

National  
Hauora Coalition

ANNUAL REPORT  
2020





# 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 rongō te pō,  
I tuia te heke tangata i Hawaiiki nui, Hawaiiki roa,  
Hawaiiki 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 mauri ora



## Ngā kupu rārangi

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## Trust Chairperson's Foreword



### Dame Tariana Turia

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

It is a privilege to present the National Hauora Coalition (NHC) Annual Report for the financial year 2020 (FY20), especially in light of the year that has been with the impact of COVID-19. Never before has the kaupapa of NHC and the reason it was established been more important. The impact of COVID-19 has affected all whānau in Aotearoa, including my own, and it is through organisations that carry a whānau-centric kaupapa such as NHC that our whānau are safer.

COVID-19 has not distracted NHC from its vision and what it was set up for 10 years ago and remains more relevant than ever: mana whānau, whānau ora. This year saw the release of the Waitangi Tribunal's historic *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. I am extremely proud of the role that NHC took as a lead claimant and the continuing role it takes in advocating on behalf of Māori for equity in our health system. We still have a long way to go to achieve equity, but with organisations like NHC continuing to lead the way, I am confident we will get there.

This is not an easy struggle though, so I would like to commend everyone at NHC, from our Board to our Executive team to our kaimahi (staff), as well as all those who are part of the NHC whānau - our providers and our practices - for your ongoing commitment and passion for our mana whānau, whānau ora. Mauri ora.



## Board Chairperson's Foreword



**Wayne McLean**

Ngāti Mahanga, Waikato, Tainui

It is an honour to write this foreword on behalf of the NHC Board as I pass the torch onto our new Board to continue delivering the vision of mana whānau, whānau ora and return to my role on the Trust Board. I know the future of NHC is in good hands with Dame Paula Rebstock taking over as Chairperson, supported by Te Rōpu Poa, Shelley Katae and Eru Lyndon.

I have seen NHC grow into an organisation that is fully committed to and delivering on the vision of mana whānau, whānau ora. FY20 has been one of the most significant years in all my time with NHC – one which saw the expansion of our clinical network into the Waikato and the opportunity for us to make a difference to whānau there, as well as the publishing of the Waitangi Tribunal's report into the New Zealand primary care system as a result of the claim NHC took to the Tribunal.

To achieve this, in a year when our whenua has been heavily impacted by the global pandemic, is testament to the resilience within the NHC whānau. This resilience has shown that NHC is an integral part of delivering equity in Aotearoa's health and social systems. This kaupapa was at the forefront of why NHC was established and remains at the forefront going forward. For that reason, it has been a privilege to be part of the journey and to stand on the shoulders of the giants who have come before. Kia kaha.



## Chief Executive's Foreword



### Simon Royal

Ngāti Raukawa, Ngāpuhi, Parehauraki, Te Whānau o Haunui

This is the 11th year I have had the privilege of presenting the NHC annual report, in what I believe was the most important year yet for the organisation and our kaupapa. The year 2020 not only marked the impact of COVID-19 and the resilience of our organisation to respond – and indeed lead in many areas – to the pandemic, but it was also an important milestone in our journey towards becoming fit for purpose.

FY20 was a challenging year because of this, but we start the new year in the strongest position we have ever been. Our whānau centered service design and delivery options are improving rapidly and we are committed to making Māori designed services available across Aotearoa. This is strengthened by an outcomes focused approach which upholds mana motuhake. We continue to work with our partners to create a health system that is equitable, including by holding the Crown to account through the Waitangi Tribunal. We will also continue to contribute to a Māori presence in the digital, data and information space and build an organisation that is sustainable for the future.

Despite uncertain times in FY20, the Māori Nation continues to move forward positively. Across almost all spheres, Māori are playing an increasingly pivotal role in defining the future of Aotearoa. Looking ahead, I am confident that the acknowledgement of and commitment to connection within te ao Māori will be the point of difference which underpins not only Māori success, but also for Aotearoa.

Finally, I would like to acknowledge our governors, staff and the extended NHC whānau of practices and service providers who all make this possible. In particular, I would like to thank Wayne McLean for the service, advice and support he has provided as the sole Director as he returns to the Shareholding Trust Board.





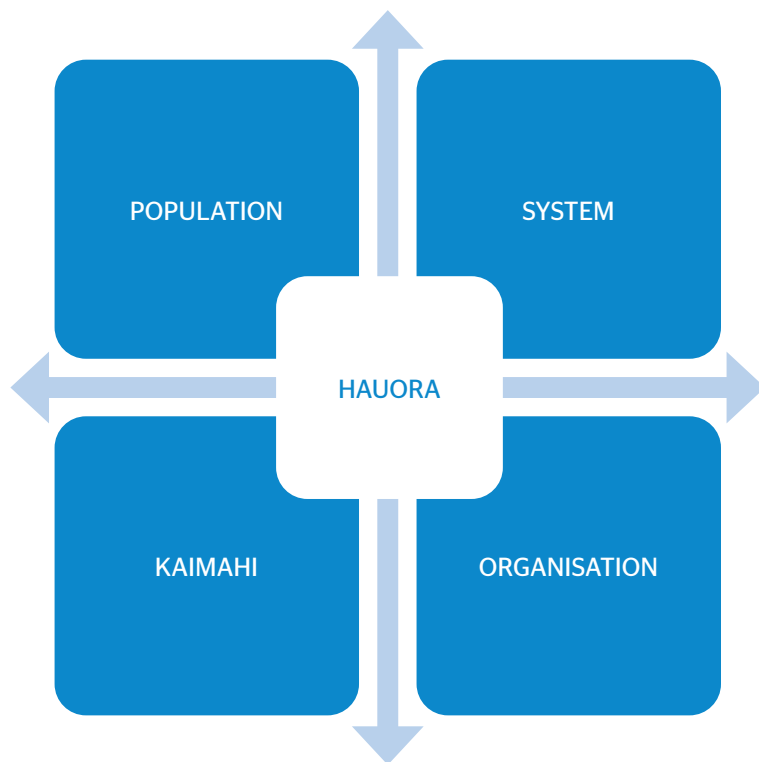




# Financial Year 2020 Annual Report

The National Hauora Coalition Annual Report for FY20 focuses on the four pou of hauora that enable our vision of mana whānau, whānau ora. They are:

- Hauora of our population/whānau
- Hauora of the system
- Hauora of our kaimahi/staff
- Hauora of our organisation





## Key Statistics<sup>1</sup>

**237,334**

New Zealanders being served through **54** clinics across **5** DHBs



**25,815**

whānau benefited from our Flexible Funding Pool programmes

**33%** of whom were Māori

**88** schools and **34,000**

tamariki part of Mana Kidz and helping prevent rheumatic fever

**45%**

of nurses can prescribe up to 30 medicines means broader access to medication for whānau



**50%**

of NHC front-line kaimahi redeployed to support the COVID-19 pandemic response



**1,283**

whānau benefited from having a healthier home through our AWHI programme



**95%**

of rangatahi completed our Te Wā Kōrero programme, enhancing their confidence and resilience



**150**

rangatahi with complex health and social needs receiving free nursing services onsite at their school



**100+**

practices nationally using NHC's Gen2040 Best Start - Pregnancy tool



Diversity of our workforce is reflected through **12** different ethnic groups, **49%** of kaimahi are Māori, and **50%** of leadership team are wāhine

**440,000**

enrolled patients on our Mōhio platform



**45%**

growth in number of practices being part of the NHC whānau with the expansion into Waikato

**2**

Waitangi Tribunal claims holding the Crown to account for addressing hauora Māori inequity



<sup>1</sup>Statistics accurate as at June 2020

# Hauora of our Population

The hauora of our population focuses on the contribution NHC has made to our key population: whānau. This contribution is primarily delivered through our Primary Health Network (PHN) of 54 practices and through our range of community-based wellbeing programmes.

## Primary Health Network

The purpose of the PHN is to provide a whānau-centred approach to patient hauora. This is achieved through effective engagement and collaboration with general practices, district health boards (DHBs), social services and the community in addressing health and social needs. There is a consistent emphasis on ensuring provision of equitable care for whānau.

Key areas of focus for the PHN for FY20 were general health target results, responding to COVID-19 and the provision of initiatives to support our practice network. Support provided to our practice network included:

- Assuring clinical service quality and support with clinical programmes, including System Level Measure Indicator performance, Royal New Zealand College of General Practitioners (RNZCGP) Foundation Standards, and the Cornerstone, Safety in Practice programme
- Maximising funding opportunities, fees review and providing advice regarding business process improvements
- Workforce support and occasional staff replacement
- Providing updates on fast-moving changes within the primary care environment, including the measles epidemic and COVID-19
- Troubleshooting issues within practices
- Providing outreach clinics for influenza vaccinations
- Assisting with NHC's COVID-19 response, including supporting a GP call centre, and moving practices to e-prescribing and e-orders for laboratory tests
- Providing and facilitating audits within each practice to identify any issues with enrolments and ethnicity data.

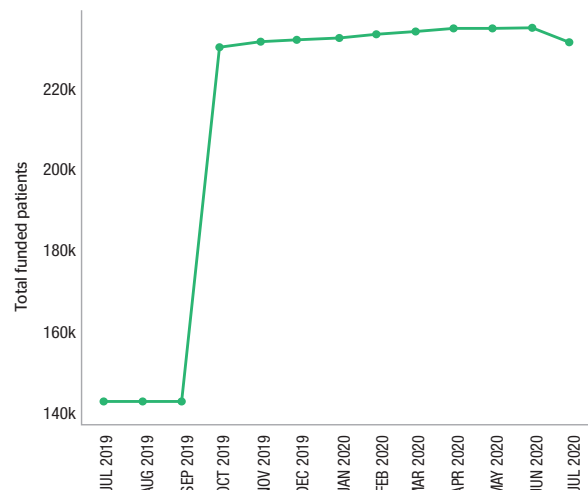
## Network Expansion

The network significantly expanded on 1 October 2019 when 17 practices in the Waikato moved to NHC, joining four existing practices in the area. This resulted in an increase of enrolled patients in the Waikato from 9,207 to 95,206.

The Waikato rohe (region) now extends from Huntly in the north, to Taumaranui in the south and from Waihi in the east to the greater urban area of Kirikiriroa (Hamilton) in the west. A new office was established in Kirikiriroa, a regional manager was appointed, and staff were recruited for practice support and the Tiakina te Tangata nursing and kaimanaaki-whānau service.



## NHC Funded Patients Trend





## General Health Target Results

### General Health Target Result

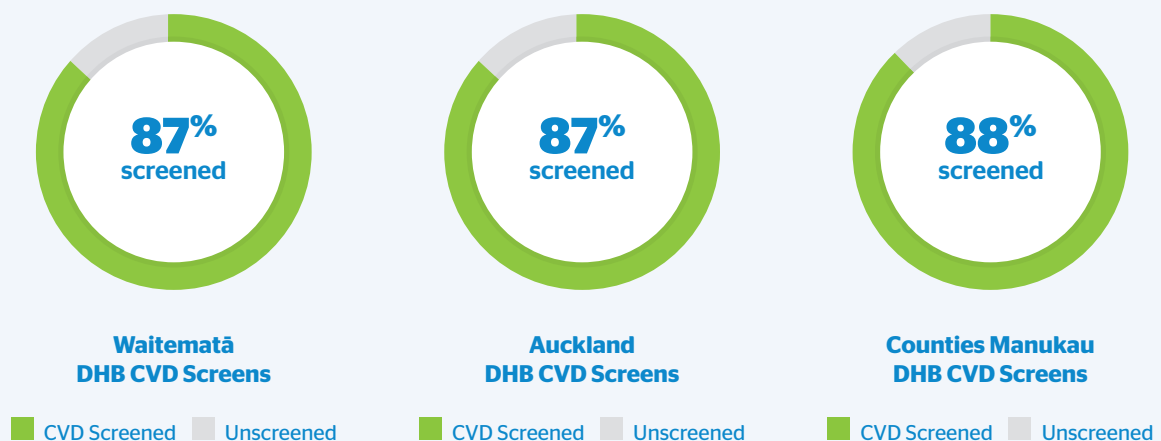
#### Cardiovascular Disease Risk Assessment Indicator

A milestone was reached in 2019 with the implementation of the new 2018 Cardiovascular Disease Risk Assessment (CVDRA) indicator using the New Zealand dataset for Māori and the CVDRA MōhioForm, tested by the Health Information Standards Organisation (HISO), provided by NHC.<sup>2</sup>

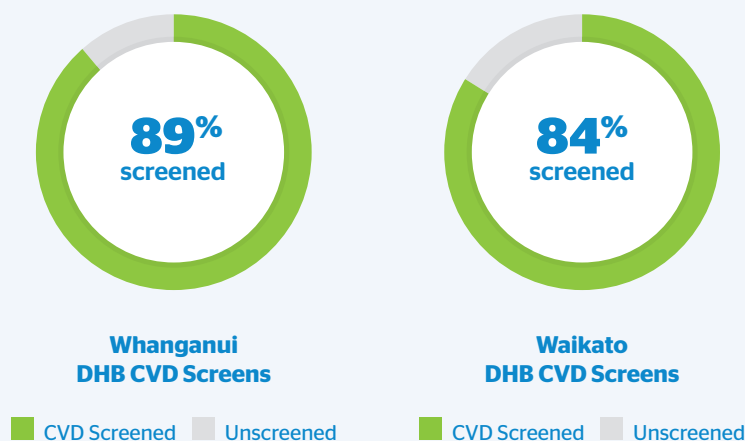
The result is that Māori men and women are targeted 15 years earlier for their first CVDRA (at 30 and 40 years of age, respectively) than populations without known risk.

As illustrated by the following graphs, Metro-Auckland DHB providers achieved between 86.58% and 88.03% on this CVDRA indicator for FY20 – a year which spanned a 10 to 11-month period due to the loss of face-to-face encounters and laboratory time prioritised for COVID-19.

#### Metro-Auckland DHBs



#### Whanganui/Waikato DHBs



<sup>2</sup>The Mōhio Services Group provide an innovative suite of products designed to help general practices and primary health organisations. MōhioForms are a range of electronic forms which support clinician decisions and workflow.

## General Health Target Results

### Better Help for Smokers to Quit

A number of Mōhio platforms are available to our practices to monitor the progress of their performance. This includes live reporting which provides a breakdown by ethnicity. By providing access to a variety of platforms, NHC can offer more options to providers and help them achieve the national target of 90%.

Over the last six months, our Mōhio team have redeveloped the mobile application used for smoking recalls to help practices meet this target. By offering reporting systems which provide a breakdown by ethnicity, we can work with providers to produce tailored plans to target Māori and Pacific patients.

We have also encouraged practices to appoint a smoking champion from within their nursing staff to undertake the responsibilities of achieving the national target. This, in turn, encourages practice staff to engage with patients, raise awareness and increase referrals for those seeking help to quit smoking.

Smoking champions are provided with resources they can use with patients. The Ready Steady Quit referral form is available via our Mōhio claims forms for GP and nurse ease of access.

NHC's call centre has continued to be utilised, supporting patients for whom English is a second language. By employing staff who speak a range of languages, particularly te reo Māori and Pacific languages, call takers are able to build rapport, reducing barriers for patients.

Lastly, Flexible Funding Pool (FFP) payments are available to practices for Smoking Brief Advice interventions for Māori, Pacific and other communities living in quintiles 4 and 5.<sup>3</sup>

<sup>3</sup>NHC's Flexible Funding Pool programme aims to reduce barriers for high-needs populations and support quality care. More information can be found on page 19 of this report.

## General Health Target Results

### Cervical Screening

In FY20 NHC focused on removing some of the barriers that prevent Māori and Pacific women from engaging with screening services. Interventions included working with providers to facilitate free cervical screening clinics and providing a nurse smear taker.

Closing the equity gap in service access and addressing the decreasing number of screens remains a challenge. The PHN have consistently worked to improve performance by meeting with practice teams monthly to discuss performance and potential areas for collaboration. Means of improvement identified include utilising Mōhio to provide practices with accurate patient lists and encouraging the use of practice status boards, enabling providers to see performance in real-time.

Patients' past experiences, or awareness of others' experiences, mean that many Māori and Pacific women do not engage regularly with their GP for cervical screening. The case study below highlights the gains that can be made from a consultative approach to patient engagement.

### Case Study

A 32-year-old wahine and mother of five presented to a free cervical smear clinic because a family member had recently been diagnosed with cervical cancer. She had never had a smear before and was extremely nervous, as listening to others' experiences had led her to believe that the process was very painful.

The nurse was able to spend time with the patient to initially build rapport. They discussed the importance of cervical screening and being in good health so she could continue to fulfil her role as a mother and her place within her whānau.

The patient was given the opportunity to ask questions before her smear. On completion the patient said: *"I liked the way you spoke to me the whole time, telling me what you were doing at each step and what to expect. It definitely helped me to feel relaxed."*







## **General Health Target Results**

### **Immunisations**

The PHN supports practices with high numbers of pēpi (babies), promoting on-time immunisation by providing priority data reports through Mōhio, supporting training and assessments for practice nurses and offering recall support within clinics.

While improving immunisation rates remains a top priority for NHC, this work was met by a number of challenges in FY20.

The measles epidemic reached a peak in mid-September 2019, inundating general practice with demand for the measles, mumps and rubella (MMR) vaccine. The PHN provided support, distributing MMR vaccines to ensure practices had adequate stock for vaccine clinics. Up-to-date clinic lists were provided through Mōhio to ensure vulnerable patients were contacted and to encourage early referral to Outreach Immunisation Services for overdue tamariki (children).

Because of increased demand for MMR and influenza vaccines, additional nurse vaccinators were needed. Therefore, practice nurses completed the provisional vaccinator training through the Immunisation Advisory Centre.

COVID-19 saw greater demand for the 2020 influenza vaccine, which, with limitations on vaccine supply, complicated roll-out of this programme. Utilising remote clinical support to recall eligible patients and supporting drive-through influenza vaccinations helped alleviate pressure on our network.

### **COVID-19 response and activities**

The outbreak of COVID-19 significantly impacted operations of the PHN and general practice. Providers responded to the challenge, transitioning towards varying methods of patient consultation, either via phone, virtual or face to face.

NHC's response was to review and respond to the immediate needs of providers and work with them to ensure provision of up-to-date information and sufficient supply of personal protective equipment (PPE) for their practice workforce.

Initiatives and activities established to support practices included:

### **Daily COVID-19 Zoom Updates**

NHC's Clinical Director and Leader Primary Health Networks provided daily COVID-19 updates across the network to ensure providers were fully informed of developments and to provide a forum for discussion.

### **Influenza Clinic**

NHC recognised that COVID-19 significantly impacted practices' influenza vaccination efforts, particularly in terms of meeting targets. To relieve pressure, NHC support included:

- Four support options which were presented to our providers: recall support; vaccinator support; pop-up influenza vaccination clinics; and home visits.
- Recall support for providers, utilising Mōhio lists to invite eligible patients in for vaccinations.
- Establishing a drive-through vaccination clinic at Manurewa Marae, assisted by the NHC pandemic support team. This was well attended by patients enrolled with Te Manu Aute Whare Oranga clinic.
- The PHN practice nurse support team participation in COVID-19 influenza meetings to network, communicate and stay up to date. This meant relevant information could be passed on to our team and providers, thereby improving vaccination rates.

### **Remote GP Clinic**

As providers adjusted to working within a 'new normal', remote GP clinic support was established at NHC. This was staffed by nurses and locum GPs to alleviate pressure on our network, enabling them to continue providing timely care to patients.

### **Perspex screens and deliveries**

Clinic and patient safety was paramount during the COVID-19 outbreak. As reception staff are the first point of contact for patients, perspex screens were provided to all practices in our network to ensure reception staff could work safely. NHC staff worked extended hours to deliver and install these in our clinics across Metro-Auckland, Waikato and Whanganui.





*Drive-through Influenza vaccination clinic*

### ***PPE delivery and support***

Ensuring our provider network is well equipped with PPE is ongoing. PPE is delivered across the network weekly by NHC staff.

### ***Community-Based Assessment Centre (CBAC) Support from PHN Nurses***

Whānau Ora Community Clinic, part of the NHC network, established a CBAC in South Tāmaki Makaurau (South Auckland). NHC provided weekend nurse support to assist with triaging, COVID-19 swabbing and e-notifications. This service extended to COVID-19 testing from the Whānau Ora mobile units.

*The Whānau Ora Community Clinic was overwhelmed with the support that NHC provided during Alert Level 4, which enabled our organisation to get on with the mahi (work). There were 21 testing stations, including mobile vans operating across Metro-Auckland, of which we were one of two Māori providers.*

*From April to August 2020 we tested 14,450 people: 3,085 Māori, 2,828 Pacific, 1,288 Asian, 4,669 Pākehā and 1,085 of other ethnicities.*

*The Whānau Ora Community Clinic tested more Māori in Auckland than all the other testing stations and tested the second-highest numbers of Pacific. We were the sixth-highest testing station for Pākehā and the eighth highest for Asian.*

*We would like to take this opportunity to thank NHC for their support of our service during this period.*

**George Ngatai QSM JP**

Director – The Whānau Ora Community Clinic

## Practice Support

### ***Implementation of E-Ako Kete (online learning platform)***

This year saw the successful launch of E-Ako Kete. This platform was established in response to requests from our network for support with training requirements, orientation and education.

E-Ako Kete delivers useful resources to practice managers, receptionists, administration, nurses and GPs, helping users expand their knowledge.

Content that can be uploaded includes orientation resources, quality programmes (e.g. Foundation Standards, and Cornerstone, Safety in Practice) and educational webinars. Content can also include quizzes and assignments to test learning. NHC has already introduced content on the Treaty of Waitangi, Code of Rights and Privacy Code.

E-Ako Kete is currently available to GP clinics across Auckland and Whanganui and will be launched in Waikato next year.

E-Ako Kete, in conjunction with the ongoing support from the NHC Practice Support team, aims to improve overall satisfaction among our providers. It provides an easily accessible online portal that providers can access in their own time, with no constraints due to time or travel.

***"I was excited to learn that NHC would be providing our network with the online training portal E-Ako Kete. This would ensure we are able to easily access training and education sessions at the tip of our fingers without having to worry about time or travel."***

**Practice Support Lead, NHC**

### ***Quality Improvement Initiatives***

Quality improvement programmes are designed to monitor, analyse and improve the quality of processes to ensure better health outcomes. By gathering and evaluating data in key areas, practices can implement change effectively.

### ***RNZCGP Quality Standards programme (Foundation and Cornerstone)***

Minimum mandatory requirements for operation of a general practice within New Zealand were set for implementation from 30 June 2018. This required NHC providers to meet the quality standards defined in the RNZCGP Foundation Standards programme in order to operate.

From 1 April 2020, the 'new' quality standards framework was released across the primary care network with significant changes to the Foundation and Cornerstone programmes. All providers are contractually obligated to comply, as this is part of the back-to-back agreement with primary health organisations (PHOs) and contributes towards quality payments.

The current Foundation programme is standalone, meets requirements under the PHO Agreement Amendment Protocol (PSAAP) Group and is necessary for completion of the Cornerstone Bronze, Silver and Gold tiers. Cornerstone is fully flexible, allowing practices freedom to design their own accreditation. These changes ensure the programme is appropriate and fit for purpose.

Currently 9% of our practices are on Foundation Standards and 91% are Cornerstone Accredited.

### ***Safety in Practice***

This quality improvement programme is provided to our Auckland and Waitematā DHB general practices and focuses on making changes to improve the quality and safety of patient care. Practices are provided with a variety of effective, simple-to-use tools to review current processes, identify areas of risk, implement new strategies and measure change.

Currently five NHC practices are registered with the programme, with three of these holding alumni status. This status is achieved by completing four years of the Safety in Practice programme. Each of these practices were able to use completed modules for their Cornerstone requirements.

Safety in Practice was also awarded the 'ACC Patient Safety Award' during the Primary Healthcare Awards 2020, recognising the programme's commitment to the delivery of safer outcomes for patients within general practice.



### Flexible Funding Pool Utilisation

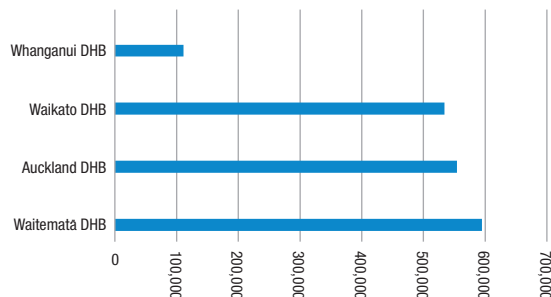
The NHC's Alliance Leadership team oversee our Flexible Funding Pool (FFP). FFP is distributed to 26 general practices across Metro-Auckland, two aged-care providers and over 120,000 enrolled patients. The pool aims to improve equity and access to services for emergency support, women's and sexual health, model of care for long-term conditions, youth health, and lifestyle and behaviour change for smokers.

More than \$2 million was spent on FFP programmes in FY20. A total of 25,815 individuals benefited from these programmes, of which 33% were Māori, 22% Pacific and 45% from other ethnicities primarily living in quintiles 4 and 5.

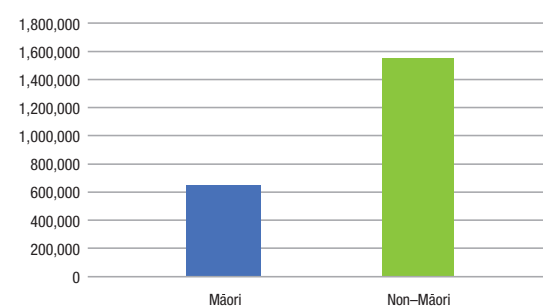
Support for long-term conditions had the greatest uptake across all DHBs. Funding was equitably spent across DHB networks. The table below indicates that total claims and referrals for Māori and Pacific through our providers is low. Further work needs to be done in FY21 to identify reasons behind this, and to pinpoint future opportunities.

	Total FFP spend as a Percentage of Budget	Total Claims	Total Referrals
Māori Only	29.4%	32.5%	31.6%
Pacific Only	21.2%	22.1%	22.2%
All Other Ethnicities	49.3%	45.4%	46.3%

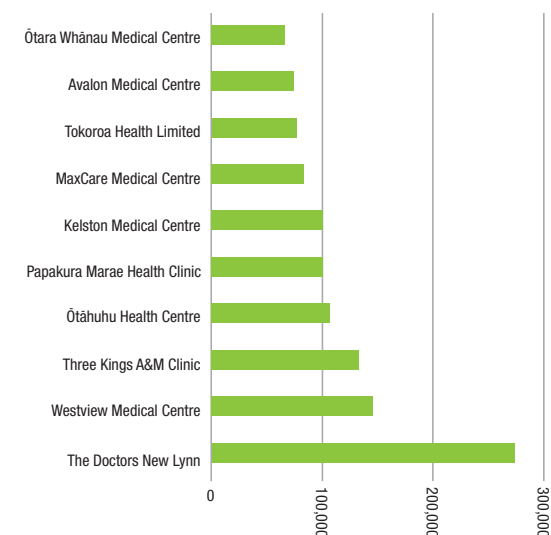
**FFP utilisation by DHB in FY20**  
(dollars spent)



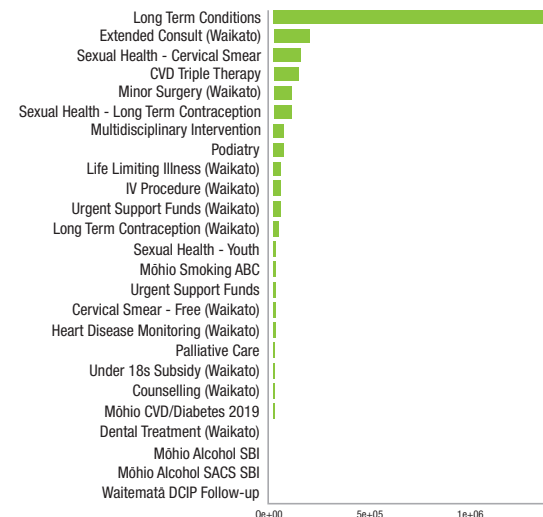
**FFP utilisation between Māori and other ethnicities in FY20**  
(dollars spent)



**Top 10 utilisation by practice in FY20**  
(dollars spent)



**FFP utilisation by programmes of FY20**







## Primary Mental Health Quality Improvement

FY20 saw additional focus on improving the quality of the NHC primary mental health programmes, initially in Auckland, Counties-Manukau and Waikato DHBs. A review of the Auckland-based primary mental health provider network was undertaken. The outcomes included:

- Feedback on strengths of the programmes and ideas on how to improve
- New standard provider rates that acknowledged the various professions involved in our network (psychologists, psychotherapists and counsellors)
- Increased access and choice for the community across the Auckland region
- Over 95% of the providers wished to continue delivering services to our GP network

The next steps will be engaging the GP network and working with providers who are under utilising the programme. This will involve identifying barriers and providing training and support accordingly.

## Alcohol Wellbeing Initiative

Dedicated funding has been targeted towards alcohol screening for Māori males aged 15 to 34. The uptake of this initiative has been gradual. More promotional work will be undertaken in the coming year.

## Case Study

### Health Improvement Practitioner (HIP) Patients

Since the HIP clinic started at Ōrākei Health Services, HIP Meihana Douglas has seen a vast array of patients and presentations.

**Patient 1:** ZP is a 10-year-old boy who presented with his mother. He had been having suicidal thoughts.

After carrying out an assessment, we were able to find that he had been feeling lonely. We encouraged the family to cook dinners together and do more things as a family, as well as invite some of his friends over to play after school. At our follow-up session, ZP stated that he hadn't been having any suicidal thoughts and had been feeling a lot more connected with his family. We came up with a plan to continue with the engagement with those around him. ZP and his parents were happy with the plan and the progress made so far.

**Patient 2:** JK is a 40-year-old woman who presented with stress and rumination. We undertook some values-based work which helped give her more direction and develop more self-compassion. She had been seeing a counsellor for the past three years and after two sessions JK decided she was going to tell her counsellor that she no longer wishes to see them. She stated that our sessions had been more beneficial than the three years' worth of sessions with her counsellor.

The Integrated Primary Mental Health and Addiction Service (IPMHAS) was beneficial for the community. Patients were able to be seen quickly and on the same day if they wanted to, with the GP staff able to give warm handovers. The generalised nature of the service meant that our scope was much larger, and we were able to see patients who normally wouldn't have been referred to us. For example, children as young as eight years old have engaged in our service.

## Tiakina te Tangata – the care of people

Tiakina te Tangata is NHC's long-term condition team based in the Waikato rohe. The team provide whānau-centred care, engaging effectively and intervening early to address health needs and deliver equity of care.

Tiakina te Tangata provides a holistic approach to the hauora of patients and whānau. The teamwork in partnership with whānau, primary care and the wider community network to achieve positive health outcomes.

### Services delivered

- Self-management plans to provide insight and assistance for the management of long-term conditions
- Diabetes education, including Libre support and diabetic nurse specialist support
- Palliative care support
- Smoking cessation and alcohol brief advice
- Mental health and addiction support
- Completion of assessments, including Home, Education, Activities, Drugs and Alcohol, Suicide and Depression, Sexuality and Safety (HEADSSS) assessment, memory testing and disability support link
- Respiratory and cardiac care
- Medication advice
- Advocacy and support for whānau navigating external services
- Collaboration with Kāinga Ora, Ministry for Social Development, iwi and the wider network to provide wrap-around support
- Nursing specific (cervical screening, phlebotomy, B4 School Check)
- Administration of intramuscular and subcutaneous medication, including vitamin B12
- MMR vaccination
- Mobile influenza vaccination service with authorised dependent vaccinators
- Hauora (wellbeing) checks on behalf of GP services

## COVID-19 response

COVID-19 outlined the importance of bringing our Waikato health communities together, creating connectivity and working in collaboration to respond to challenges.

Engagement with vulnerable and high-needs whānau continued during Alert Levels 4 to 2, particularly for whānau who experienced a temporary withdrawal of home help and other support delivered by Waikato community health services.

The Tiakina te Tangata team supported the COVID-19 response by:

- Increasing engagement with Waikato health networks, including Work and Income, food banks, Kāinga Ora, iwi organisations, Waikato DHB and general practice
- Offering appointment transportation assistance for whānau
- Delivering medications to homes
- Helping whānau with "Kai Tautoko", working in partnership with local food banks, iwi and COVID-19 response teams, and delivering kai and hygiene packs
- Assisting Waikato DHB COVID-19 testing and after-hours home visits for swabbing
- Establishing a Tiakina te Tangata/Kāinga Ora initiative to ensure whānau hauora needs were met. This collaboration is ongoing
- Working with Kokiri Trust and Ngāti Raukawa to provide clinical support for mobile and community influenza vaccination clinics.





## Case Study

### Tiakina te Tangata mobile influenza vaccination service

In FY20, Tiakina te Tangata provided support to increase the uptake of influenza vaccination, especially for Māori and high-needs populations.

To relieve pressure on Waikato-based general practices, mobile vaccinations were offered to any whānau identified by their GP. Tiakina te Tangata registered nurses all completed the authorised independent vaccinator training to enable them to deliver vaccinations within the Waikato rohe. The team worked alongside DHBs, general practices and the wider Waikato network to deliver vaccinations within the homes of patients.

Influenza and hauora checks were completed in collaboration with Kāinga Ora for tenants and also for those referred by either their general practice or wider network.

Lastly, Tiakina te Tangata collaborated with the Waikato DHB Transformation team, Waikato DHB Māori Action group, Waikato Childhood Immunisations Screening team, Hauraki PHO, NHC's Waikato Practice Support team and a group of Waikato practices to source vaccines, cold chain (refrigerated storage) equipment, emergency equipment, vaccine fridge space, resources and immunisation clinical support in order to deliver the mobile influenza vaccination service.

# Service Delivery

## Mana Kidz

**88**  
Schools



**34,000**  
Tamariki



**9,814**  
Number of students and  
whānau treated with antibiotics  
for GAS+ throat swabs



**31,708**  
Number of students seen in Mana Kidz clinics  
for sore throat assessments



**97%**  
Proportion of students consented  
to the programme



**10,174**  
Number of skin condition  
assessments



**23,278**  
Number of child health  
assessments



**6,552**  
Immunisation assessments



**3,596**  
Hygiene education  
occurrences



**882**  
Communicable disease  
education sessions



**5,177**  
Health promotion  
education provided  
one on one





## Rheumatic Fever Prevention

Mana Kidz continue to deliver excellence in the prevention, treatment and management of preventable conditions and are a key point of healthcare access for tamariki and whānau. Mana Kidz provide a team of registered nurses and whānau support workers (WSW), who are based in schools during the school term.

At the centre of the Mana Kidz programme is rheumatic fever (RF) prevention. The service includes assessment and treatment of sore throats which is undertaken in two ways: by tamariki self-identifying they have a sore throat (self-IDs) and class checks twice a term. This model provides the opportunity for whānau to be assessed both in the school health clinic and within their own home.

To improve antibiotic adherence, this programme has led a push for use of intramuscular penicillin (IM Bicillin) as opposed to a 10-day course of oral amoxicillin. A single dose of IM Bicillin by injection, or a daily oral dose of amoxicillin for 10 days, is recommended for first-line treatment of group A streptococcus (GAS) pharyngitis. Because IM Bicillin does not require adherence monitoring, there is support across the network to ensure whānau are aware of its efficacy. As a result, the programme has seen a 50% increase in the use of IM Bicillin.

In addition, the Mana Kidz Programme Lead attends the Counties-Manukau DHB (CMDHB) monthly case review meetings. During these meetings, probable and definite cases of acute rheumatic fever (ARF) are identified for patients admitted to hospital. Given this, Mana Kidz have increased post-admission support, rolling out a new Me, My Whānau and Rheumatic Fever resource. This can be used to guide staff to better support students and whānau who are newly or recently diagnosed with RF. Furthermore, sign-off has been granted for an information-sharing request between NHC and CMDHB. This will provide NHC with a list of students diagnosed with ARF and rheumatic heart disease (RHD) in the 88 Mana Kidz schools, ensuring more intensive healthcare and support.

To ensure quality support is provided to whānau and communities, training days are delivered to the Mana Kidz network of staff (approximately 80 full-time equivalents – FTEs). Sessions occur in the school holidays and are well attended. The theme of the most recent Mana Kidz Day was “Rheumatic Fever Journey”. Speakers included: Mr Shannon Leilua (personal whānau experience of RF), Dr Nigel Wilson (Cardiologist at Auckland DHB), the Auckland-Wide Healthy Housing Initiative (AWHI) programme management team (sharing referral pathway information and whānau stories), and Dr Ashley Bloomfield (sharing COVID-19 key learnings and RF commentary from the lockdown period).

### A day in the life of a Mana Kidz worker

An eight-year-old Māori tāne (male), who has had strep throat many times, presented to the school clinic. The Mana Kidz health team understood he had a history of poor medication adherence. His mother stated he did not tolerate antibiotics well and refused to take medication, either by suspension (liquid) or capsule. The Mana Kidz health team offered support and advice, suggesting IM Bicillin. His mother agreed, stating this was a better treatment choice after months of struggling to administer his oral antibiotics once a day for 10 days.

As his mother preferred seeing her family GP for treatment, the health team followed up with the whānau and GP service, confirming that IM Bicillin was given within two days of receiving the positive strep throat swab result.

This is a great outcome for the tamariki and whānau and is an example of whānau working in partnership with the family GP service. The treatment for this child was paramount, resulting in a decreased risk of developing RF.

## Nurse Prescribing

Each Mana Kidz provider now has at least one community nurse prescriber (CNP) in their team in order to improve access to a wider range of treatment (medications) beyond the current 15 standing-order medications supplied by Mana Kidz registered nurses (RN).

Forty-five per cent of nurses across the programme are CNPs who can prescribe up to 30 medicines for common and long-term conditions. Whānau and their tamariki now have free access to a broader list of medications, rather than needing to visit a GP.

CNPs double as an additional source of clinical advice, strengthening and improving the efficiency of health teams. Over the past 12 months, CNPs have provided 1,656 medications in the treatment of sore throats.

## Skin and Child Health Assessments

Mana Kidz health teams provide comprehensive child health assessments. These evaluations include ear health and hearing, eye health and vision, skin and infection assessment, and child protection concerns. Over the past year, there has been an increase in health promotion and education alongside immunisation assessment and interventions.

Immunisations became a focus in 2019, coinciding with the measles outbreak. Several Mana Kidz nurses are authorised vaccinators who support schools and regional pushes to improve immunisation status for tamariki. They also support annual influenza vaccination, including mobile clinics for whānau.

Mana Kidz have witnessed unpredictable growth in education around hygiene and communicable diseases related to the COVID-19 pandemic.

## COVID-19 changes to service

From 24 March, Mana Kidz empirically treated 65 tamariki and whānau with antibiotics (empirically means without throat swabs and based on clinical experience). No throat swabs were completed until 17 June 2020, due to the following factors:

- Labtests stopped processing throat swabs during COVID-19 Alert Levels 2, 3 and 4. Advice stated that Māori and Pacific persons should be empirically treated with antibiotics.
- Suspected COVID-19 case definition included sore throats. On advice from the Mana Kidz governance group, Mana Kidz did not endorse throat swabs for tamariki who reported any COVID-19 symptoms.

As a result, Mana Kidz implemented the following changes to service delivery:

- COVID-19 Alert Level 4 (Lockdown): Total shutdown of business as usual. All Mana Kidz staff were redeployed.
- COVID-19 Alert Level 3 (Restrict): Schools reopened with partial attendance. Mana Kidz implemented a model of service to best meet school, tamariki and whānau needs. This involved a combination of on-site, phone and home visits. Social distancing was maintained at all times.
- COVID-19 Alert Level 2 (Reduce): Schools reopened and Mana Kidz returned to full school-based health services. Empirical treatment of sore throats was maintained. Mana Kidz also continued to offer remote support for whānau who were not at school. Class checks were resumed on 25 May 2020.
- COVID-19 Alert Level 1 (Prepare): Return to swabbing of sore throats and complete return to business as usual.







## COVID-19 Workforce redeployment

During COVID-19 Alert Levels 3 and 4, approximately 75% of nursing staff were redeployed to Community-Based Assessment Centres (CBACs), primary care clinics, Māori community pandemic response, influenza immunisation programmes and the NHC Remote Consultation Clinic. The remainder of the network continued to support the Mana Kidz programme via phone, follow-up and medication runs.

Approximately 50% of whānau support workers assisted with the COVID-19 response. The remaining 50% undertook follow-up with whānau, input and finalised data, and completed reporting.

### Case Study

#### Mana Kidz COVID-19

The mother of a six-year-old tamariki phoned the Mana Kidz school clinic for assistance because her son had begun to wet the bed at night. The mother believed this was due to anxiety around COVID-19. Our Mana Kidz nurse discussed with her the importance of reassuring and educating her son around keeping himself and the family safe during COVID-19. The nurse also advised that he see the family's GP for a urinary tract infection (UTI) test and further assessment. The result was negative for this and other pathophysiology (changes related to a disease or injury). The GP then discussed night terrors and COVID-19 anxiety. On further exploration, the health team noted there was no family history of bedwetting, and the child's fluid and dietary intake was normal. Following this, the nurse helped reframe the whānau's concerns to shift the focus to how they could help prevent COVID-19, rather than fear of the virus. Also discussed was the importance of regular routines within the COVID-19 Alert Level 4 lockdown period, particularly before sleep.

When visiting the health clinic, the nurse sought to reassure the tamariki, focusing the conversation on things he could do to keep healthy, including practising hand hygiene, coughing and sneezing into the inside of the elbow, and getting sore throats and coughs checked. The Mana Kidz health team provided holistic (emotional, social, physical, cultural) care for the child and whānau.

This situation led to a discussion among the Mana Kidz nurses regarding COVID-19 anxiety. The nurses subsequently collaborated to produce a presentation which was given to classes within the community. Key messages for tamariki consisted of reassurance that they were doing a great job and highlighted that we are all 'playing our part'.

Overall, Mana Kidz continued to provide evidence-based nursing care promoting the health and wellbeing of both child and whānau, encouraging whānau to prosper and live well. Mana whānau, whānau ora.





*Waha Nui - Light AI Project*

## Research

### Impetigo Trial

The Impetigo Trial was a school-based intervention that compared two alternative treatments for mild-to-moderate impetigo among school children: topical fusidic acid and topical hydrogen peroxide. This trial will inform evidence-based skin infection guidelines locally, nationally and internationally.

The Impetigo Trial continued to be accessed through all 59 Level 1 Mana Kidz schools in the Counties-Manukau region this past year with all eight Mana Kidz providers actively involved in recruitment. In March 2020, trial enrolment was stopped due to COVID-19; however, at this point the target for students consented had been reached.

Overall, 3,312 students were assessed for study inclusion, with 1,121 of these with mild-to-moderate impetigo. Of those with mild-to-moderate impetigo, 493 students consented to the trial and 400 students completed treatment by March 2020.

### Waha Nui - Light AI Project

Waha Nui - Light AI Project is a school-based calibration trial that aims to train an artificial intelligence (AI) camera device and replace throat swabs.

An AI camera device, Light AI (LAI), has been developed that can produce a rapid diagnosis of GAS (cause of rheumatic fever) via images taken of throats and a software algorithm.

The LAI trial is a commercially funded, multi-site (United States, Uganda, Spain and potentially Australia and New Zealand) calibration study to improve the algorithm of the device. The trial seeks to collect up to 5,000 throat swabs from Mana Kidz school providers in Counties-Manukau.

The trial is proposed to extend to June 2021 and will roll out in six schools across two providers within the Mana Kidz network.

## Auckland-Wide Healthy Housing Initiative (AWHI)

**34**

whānau received  
insulation



**248**

whānau receive  
curtains



**2,010**

bedding packs  
provided



**106**

beds provided



**29**

whānau with  
fixed heating



**703**

healthy home  
education sessions  
held



**201**

FACE (Full and  
Complete Entitlement)  
assessments provided



**191**

whānau connected  
to other services



In the past 12 months, the AWHI team have continued to work with whānau in the South Tāmaki Makaurau area. Of a total of 1,283 whānau, 350 were Māori and 567 were Pacific.

Many common illnesses are caused by poorly ventilated, cold and overcrowded homes, with children being particularly affected. The AWHI programme works to improve housing conditions for whānau. By increasing the number of healthy homes, there is less risk of exposure to preventable housing-related conditions, such as ARF and respiratory tract illnesses.

*“thank you for our beds, we love them!”*

The programme connects families and community providers to local services and organisations that help create healthy homes. This includes minor repairs, access to resources such as bedding, curtains and heating, as well as the provision of advice, support and education. At the heart of our approach is ensuring whānau have the skills, confidence and knowledge to make positive choices.

After interventions, whānau report their homes are warmer and drier, with less sickness overall.

## Case Study

### AWHI

The Fifita whānau were referred to the AWHI team in late 2019 as one of their tamariki was hospitalised with pneumonia. After engaging with the AWHI team, a social housing referral was made, moving the whānau of nine from a two-bedroom private rental to a five-bedroom social house.

The AWHI case manager found that the home was largely up to standard, referring the whānau to the Kāinga Ora team for draught-stoppers and home maintenance. The case manager identified that the whānau needed beds for the tamariki, as they were sharing a large bed. With funding received from Variety – the Children’s Charity, the AWHI team were able to provide the Fifita whānau with bunk beds supplied by Big Save Furniture. This has enabled the Fifita tamariki to have a safe and healthy sleeping environment.

### AWHI Sensor Project

The AWHI team continued the sensor project, which measures temperature and humidity every 15 minutes in 40 homes. Each home has two sensors, one in the living room and one in a child’s bedroom. The project collects data from homes pre-intervention, during intervention and post-intervention. This will inform the programme of the effectiveness of interventions and their measurable impact on home health against temperature and humidity benchmarks. Data is collected from owner-occupied homes, private rentals and Kāinga Ora homes. Informed consent has been gained from the whānau involved.

### AWHI 360 Virtual Training Package

The AWHI 360 Virtual Training Package saw four homes photographed and filmed to give 360-degree tours. The type of homes ranged from close to standard, to below standard. The tours were used to train new case managers around identifying key intervention points. This training package will be implemented across Healthy Housing Initiatives (HHIs) nationally.

### Sustain and Enable the Whakakotahi Pilot

This pilot is a strengths-based approach to landlord engagement. The programme is seeking to involve 30 to 40 whānau participants, with 15 currently consented. The purpose is to help support landlords keep their rentals up to standard so whānau live in warmer, drier, safer homes.



## Te Wā Kōrero

**22**

Rangatahi  
consented to  
the 8-week  
programme



**21**

Rangatahi  
completed  
the 8-week  
programme



**54**

Individual  
sessions held



**684**

Rangatahi  
engaged via  
group sessions



**738**

Overall rangatahi  
engagements



Te Wā Kōrero (TWK) is an eight-week youth engagement programme that aims to equip rangatahi (youth) aged 9 to 12 years with positive tools to enhance their confidence and resilience. The kaupapa is driven by Māori principles and values that focus on rangatahi connection, identity and belonging.

The programme works with rangatahi via six individual (one-to-one) sessions and two group sessions (made up of all students from each school involved in the programme) per term. Alternative group sessions based on the same key principles are also held during lunchtimes and after school for rangatahi wanting to self-refer. The initiative currently extends across four schools in South Auckland.

*"It was great to see my two children speak openly with other peers without fear of being judged, which is something they were apprehensive about."*

**Mother of rangatahi**

*"A lot of our programmes in school are group based. I love that the Te Wā Kōrero programme focuses on students individually as it gives that time just for them, which is powerful."*

**Deputy Principal**

During the year, the team created and made use of safe social media platforms (closed-group Facebook page) where rangatahi could access positive, fun and relevant information during the COVID-19 lockdown period and beyond. The innovation and creativity during this time allowed staff to continue to work towards the goals of the programme.

The programme's hauora (wellbeing) outcomes are:

- Rangatahi school attendance improved
- Behavioural improvement in school and home
- Rangatahi participating in school group activities
- Rangatahi confidence to kōrero with whānau, school staff and peers
- Rangatahi participating in community groups and activities outside school
- Rangatahi participating in the programme's online media activities
- Rangatahi completing the eight-week programme.

This year, All Black Anton Lienert-Brown was onboarded as the TWK Programme Ambassador. Anton has furthered his passion for helping rangatahi in Aotearoa by using his platform to raise awareness. He also signed graduation certificates, which were formally presented to rangatahi.

The programme has seen positive health impacts in:

- Schools
- Whānau
- Community
- Rangatahi mental health



*TWK team with graduating rangitahi*

*“My grandson has been to many different schools and this is the first time he has been awarded any kind of certificate.”*

**Whānau member**

## Case Study

### Te Wā Kōrero

One student was referred to the programme by his grandparents via the school principal for behavioural concerns. The school principal was unsure if the programme could help the student as she feared his behaviour would be too difficult. The grandparents of the student shared that their grandson has had a challenging upbringing and that they were willing to let him participate.

The student attended all eight sessions, saying that he enjoyed learning new things, playing games and talking with the facilitator. The student openly spoke of his behaviour in class and explained to the facilitator that he wants to continue improving and listen to his teacher and whānau. The student also shared his dream to become a doctor or ambulance driver one day, as he wants to help people like his grandmother.

The student graduated at the end of Term 2 with nine whānau members, teacher, peers and principal in attendance. The whānau shared that this was a big achievement. They stated that they have seen improvements at home. The student appears a lot happier and less angry. The school principal also shared how amazing it was to see the positive change, how powerful it was to see the student receiving a certificate and the impact this has had on his whānau.

*“The student’s confidence has grown and has increased interaction with others in class. I have also seen that the student is aware of his behaviour and has strategies to help him manage his anger”*

**School Teacher**

## Enhanced School-Based Health Services (ESBHS)

**100%**

**HEADSSS Assessments  
completed**



**170**

**Referrals to other services**



**437**

**Nurse-led interventions**



Tūhauora is a rangatahi-based programme that serves five schools across the Auckland DHB region: three Alternative Education sites (Maungarei, Maungawhau, and Target Panmure); Te Puu Ao Kura; and the Teen Parenting Unit in Mount Eden. This initiative seeks to support rangatahi who have complex health and social needs. The programme delivers accessible and free nursing services onsite in schools to approximately 150 students.

Tūhauora services include youth health and development checks, such as comprehensive HEADSSS assessments for all students. This allows for early identification of mental health, alcohol and other drug (AOD) issues adversely impacting youth development. Nurses support rangatahi by providing sexual health and contraception services, facilitating access to primary healthcare services (including primary mental health and GP services), providing sore throat management (RF prevention), assessing and managing long-term conditions, and health promotion.

### Case Study

#### Tūhauora

A 15-year-old wahine (female) student with a history of epilepsy, who is a student at the Teen Parenting Unit presented to the clinic for an assessment. The student remains in a long-term relationship with the father of their child, had previously spent time living on the streets and was addicted to methamphetamine. She had run away from home as none of her family members believed that she was being sexually abused by her biological father. She was also grieving given the death of a close friend. The student is currently living in Oranga Tamariki care. On presentation the student spoke of being unable to make doctors' appointments and fill prescriptions due to financial constraints.

The nurse completed whakawhānaungatanga (process of establishing links/relationships) with the patient to build trust. The student, over the course of the assessment, became more comfortable and opened up about her childhood and the pain and uncertainty she had endured by her father. The student's father was finally arrested. The nurse offered an ACC sensitive claims support; as is supported by the father of her child.

Through the assessment, the nurse also identified the struggle to breastfeed and the student feeling like a failure when she had to put the pēpī (baby) on a bottle. A referral was made to a breastfeeding advocate, and an alternative medication was provided to help with milk supply.

The nurse continued weekly health assessments with the patient to see how she was coping. The nurse was able to supply contraception, medication and safe sex education.

Transportation and finances continue to be a barrier to the student attending GP appointments with the nurse offering to help with transport. The nurse also notes that the patient will need assistance with housing when she leaves the Teen Parenting Unit, as well as Oranga Tamariki support and ongoing counselling. Lastly, the nurse has recommended the student attends the Altered High programme with her partner to maintain her sobriety.





## Gen2040 Best Start Kōwae

# 100+

Practices onboarded



# 25%

Of all Best Start - Pregnancy assessments completed for pēpi Māori, indicating ethnic proportionality in tool use

### Quality, consistent standardised care for Hapū Māmā and Pēpi Māori

In March 2019 the PSAAP Group agreed the Community Services Card subsidy for the non-Very Low-Cost Access (VLCA) practices underspend of \$3.5 million be allocated to NHC's proposed one-off project to improve health outcomes for pēpi Māori across Aotearoa.

The approach was approved by the Minister of Health, and the NHC-led, Generation2040 (Gen2040) project commenced in November 2019. The project was officially launched in July 2020.

Gen2040 is rolling out the Best Start Kōwae, a suite of smart assessment tools embedded into practice management systems in primary care and available online via secure webform. The kōwae modules are designed to support consistent and comprehensive assessments by promoting inquiry, decision support, early intervention management and referral to support services. The kōwae ensure māmā and pēpi have equity in access to wrap-around support services and quality, standardised care in primary care.

The kōwae are designed to support a nurse-led, GP-oversight model of care, with accessibility for lead maternity carers (LMCs). This enables visibility of assessments at three touchpoints across the hapūtanga (pregnancy) and post-partum journey.

There are four kōwae, consisting of:

- Best Start - Pregnancy: a comprehensive early pregnancy assessment
- Best Start - 2nd Trimester: vaccination and referral review
- Best Start - 6-Week Pēpi: enhanced enrolment to practice check for baby at six weeks
- Best Start - 6-Week Māmā: a comprehensive wellbeing check for māmā at six weeks post-partum.

*"Having a healthy start to life should be every child's right - but for far too many tamariki Māori that's not the case. I'm thrilled to launch this programme with the National Hauora Coalition to help mums and babies get the support they need."*

**Minister for Women, Associate Minister for Health, Julie Anne Genter**





Gen2040 provides incentive payments for all health providers who complete the tools with Māori hapū māmā (pregnant mothers) and pēpi Māori. Data is collected from the tools in real-time, supporting timely reporting and performance improvement.

#### **Gen2040 FY20 key achievements:**

The challenge of implementing a change in primary care maternity practice coincided with the COVID-19 pandemic and subsequent Alert Level 4, 3 and 2 restrictions.

The project team have leveraged off the shift towards remote working, the need for improved transparency and access to patient records necessitated by COVID-19 to adapt implementation planning and progress uptake.

Key achievements include:

- Best Start Kōwae launch
- Best Start - Pregnancy, Best Start - 2nd Trimester and Tuku (e-Referrals) 'go live'
- Key stakeholder consultation with hapū māmā and midwifery sector to review and confirm design content for Best Start Kōwae
- Midwifery engagement and initiation of a collaborative partnership. This has created an opportunity for a broader innovative approach, mitigating risk of miscommunication around the perceived goals and values of the project.

For key stakeholder groups, including hapū māmā, implementing assessments across the hapūtanga journey, the tools' holistic nature and focus on the wider social determinants of health were seen as key strengths in the design of the tools.





## Hauora of the System

An effective health and disability system respects the mana of whānau, and works to support whānau to achieve their aspirations, whatever those may be. Our kaupapa is hauora, not merely conventional primary healthcare services. We identify that mana motuhake (self-government) is the cornerstone of hauora Māori. Everything we do, and will continue to do, is centred on enhancing and enabling the strengths of whānau so they can achieve their own aspirations - mana whānau, whānau ora.

The experience of NHC, like many Māori working in the health sector, tells us that Māori are not well served by the current health and disability system. We are prepared to do something about this.

Our success as a Māori organisation, as a Māori-led PHO and as claimants within the Waitangi Tribunal Health Services and Outcomes Kaupapa Inquiry (Wai 2575) shows this commitment. It is this, in addition to the continuous design, development and implementation of innovative programmes and services, that makes a measurable and meaningful impact on the lives of whānau.



### Leader in Māori Health and Treaty Equity

July 2019 saw the release of the Waitangi Tribunal's watershed Hauora report, focusing on the findings heard through Stage One of the Wai 2575 health services and outcomes kaupapa inquiry into primary healthcare. This report revealed, and echoed the evidence of NHC and other claimants, that the state of Māori health is unacceptable and that Māori health inequities have persisted in the two decades since the New Zealand Public Health and Disability Act 2000 was introduced.

In addition to two overarching recommendations, the Tribunal also made priority interim recommendations for the Crown to work with claimants (which includes NHC and both Wai 1315 claimant groups) on and to fund the process.

1. A draft terms of reference to explore the concept of a stand-alone Māori primary health authority; and
2. Developing a methodology to calculate the extent of underfunding of Māori PHOs and providers.



In late March 2020, and following extensive negotiation with various Crown officials, the NHC and other Stage One claimant groups collectively signed a Heads of Agreement with the Director-General of Health to set out the principles and terms of engagement between the Crown and claimants. May 2020 then saw NHC and the other Stage One claimant groups independently enter into service contracts with the Deputy Director-General Māori Health for and on behalf of the Ministry of Health, to enable some initial funding being made available to each of the three claimant groups to at least commence work on the priority interim recommendations, as identified by the Tribunal.

At the time of writing, NHC continues to work with the other Stage One claimant groups and the Ministry of Health on these crucial pieces of work, as well as its claim preparation for Stage Two of the Wai 2575 kaupapa inquiry - commencing with the disability phase. With the guidance and support of our NHC governors, we look forward to up-and-coming engagement hui and ongoing working relationships with iwi, hapū and whānau Māori.

*“That the Crown fails to adequately resource these organisations and further fails to govern the primary health care system in a way that properly supports them to design and deliver primary health care to their communities, is a serious Treaty breach. Overall, we concluded that the primary health care framework does not recognise and properly provide for tino rangatiratanga and mana motuhake of hauora Māori.”*

Waitangi Tribunal | Hauora report (2019), page xv





## Hauora Māori responsiveness

As an initial response to the first wave of the COVID-19 pandemic and ensuring our commitment to the continuity of care for our enrolled patients, the NHC rapidly implemented the first of our Remote Care Coordination (RCC) suite of support functions being remote consultation clinics. This ensured that alternative arrangements for accessing primary care, which was impacted by COVID-19, did not create additional barriers to access for not only our enrolled patients but with a particular focus also on whānau Māori and other vulnerable populations. As a means of continuing to mitigate traditional barriers to access primary healthcare for whānau Māori the availability of remote consultation clinics, during the first wave of COVID-19, was not restricted to PHO membership and was therefore made available for Māori GP providers across the motu (country).

The RCC service provides a suite of support functions that includes, and is not exclusive to:

### **1. Remote Consultation Clinic**

A clinically-based virtual support model, seen as a transitional change to standard primary care delivery, that alleviates the pressure on general practice to be more available to treat the needs and care of their patients in person and within the traditional general practice/clinic setting.

Remote consultation clinics, during the COVID-19 pandemic, proved to be a successful means of support among NHC's network of GP providers, as too were other Māori GP providers outside the NHC's network that took up the offer to use this function. It allowed both practice-based GPs and nurses to conduct necessary in-person consultations and vaccinations with their most vulnerable patients, while those of their patients who were more suited to virtual consultations continued to receive care as well.

### **2. Clinic Rescue Plan – tailored**

The availability of a tailored response, in the event that a Māori community GP clinic temporarily struggles with continuing to meet the needs of their patients (either due to clinician illness or catastrophic loss of clinical capacity), of which the NHC can remote rescue. This involves the NHC retrieving the clinical infrastructure remotely to provide a temporary virtual clinic, with necessary in-person consultations to be supported by other linked community mobile services, or, where able, via the deployment of the NHC's own nursing and kaimanaaki (community support worker) workforce.

During COVID-19 in FY20, NHC was able to support several practices with tailored rescue plans that specifically looked at combining the remote consultation clinic support function and the deployment of both clinical and allied health workers to assist with clinical and practice capacity issues for in-person care required.

### **3. Hapori Māori targeted initiatives**

An example of this, in response to COVID-19, saw the set-up of a marae car-park influenza vaccination clinic, in collaboration with Te Hononga o Tāmaki me Hoturoa and Manurewa Marae. This collaborative approach saw whānau Māori and other members of their households, regardless of their PHO enrolment or GP clinic registration, within Manurewa and surrounding suburbs receiving their vaccinations from their vehicles.

## Hauora of our Kaimahi

In FY20, NHC accelerated its journey towards being fit for purpose with the establishment of a new Executive Leadership team. A key aspect of the increased focus on the hauora of our kaimahi was the creation of a Leader, People & Culture position on the NHC Executive Leadership team, with the appointment of James Spencer in July. This reinforced the importance and focus on our people, which is underpinned by a He Tāngata (People) Strategy, built on three pillars:

- Purpose – Our whānau (kaimahi, partners and key stakeholders) know and are connected with our purpose, which is embedded within our people processes.
- Talent – We attract, grow and retain talented people who can fulfil their personal purpose through NHC.
- The NHC Way – We have a strong tuarā (support/back) that enables the delivery of the NHC vision and purpose

This strategy is being brought alive through the establishment of clear principles. For example, under the Talent pillar, the key principles are:

- Talent management is the most important thing leaders do
- Our primary role as leaders is to attract, grow and retain talent who can help deliver the NHC purpose.
- Our commitment is to support, embrace and develop people and help connect their purpose to the NHC purpose.
- All leaders are collectively accountable for talent, irrespective of reporting lines.
- Mana kaimahi, kaimahi ora
- We recognise the mana of our kaimahi based on their experience and context.
- We provide kaimahi with the opportunity to bring their skills and experience to make a difference and contribute to the kaupapa.

- We enable and empower our kaimahi to be agents for change and advocates for equity.
- Tikanga underpins our talent management process.
- We are committed to te reo, mē ōna tikanga Māori and Te Tiriti o Waitangi.
- Whānaungatanga – we are all whānau and bring lived experiences to inform our roles.
- Tuakana-teina – we recognise and embrace reciprocity of learning.
- Manaakitanga – we are welcoming and inclusive of diversity.

NHC is committed to becoming a role-model indigenous organisation with a firm belief that tikanga Māori practices deliver better business outcomes. As outlined above, the He Tāngata Strategy emphasises the importance of te reo me ōna tikanga Māori within NHC, with te reo lessons being made available to staff as well as a Tikanga Ohu (working group) being put in place that provides guidance and recommendations on opportunities to incorporate tikanga into NHC's business practices.

One of our core values is whakanuia te whānau (celebrate indigeneity), which is strongly reflected within our workforce. Twelve different ethnic groups are represented within the NHC workforce, with 49% of our kaimahi of Māori whakapapa (heritage). Our commitment is to have at least 50% of kaimahi of Māori whakapapa. This remains a key priority for NHC in FY21.

A considerable base of empirical evidence shows the importance of a gender-diverse Board membership and Leadership team. With over 75% of our Board being female, and 50% of our Leadership team, NHC emphasises the importance of gender diversity.





# 12

Different ethnic groups



# 49%

of kaimahi are Māori



# 75%

of Board of Directors are wāhine



# 50%

of Executive Leadership team are wāhine



## Case Study

### Hauora of our kaimahi

#### Health Psychology Intern to Employee

In FY20, NHC completed hosting a Māori Health Psychology Intern who successfully passed their final exam (February 2020). The intern was employed as the Māori Health Psychologist in a 1FTE Capacity (March 2020).

This staff member has been trained in the Behavioural Health Consultant (BHC) model and is delivering services to support the IPMHAS roll-out schedule. Five NHC GP practices will be involved in this initiative over the next 12 months. It is expected that the employed NHC workforce to support the roll-out will comprise approximately 5.5 FTE, consisting of Health Improvement Practitioners (HIPs) and Health Coaches.

The Senior Health Psychologist will lead the roll-out of the IPMHAS model. This will involve working collaboratively with various stakeholders. To date, there is positive feedback regarding this model.

#### Journey from Intern to Employee

*"The transition from intern to employee was relatively seamless (excluding the lockdown which occurred at the start of my employment). I was already familiar with the people and processes and knew what I was signing up for when I signed my employment contract. The only main differences between the internship and employment were that I am now being paid and I get the extra perks as an employee. In regard to work, I completed the HIP training at the end of May/start of June. Therefore, I now work separate roles as a health psychologist (at Otara Whānau Medical Centre) and a HIP (at Ōrākei Health Services)."*

**Meihana Douglas**

## Awards

He hōnore, he korōria, maungārongo ki te whenua, whakaaro pai ki ngā tāngata katoa. Paimārire.

In 2019, the National Hauora Coalition hosted its 7th Annual Provider Awards and Dinner evening acknowledging and thanking our provider network whānau, made up of Māori and Pacific providers from Auckland, Waikato, Whanganui, Taumarunui and Hauraki who contribute to the aspirations of mana whānau, whānau ora. The 2019 theme was “Wellness and Equity” with seven categories. Award winners are listed below.

Whānau Whakaaro tika – Whānau Wellbeing category. Recognises providers that place whānau at the centre of what they do, and have demonstrated excellence in contributing to whānau wellbeing.

### Awarded to:

- Maniapoto Whānau Ora Centre
- Te Hononga (Mana Kidz)
- Turuki Healthcare (AWHI and Mana Kidz)

Whānau Auaha – Innovation. Acknowledges the courageous, adventurous and open-minded spirit that challenges the status quo, and recognises recipients who are at the cutting edge of health and social impact.

### Whānau Auaha awarded to:

- Auckland Education Services
- Manurewa Marae
- Whānau Ora Community Clinics

Mahia kia ea, kia toa – Can-do Attitude. Acknowledges providers that demonstrate a positive approach and can-do attitude by striving for improvement in all that they do.

Mahia kia ea, kia toa awarded to:

- Health Star Pacific (AWHI)
- DW Family Doctors (PHS)
- Mahia Road Surgery (PHS)

Te Tohu Hautoa – Courageous Leadership. Recognises the work that others do to support the NHC kaupapa. It also recognises support and delivery in our programmes and courageous leadership in reducing inequity in health.

### Awarded to:

- Dr Wendy Walker
- Dr Gabrielle Moss and Dr Faye Clark
- Professor Peter Crampton

Whānau Whai hua – Outcomes Matter. Recognises the highest-performing providers against set key performance targets or indicators. They strive to achieve positive outcomes for whānau and exceed performance expectations.

### Awarded to:

- The Doctors, QuayMed
- Papakura Marae – Kootuitui Strand
- Otara Whānau Medical Centre

The Quality and Service Excellence. Recognises teams and providers that consistently demonstrate quality and service excellence by aspiring to excellence and safest care and, by doing so, have achieved improved health outcomes.

### Awarded to:

- Maxcare Medical Centre

Excellence in Workforce Development. Awarded to a primary healthcare service that consistently demonstrates excellence in workforce development and includes their ability to invest and develop clinical leaders, while striving for excellence to ensure that the workforce is fit for the future value.

### Awarded to:

- Westview Medical Centre





# Hauora of our organisation

The hauora of our organisation is assessed by having a strong tuarā in place in terms of financial and technology systems, our financial health which is outlined in the Financial Statements included in this Annual Report, and by the degree of innovation NHC has introduced. This is primarily indicated through Mōhio.

## Preface to Financial Statements

FY20 saw a significant expansion of the NHC network with the addition of 17 new practices in the Midlands to the PHN's existing 37 practices. Along with the establishment of an office in Kirikiriroa, this expansion resulted in the addition of 17 FTE and year-on-year increases of:

- Revenue by \$27 million (66%)
- Cost of sales \$24 million (65%)
- Operating expenses by \$3 million (64%).

FY20 also saw NHC complete its fit-for-purpose restructure, with the addition of 20 FTE to our existing workforce to serve our vision of mana whānau, whānau ora. As a direct result of this, Consultancy and Employee costs increased by \$2.6 million (68%), year-on-year.

## Tuarā

FY20 saw significant investment into strengthening the NHC tuarā. These improvements included:

- Replacement of the General Ledger system. Implementation of the new accounting system has helped NHC achieve notable efficiency gains and allowed the introduction of new 'work smart' initiatives.
- Investment in the development of a three-year Information Services Strategic Plan (ISSP). The key focus of the ISSP is to ensure the IT infrastructure is robust, effective and protected from cybersecurity threats and that NHC is capable and agile enough to respond to network growth and new strategic direction
- Investment in contract management has enabled there to be further focus on our performance and compliance to meet the requirements of our funding agreements.

## Mōhio

**127**

Clinics using Mōhio



**440,000**

Enrolled service users



**894,642**

Mōhio forms submitted



Virtual ways of working continue to become the norm in healthcare, especially given COVID-19 and other threats from physical contact diseases. The Mōhio platform enables our network providers to optimise their delivery of services to whānau by providing a set of tools that are equipped with the latest technologies and user functions. They are easy to use and consistently aligned with NHC's values:

- Whānau Whakaaro tika: We "think like whānau" in the way we design and create.
- Whānau Auaha: "Everyone is an innovator" underpins Mōhio's focus on continuously improving and become increasingly accessible for NHC network providers and whānau.

Mōhio successfully implemented four functions this year:

- Easy access for whānau – Toi Whānau Health, and Online PHO enrolment
- Better outreach to whānau – MōhioRecall
- Simplicity for providers – Mōhio Installation Service (MIS)

### Toi Whānau Health

The interoperability of our Mōhio information systems enables us to advance the effective delivery of healthcare and provide an enhanced patient experience for our whānau. Toi Whānau Health works towards improving communication and data exchange across the NHC owned and developed information network.

It is a mobile app that provides a channel for whānau to control their health records and connect with health providers conveniently and effectively. We have integrated this technology further to support Medtech Evolution and Medtech 32. We have incorporated feedback and suggestions from users to make additional improvements, resulting in a process that is easier and clearer for both practices and whānau.

### E-enrolment: Online PHO Enrolment

The PHN and Mōhio have jointly initiated and developed Online PHO enrolment primarily for the convenience of patients and their whānau. Instead of travelling to a practice to enrol or performing the traditional, 'download, fill out and post' process, patients can access a self-service portal online via their preferred practice website enrolment link, anywhere at any time.

Security is at the forefront of our design; access to Online PHO enrolment is secure and limited to authorised practice users with individualised username and password.

Online PHO enrolment is user-friendly, more efficient, and paperless. It reduces workload, eliminates stress and promotes a more sustainable way of serving whānau.

### MōhioRecall

MōhioRecall is a mobile app that allows a distributed and mobile workforce (e.g. working from home) to process patient recalls. It also enables prioritisation of Māori and high-needs whānau. Patients are prioritised and assigned to authorised callers. Callers can record actions and outcomes arising from the recall.

The user interface has been redesigned to enable efficient task management; prioritisation of tasks is at the heart of the redesign. New initiatives can easily be added on to support targeted health outcomes for our whānau. A data process function performs all necessary analysis in the background in real-time.

The newest version of the MōhioRecall app works on both Android and iOS platforms. In the near future, MōhioRecall will be extended beyond the mobile environment and support desktop operation systems like Windows and MacOS.

### Mōhio Installation Service (MIS)

MIS is a Mōhio application deployment system for practices that provides robust, reliable and efficient automation of application management.

The main goal of MIS is to simplify the Mōhio app installation and update process for 120-plus practices. It minimises manual action and provides control and insight into the application. MIS has been tested and works with different patient management systems and cloud environments.

### Mōhio in FY20

With the expansion of NHC's Primary Health Network, the number of Mōhio users has increased to 127 clinics across five PHOs and six DHBs. The network now spans more than 440,000 enrolled service users with 894,642 MōhioForms being submitted across all PHOs.





# Networks

## PHN - Auckland DHB

- 109 Doctors
- Dominion Road Surgery
- Health Star Medical Centre
- Maxcare Medical Centre
- Onehunga Medical Practice
- Ōtāhuhu Health Centre
- Ōrākei Health Services
- Rest Home GP
- St Lukes Medical
- Tāmaki Family Health Centre
- The Doctors QuayMed
- Three Kings Accident & Medical

## PHN - Waitematā DHB

- Doctors on Luckens
- Hobsonville Point Medical Centre
- Kelston Medical Centre
- MacLaren Park Medical Centre
- The Doctors New Lynn
- Westview Medical Centre

## PHN - Counties-Manukau DHB

- DW Family Doctors
- Mahia Road Clinic
- Otara Whānau Medical Centre
- Papakura Marae Health Clinic
- Te Manu Aute Whare Oranga
- Third Age Counties (Virtual Clinic)
- Whānau Ora Community Clinics
- Wiri Family Doctors
- Tiakina Te Ora

## PHN - Whanganui DHB

- Castlecliff Health
- Eastcare Medical Centre
- Jabulani Medical Centre

## PHN - Waikato DHB

- Avalon Medical
- Cambridge Family Health
- Doctors@42
- Five Cross Roads Medical Centre
- Hamilton Lake Clinic - Grey Street
- Hamilton Lake Clinic - Pembroke Street
- Leamington Medical Centre
- Maniapoto Whānau Ora Centre
- Matamata Medical Centre
- Ngāruawāhia Medical Centre
- Paeroa Medical Centre
- Putāruru-Tirau Family Doctors
- Raungaiti Marae Health Clinic
- Residential Eldercare Services Ltd
- Rototuna Family Health Centre
- Taumarunui Community Medical Centre
- The Family Clinic Taumarunui Kokiri
- Third Age Health
- Tokoroa Family Health
- Waihi Family Doctors
- Waihi Health Centre

## Mana Kidz Network - Counties-Manukau DHB

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

## AWHI - Counties-Manukau DHB

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

# Glossary

<b>ADHB</b>	Auckland District Health Board
<b>AOD</b>	Alcohol and other drugs
<b>ARF</b>	Acute rheumatic fever
<b>AWHI</b>	Auckland-Wide Healthy Housing Initiative
<b>BHC</b>	Behavioural health consultant
<b>CBAC</b>	Community-based assessment centre
<b>CMDHB</b>	Counties Manukau District Health Board
<b>CNP</b>	Community nurse prescriber
<b>CVDRA</b>	Cardiovascular Disease Risk Assessment
<b>DHB</b>	District health board
<b>ESBHS</b>	Enhanced School-Based Services
<b>FFP</b>	Flexible Funding Pool
<b>FTE</b>	Full-time equivalent
<b>HEADSSS</b>	Home, education, activities, drugs and alcohol, suicide and depression, sexuality and safety assessment
<b>HIP</b>	Health improvement practitioner
<b>HISO</b>	Health Information Standards Organisation
<b>IMPHAS</b>	Integrated Primary Mental Health and Addiction Service
<b>ISSP</b>	Information Services Strategic Plan
<b>LAI</b>	Light Artificial Intelligence
<b>LMC</b>	Lead maternity carer
<b>MIS</b>	Mōhio Installation Service
<b>MMR</b>	Measles, mumps and rubella
<b>PHN</b>	Primary Health Network
<b>PPE</b>	Personal protective equipment
<b>PSAAP</b>	Primary Health Organisation Agreement Amendment Protocol Group
<b>RNZCGP</b>	Royal New Zealand College of General Practitioners
<b>WDHB</b>	Waitemātā District Health Board
<b>WSW</b>	Whānau support workers
<b>RCC</b>	Remote Care Coordination
<b>RF</b>	Rheumatic fever
<b>RHD</b>	Rheumatic heart disease
<b>RN</b>	Registered nurse
<b>TWK</b>	Te Wā Kōrero
<b>VLCA</b>	Very Low-Cost Access







## Financial Statements

National  
Hauora Coalition



# National Hauora Coalition Trust

Operating As: National Hauora Coalition

Financial Statements

for the year ended 30 June 2020

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# Directory

<b>Business Activity</b>	A representative body for Māori Primary Health Organisations
<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>	<p><b>National Hauora Coalition Trust</b>            Dame Tariana Turia (Chairperson)            Henare Mason (Ceased 10/12/2019)            Cynthia Kiro            Wayne McLean (Leave from 09/12/2019)</p> <p><b>National Hauora Coalition Limited</b>            Matthew Sword (Chairperson) - (Ceased 9/12/2019)            Joseph Hanita - (Ceased 9/12/2019)            Tina McCafferty - (Ceased 9/12/2019)            Papaarangi Reid - (Ceased 9/12/2019)            Wayne McLean - Sole Director - (appointed 9/12/2019)</p>

# 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, have audited the financial statements and their report appears on pages 72 and 73.

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.


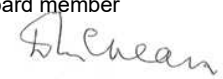
Appropriate systems of internal control have been employed to ensure that all transactions have been executed in accordance with authority and correctly processed and accounted for in the financial records. The systems are implemented and monitored by suitably trained personnel with an appropriate segregation 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 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 for the financial year ended 30 June 2020;
- The Consolidated Statement of Financial Position is drawn up so as to present fairly, in all material respects, the financial position of the Trust as at 30 June 2020;
- The Consolidated Statement of Cash Flows is drawn up so as to present fairly, in all material respects, the cash flows of the Trust for the financial year ended 30 June 2020;
- There are reasonable grounds to believe that the Trust will be able to pay its debts as and when they fall due.

The Board is pleased to present the financial statements of National Hauora Coalition Trust for the year ended 30 June 2020.

	Trust Chair	20 November 2020
Board member		Date
	Sole Director	20 November 2020
Board member		Date

# Consolidated statement of comprehensive revenue and expense

for the year ended 30 June 2020

in New Zealand Dollars

	Note	2020 \$	2019 \$
<b>Revenue</b>			
Revenue from non-exchange transactions	2	67,943,302	40,954,121
Revenue from exchange transactions		317,599	216,774
Interest and dividends		125,364	107,801
<b>Total revenue</b>		<b>68,386,264</b>	<b>41,278,696</b>
<b>Expenditure</b>			
Employee benefits expense		4,858,567	3,226,654
Operating costs	3	62,400,980	37,476,869
Depreciation and amortisation expenses	4 & 5	257,486	100,603
Donations and grants made		-	1,600
Occupancy expense		246,277	151,049
Interest expense		-	438
<b>Total expenditure</b>		<b>67,763,309</b>	<b>40,957,213</b>
<b>Surplus for the year</b>		<b>622,955</b>	<b>321,483</b>
<b>Total comprehensive revenue and expense for the year</b>		<b>622,955</b>	<b>321,483</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 2020

in New Zealand Dollars

	Note	2020 \$	2019 \$
<b>Assets</b>			
Cash and cash equivalents		2,357,763	1,997,657
Investments - short term deposits		3,837,446	3,330,000
Accounts receivable - non exchange		2,450,969	1,360,690
Accounts receivable - exchange		63,616	28,852
Accrued income		-	59,065
Prepayments		10,248	7,532
<b>Current assets</b>		<b>8,720,042</b>	<b>6,783,796</b>
Property, plant and equipment	4	637,705	206,500
Intangible assets	5	158,625	148,904
<b>Non-current assets</b>		<b>796,330</b>	<b>355,404</b>
<b>Total assets</b>		<b>9,516,372</b>	<b>7,139,200</b>
<i>Represented by:</i>			
<b>Liabilities</b>			
Accounts payable - exchange		1,752,468	1,330,125
Accrued expenses		84,498	262,646
Employee entitlements	6	285,388	234,845
GST payable		8,505	50,201
Income in advance		3,355,632	1,854,457
<b>Current liabilities</b>		<b>5,486,491</b>	<b>3,732,274</b>
<b>Total liabilities</b>		<b>5,486,491</b>	<b>3,732,274</b>
<b>Equity</b>			
Accumulated Surplus		4,029,881	3,406,926
<b>Total equity</b>		<b>4,029,881</b>	<b>3,406,926</b>
<b>Total liabilities and equity</b>		<b>9,516,372</b>	<b>7,139,200</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 2020  
in New Zealand Dollars

	Accumulated Surplus	Total
	\$	\$
<b>Balance at 1 July 2019</b>	3,406,926	3,406,926
Total comprehensive revenue and expense	622,955	622,955
<b>Balance at 30 June 2020</b>	<b>4,029,881</b>	<b>4,029,881</b>
<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>

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 2020

in New Zealand Dollars

	Note	2020	2019
		\$	\$
<b>Cash flows from operating activities</b>			
Cash received from customers - exchange transactions		317,598	216,774
Cash received from funders - non-exchange transactions		68,378,500	39,754,590
Interest received		125,364	107,801
Cash paid to suppliers		(62,447,473)	(37,339,391)
Cash paid to employees		(4,808,024)	(3,223,961)
Interest paid		-	(438)
<b>Net cash from operating activities</b>	<b>7</b>	<b>1,565,966</b>	<b>(484,625)</b>
<b>Cash flows from investing activities</b>			
Purchase of short term deposits		(507,446)	(3,330,000)
Acquisition of property, plant and equipment	<b>4</b>	(655,431)	(109,891)
Acquisition of intangible assets	<b>5</b>	(42,981)	(98,250)
Proceeds on disposal of property, plant and equipment		-	(14)
<b>Net cash from investing activities</b>		<b>(1,205,859)</b>	<b>(3,538,155)</b>
<b>Net (decrease)/increase in cash</b>		<b>360,107</b>	<b>(4,022,780)</b>
Opening cash and cash equivalents 1 July		1,997,655	6,020,435
<b>Closing cash</b>		<b>2,357,763</b>	<b>1,997,655</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 and registered under the Charities Act 2005.

The consolidated financial statements comprise the Trust and its controlled entities, National Hauora Coalition Limited and Mōhio Information Systems Limited, together (the Group).

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 2020.

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.

As the primary objective of the Group is to provide goods or services for community and social benefit rather than making a financial return, the Group is a public benefit entity for the purpose of complying with NZ GAAP.

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 Commission 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.

## Notes to the consolidated financial statements

### k) Impairment of financial assets

The Group assesses, at each reporting date, whether there is objective evidence that a financial asset or a group of financial assets is impaired. An impairment exists if one or more events that has occurred since the initial recognition of the asset (an incurred 'loss event') has an impact on the estimated future cash flows of the financial asset or the group of financial assets that can be reliably estimated. Evidence of impairment may include indications that the debtors or a group of debtors is experiencing significant financial difficulty, default or delinquency in interest or principal payments, the probability that they will enter bankruptcy or other financial reorganisation and observable data indicating that there is a measurable decrease in the estimated future cash flows, such as changes in arrears or economic conditions that correlate with defaults.

### l) 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.

## 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 or receivable. 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 income 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 income in advance and released to the Statement of Comprehensive Revenue and Expense once the conditions have been met.

	2020	2019
	\$	\$
Capitation	52,024,613	29,825,820
Contract Income	13,642,212	11,128,301
COVID-19 income	2,276,477	-
	<b>67,943,302</b>	<b>40,954,121</b>

## 3 Expenses

*Included in operating costs are:*

	2020	2019
	\$	\$
Capitation	47,938,582	27,557,344
Contracts	9,773,241	8,436,639
COVID-19 expenses	2,339,739	-
Audit remuneration	32,000	27,655
Other operating expenses	2,317,418	1,455,232
	<b>62,400,980</b>	<b>37,476,869</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 of 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. Recoverable amount is the higher of an asset's fair value less the cost of disposal & its value in use. 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.

An item of Property, Plant and Equipment is derecognised upon disposal or when no further future economic benefits or service potential are expected from its use or disposal.

Gains and losses on disposal are determined by comparing proceeds with the carrying amount. These are included in surplus or deficit.

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

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)

	Leasehold Improvements	Motor Vehicles	Office Equipment	Computer Equipment	Total
30 June 2020					
	\$	\$	\$	\$	\$
<b>Cost or valuation</b>					
Balance at 1 July 2019	25,564	140,478	138,530	198,277	502,849
Additions	20,384	377,433	60,996	196,618	655,431
Disposals	-	-	-	-	-
<b>Balance at 30 June 2020</b>	<b>45,948</b>	<b>517,911</b>	<b>199,526</b>	<b>394,895</b>	<b>1,158,280</b>
<b>Accumulated depreciation</b>					
Balance at 1 July 2019	12,879	60,985	62,907	159,576	296,348
Depreciation for the year	5,360	126,769	41,804	50,295	224,227
Disposals	-	-	-	-	-
<b>Balance at 30 June 2020</b>	<b>18,239</b>	<b>187,754</b>	<b>104,711</b>	<b>209,871</b>	<b>520,575</b>
<b>2020</b>	<b>27,709</b>	<b>330,158</b>	<b>94,815</b>	<b>185,023</b>	<b>637,705</b>
<b>30 June 2019</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>

### 5 Intangible assets

Included in intangible assets were \$158,625 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 2019	148,904
Additions during the year	42,981
Amortisation during the year	(33,260)
<b>Balance as at 30 June 2020</b>	<b>158,625</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.

	2020	2019
	\$	\$
<b>Employee entitlements</b>		
Wages payable	30,499	112,084
Annual leave accrued	254,889	122,761
	<b>285,388</b>	<b>234,845</b>

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

	2020	2019
	\$	\$
<b>Total comprehensive revenue and expense for the year</b>	<b>622,955</b>	<b>321,483</b>
<i>Adjustments for:</i>		
Depreciation and Amortisation	257,486	100,603
<i>Changes in:</i>		
Accounts receivable, prepayments and other assets	(1,068,695)	723,777
Accounts payable, accruals and other liabilities	1,754,219	(1,630,486)
<b>Cash generated from (applied to ) operating activities</b>	<b>1,565,966</b>	<b>(484,623)</b>

### 8 Commitments

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

	2020	2019
	\$	\$
<b>Office Premises and Photocopier Lease</b>		
Less than one year	58,278	146,150
Between 1 and 5 years	3,600	-
More than 5 years	-	-
<b>Total operating lease commitments</b>	<b>61,878</b>	<b>146,150</b>

The leases above include the Lease of photocopier and office premises at Level Four, 11 Gardens Place Hamilton. The lease for the Trust's Head Office on 485B, Rosebank Road, Avondale, Auckland expired on 30 June 2020 and was negotiated after balance date.

## 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.

Rawiri Jansen is the Clinical Director of National Hauora Coalition Limited and is the Medical Director of Papakura Marae Health Centre and sole Director of Tangata Consultants Limited. Provider payments were made to the Papakura Marae Health Centre during the year for the amount of \$1,713,212 (2019: \$1,592,609) and there is \$71,456 (2019: \$116,954) outstanding at year end.

Provider payments were made to Tangata Consultants Limited during the year for the amount of \$15,408 (2019: \$9,429) and there is \$6,900 (2019: \$9,429) 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 \$31,650 (2019: \$21,271) during the current reporting period and there is Nil (2019: \$12,414) outstanding at year end.

#### Key Management Personnel

Key management personnel include the Board Members of the Board and the Executive Leadership Team, which has been broadened in 2020 following a re-organisation of Leadership roles and responsibilities. The aggregate remuneration of key management personnel and the number of individuals, determined on a full time basis, receiving remuneration is as follows:

	2020	2019
<b>Board Members</b>		
Total remuneration (\$)	229,458	184,856
Number of FTEs	0.16	0.14
<b>Executive Leadership Team</b>		
Total remuneration (\$)	1,331,170	614,064
Number of FTEs	8.6	2.6
<b>Total key management personnel</b>		
Total remuneration (\$)	1,560,628	798,920
Number of FTEs	8.8	2.7

During the reporting period, no remuneration was paid to any close family members of key management personnel (2019: 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:

	2020	2019
	\$	\$
<b>Financial assets (Loans and Receivables)</b>		
Cash and cash equivalents	2,357,763	1,997,657
Short-term deposits	3,837,446	3,330,000
Receivables from non-exchange transactions	2,450,969	1,360,690
Receivables from exchange transactions	63,616	28,852
	<b>8,709,794</b>	<b>6,717,199</b>
	2020	2019
	\$	\$
<b>Financial liabilities (at amortised cost)</b>		
Trade and other creditors from exchange transactions	1,836,966	1,592,771
Employee entitlements	285,388	234,845
	<b>2,122,354</b>	<b>1,827,616</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, primarily receivables from exchange and non-exchange transactions.

The Group's maximum exposure to credit risk at balance is \$8,709,794 (2019: \$6,717,199), 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 non-exchange transactions*

The Group monitors trade receivables and actively engages with the funders to seek repayment of overdue balances. Aging of the balance as of 30 June 2020 is as follows:

	2020	2019
Current	\$ 2,194,972	\$ 987,724
>1 month	\$ 111,967	\$ 344,377
>2 months	\$ 31,317	\$ 6,260
>3 months	\$ 112,713	\$ 22,329
Total	\$ 2,450,969	\$ 1,360,690

#### (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 (2019: Nil).

### 12 Going Concern / COVID-19

National Hauora Coalition Trust is reliant on continued funding, mainly from the government agencies. The Board is confident that funding contracts will be successfully negotiated with the appropriate funding bodies for the next financial year and beyond.

The global COVID-19 pandemic has impacted the organisation's operations in 2020. As an essential health service provider, the group continued to operate throughout the various lockdown levels with a clear focus on responding to the COVID-19 challenge.

Some of the extra work was separately funded and the group's financial position is not materially affected by COVID-19 impacts.

### 13 Subsequent Events

There are no subsequent events that would require adjustment to the financial statements.

## Notes to the consolidated 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 readers of the financial statements.

### 15 Standards and Interpretations issued but not yet effective

The standards and interpretations that are issued, but not yet effective, up to the date of issuance of the Group's financial statements are disclosed below. The Group intends to adopt these standards, if applicable, when they become effective.

#### PBE FRS 48 – Service Performance Reporting

This Standard was issued in November 2017 and establishes requirements for PBEs to select and present service performance information.

PBEs within the scope of this Standard will need to provide users with:

- Sufficient contextual information to understand why the entity exists, what it intends to achieve in broad terms over the medium to long term, and how it goes about this; and
- Information about what the entity has done during the reporting period in working towards its broader aims and objectives.

This standard's effective date is for the periods commencing on or after 1 January 2022.

#### PBE IFRS 9 – Financial instruments

PBE IFRS 9 introduces into PBE Standards the reforms introduced by NZ IFRS 9 in the for profit sector. This standard replaces most of the requirements of PBE IPSAS 29.

This new standard:

- Introduces a new classification model for financial assets, which may cause certain financial assets to be classified and measured differently as compared to PBE IPSAS 29.
- Introduces a more forward-looking impairment model for financial assets, based on expected credit loss, which may cause certain assets to be impaired earlier than they would be under the current "incurred loss" model.
- Requires PBEs to provide additional disclosures about impairment.

This standard's effective date is for the periods commencing on or after 1 January 2022.



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## Independent Auditor's Report

### To the Trustees of National Hauora Coalition Trust

#### 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 2020;
- 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 58 to 71 present fairly, in all material respects, the financial position of the group as at 30 June 2020, 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 57 (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.

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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

30 November 2020



## Governance and Executive



*National Hauora Coalition Executive*

### National Hauora Coalition Charitable Trust

#### *Chair/Trustee*

#### **Dame Tariana Turia**

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

#### *Trustee*

#### **Professor Cindy Kiro**

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

#### *Trustee*

#### **Henare Mason**

Tuhoe, Te Arawa, Ngāti Raukawa,  
Ngāti Ranginui

### National Hauora Coalition Ltd Company

#### *Chair/Director*

#### **Wayne McLean**

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

### 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, and Leader, Service Design and Development*

#### **Dr Rawiri McKree Jansen**

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

#### *Leader, Strategic Projects*

#### **Tammy Dehar**

Ngāti Tamaterā, Ngāti Maru,  
Kūki' Āirani  
BA (Māori Development)

#### *Leader, Service Delivery*

#### **Dr Rachel Brown**

Ngāti Mutunga ki Wharekauri,  
Kai Tahu  
PhD (Health Science/Indigenous  
Health/Health Services), MHSc  
(Hons)

#### *Leader, Information Services – Mōhio Group*

#### **Maple Zhang**

MMgmt, PGDBA, BBIM

#### *Leader, Primary Health Networks*

#### **Jonathan Murray**

MBA, PGDipBus, DipBusComp

#### *Leader, People and Culture*

#### **James Spencer**

Te Āti Awa  
MSocSci (Hons)

#### *Chief Financial Officer*

#### **Alfred Pushpakumar**

CPA, ACMA, CGMA

#### *Manager, Executive and Governance Support*

#### **Ali Ahu**

Ngāti Amaru, Ngāti Tipa,  
Ngāti Pāoa, Ngāti Mahuta  
Waikato, Tainui









National  
Hauora Coalition

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