, the asset's recoverable service amount is estimated. An impairment loss is recognised whenever the carrying amount of an asset exceeds its recoverable service amount. Impairment losses directly reduce the carrying amount of the assets and are recognised in surplus or deficit.

Depreciation is provided for in surplus or deficit on property, plant and equipment. Depreciation rates allocate the assets' cost or valuation less estimated residual value, over its estimated useful life.

National Hauora Coalition has the following classes of Property, plant and equipment:

Leasehold Improvements	3 years
Motor Vehicles	3 years
Office Equipment	3 years
Computer Equipment	3 years

30 June 2017	Leasehold Improvements	Motor Vehicles	Office Equipment	Computer Equipment	Total
	\$	\$	\$	\$	\$
Cost or valuation					
Balance at 1 July 2016	10,898	24,908	70,781	273,836	380,423
Additions	-	-	18,766	10,987	29,752
Disposals	-	(12,454)	-	-	(12,454)
Balance at 30 June 2017	10,898	12,454	89,547	284,823	397,721
Accumulated depreciation					
Balance at 1 July 2016	8,074	24,908	40,126	243,256	316,364
Depreciation for the year	1,994	-	16,595	27,083	45,672
Disposals	-	(12,454)	-	-	(12,454)
Balance at 30 June 2017	10,068	12,454	56,721	270,339	349,582
Carrying value at 30 June 2017	830	-	32,826	14,483	48,139

Notes to the consolidated financial statements (continued)

4 Property, plant and equipment (continued)

30 June 2016	Leasehold Improvements	Motor Vehicles	Office Equipment	Computer Equipment	Total
	\$	\$	\$	\$	\$
Cost or valuation					
Balance at 1 July 2015	10,898	24,908	39,868	273,713	349,387
Additions	-	-	30,913	621	31,534
Disposals	-	-	-	(498)	(498)
Balance at 30 June 2016	10,898	24,908	70,781	273,836	380,423
Accumulated depreciation					
Balance at 1 July 2015	6,080	24,908	36,950	211,640	279,578
Depreciation for the year	1,994	-	3,176	31,616	36,786
Disposals	-	-	-	-	-
Balance at 30 June 2016	8,074	24,908	40,126	243,256	316,364
Carrying value at 30 June 2016	2,824	-	30,655	30,580	64,059

5 Employee entitlements

Short term employee benefit obligations are measured on an undiscounted basis and are expensed as their related service is provided. A provision is recognised for the amount expected to be paid for outstanding annual leave balance if there is a present legal or constructive obligation to pay this amount as a result of past service by the employee and the obligation can be estimated.

	2017 \$	2016 \$
Employee entitlements		
Wages payable	117,628	94,603
Annual leave	169,384	162,735
Directors fees	11,250	6,935
	298,262	264,273
Annual leave		
Balance at 1 July	162,735	178,911
Add joint venture annual leave accrual	8,589	-
Less annual leave taken	(1,940)	(16,176)
Balance at 30 June	169,384	162,735

Notes to the consolidated financial statements (continued)

6 Reconciliation of operating surplus with net cash from operating activities

	2017 \$	2016 \$
Total comprehensive revenue and expense for the year	90,704	646,076
<i>Adjustments for:</i>		
Depreciation and Amortisation	45,672	36,786
(Gain)/loss on disposal of sale of property, plant and equipment	(5,304)	(1,174)
<i>Changes in:</i>		
Accounts receivable, prepayments and other assets	592,558	1,082,817
Accounts payable, accruals and other liabilities	1,923,865	350,199
Share of equity accounted Joint Venture	(4,708)	(7,782)
Cash generated from operating activities	2,642,789	2,106,922

7 Contingencies and commitments

The Group has commitments for lease payments which are not recognised as liabilities payable as follows:

	2017 \$	2016 \$
Office Premises		
Less than one year	99,840	114,816
Between 1 and 5 years	-	114,816
More than 5 years	-	-
Total operating lease commitments	99,840	229,632

The Incorporated Society leases office premises at 485B Rosebank Road, Avondale, Auckland.

	2017 \$	2016 \$
Motor Vehicles		
Less than one year	7,111	15,718
Between 1 and 5 years	-	325
More than 5 years	-	-
Total operating lease commitments	7,111	16,043

	2017 \$	2016 \$
Photocopier		
Less than one year	-	6,288
Between 1 and 5 years	-	-
More than 5 years	-	-
Total operating lease commitments	-	6,288

The previous photocopier contract ended on 27th April 2017 and is in the process of being renewed. In the meantime, Canon are continuing the previous contract on a month-to-month basis.

Notes to the consolidated financial statements (continued)

8 Joint Venture

Ola Coalition Limited is a New Zealand company that was jointly owned by Alliance Health Plus Trust and the National Maori PHO Coalition Incorporated, with equal shareholding. The company was formed in April 2014 and commenced operating in July 2014.

National Maori PHO Coalition Incorporated has recognised their interest in Ola Coalition Limited using the equity method. The table below summarises the financial performance and position of Ola Coalition Limited as included in its own financial statements.

Statement of Comprehensive Revenue and Expenditure For the year ended 30 June 2017

	2017 \$	2016 \$
Revenue from Exchange Transactions	289,952	703,829
Cost of goods sold	(142,909)	(338,286)
Total gross surplus	147,043	365,543
Expenses		
Operating	143,172	284,675
Administration	3,469	78,808
Depreciation	402	1,138
Other expenses	-	922
Net Operating Surplus	-	-
Other Income	9,415	15,563
Net surplus for the year	9,415	15,563
National Maori PHO Coalition Inc - 50% share of surplus	4,708	7,782

Statement of Financial Position For the year ended 30 June 2017

	2017 \$	2016 \$
Equity	-	26,351
Current assets		
Cash balances	-	1,005,561
Accounts receivable	-	95,287
GST receivable	-	-
Accrued Income	-	7,173
Total current assets	-	1,108,021
Non-current assets		
Property, plant and equipment	-	2,722
Total non-current assets	-	2,722
Total assets	-	1,110,743

Notes to the consolidated financial statements (continued)

8 Joint Venture (continued)

Current liabilities

Accounts payable	-	22,912
Other payables	-	35,156
Income in advance	-	1,018,865
GST payable	-	7,459
Total current liabilities	-	1,084,392

Total liabilities

-	1,084,392
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Net assets

-	26,351
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National Maori PHO Coalition Inc - 50% share of equity

-	13,176
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A Deed of Novation with effective date 1 December 2016 assigned the Ministry of Health contract (that the Ola Coalition Limited joint venture had been operating previously) to National Hauora Coalition. The residual assets and liabilities were transferred accordingly during December 2016 and January 2017.

There were no contingent liabilities or assets relating to National Maori PHO Coalition Incorporated's interest in the Ola Coalition Limited joint venture (2016: Nil)

9 Related parties

The National Maori PHO Coalition Incorporated is the 100% shareholder of National Hauora Coalition Limited, is a 50% shareholder of Ola Coalition Limited and is the settler of National Hauora Coalition Trust (a non-trading charitable trust). National Hauora Coalition Limited is the 100% shareholder of Mohio Information Systems Limited.

The Group received Management Fee Income of \$8,428 (2016: \$14,520) and Management Service Fee Income of \$118,142 (2016: \$53,007) from Ola Coalition Limited during the current reporting period.

Simon Royal and David Jansen are employees of National Hauora Coalition Limited and also Directors of the joint venture Ola Coalition Limited.

David Jansen is the Clinical Director of National Hauora Coalition Limited and is the Medical Director of Papakura Marae Health Centre. Payments were made to the Papakura Marae Health Centre during the year for the amount of \$1,257,566 (2016: \$1,890,121).

Matthew Jansen is a Director of Fourth Wave Limited. The Group use Fourth Wave Limited for consultancy services. Matthew Jansen is related to David Jansen, Clinical Director.

The Group paid Fourth Wave Limited the sum of \$0 (2016: \$16,035) during the current reporting period.

Simon Royal is a Director of Mohio Information Systems Limited and Chief Executive of National Maori PHO Coalition Incorporated.

Gregory Royal is a Director in Blue Kiwi Group Limited. The Group use Blue Kiwi Group Limited for consultancy services. Gregory Royal is related to Simon Royal, Chief Executive.

The Group paid Blue Kiwi Group Limited the sum of \$20,000 (2016: \$34,920) during the current reporting period.

Guy Royal is a partner in Tuia Group. The Group use Tuia Group for legal services. Guy Royal is related to Simon Royal, Chief Executive.

Notes to the consolidated financial statements (continued)

9 Related parties (continued)

The Group paid Tuia Group the sum of \$43,794 (2016: \$79,234) during the current reporting period.

Matthew Sword is a Director of National Hauora Coalition Limited. The Group paid Matthew Sword the sum of \$43,495.13 (2016: \$5,826) during the current reporting period for services provided outside his board fees for National Hauora Coalition Limited.

Key Management Personnel

Key management personnel include the Board Members of the Board and the Senior Management Team. The aggregate remuneration of key management personnel and the number of individuals, determined on a full time basis, receiving remunerations is as follows:

	2017	2016
Board Members		
Total remuneration (\$)	165,000	71,974
Number of persons	6	6
Senior Management Team		
Total remuneration (\$)	596,700	576,000
Number of persons	3	3
Total key management personnel		
Total remuneration (\$)	761,700	647,974
Number of persons	9	9

During the reporting period, no remuneration was paid to any close family members of key management personnel (2016: Nil).

10 Financial instruments

(a) Financial assets and liabilities

The classification of financial assets and liabilities is made on initial recognition and has been disclosed in each of the notes to these financial statements. Financial assets classified as loans and receivables are initially recognised on the date that they are originated. All financial assets are recognised initially at fair value plus directly attributable transaction costs. After initial measurement, such financial assets are subsequently measured at amortised cost using the effective interest method, less impairment. Losses arising from impairment are recognised in the surplus or deficit.

Financial liabilities are classified as financial liabilities at amortised cost.

All financial liabilities are recognised initially at fair value and, in the case of loans and borrowings, plus directly attributable transaction costs.

(b) Financial risk management

The Group is exposed to various risks in relation to financial instruments. The carrying amounts of financial instruments presented in the Statement of Financial Position relate to the following categories of assets and liabilities:

Notes to the consolidated financial statements (continued)

10 Financial instruments (continued)

	2017	2016
	\$	\$
Financial assets		
Cash and cash equivalents	4,796,565	2,160,340
Receivables from exchange transactions	1,979,877	1,517,930
	6,776,443	3,678,270
	2017	2016
	\$	\$
Financial liabilities (at amortised cost)		
Trade and other creditors	4,899,617	3,063,981
Employee entitlements	298,262	264,273
	5,197,879	3,328,254

(i) Credit risk

Credit risk is the risk of financial loss to the Group if a customer or counterparty to a financial instrument fails to meet its contractual obligations. The Group is mainly exposed to credit risk from its financial assets.

The Group's maximum exposure to credit risk at balance is \$6,776,443 (2016: \$3,678,270), being the total amount of financial assets stated in the Statement of Financial Position.

The Group has the following concentrations of credit risk:

* Cash and cash equivalents are all held with New Zealand banks.

* Limited to the carrying amount of financial assets recognised at reporting date as follows:

Receivables from exchange transactions

The Group monitors trade receivables and actively engages with customers to seek repayment of overdue balances.

(ii) Liquidity risk

Liquidity risk is the risk that the Group will encounter difficulty in meeting the obligations associated with its financial liabilities that are settled by delivering cash or another financial asset. The Group's approach to managing liquidity is to ensure, as far as possible, that it will have sufficient liquidity to meet its liabilities when they are due, under both normal and stressed conditions, without incurring unacceptable deficits or risking damage to the Group's reputation.

Liquidity is monitored on a regular basis and reported at each Board meeting.

The maturity profile of the Group's financial liabilities is as follows:

* Payables under exchange transactions - these are predominantly paid within 30 days of balance date.

* Employee entitlements - these are progressively settled over the 12 months following balance date.

11 Contingent Assets and Liabilities

There are no contingent assets or liabilities as at balance date (2016: Nil)

12 Going Concern

National Hauora Coalition is reliant on continued funding, mainly from government. It is the belief of the Board Members that funding contracts will be successfully negotiated with the appropriate funding bodies for the next financial year and beyond.

13 Subsequent Events

There are no subsequent events (2016: Nil).

INDEPENDENT AUDITOR'S REPORT**To the Members of National Maori PHO Coalition Incorporated****Opinion**

We have audited the financial statements of National Maori PHO Coalition Incorporated on pages 2 to 14, which comprise the consolidated statement of financial position as at 30 June 2017, and the consolidated statement of comprehensive revenue and expenses, consolidated statement of changes in equity and consolidated statement of cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of National Maori PHO Coalition Incorporated as at 30 June 2017, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards issued by the New Zealand Accounting Standards Board.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)). Our responsibilities under those standards are further described in the Auditor's Responsibilities section of our report. We are independent of National Maori PHO Coalition Incorporated in accordance with Professional and Ethical Standard 1 (Revised) Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than, in our capacity as auditor we have no relationship with, or interests in, National Maori PHO Coalition Incorporated.

Restriction on Responsibility

This report is made solely to the members of the board, as a body, in accordance with section 42F of the Charities Act 2005. Our audit work has been undertaken so that we might state to the Board those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board as a body, for our audit work, for this report, or for the opinions, we have formed.

Boards' Responsibility for the Financial Statements

The Board members are responsible on behalf of the entity for the preparation and fair presentation of the financial statements in accordance with Public Benefit Entity Standards as appropriate for Tier 1 not-for-profit, and for such internal control as the Board determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board are responsible on behalf of the entity for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.



Auditor's Responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (NZ), we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the entity's internal control.
- Conclude on the appropriateness of the use of the going concern basis of accounting by the board and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management. We communicate with the board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

McGregor Bailey

20 December 2017
McGregor Bailey
Ponsonby, Auckland



Governance & Executive

National Hauora Coalition Charitable Trust

Dame Tariana Turia – Chair / Trustee

Ngāti Apa, Ngā Wairiki, Ngā Rauru, Tūwharetoa, and Whanganui

Wayne McLean – Trustee

Ngāti Mahanga, Waikato, Tainui
BA (Management Studies)
Member of the Institute of Directors (NZ)
Member of the Chartered Accountants
Australia and New Zealand

Professor Cindy Kiro – Trustee

Ngāpuhi, Ngāti Hine, Ngāti Mahia
PhD (Social Policy), MBA, MA

Henare Mason – Trustee

Tuhoe, Te Arawa, Ngāti Raukawa,
Ngāti Ranginui

National Hauora Coalition Company

Matt Sword – Chair / Director

Muaupoko, Te Atiawa Ki Taranaki
LLB (Barrister and Solicitor of the High Court of
New Zealand)

Joe Hanita – Director

Ngāti Kahungunu, Ngāti Kuia, Rangitane
BBS, Dip Te Ara Reo Māori, FCA, CPFA
Chair, Finance, Audit and Risk Committee

Dr Rawiri Jansen – Director

Ngāti Raukawa, Ngāti Hinerangi
MBChB, BHB, BA (Māori), Dip Tchg,
GradCertClinTch, FRNZCGP

Professor Papaarangi Reid – Director

Te Rarawa
FNZCPH, DipCOMH, Dip
OBS, MBchB, BSC Biochem/Cell Biol

Tina McCafferty – Director

BSC, Diploma Business
(Health Management), MBA

National Hauora Coalition Executive

Simon Royal

Ngāti Raukawa, Ngāpuhi,
Parehauraki, Te Whānau o Haunui
BA (Hons) Public Administration
and Political Science

Chief Executive

Dr Rawiri Jansen

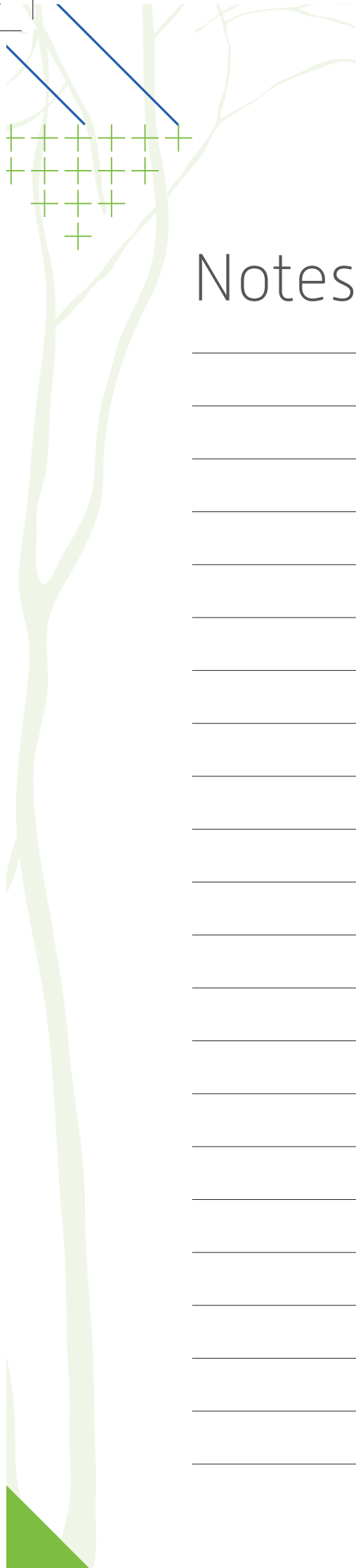
Ngāti Raukawa, Ngāti Hinerangi
MBChB, BHB, BA (Māori) Dip
Tchg, GradCertClinTch

Clinical Director

Tereki Stewart

Ngāpuhi-nui-tonu
BA, MA (Hons), PGDipClinPsych
CertCompDirection

Chief Operating Officer



Notes

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ISSN 2538-1385 *(Print)*

ISSN 2538-1393 *(Online)*