



National  
Hauora Coalition

ANNUAL REPORT  
2019





# Our Values







**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 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.



**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 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.



Ka rongo te pō,  
I tuia te heke tangata i Hawaiiiki nui, Hawaiiiki roa,  
Hawaiiiki pāmāmao.  
I hono ki te wairua, ki te whai ao, ki te Āo Mārama.  
Whakarongo ki te tangi a te manu nei, te tūi, tūi, tuituia  
Tuia i runga  
Tuia i raro  
Tuia i roto  
Tuia i waho  
Tuia te muka tangata  
Tihei mauriora







## Ngā kupu rārangi

### Contents

Trust Chairperson's Foreword	6
NHC Ltd Chairperson's Foreword	7
Chief Executive's Foreword	8
Leadership	10
Impact on People	13
Culture and Capabilities	27
Tools and Systems Development	35
Networks	36
Glossary	37
Financial Statements	39
Governance and Executive	59





## Trust Chairperson's Foreword



### **Dame Tariana Turia, DNZM**

Ngāti Apa/Ngā Wairiki, Tuwharetoa, Ngā Rauru, Whanganui

It is with pleasure that I introduce this year's annual report for the National Hauora Coalition (NHC). It is my privilege to work with my fellow trustees in supporting the NHC to achieve our vision of mana whānau, whānau ora. Over the past year the Trust has taken a leadership role in the NHC by leading the Hauora Health Services and Outcomes Kaupapa Inquiry claim to the Waitangi Tribunal as a part of its advocacy role to realise a more equitable society for our whānau. This year's annual report showcases how the NHC strives to deliver mana whānau, whānau ora through leadership, service delivery, design, innovation, data analytics, network relationships, and cultural and capability development. I am proud of the dedication and passion NHC staff show towards their mahi and I am impressed by the calibre of skill and capability staff bring to the NHC. In driving mana whānau, whānau ora, we must actively remind ourselves who we are here to serve. It is the people, our whānau who we are here for, delivering for them, to reach their potential and empowering them to play-write their story into this narrative. By recognising the value that empowerment can bring to whānau in supporting their health and acknowledging their mana we stay true to the vision of the NHC. We want to be change makers, to speak up against inequity and act in the best interests of our whānau and to be a leader advocating for what whānau deserve from health funding to flourish and gain greater control over their long-term outcomes. In closing, I want to commend the governors, and staff of the NHC, who continue to advocate and put in the hard work for whānau in often challenging environments, impacting more than 130,000 people to take charge of their health and lives. Mauri ora.



# NHC Ltd Chairperson's Foreword



## **Matt Sword - Chair**

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

I am pleased to present the National Hauora Coalition (NHC) annual report for 2018/19. I am fortunate in that this is my fifth year as the Chair of the NHC Ltd and I have been able to observe and contribute to the dynamic organisation that it has become.

I find that I am taken aback every year by the dedication and fortitude of our staff and providers in our network to mana whānau, whānau ora. It is with pleasure that I report another successful year of the NHC. Our commitment to the vision of mana whānau, whānau ora drives us to address inequity in health and social outcomes for our whānau. We can commit to this ambitious vision because of our devotion to clinical and cultural competence and continuous innovation. Striving for equity and fairer outcomes for our whānau can be challenging and unacknowledged within the system. Which is why I am always taken by the commitment and passion that NHC staff have for the mahi of doing best for Māori and driving change to the health system where it falls short.

The Annual Report 2019 conveys many of the achievements of the NHC over the last year and the report has been themed to reflect the four strategic goals of the organisation:

**Leadership**

**Impact on People**

**Tools and Systems Development**

**Culture and Capability**

I want to acknowledge our board and the NHC Charitable Trust. I also want to acknowledge our staff who have navigated NHC through times of uncertainty and change and have invested their skills and passions to further our vision of mana whānau, whānau ora. I want to commend the high quality of knowledge, expertise and leadership of our staff. It is through their invaluable efforts that we can strive for mana whānau, whānau ora.



## 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 hāpai ō ki muri.

I am privileged to present this year's annual report, showcasing the achievements and continuous delivery of high-quality services across the NHC. I would like to commend the hard work and dedication of the NHC staff in their mahi and their commitment to the vision of mana whānau, whānau ora. This can often be challenging and thankless mahi, in striving for the best possible outcomes for our whānau.

Throughout this year's report you will see examples of our success and commitment to improvement across all areas of work. You will see ways in which the NHC has displayed leadership across the primary health care space, specifically our claim to the Waitangi Tribunal (Wai 2687) centred on the gap observed between what the health system currently delivers for Māori, and what we think it could and should do. You will also see examples of our efforts to continually improve capability and strive for innovation in tools and systems development. At the end of the day we are here for people, working and delivering for our whānau to live healthier lives and therefore you will find that much of the report showcases just that, the impact that our mahi has on people.

Finally, I would like to acknowledge our governors, board and all NHC staff for all their efforts over the last year and their commitment to mana whānau, whānau ora. It is through their hard work and expertise that we can strive to such an ambitious vision and continue to redefine the narrative of hauora in Aotearoa.









# Leadership

## **Wai 2687 and the inquiry into primary health care**

**Throughout 2018/19 the NHC and its trustees supported Chief Executive, Simon Royal, and Trustee, Henare Mason, in a Waitangi Tribunal claim (known as Wai 2687). The claim raised breaches of the Te Tiriti o Waitangi (the Treaty of Waitangi) in the way the Crown set up (and runs) the primary health care system.**

The claim was grouped with one other claimant group, consisting of four other claimants to form the basis of the first stage of the Waitangi Tribunal's kaupapa inquiry into health services and outcomes (known as Wai 2575).

The claims made by Simon Royal, Henare Mason and others, draw on decades of working in the health system as Māori-led PHOs, providers and experts seeking to improve Māori health and support Māori health aspirations.

Leading the Wai 2687 claim has been an important feature of the NHC executive team's work over 2018/2019. This has included a number of notable milestones such as three weeks of hearings at Tūrangawaewae marae in Ngāruawāhia (October 2018) and further hearings in December 2018 in Wellington. Over this period there was also increased media interest in the NHC's work and an increase in social media engagement, with people curious about the claim and the evidence being shared with the Tribunal.

The NHC claims – at their core – have been about mana whānau in primary health. The experience of the NHC has been similar to many other Māori working in the health sector: the system does not deliver for Māori equitably, and the Crown agencies charged with achieving equity are not held to account. But as a Māori-led PHO the NHC has also experienced first-hand the challenges of working within the DHB system, set up by the New Zealand Public Health and Disability Act, the limited funding for Māori health and for services (like our own Mana Kidz programme) that aim to address hauora more broadly – across determinants like housing, and the challenges of negotiating for more equitable funding approaches.

The Tribunal's recommendations support many of the NHC's claims and include interim recommendations for claimants and the Crown to explore an independent hauora authority and develop a term of reference for this before the Health and Disability Review Panel produces its final recommendations. At the time of writing, the NHC is looking forward to working with the other four claimants and the Ministry of Health on this crucial work to support mana whānau, whānau ora. Furthermore, the NHC with the guidance and support of its Trust Board look forward to up-and-coming hui and ongoing working relationships with iwi, hapū and whānau.

*The NHC executive leadership and governance would like to acknowledge the work of its legal counsel, expert advisors, and the contribution made by its expert witnesses Professor Peter Crompton and Neil Woodhams in stage one of the Waitangi Tribunal Inquiry.*





### Engagement Work in Primary Care Leadership

The NHC successfully engaged with the Primary Health Organisation Agreement Amendment Protocol (PSAAP) group to influence projects funded out of the underspend that resulted from the Community Services Card Implementation (CSC). On 1 December 2018, the Ministry of Health (MOH) implemented a CSC subsidy for non-VLCA practices. As of 1 April 2019, the uptake was 91%. The budget for this initiative was forecast for 100% uptake, the resulting underspend was \$7M.

On 6 March 2019, the PSAAP group proposed that \$3.5M of the underspend be allocated to a one-off project to improve health outcomes for Māori babies (pēpi) across Aotearoa/New Zealand. The Minister of Health approved this approach.

In May 2019 the NHC was contracted to develop an Implementation Plan for an equity project to improve outcomes for Māori pēpi in Primary Care, known as Generation 2040. The Implementation Plan was developed in close liaison with the Ministry of Health Primary Health Care System Improvement and Innovation team. On 10th July the Implementation Plan was submitted to the PSAAP group and endorsed, subject to minor refinements and further endorsement by the Director-General of Health and the Minister of Health.



## Overview

**162**

Actively Engaged  
Whānau in Return  
to Work Activity



**22,332**

Child Health Interventions  
Such as Vision, Hearing and  
Health Promotion Activities

(17.5% increase  
from last year)



**52**

Homes Insulated  
(108% increase  
from 2018)



**628**

Beds and Bedding  
Provided



**1588**

Whānau Worked with  
to Improve Housing  
Conditions



**290**

Whānau Linked  
to Other Services



**100%**

Rangatahi Assessment and  
Youth Engagement Tool  
Completed



**34**

Practices in  
our Network

Enrolled patients  
132,779



**93.5%**

Childhood Immunisations  
at 8 Months of Age



**-7** mmol/mol

Reduction of 7 HbA1c  
(mmol/mol) in 167 Diabetes  
Intervention  
Programme  
Participants



**546,594**

Health Data Forms  
Submitted



**10,000+**

Patients Displayed on NHC  
Health Data Platform



# Impact on People

## Mana Kidz

Mana Kidz continues to achieve successful results in the prevention, treatment and management of preventable conditions.



**98%**

Tamariki consented into Mana Kidz by Whānau  
(1% increase from last year)



**22,332**

Child Health interventions  
(17.5% increase from last year - 19,240)



**13,608**

Tamariki were treated for the bacterial throat infection Group A Streptococcus (GAS)  
(compared to 13,240 from last year, 368 more treatments)



**22,796**

Skin Condition assessments and follow-ups



**888**

Vision Assessments

There has been an increase in acute rheumatic fever in Counties Manukau region. According to Auckland Regional Public Health (ARPHS), "The burden of ARF in 2018 was born principally by CMDHB (11.6 per 100,000 people per year), compared with WDHB (1.9) and ADHB (3.0). In comparison with the same period last year, in the first quarter of 2019, absolute numbers of cases have declined in Auckland and Waitemata DHBs and remained static in CMDHB".

In response to this, Mana Kidz has undertaken a range of improvement initiatives in partnership with the provider network, including, the addition of three medications to the standing order list to fill prior gaps to treatment that were not provided. These included magnesium sulphate for boils, loratadine for allergies and fatty creams for eczema. Furthermore, improvements across the skin assessments mahi of Mana Kidz have been observed through gaining access to nine Counties Manukau Health trained and New Zealand Nursing Council endorsed community nurse prescribers, who work in seven of the eight providers in Mana Kidz. The nurse prescribers have access to at least 30 medications, such as anti-fungal or antiseptic creams, laxatives for children with chronic constipation and skin moisturisers for ongoing eczema management based on their clinical assessment.



### Skin assessment undertaken

Mana Kidz (L1&L2) school-based nurse-led clinics from July 2018 to June 2019	
Skin infection type	Assessments
Impetigo	1278
Abscess	393
Eczema	1122
Cellulitis	167
Infected eczema	244
Fungal	91
Infected scabies	20
Scabies	98
Infected injury (including insect bites)	1493

In addition to initiatives around acute rheumatic fever, Mana Kidz also now undertakes mahi in vision testing for tamariki. Eye health is an important aspect of overall health and wellbeing of tamariki. Eye health has direct and in-direct effects on ability of tamariki to learn and succeed at school. At the start of 2018, it was identified that there was considerable scope to improve the current Mana Kidz process for children in eye health.

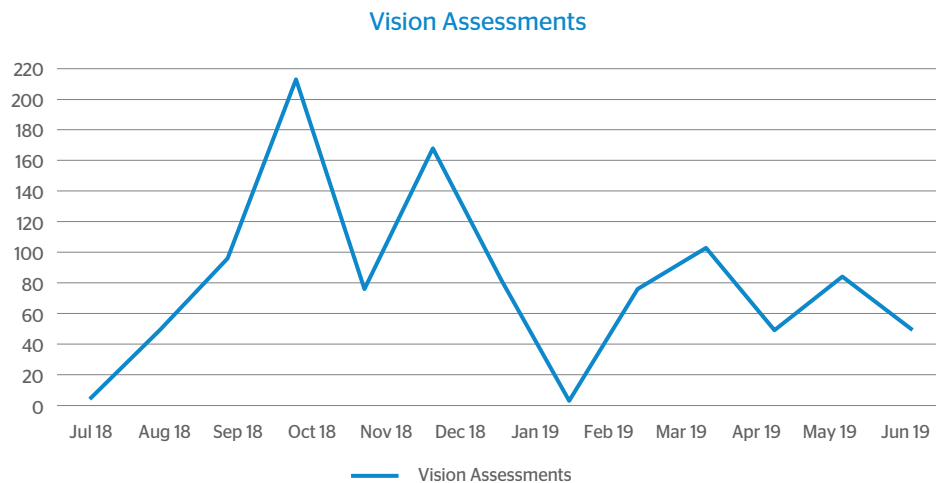
This initiative resulted in the Improvement in Eye Health Project in 2018. One of the immediate areas for improvement was data capture, to ensure Mana Kidz had an accurate picture of how many tamariki were being assessed for vision, had a visual acuity test, and then received glasses.

As a result, the eye health package was launched in July 2018 by Mana Kidz. The package included, new intervention guidelines, an updated electronic form, and a new parent information letter along with provision of vision charts to staff who did not have access to them.

Following on from the Improvement in Eye Health Project, there has been a sustained change in the number of tamariki receiving vision assessments in Mana Kidz schools. Over the period from July 2018 to June 2019, Mana Kidz completed 888 Vision Assessments and 97 Vision Reviews (for children who failed eye tests, Mana Kidz followed-up on attendance with optometrists).

<sup>1</sup>Acute Rheumatic Fever Notifications Update. Acute Rheumatic Fever Notifications to Auckland Regional Public Health Service. for the period 01 January 2010 to 31 March 2019

## Number of Vision Assessments



Furthermore, to capture the work done by the provider network on mental health, a social and emotional well-being assessment form was developed, which included professional development training by Professor Bruce Arroll. At the end of June 2019, this form has tracked **83 social and emotional wellbeing assessments**.

A 9-year old tamaiti had three Group A streptococcus (GAS) positive swab results over three months. A nurse noted the tamaiti had **continuously poor medication adherence**. **Engagement with the mother of the tamaiti was low** and became **increasingly difficult** over time, as she did not answer her phone or return calls. Following the positive swab results, within four weeks of completing the last course of antibiotics, the tamaiti had another GAS positive swab result.

The tamaiti told the nurse that **he was living in an emergency housing motel and shared a bed with his sibling**. The nurse was able to get a hold of his mother through a text message and found that she was under stress and needed support. The importance of recurrent GAS positives swabs was explained to her, along with options for support with their housing situation. Through an advocacy of collaboration, **the whānau was referred to AWHI Healthy Housing Initiative** and were offered a letter of support explaining the health concerns of the tamaiti and the whānau housing crisis. **Within three weeks, the whānau were offered public housing and new beds** and linen for their new home. In addition, since moving and receiving an antibiotic injection, the tamaiti has since presented with two negative throat swab results. The whānau confirmed they are now in a less stressed environment with the **health of tamariki significantly improved**. Importantly, the communication between Manakidz and whānau was open, and mum felt that she could contact the nurse when needed.



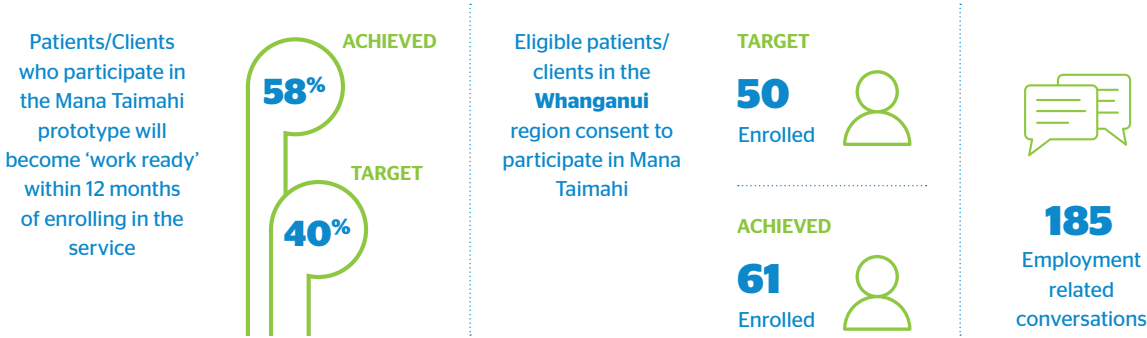
Mana Taimahi

Mana Taimahi recognises the positive effect employment has on whānau. Mana Taimahi seeks to improve employment outcomes for people aged 18-64 years, on work capacity medical certificates to stay in work or return to work.

In the last year Mana Taimahi has had 203 eligible referrals with 30 of those opting out or not actively participating and 11 entering employment or study. 58% of those who participate in Mana Taimahi will become 'work ready' within the 12 months of enrolling in the service. It is understood that people who work are healthier and have better long-term outcomes compared to those who are unemployed. This means that those participants can have better long-term outcomes and live healthier lives. To cultivate this outcome, Mana Taimahi completed 185 employment related conversations over the last year from July 2018 – June 2019.



Additional Outcomes Achieved



## AWHI

AWHI has continued to strive for improved housing conditions for whānau in the south Tāmaki Makaurau area, linking whānau with other services to create healthy, warm and dry homes that give their tamariki better health outcomes. AWHI has shown improvement in performance across the service, with an increase in almost all interventions from 2018.

### Auckland Wide Housing Initiate Insights

**389**

**Minor Repairs**

**146%** increase from last year

**158** last year



**52**

**Homes Insulated**

**108%** increase from last year

**25** last year



**146**

**Curtains Installed**

**117** last year



**82**

**Ventilation Devices Installed**

**88** last year



**225**

**Mould Treatments**

**128** last year



**79**

**Heating Sources Installed**

**68** last year



**28**

**Moved to New Homes**

**30** last year



**628**

**Beds and Bedding**

**112** last year



**93.5%**

**Financial Entitlement**

**Received**

**146%** increase

**80** last year



**1588**

**Total Families worked with**



**290**

**Whānau Linked to other services such as budgeting, food parcels and Whānau Ora Services**



**5**

**Houses Escalated to Ministry of Business, Innovation and Employment-Tenancy Compliance and Investigations Team for Landlord and/or Property Manager non-compliance**







## Whānau Voice

*My name is Eta Maka<sup>2</sup> I am a married Tongan mother with five children, and I have another baby on the way. Before my family was approached by the AWHI case manager<sup>3</sup> our situation was really bad. The house we were living in was really cold and uncomfortable. There were holes in the house, holes in the living room and bathroom floor and in the bedroom closet. Rats would come into the house through the holes and into our cupboards. The windows were not sealed properly so when it was cold it felt like we were living outside.*

*I think this cold house is the main reason why my kids, myself and my husband all got sick. We all got sick with strep throats and ongoing colds and flu. We all had to go on antibiotics. It made me really sad that my kids were so sick. However, we felt that we didn't have any choice about having to stay and live there. We spoke with the homeowner, but they didn't take any action to improve the house. We couldn't access any support to help us with our housing. We were really struggling.*

**“We felt that we didn't have any choice about having to stay and live there”.**

*When our AWHI case manager came we felt so happy, we realised that there was someone out there to help our family to give us some support and to help my kids. I can't express enough how happy I am. I and my family have now moved into a nice, beautiful, brand new six-bedroom place. My kids are so happy, they say “Oh mummy I love this house.” I feel like I am living in another world. We have been here for three months and there is no more sickness, my kids don't get sick anymore. We are close to the school so they can walk to their school. They can run around here and be happy.*

*We are just so thankful to AWHI for this service. I wanted to share this good news of what AWHI has done for me and my family. That AWHI will go and give this support to those who need it. On behalf of my family, from the bottom of my heart, I want to express my sincere thanks to AWHI. We were at the bottom of the litter but today we are like rich people sitting in a very beautiful house. Without AWHI we wouldn't be here. Malo 'aupito.*

**“We realised that there was someone out there to help our family to give us some support and to help my kids.”**

**“My kids don't get sick anymore.”**

<sup>2</sup>The family requested that their names be used (not pseudonyms) as they wanted their voices and experiences to be heard and shared. All other identities have been changed or generalised.

<sup>3</sup>The case manager acknowledged the contribution of The Whānau Ora team of Manurewa Marae in assisting the family.



## Enhanced school-based health services

Enhanced School Based Health Services (ESBHS) support rangatahi with complex health and social needs by delivering onsite nurse-led clinics that are accessible and free to more than one hundred rangatahi who attend two Alternative Education (AE) facilities, one Teen Parenting Unit and a Te Kura Kaupapa Māori within Auckland DHB. ESBHS seeks to impact rangatahi through:

- Youth health and development checks
- Sexual health and contraception services
- Facilitating access to primary and tertiary healthcare services
- Sore throat management (rheumatic fever prevention)
- Long term conditions assessment and management
- Health promotion activities for example:
  - Amplify have been providing weekly onsite support to empower young people whose lives are affected by alcohol and other drugs
  - Te Kaha o Te Rangatahi and Shine have also provided education onsite

Results from a recent student satisfaction survey has shown **high engagement and service acceptability by Māori and Pasifika rangatahi**. In its first full year, the two ESBHS nurses have completed **over 1200 interventions** and **170 referrals to additional services** for rangatahi, including provision of contraception and sexual health checks, sore throat management and facilitating access to primary healthcare services such as local GP clinics and primary mental health services.

The ESBHS have **maintained strong, engaged relationships with the AE sites**, cultivating high-quality services. In 2019 there have been significant changes within the AE delivery model, allowing ESBHS nurses appropriate clinical space at each site to develop closer working relationships with AE. As a result, whānau and rangatahi are engaged from the beginning of their AE journey.

Looking ahead, ESBHS have quality initiatives planned for 2020 to **develop high quality health promotion activities** to reduce tobacco and harmful alcohol and cannabis consumption rates with our rangatahi enrolled in AE.

**1161**

Student visits for 2018/19 to the Health Clinic



**117**

Total Rangatahi Enrolled 2018/19



**100%**

HEADSSS (Home, Education, Eating, Activities, Drugs and Alcohol Suicide and Depression, Sexuality and Safety) assessment and youth engagement tool completed



**1094**

GP/Nurse Interventions

**178**

Referrals to External Services

**1272**

Total

Interventions Completed (including advice, treatment & referrals resulting from a health assessment)



## Top Five Interventions

Oral Health  
Drug &/or Alcohol  
Sexual Health  
Mental Health  
Hearing & Vision





When rangatahi were asked to rate ESBHS, the majority of rangatahi gave the service a good or excellent rating, with 46% of rangatahi saying the service is “excellent” and 39% rating the service as “good”. Indicating the majority of rangatahi were more than satisfied with the service provided by the ESBHS nurses.

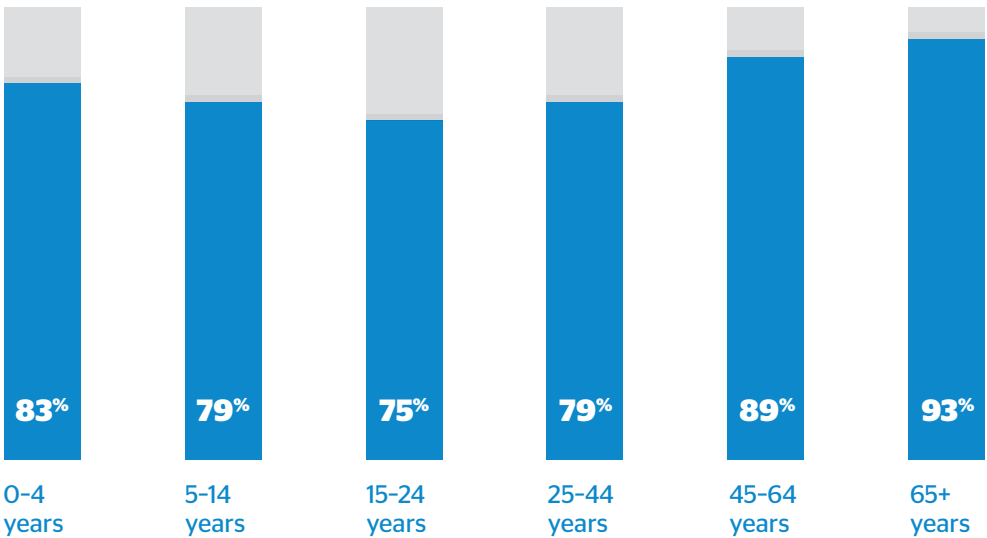
“The nurses that I have seen this year have **always listened to me and were encouraging and polite. They never made me feel uncomfortable and were always supportive and had ideas for help that I needed.**”

Primary Health Services

The NHC continues to impact whānau through our Primary Health Services (PHS) Team, with the practice network consisting of:

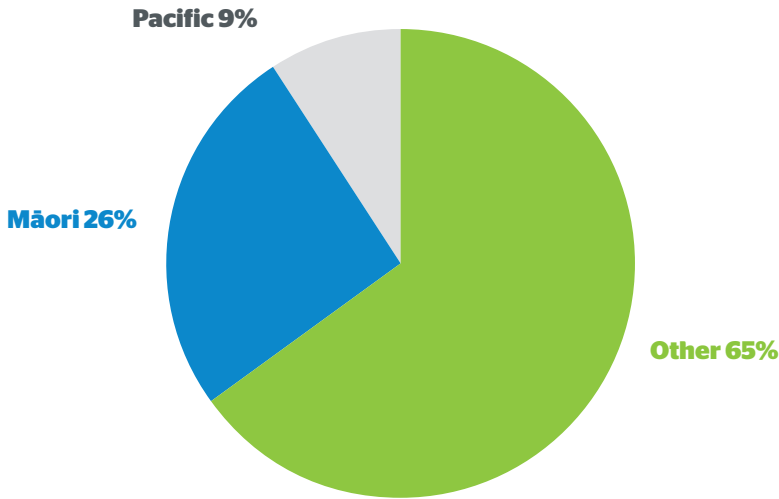


Of the total NHC Māori population (consisting of 20,997 patients), 81.7% of whānau accessed their Primary Health Services at least once during July 2018 – June 2019. The number of visits from different age group populations can be seen below:

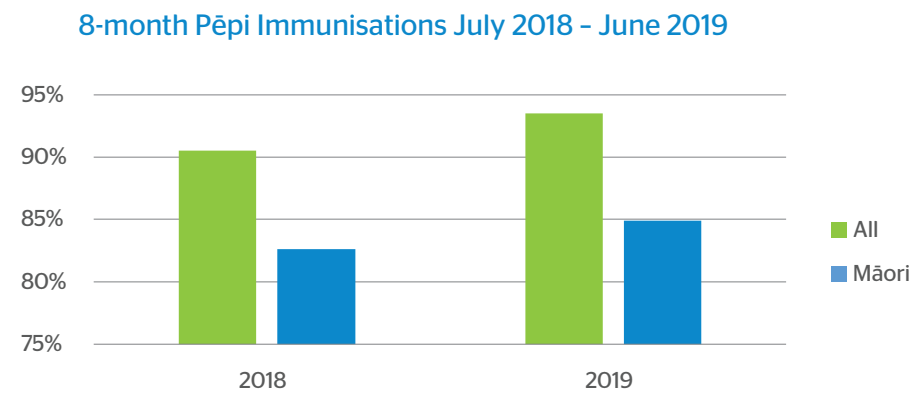


Figures show the percentage of Māori patients who visited their primary health practice at least once over the last year. It shows that Māori whānau in our network of providers are accessing primary health services at high rates throughout their lifespan.

Of the total NHC practices 9 of these are Māori providers and 2 are Pacific providers.  
Over the last year **Primary Health Services network has increased by 3 Māori providers.**



Primary Health Services had a successful year of improving childhood immunisations, with an increase in Māori 8-month pēpi immunisations from 82.6% to 84.9% in 2018-2019. Primary Health Services supports practices with high numbers of pēpi, promoting on time immunisation by increasing accessibility through after-hours clinics, call centre activity, whānau ora days, priority data reports and transport for whānau. Overall, this has contributed to 93.5% of total population pēpi receiving their immunisations on time by 8 months, which has increased from 90.5% in 2018.

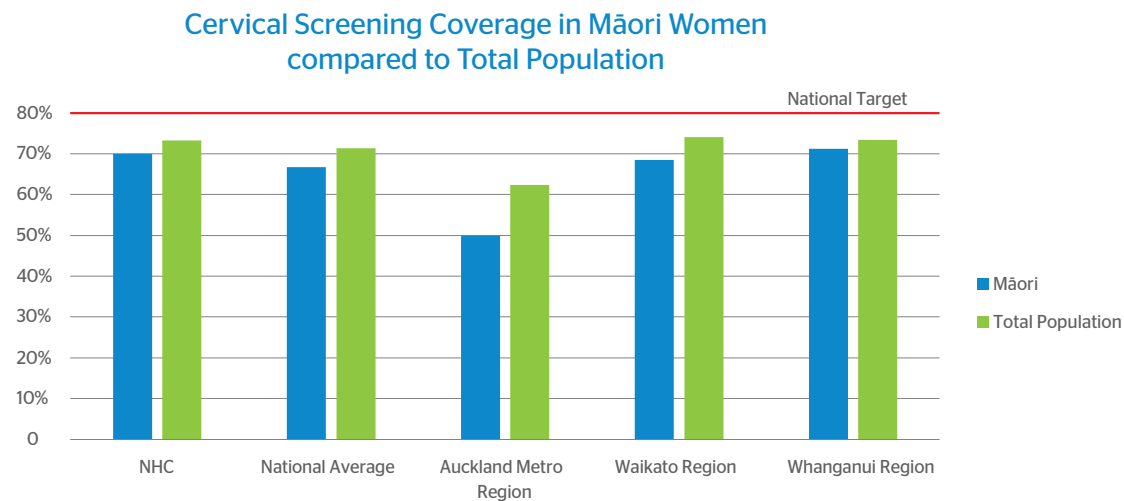








Primary Health Services continues to support the practice network with cervical screening, showing a 70% coverage of cervical screening for Māori women as of June 2019. This is above the National average for Māori women aged 25-69 years, tracking at 66.8% as of June 2019<sup>1</sup>. However, we do acknowledge that we are not currently meeting the national target of 80%, and while we are performing above the national average, we are constantly working to improve performance. When compared to regional coverage for cervical screening for Māori women, we are performing above the Auckland Metro Region average of 50%. With most of our network practices located within this region, the data shows we are tracking well above the regional average. Additionally, in comparison to national cervical screening of the total population, we are tracking above the national average, with 73.3% coverage.



Primary Health Services conducted a survey to measure the satisfaction of practices in their network to indicate how well NHC were delivering on their values.

**Over 70%** answered “always” when asked whether NHC consistently provides support that demonstrates they are willing to problem solve and help practices find solutions to queries

**Just under 50%** answered “always” when asked whether NHC consistently demonstrates that they follow-up inquiries and follow through with that they say they are going to do

**Over 60%** “agreed or strongly agreed” when asked whether NHC advocates on behalf of the practice

**Around 50%** “agreed or strongly agreed” that NHC is an innovative PHO

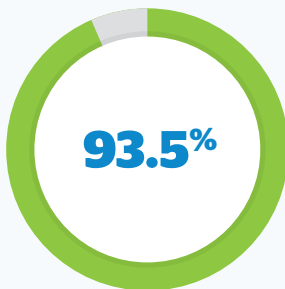
**Over 70%** “agreed or strongly agreed” that NHC has a good focus on addressing high-needs population health needs

**Over 50%** answered “likely or very likely” that they would recommend NHC as a PHO to a colleague

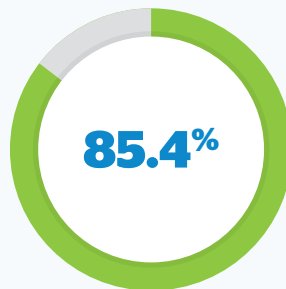
<sup>1</sup>Ministry of Health. July 2019. NCSP New Zealand District Health Board Coverage Report: period ending 30 June 2019. Wellington: Ministry of Health.



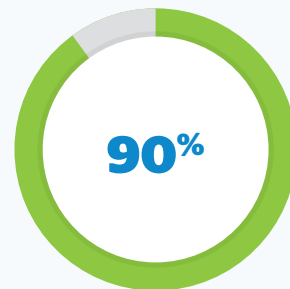
## Overall PHS performance



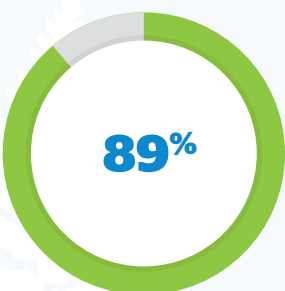
Childhood immunisations  
8 months



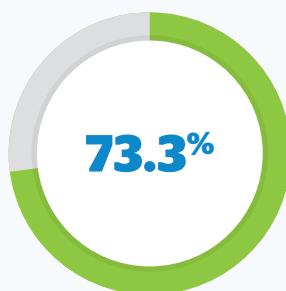
Childhood immunisations  
2 years



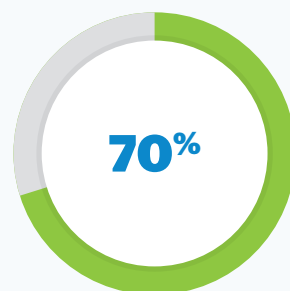
Smoking Brief Advice



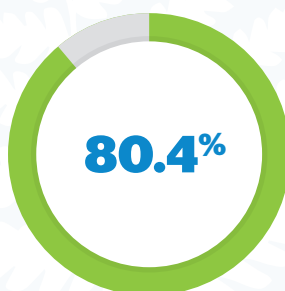
Smoking Brief Advice  
Māori



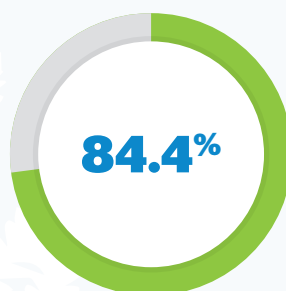
Cervical Screening  
Adjusted



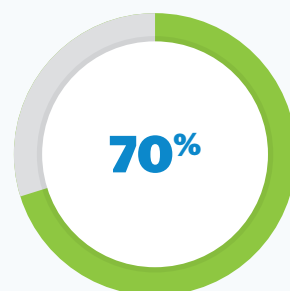
Cervical Screening  
Māori Adjusted



Diabetes Annual Review



CVD risk assessments



CVD Māori Men 35-44  
years

# Culture and Capability

## Culture at NHC

*"I have been working with NHC for over 2 years and have really enjoyed working in NHC as a Māori Health Provider. NHC has a great kaupapa mana whānau, whānau ora and I love our values. As the Senior Nurse Advisor, I assist with overseeing the Mana Kidz Program which is a successful nurse-led school-based program in primary and intermediate schools providing primary care services to tamariki within South Auckland. MK is all about giving tamariki the best start in life. MK clinics have nurses and whanau support workers that do great mahi in achieving good health outcomes.*

*I also assist to oversee the enhanced school-based health service with Youth Nurses who do great mahi in Alternate Education, a Kura and a Teen Parenting Unit.*

*I live by manaakitanga, to extend aroha and compassion to others as it secures strength for our whanau and communities."*

### Senior Nurse Advisor

*"As a new member of the National Hauora Coalition whanau I feel that I have finally arrived in the right place to continue my journey of cultural and professional development. Furthermore, as a Māori male and a contributor to primary health care for the last decade, I now have the perfect opportunity to share my knowledge and experience to support the development and achievement of positive outcomes to whanau and the community."*

### Practice Support Facilitator

*"My involvement at the NHC is focused on providing support and services for our primary mental health programmes. We have a network of contracted providers; however, a low proportion of these providers identify as Māori or Pacific. Hence, a key priority has been in developing Māori workforce, which prompted a proposal for funding a psychology internship, specifically targeting this outcome.*

In July 2018, the NHC hosted a University of Auckland pre-intern Psychologist from the Department of Psychological Medicine. He identified as Māori and offered a "good fit" with the NHC. Due to the positive experience during his pre-intern placement, we collaborated with the coordinators of the Health Psychology Practitioner Programme to secure his psychology internship for 2019/2020 with the NHC. I have supported this as his Supervisor. He initiated his internship in February 2019 and has been delivering psychological services/support in 3 of NHC's member GP practices (Papakura Marae Health Clinic, Otara Whanau Medical Centre, Orakei Health Clinic). In addition, he has been working with wider NHC team members and contributed to internal projects.

*The feedback regarding his mahi has been extremely positive from NHC staff, primary care teams and clients/patients. This includes the ease at which he can engage and connect with people, particularly Māori and males.*

*He is due to finish his internship in February 2020. Upon the successful completion of the training programme, the NHC has offered full-time employment as a Psychologist, which he has accepted. This is a great outcome for the NHC and the communities it serves."*

### Health Psychologist

## NHC Annual Awards Evening 2018

In November 2018 the NHC had its 6<sup>th</sup> annual awards evening to celebrate and recognise the hard work and success of the providers in our network. The evening featured 8 categories celebrating excellence in Innovation, Health Outcomes and Whānau Wellbeing, Workforce Development, Leadership, Service Delivery and Quality Improvement. This was a chance to profile a few of the many providers in Mana Kidz, Primary Health Services and AWHI, and an opportunity to come together and celebrate the success and significant contribution from teams and individuals.

The 2018 award categories and recipients were:

- **Whānau Auaha - Innovation**
  - Papakura Marae Health Clinic (Primary Health Services and Mana Tū)
- **Whānau Whakaaro Tika - Whānau wellbeing**
  - Maxcare Medical Centre (Primary Health Services)
  - Health Star Pacific (Mana Kidz)
  - Otara Healthcare (AWHI)
- **Mahia kia ea, kia toa - Can do attitude**
  - Dr Spry (Primary Health Services)
  - Tamaki Family Health Centre (Mana Tū)
- **Whānau Whai Hua - Outcomes Matter**
  - Castlecliff Health (Primary Health Services)
  - Jabulani Medical Centre - Dr Brown (Primary Health Services)
  - South Seas Healthcare (Mana Kidz)
  - Turuki Healthcare (AWHI)
- **Quality and Service Excellence**
  - Kelston Medical Centre (Primary Health Services)
- **Excellence in Workforce Development**
  - Otara Whānau Medical Centre (Primary Health Services)
- **Te Tohu Hautūtanga- Network Leadership Award (Individual award)**
  - Christine Brears (Kokiri Trust)

## Celebrating Indigeneity

Over the last year, the National Haurora Coalition has taken a proactive approach in demonstrating cultural awareness and celebration of indigeneity amongst all staff with the introduction of karakia for opening and closing our week and learning waiata, and pēpeha. Celebrating indigeneity is one of the values we hold at the NHC, and by collectively practicing waiata, karakia and pēpeha we are living this value. It is a platform by which NHC staff can enrich their understanding and acknowledgement of te reo Māori. This has encouraged whanaungatanga within the organisation and is an enabler to mana whānau, whānau ora.

I tēnei tau, kua whakakaha mātou i ngā mātauranga e akona ngā waiata Māori i te tīmatanga o te wiki me te whakamutunga. Nā tēhehi pūtaka o tō mātou kaupapa i ia rā ko te mana whānau, whānau ora, nā reira kua mau tonu mātou ki ngā tikanga hei whakanuia te whānau i ngā wā katoa.











## NHC developing capability through research

### Mana Tū

**335**

Mana Tū final enrolled number



**200**

Completed programme in intervention providers



**135**

Control group providers currently delivering programme



**-7** mmol/mol

Reduction of 7 HbA1c (mmol/mol) in 167 enrolled Mana Tū participants at January 2019.



The Mana Tū programme takes a holistic approach to caring for people struggling to effectively manage their type 2 diabetes. Mana Tū programme is now in the final phases of the project. Our multi-disciplinary research group are currently analysing the results of the randomised control trial. Results will be available in March 2020.

Mana Tū is a decolonising programme underpinned by Whānau Ora, Kaupapa Māori and Mātauranga Māori approaches.

Mana Tū final enrolled number is 355 with 200 completing the programme in intervention providers and 135 control group providers currently delivering the programme.

*"I think it was perfect timing, when kai manaaki came to my aunty who was staying with me during that time, I think it was the way in which kai manaaki approached it. **Instead of excluding my aunty, she actually included her.** My aunty found it really beneficial for herself. So, it has had that rippling effect for her as well, she appreciated those visits.*

Aroha had an HbA1c over 100mmol/mol when she was first enrolled in the programme. Since then, Aroha has made significant progress, reducing her HbA1c down to 31mmol/mol at the most recent reading. Upon finishing this programme, **she is looking forward to maintaining her health** by doing even small things and this brings huge changes in her life.

Some of Aroha's health goals were eating portion sizes, walking and taking medication regularly. Her social goals are more directed at bringing her stress levels down. Aroha now goes to the gym for swimming, exercising and makes sure she takes time out to meet with friends.

**For Aroha, social goals are the best way to combat the distress she faces coping with her diabetes.**

**Publications:** Harwood, M., Tane, T., Broome, L., Carswell, P., Selak, V., Reid, J., Light, P., & Stewart, T. (2018). Mana Tū: a whānau ora approach to type 2 diabetes, New Zealand Medical Journal, Vol 131, No 1485, pp. 76-83.

Selak, V., Stewart, T., Jiang, Y., Reid, J., Tane, T., Carswell, P., & Harwood, M. (2018). Indigenous health worker support for patients with poorly controlled type 2 diabetes: study protocol for a cluster randomised controlled trial of the Mana Tū programme, BMJ Open, 8:e019572. doi:10.1136/bmjopen-2017-019572.

## Impetigo Trial

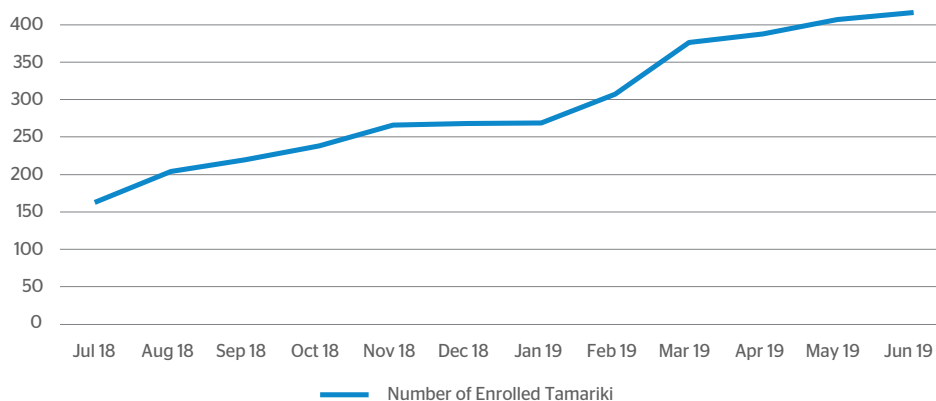
The NHC's Mana Kidz Initiative has continued to participate and steer the Impetigo Trial, whose research team has 59 nurse-led Mana Kidz school-based health clinics engaged across eight health providers in the communities of Papakura, Manurewa, Mangere and Otara.

All data collected for the trial is recorded by the nurses using the Impetigo Mōhio form which is consistently utilised across all clinics involved in the trial. Data is analysed by Dr Sarah Primhak (Paediatric Infectious Disease Fellow) and uploaded to the ADHB paediatric skin lesion study database.

A research nurse supports nurses within their clinics by calling families, home visiting, assisting to gain consent for eligible children (day 2 and day 7 skin review), support with adherence, skin swabs and taking and uploading photos.

The trial has a target of **480** tamariki to be included in the study and at the end of June 2019 there had been **416** tamariki recruited into the trial, with 256 enrolled over the period July 2018 – June 2019.

**Cumulative Enrolment in the Impetigo Trial  
from July 2018 – June 2019**





### **NHC developing capability through design and development**

The NHC is dedicated to continually increasing capability through design and development. During the period 2018/2019, the NHC partnered with Synergia to develop an equity monitoring framework for PHARMAC and undertake an evaluation of the Whānau Ora strategic partnership.

The NHC led and coordinated a collaborative response to the Whānau Resilience ROI, intended to fund kaupapa Māori and tikanga based initiatives which take an intergenerational approach to addressing family violence. The collaborative group included Te Hononga o Tāmaki mē Hoturoa, Te Rūnanga o Ngāti Whātua, Te Haa o Te Ōranga, Ngāti Whātua ō Orakei, HealthWest/Te Puna Manawa, Papakura Marae and NHC as the lead. The ROI response was successful and made it through to the second stage.

Furthermore, the NHC successfully submitted a proposal to the Health Promotion Agency for a project: Tatai Whetu ki te Rangi. The project concept was developed to run a Youth-specific and Youth-led resource and campaign, utilising cultural strengths and harm minimisation regarding alcohol in our Alternative Education Units we provide to youth health services.

The NHC submitted a successful proposal for Like Minds Like Mine, to deliver a community partnership campaign with a waka ama club to reduce the stigma of mental health illness and increase connectedness for those experiencing mental distress.

### **NHC developing capability through systems improvement**

The NHC continually seeks ways to improve processes through implementing systems to increase capability. One key improvement in 2018/19 was introduction of a new accounting software package. We successfully implemented the new software package at the end of the last quarter in the financial year.

Since its implementation, we have seen significant process improvement and enhanced reporting capability. Improving service line real-time reporting with the capability of in-depth investigation functionality on projects. The software also provides a platform for an effective internal controls system, with the capability to handle expansions in business volumes and subsidiary arrangements.

Additionally, the NHC has implemented a contract management system to improve contract management. This contract management system allows us to digitally store, review and approve contracts submitted to the NHC. It has also provided a platform for the set up and review of compliance tasks required by funding contracts, giving us increased capability to achieve reporting requirements.

Lastly, the NHC implemented a performance, goal setting and review system to support staff with planning professional developmental goals and objectives for the year ahead, including checkpoints to keep track of their improvements. Through this system staff can work in collaboration with their manager to set improvement objectives that are achievable while also challenging them to develop their skills further.







# Tools and Systems Development

## Mōhio Services

**546,594**

Mōhio Forms submitted in the 18-19 financial year across 4 PHOs



**103**  
CLINICS

**339,259**  
ENROLLED

Served clinics and enrolled population across 4 PHOs



**10,000+**

In Jun 19: 10,000+ patients displayed on MōhioExpress (Patient Dashboard) on a daily average excluding weekends



**200+**

More than 200 reports available that covers clinical, financial, performance and other areas across all 4 PHOs



The Mōhio Services Group drives outcomes focused solutions through data, analytics and business intelligence. **Mōhio acts as an ecosystem of products and services where all information is readily available.** All Mōhio products and services are fully integrated relaying pinpointed accurate data in real-time.

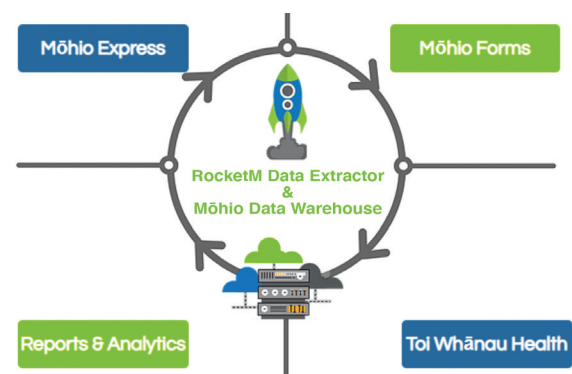
Auckland PHO continue to utilise the Mōhio clinical platform in all their general practices. In addition, The Eastern Bay Primary Health Alliance and Alliance Health Plus PHO have purchased Mōhio licences, with the Mōhio Platform successfully rolled out to 44 clinics.

The Mōhio platform now supports Medtech Evolution, with more than 10 Medtech Evolution clinics using Mōhio systems throughout our practice network.

The Mōhio platform implemented the new Cardiovascular Disease Risk Assessment (CVDRA) guidance and equation(s), a new tool developed and validated against 300 patient test cases.

### Other key developments have included:

- Mōhio developed the implementation plan of rolling out the new CVDRA MōhioForm.
- Mōhio youth health form has been used by the EBHS team.
- MōhioForm and reports were developed for the Hep C Look Back Project, supporting patient recall and engagement and reporting back on actions completed for the patients.
- The National Enrolment Service (NES) went live on 1st April 2019, Mōhio aligned our



database and process with the new monthly register system and changed more than one hundred reports to match the modification.

- Mōhio created regular reports for practices participating in the Safety in Practice Quality Improvement Project to identify preventable harm to patients within areas such as medication reconciliation and result handling under different modules.

All performance reports can be drawn down to different ethnic groups to identify any inequalities and better support opportunities for high-needs populations. Our Mōhio reporting system is transparent and constantly updated with live data to ensure our providers can better understand the data and outcomes. Report details can be listed based on priority level of the programme to allow clinicians to focus on high priority groups or areas.

Mōhio tools have also been utilised by the **Mana Tū, Mana Kidz and Mana Taimahi projects for case management, data catching and performance reports.**



# Networks

## Auckland DHB

- Three Kings A and M Clinic
- Dominion Road Surgery
- Epsom Medical Care
- Onehunga Medical Practice
- The Doctors QuayMed – Wynyard Quarter Clinic
- The Doctors QuayMed – Britomart Clinic
- 109 Doctors
- Maxcare Medical Centre
- St Lukes Medical Centre
- Otahuhu Health Clinic Ltd

## Counties Manukau DHB

- Tamaki Family Health Centre
- Otara Whānau Medical Clinic
- 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 – Manukau
- Whānau Ora Community Clinic – Papatoetoe
- Whānau Ora Community Clinic – Manukau
- Whānau Ora Community Clinic – Huakina
- Tiakina Te Ora

## Waitemata DHB

- The Doctors New Lynn
- The Doctors Golf Road
- McLaren Park Medical
- Westview Medical Centre
- Hobsonville Point Medical Centre
- Doctors on Luckens
- Kelston Medical Centre

## Whanganui DHB

- Castlecliff Health
- Eastcare Medical Ltd
- Jabulani Medical Centre

## Waikato DHB

- Dr Spry
- Te Kuiti Family Health
- The Family Clinic Taumarunui Kokiri
- Third Age Health (Waikato)

## Mana Kidz Network – Counties Manukau DHB

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

## AWHI

- Te Hononga o Tāmaki me Hoturoa
- Health Star Medical
- Turuki Health Care
- Otara Health Charitable Trust
- Manurewa Marae
- South Seas Healthcare
- Maxcare Medical Centre
- Papakura Marae

# Glossary

<b>ADHB</b>	Auckland District Health Board
<b>AE</b>	Alternative Education
<b>ARF</b>	Acute Rheumatic Fever
<b>CSC</b>	Community Service Card
<b>CMDHB</b>	Counties Manukau District Health Board
<b>ESBHS</b>	Enhanced School-Based Health Services
<b>Impetigo</b>	A highly contagious skin infection that causes red sores on the face
<b>GAS</b>	Group A streptococcus
<b>HEADSSS</b>	Home, Education, Eating, Activities, Drugs and Alcohol, Suicide and Depression, Sexuality and Safety assessment and youth engagement tool
<b>NES</b>	National Enrolment Service
<b>PSAAP</b>	Primary Health Organisation Services Agreement Amendment Protocol
<b>ROI</b>	Request On Information
<b>VLCA</b>	Very Low Cost Access
<b>WDHB</b>	Waitemata District Health Board





## Financial Statements

National  
Hauora Coalition



# National Hauora Coalition Trust

Operating As: National Hauora Coalition

Annual report  
for the year ended 30 June 2019

# Contents

Directory	42
Statement of Responsibility	43
Consolidated statement of comprehensive revenue and expense	44
Consolidated statement of financial position	45
Consolidated statement of changes in equity	46
Consolidated statement of cash flows	47
Notes to the consolidated financial statements	48
Audit report	57



# Directory

<b>Business Activity</b>	To promote, support and deliver initiatives that aim to improve healthy and social outcomes for whānau and all New Zealanders.
<b>Date of formation</b>	20 December 2012
<b>Registration number</b>	CC52244 (Registered 15 May 2015)
<b>Auditors</b>	RSM Hayes Audit Level 1, 1 Broadway Newmarket Auckland
<b>Bankers</b>	ASB Bank Limited Henderson Branch 353 Great North Road Henderson Waitakere
<b>Solicitors</b>	Tuia Group 2/202 Thorndon Quay Pipitea Wellington
<b>Board members</b>	<b>National Hauora Coalition Trust</b> Dame Tariana Turia (Chairperson) Henare Mason Cynthia Kiro Wayne McLean  <b>National Hauora Coalition Limited</b> Matthew Sword (Chairperson) Joseph Hanita Tina McCafferty Papaarangi Reid

# Statement of Responsibility

The Board is responsible for the maintenance of adequate accounting records and the preparation and integrity of the financial statements and related information.

The independent external auditor, RSM Hayes Audit, has audited the financial statements and their report appears on pages 57 to 58.

The Board members are also responsible for the systems of internal control. These are designed to provide reasonable but not absolute assurance as to the reliability of the financial statements, and to adequately safeguard, verify and maintain accountability for assets, and to prevent and detect material misstatements.

Appropriate systems of internal control have been employed to ensure that all transactions have been executed in accordance with authority and correctly processed and accounted for in the financial records. The systems are implemented and monitored by suitably trained personnel with an appropriate segregation of authority and duties. Nothing has come to the attention of the Board to indicate that any material breakdown in the functioning of these controls, procedures and systems has occurred during the year under review.

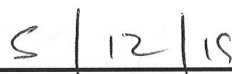
The financial statements are prepared on a going concern basis. Nothing has come to the attention of the Board to indicate that the Trust and Group will not remain a going concern in the foreseeable future.

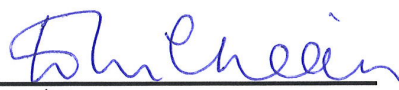
In the opinion of the Board:

- The Consolidated Statement of Comprehensive Revenue and Expense is drawn up so as to present fairly, in all material respects, the financial result of the Trust and Group for the financial year ended 30 June 2019;
- The Consolidated Statement of Financial Position is drawn up so as to present fairly, in all material respects, the financial position of the Trust and Group as at 30 June 2019;
- The Consolidated Statement of Cash Flows is drawn up so as to present fairly, in all material respects, the cash flows of the Trust and Group for the financial year ended 30 June 2019;
- There are reasonable grounds to believe that the Trust and Group will be able to pay its debts as and when they fall due.

The Board is pleased to present the consolidated financial statements of National Hauora Coalition Trust and Group for the year ended 30 June 2019.

  
Board member

  
Date

  
Board member

  
Date

# Consolidated statement of comprehensive revenue and expense

for the year ended 30 June 2019  
in New Zealand Dollars

	Note	2019 \$	2018 \$
<b>Revenue</b>			
Revenue from non-exchange transactions	2	40,954,121	40,180,220
Revenue from exchange transactions		216,774	95,135
Interest and dividends		107,801	477
<b>Total revenue</b>		<b>41,278,696</b>	<b>40,275,832</b>
<b>Expenditure</b>			
Employee benefits expenses		3,226,654	2,972,780
Operating costs	3	37,476,869	35,671,885
Depreciation and amortisation expenses	4	100,603	50,988
Donations and grants made		1,600	463
Occupancy expenses		151,049	121,443
Interest expense		438	13,541
<b>Total expenditure</b>		<b>40,957,213</b>	<b>38,831,100</b>
<b>Surplus for the year</b>		<b>321,483</b>	<b>1,444,732</b>
<b>Total comprehensive revenue and expense for the year</b>		<b>321,483</b>	<b>1,444,732</b>

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



# Consolidated statement of financial position

as at 30 June 2019

in New Zealand Dollars

	Note	2019 \$	2018 \$
<b>Assets</b>			
Cash and cash equivalents		1,997,657	6,020,435
Investments - short term deposits		3,330,000	-
Accounts receivable - non exchange		1,389,542	2,169,641
Accrued income		59,065	5,001
Prepayments		7,532	5,273
<b>Current assets</b>		<b>6,783,796</b>	<b>8,200,350</b>
Property, plant and equipment	4	206,500	196,989
Intangible assets	5	148,904	50,654
<b>Non-current assets</b>		<b>355,404</b>	<b>247,643</b>
<b>Total assets</b>		<b>7,139,200</b>	<b>8,447,993</b>
<i>Represented by:</i>			
<b>Liabilities</b>			
Accounts payable - exchange		1,330,125	1,050,608
Accrued expenses		262,646	242,632
Employee entitlements	6	234,845	232,152
GST payable		50,201	39,489
Income in advance		1,854,457	3,797,669
<b>Current liabilities</b>		<b>3,732,274</b>	<b>5,362,550</b>
<b>Total liabilities</b>		<b>3,732,274</b>	<b>5,362,550</b>
<b>Equity</b>			
Retained earnings		3,406,926	3,085,443
<b>Total equity</b>		<b>3,406,926</b>	<b>3,085,443</b>
<b>Total liabilities and equity</b>		<b>7,139,200</b>	<b>8,447,993</b>

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

# Consolidated statement of changes in equity

for the year ended 30 June 2019  
in New Zealand Dollars

	Retained earnings	Total
	\$	\$
<b>Balance at 1 July 2018</b>	3,085,443	3,085,443
Total comprehensive revenue and expense	321,483	321,483
<b>Balance at 30 June 2019</b>	<b>3,406,926</b>	<b>3,406,926</b>
 <b>Balance at 1 July 2017</b>	 1,640,711	 1,640,711
Total comprehensive revenue and expense	1,444,732	1,444,732
<b>Balance at 30 June 2018</b>	<b>3,085,443</b>	<b>3,085,443</b>

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



# Consolidated statement of cash flows

for the year ended 30 June 2019

in New Zealand Dollars

	Note	2019 \$	2018 \$
<b>Cash flows from operating activities</b>			
Cash received from customers - exchange transactions		216,774	92,973
Cash received from funders - non-exchange transactions		39,754,590	40,335,345
Interest received		107,801	477
Cash paid to suppliers		(37,339,391)	(35,916,437)
Cash paid to employees		(3,223,961)	(3,038,891)
Interest paid		(438)	(1,269)
<b>Net cash from operating activities</b>	<b>7</b>	<b>(484,623)</b>	<b>1,472,199</b>
<b>Cash flows from investing activities</b>			
Purchase of short term deposits		(3,330,000)	-
Acquisition of property, plant and equipment	<b>4</b>	(109,891)	(199,837)
Acquisition of intangible assets	<b>5</b>	(98,250)	(50,654)
Proceeds on disposal of property, plant and equipment		(14)	2,162
<b>Net cash from investing activities</b>		<b>(3,538,155)</b>	<b>(248,329)</b>
<b>Net (decrease)/increase in cash</b>		<b>(4,022,778)</b>	<b>1,223,870</b>
Opening cash and cash equivalents 1 July		6,020,435	4,796,565
<b>Closing cash</b>		<b>1,997,657</b>	<b>6,020,435</b>

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

## Notes to the consolidated financial statements

### 1 General Overview and Accounting Policies

#### a) Reporting Entity

The reporting entity is National Hauora Coalition Trust. National Hauora Coalition Trust is domiciled in New Zealand and is a Charitable Trust in New Zealand and registered under the Charities Act 2005.

The consolidated financial statements comprise the Trust and its controlled entities, National Maori PHO Coalition Incorporated (until its dissolution in May 2019), National Hauora Coalition Limited and Mōhio Information Systems Limited, together (the Group).

The parent Trust, which has no transactions in its own right, changed its balance date from March to June during the year.

These consolidated financial statements and the accompanying notes summarise the financial results of the activities carried out by the Group for the year ended 30 June 2019.

The Group provides funding for the provision of health services by Primary Health Care Providers.

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

#### 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 Hauora Coalition Trust 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 preceding 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 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 has determined that there are no significant estimates that will impact on the financial statements in this financial year.



## Notes to the consolidated financial statements

### 1 General Overview and Accounting Policies (continued)

#### d) Basis of Consolidation

The consolidated financial statements include the parent entity and its subsidiaries. Subsidiaries are all entities over which the Trust has control. National Hauora Coalition Trust controls an entity when the Trust 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 Trust and the subsidiaries are eliminated on consolidation.

#### e) Tax

National Hauora Coalition Trust is exempt from income tax due to its charitable nature. The Trust registered with the Charities Services on 15 May 2015 and its registered number is CC52244. All amounts are shown exclusive of Goods and Services Tax (GST), except for receivables and payables that are stated inclusive of GST.

#### f) 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. Short-term deposits with original maturity periods of greater than 90 days are classified as investments.

#### g) Receivables and prepayments

Receivables are stated at their estimated realisable value.

#### h) 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.

#### i) 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.

#### j) Leases

Payments on operating lease agreements, where the lessor retains substantially the risk and rewards of ownership of an asset, are recognised as an expense on a straight-line basis over the lease term.

#### k) Changes in accounting policies

There have been no changes in accounting policies during the reporting period.

The classification of some prior year balances may have changed to conform with current presentation.

## Notes to the consolidated financial statements

### 2 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:

#### *Revenue from non-exchange transactions*

The Group has contracts with government agencies (i.e. the Ministry of Health and regional DHBs) and other funders for grants and funding to provide health services. The Group recognises revenue to the extent that the conditions in the contract have been satisfied. Payments received in advance are recognised as revenue in advance and released to the Statement of Comprehensive Revenue and Expense once the conditions have been met. Certain contracts have claw back provisions where the funding must be returned should they not be used for the purpose intended.

#### *Revenue from exchange transactions*

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

The Group recognises licence revenue on an accrual basis. The group recognises revenue to the extent that the services are delivered and the conditions in the contract have been satisfied. Payments received in advance are recognised as revenue in advance and released to the Statement of Comprehensive Revenue and Expense once the conditions have been met.

	2019	2018
	\$	\$
Capitation	29,825,820	28,489,924
Contract Income	11,128,301	11,690,296
	<b>40,954,121</b>	<b>40,180,220</b>

### 3 Expenses

*Included in operating costs are:*

	2019	2018
	\$	\$
Capitation	27,557,344	26,933,643
Contracts	8,436,639	7,694,682
Audit remuneration	27,655	25,725
Other operating expenses	1,455,232	1,017,835
	<b>37,476,869</b>	<b>35,671,885</b>



## Notes to the consolidated financial statements

### 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	straight-line
Motor Vehicles	3 years	straight-line
Office Equipment	3 years	straight-line
Computer Equipment	3 years	straight-line

## Notes to the consolidated financial statements

### 4 Property, plant and equipment (continued)

<b>30 June 2019</b>	<b>Leasehold Improvements</b>	<b>Motor Vehicles</b>	<b>Office Equipment</b>	<b>Computer Equipment</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Cost or valuation</b>					
Balance at 1 July 2018	11,758	140,478	113,025	319,845	585,105
Additions	13,806	-	72,918	23,168	109,892
Disposals	-	-	(47,412)	(144,736)	(192,148)
<b>Balance at 30 June 2019</b>	<b>25,564</b>	<b>140,478</b>	<b>138,530</b>	<b>198,277</b>	<b>502,849</b>
<b>Accumulated depreciation</b>					
Balance at 1 July 2018	11,137	14,159	78,333	284,487	388,116
Depreciation for the year	1,742	46,826	32,209	19,825	100,603
Disposals	-	-	(47,635)	(144,736)	(192,371)
<b>Balance at 30 June 2019</b>	<b>12,879</b>	<b>60,985</b>	<b>62,907</b>	<b>159,576</b>	<b>296,348</b>
<b>Carrying value at 30 June</b>	<b>12,684</b>	<b>79,493</b>	<b>75,623</b>	<b>38,701</b>	<b>206,500</b>

<b>30 June 2018</b>	<b>Leasehold Improvements</b>	<b>Motor Vehicles</b>	<b>Office Equipment</b>	<b>Computer Equipment</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Cost or valuation</b>					
Balance at 1 July 2017	10,898	12,454	89,547	284,823	397,721
Additions	860	140,478	23,478	35,022	199,838
Disposals	-	(12,454)	-	-	(12,454)
<b>Balance at 30 June 2018</b>	<b>11,758</b>	<b>140,478</b>	<b>113,025</b>	<b>319,845</b>	<b>585,105</b>
<b>Accumulated depreciation</b>					
Balance at 1 July 2017	10,068	12,454	56,721	270,339	349,582
Depreciation for the year	1,069	14,159	21,612	14,148	50,988
Disposals	-	(12,454)	-	-	(12,454)
<b>Balance at 30 June 2018</b>	<b>11,137</b>	<b>14,159</b>	<b>78,333</b>	<b>284,487</b>	<b>388,116</b>
<b>Carrying value at 30 June</b>	<b>621</b>	<b>126,319</b>	<b>34,692</b>	<b>35,357</b>	<b>196,989</b>

### 5 Intangible assets

Included in intangible assets were \$148,904 of directly attributable costs related to the development of a patient portal, Toi. As at balance date, the software was under development.

Balance as at 30 June 2018	50,654
Additions during the year	98,250
<b>Balance as at 30 June 2019</b>	<b>148,904</b>

## Notes to the consolidated financial statements

### 6 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.

	2019	2018
	\$	\$
<b>Employee entitlements</b>		
Wages payable	112,084	88,666
Annual leave accrued	122,761	143,486
	<b>234,845</b>	<b>232,152</b>

### 7 Reconciliation of operating surplus with net cash from operating activities

	2019	2018
	\$	\$
<b>Total comprehensive revenue and expense for the year</b>	<b>321,483</b>	<b>1,444,732</b>
<i>Adjustments for:</i>		
Depreciation and Amortisation	100,603	50,988
(Gain)/loss on disposal of sale of property, plant and equipment	-	(2,162)
<i>Changes in:</i>		
Accounts receivable, prepayments and other assets	723,777	(131,790)
Accounts payable, accruals and other liabilities	(1,630,486)	110,431
<b>Cash generated from (applied to ) operating activities</b>	<b>(484,623)</b>	<b>1,472,199</b>

### 8 Commitments

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

	2019	2018
	\$	\$
<b>Office Premises</b>		
Less than one year	146,150	99,840
Between 1 and 5 years	-	307,840
More than 5 years	-	-
<b>Total operating lease commitments</b>	<b>146,150</b>	<b>407,680</b>

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



## Notes to the consolidated financial statements

### 9 Related parties

National Hauora Coalition Trust is the 100% shareholder of National Hauora Coalition Limited, and National Hauora Coalition Limited is the 100% shareholder of Mōhio Information Systems Limited.

David Jansen is the Clinical Director of National Hauora Coalition Limited and is the Medical Director of Papakura Marae Health Centre. Provider payments were made to the Papakura Marae Health Centre during the year for the amount of \$1,592,609 (2018: \$1,641,655) and there is \$116,954 (2018: \$23,385) outstanding at year end.

Simon Royal is a Director of Mōhio Information Systems Limited and Chief Executive of National Hauora Coalition Limited.

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

The Group paid Tuia Group the sum of \$21,271 (2018: \$4,025) during the current reporting period and there is \$12,414 outstanding at year end.

Matthew Sword is a Director of National Hauora Coalition Limited. The Group paid Matthew Sword the sum of \$36,680 (2018: \$36,187) 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 remuneration is as follows:

	2019	2018
<b>Board Members</b>		
Total remuneration (\$)	148,176	164,275
Number of FTEs	0.14	0.14
<b>Senior Management Team</b>		
Total remuneration (\$)	614,064	632,840
Number of FTEs	2.6	2.6
<b>Total key management personnel</b>		
Total remuneration (\$)	762,240	797,115
Number of FTEs	2.7	2.7

During the reporting period, no remuneration was paid to any close family members of key management personnel (2018: Nil).

## Notes to the consolidated financial statements

### 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.

The Group's financial assets include cash and cash equivalents, short-term deposits and receivables from exchange and non-exchange transactions.

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.

The Group's financial liabilities include trade and other creditors and employee entitlements.

#### (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:

	2019	2018
	\$	\$
<b>Financial assets</b>		
Cash and cash equivalents	1,997,657	6,020,435
Short-term deposits	3,330,000	-
Receivables from non-exchange transactions	1,389,542	2,167,434
Receivables from exchange transactions	-	2,206
	<b>6,717,199</b>	<b>8,190,075</b>
	2019	2018
	\$	\$
<b>Financial liabilities (at amortised cost)</b>		
Trade and other creditors from exchange transactions	1,592,771	1,293,240
Employee entitlements	234,845	232,152
	<b>1,827,616</b>	<b>1,525,392</b>

#### (i) Credit risk

Credit risk is the risk of financial loss to the Group if a customer, funder or counterparty to a financial instrument fails to meet its contractual obligations. The Group is mainly exposed to credit risk from its financial assets, including cash and cash equivalents, short-term deposits and receivables from exchange and non-exchange transactions.

The Group's maximum exposure to credit risk at balance is \$6,717,199 (2018: \$8,190,075), 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 and short-term deposits are all held with New Zealand banks.

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

## Notes to the consolidated financial statements

### 10 Financial instruments (continued)

#### *Receivables from exchange transactions*

The Group monitors trade receivables and actively engages with the customers to seek repayment of overdue balances. The total of receivables past due date of repayment which is not considered impaired is \$341,328 (2018: 179,778)

#### *Receivables from non-exchange transactions*

The Group monitors trade receivables and actively engages with the funders 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.
- \* Payables under non-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 (2018: Nil).

### 12 Going Concern

National Hauora Coalition Trust is reliant on continued funding, mainly from the government agencies. It is the belief of the Board 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 that would require adjustment to the financial statements.

### 14 Independent valuation of Intangible assets

National Hauora Coalition Limited, a wholly owned subsidiary of National Hauora Coalition Trust, holds an intangible asset that was independently valued by KPMG at \$1.1m as at 30 June 2017, being the depreciated replacement cost of such asset. The intangible asset was an internally developed software solution, called Mōhio, which provides a clinical information platform to general practices and primary care organisations.

This has not been recognised in the financial statements as it is not allowable under GAAP due to the Trust having previously expensed all software development costs. However the Board recognises that this is a piece of useful information for the organisation.



## Independent Auditor's Report

## To the Trustees of National Hauora Coalition Trust

### RSM Hayes Audit

PO Box 9588  
Newmarket, Auckland 1149  
Level 1, 1 Broadway  
Newmarket, Auckland 1023

T +64 (9) 367 1656  
[www.rsmnz.co.nz](http://www.rsmnz.co.nz)

### Opinion

We have audited the consolidated financial statements of National Hauora Coalition Trust and its subsidiaries (the group), which comprise the:

- consolidated statement of financial position as at 30 June 2019;
- consolidated statement of comprehensive revenue and expense for the year then ended;
- consolidated statement of changes in equity for the year then ended;
- consolidated statement of cash flows for the year then ended; and
- notes to the consolidated financial statements, which include significant accounting policies.

In our opinion, the accompanying consolidated financial statements on pages 44 to 56 present fairly, in all material respects, the financial position of the group as at 30 June 2019, 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 for the audit of the consolidated financial statements* section of our report.

We are independent of the group 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, the group or its subsidiaries.

### Other information

The trustees are responsible for the other information on pages 1 to 43 and 59 (but does not include the consolidated financial statements and our auditor's report thereon), which we obtained prior to the date of this auditor's report. Our opinion on the consolidated financial statements does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the consolidated financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the consolidated financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed on the other information that we obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### THE POWER OF BEING UNDERSTOOD AUDIT | TAX | CONSULTING

RSM Hayes Audit is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

In connection with our audit of the consolidated financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the consolidated financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed on the other information that we obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### Responsibilities of trustees for the consolidated financial statements

The trustees are responsible, on behalf of National Hauora Coalition Trust and group, for the preparation and fair presentation of the consolidated financial statements in accordance with Public Benefit Entity Standards, and for such internal control as the trustees determine is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, the trustees are responsible, on behalf of the group, for assessing the group'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 those charged with governance either intend to liquidate the group or to cease operations, or have no realistic alternative but to do so.

### Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 consolidated financial statements. A further description of the auditor's responsibilities for the audit of the consolidated financial statements is located at the XRB's website at:

[https://xrb.govt.nz/Site/Auditing\\_Assurance\\_Standards/Current\\_Standards/Page7.aspx](https://xrb.govt.nz/Site/Auditing_Assurance_Standards/Current_Standards/Page7.aspx)

### Who we report to

This report is made solely to the trustees, as a body. Our audit has been undertaken so that we might state to the trustees 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 National Hauora Coalition Trust and group and the trustees as a body, for our work, for this report, or for the opinions we have formed.



**RSM Hayes Audit**  
Auckland

12 December 2019

# Governance and 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

BMS (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 Ltd 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, Rangitāne

BBS, Dip Te Ara Reo Māori, FCA, CPFA

Chair, Finance, Audit and Risk Committee

### 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

### Chief Executive

#### Simon Royal

Ngāti Raukawa, Ngāpuhi,

Parehauraki, Te Whānau o Haunui

BA (Hons) Public Administration and Political  
Science

### Clinical Director

#### Dr Rawiri Jansen

Ngāti Raukawa, Ngāti Hinerangi

FRNZCGP, MBChB, BHB, BA (Māori) Dip Tchg,  
GradCertClinTch

### Chief Operating Officer

#### Tereki Stewart

Ngāpuhi-nui-tonu

BA, MA (Hons), PGDipClinPsych

CertCompDirection

### Manager, Executive Support & Strategic Projects (Wai 2687 Claim Manager)

#### Tammy Dehar

Ngāti Tamaterā, Ngāti Maru, Kuki Airani

BA (Māori Development)





National  
Hauora Coalition

**National Hauora Coalition**

Units 3-4, 485B Rosebank Road  
Avondale, Auckland 1026

**(09) 950 3325**

**[www.nhc.maori.nz](http://www.nhc.maori.nz)**

**ISSN 2538-1385** *(Print)*

**ISSN 2538-1393** *(Online)*

