



National
Hauora Coalition

ANNUAL REPORT
2021





National
Hauora Coalition

Pou Tikanga

Enhancing and enabling the strengths of whānau to achieve rangatiratanga/ self-determined success. We believe that whānau who are nurturing, healthy, engaged, knowledgeable, and prosperous are positioned to succeed to the benefit of New Zealand.

Ngā huarahi hei whakaputa ngā moemoea



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.



whākanuia te whānau *celebrate indigeneity*

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



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

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



whānau whai hua *outcomes matter*

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



whānau whakaaro tika *think like whānau*

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

Ka rongo te pō, ka rongo te pō
i tuia te heke tangata i Hawaiiiki nui, Hawaiiiki roa, Hawaiiiki pāmāmao
I hono ki te wairua, ki te whaiaō, 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

Contents

Trust Chairperson's Foreword	6
Board Chairperson's Foreword	7
Chief Executive's Foreword	8
Governance	11
Impact on Whānau - FY21 at a glance	12
Mana whānau, whānau ora	13
Mahere Rautaki - Strategy for Generational Impact	14
Whānau-centred / outcomes focused	17
Outcome 1. <i>All tamariki have the best start in life</i>	19
Outcome 2. <i>All rangatahi reach their potential</i>	27
Outcome 3. <i>Putting whānau in control of their wellbeing</i>	35
Outcome 4. <i>All whānau living well with long term conditions</i>	39
Evidence-informed / systemic	46
Hauora of our kaimahi	52
Networks	57
Financial Statements	59
Independent Auditor's Report	78



Trust Chair's Foreword



Kahurangi Dame Tariana Turia (DNZM)

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

I present the National Hauora Coalition (NHC) Annual Report for the financial year 2021. Our kaupapa-centric organisation operates around whānau. While the impact of COVID-19 has affected all whānau in Aotearoa, NHC will continue to create and provide solutions for whānau.

The inception of the Māori Health Authority was birthed from stage one Kaupapa Inquiry into Health Services and Outcomes (the *Hauora* report) engaged by National Hauora Coalition claimants. The report found numerous breaches of the principles of Te Tiriti o Waitangi by the Crown within primary health care and highlighted two interim recommendations

- design a draft term of reference to explore the possibility of a stand-alone Māori health authority
- agree on a methodology for the assessment of historical underfunding of Māori primary health organisations and providers

A central kaupapa of the National Hauora Coalition is to advocate for Māori. The *Hauora* report gave rise to a future with funding for a Treaty-compliant, equity-centred health and disability system.

This report articulates a kaupapa-centric organisation that focuses its efforts on whānau to determine their health and wellbeing in an equitably funded health system.

Board Chair's Foreword



Dame Paula Rebstock (DNZM)

It is an honour to write this foreword on behalf of the NHC Ltd Board.

NHC is fully committed to whānau and delivering on the vision of mana whānau, whānau ora. This past year has been significant and challenging. In a global pandemic environment, NHC continues to front-foot and support initiatives that benefit all whānau and communities not just our enrolled population.

In looking to the future, NHC welcomes the steps that have been taken in the health sector reforms towards addressing inequities for Māori. The next steps, however, will be crucial in determining the course of the reforms. Setting out the policy and legislative arrangements in such a way that Māori health equity is prioritised will be the single greatest challenge. NHC is looking forward to these reforms being truly transformational and working with Health New Zealand and the Māori Health Authority to develop the necessary infrastructure in primary and community care.

I acknowledge and extend my appreciation to the Trustees for the opportunity my Board and I have to serve, support and contribute to a whānau-centric model, while working towards equitable outcomes within the social and health system.

Chief Executive's Foreword



Simon Royal

Ngāti Raukawa, Ngāpuhi, Parehauraki, Te Whānau o Haunui

This is the 12th year I have had the privilege of presenting the NHC annual report, in what has been another pivotal year for the organisation, our kaupapa and for all Aotearoa.

FY21 marked a milestone in NHC's journey: 10 years since the formation of our organisation and 20 years of our kaupapa. This offered a timely opportunity to reflect on the past, celebrate the present and look forward to the future. I want to thank everyone who celebrated the occasion with us and all of those who have walked the path with us towards a better future for whānau. NHC is here today because of the advocates who came together 20 years ago and those who continue to bring their energy and vision to the kaupapa of mana whānau, whānau ora.

NHC has grown significantly since our beginnings in a garage in Avondale. We are proud to now be situated in Te Tōangaroa, Ngāti Whātua commercial precinct, more closely connected to mana whenua and contributing a greater Māori presence in Auckland's central business district. NHC remains committed to making Māori-designed, whānau-centred and outcomes-focused services available across Aotearoa and we will continue to draw on our capabilities in the digital, data and information space to design and deliver services that reflect the needs of whānau, aspirations and expectations.

FY21 has also been a challenging year. We have seen the continued impact of the Covid-19 pandemic on the whānau and communities we serve. While we witnessed exceptional leadership from Māori providers who play a crucial role in the response, the inequities stemming from the Government's 'one size fits all' approach have been laid bare. We need not look any further than the Covid-19 vaccine rollout for evidence that policy must be responsive to Māori communities' preferences. NHC will continue to hold the Government to account and work with our partners to deliver equitable outcomes.

Finally, I would like to acknowledge our Trustees, Board, kaimahi and the extended NHC whānau of practices and service providers for their ongoing contribution and commitment to our vision, our kaupapa and to whānau.





tiona
ra Coalitio

ng whānau to achieve hau
ite, mana motuhake, mana whānau



GEN2040



Governance

National Hauora Coalition Charitable Trust

Trust Board Chair/Trustee

Dame Tariana Turia DNZM

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

Hui Chair/Trustee

Wayne McLean (reappointed 21/11/2020)

Ngāti Mahanga, Waikato, Tainui

BMS (Management Studies)

Member of the Institute of Directors (NZ)

Member of the Chartered Accountants Australia
and New Zealand

Trustee

Professor Cynthia Kiro (ceased 20/11/2020)

Ngāpuhi, Ngāti Hine, Ngāti Kahu

PhD Soc Policy, MBA (Exec) Business Administration

National Hauora Coalition Ltd Company

Sole Director (9/12/2019 to 20/11/2020)

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

Chair/Director

Dame Paula Rebstock DNZM (appointed 10/8/2020)

MSc (Economics) London

Post-Grad Dip (Economics) London

BSc (Economics) University of Oregon

2016 Deloitte Top 200 Prize for Excellence
in Corporate Governance (ACC Board)

Director

Shelley Katae (appointed 10/8/2020)

Te Rarawa, Ngāti Porou

Global Women Breakthrough Leaders Scholarship
Recipient (2019)

Stanford University Design School (2018)

BCom, BEd

Provisional Chartered Accountants Australia
and New Zealand

Director

Te Ropu Poa (appointed 10/8/2020)

Ngāpuhi, Ngāti Hine, Ngāti Kahu, Ngāti Wai

Global Women Breakthrough Leaders Programme (2018)

MHR (NSW). DipArt Māori Dev

Director

Eru Lyndon (appointed 21/10/2020)

*Ngāpuhi, Ngāti Hine, Ngāti Kahu, Ngāti Wai,
Ngāti Whātua, Ngāti Toa*

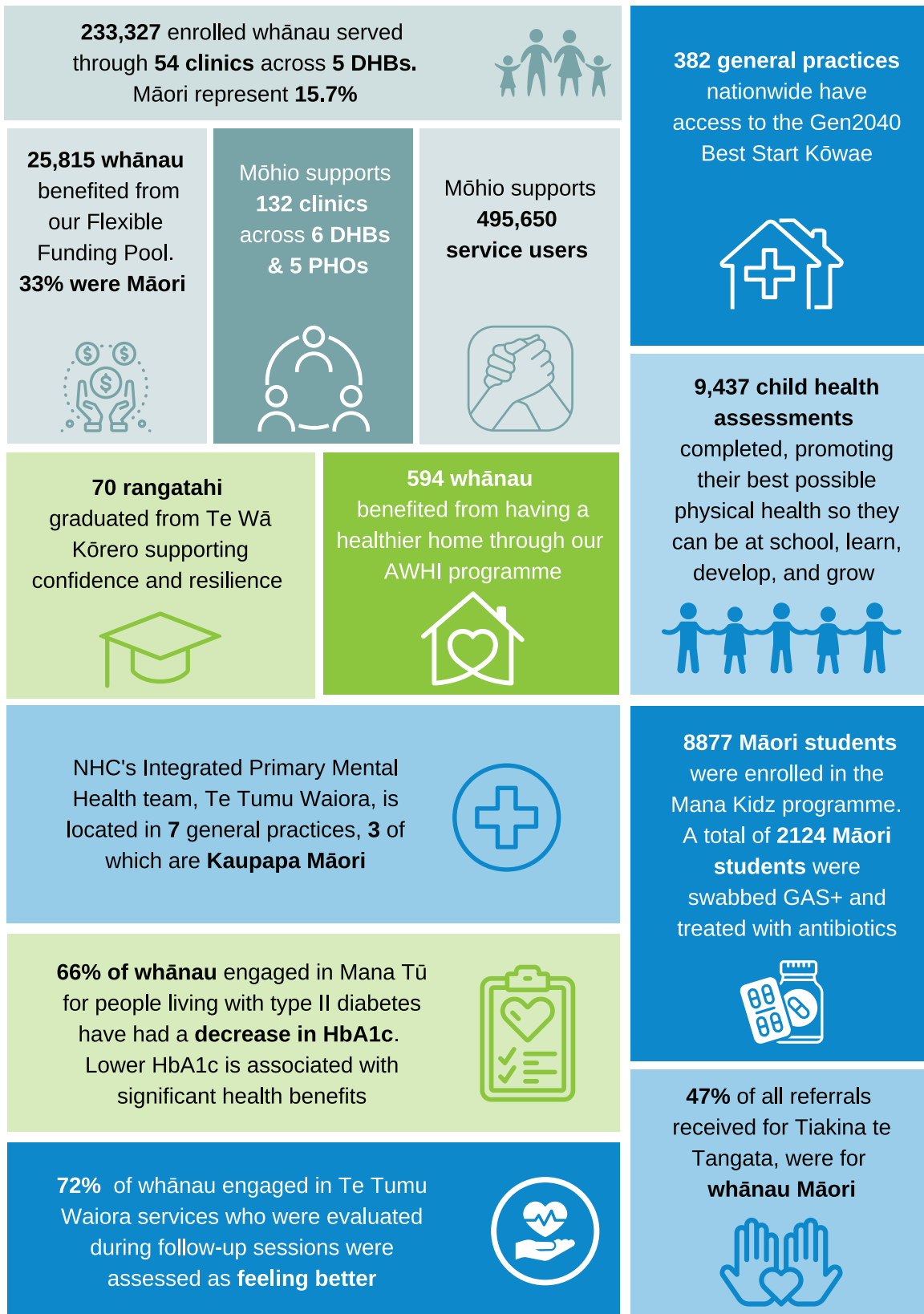
Exec Cert Dig Marketing & Media Analytics

Exec Cert, Design Thinking Stanford

Cert of Completion (HPB)

MBA, LLB

Impact on Whānau - FY21 at a glance



Mana whānau, whānau ora

Mana whānau, whānau ora is the vision handed to NHC by the Charitable Trust Board. From this flows our kaupapa - enhancing and enabling the strengths of whānau to achieve rangatiratanga/self-determined success. We believe that whānau who are nurtured, healthy, engaged, knowledgeable, and prosperous are positioned to succeed to the benefit of Aotearoa New Zealand.

This underpins NHC's mission, which is equity of health and social outcomes. National health statistics show that the Crown has failed to meet its obligations to care for Māori health and wellbeing under Te Tiriti o Waitangi. We are, therefore, guided by the principles of mana motuhake and tino rangatiratanga, because we know that self-determination and Māori autonomy drives better outcomes and saves lives.

The roadmap which guides the way towards achieving our vision is laid out by Mahere Rautaki, the Charitable Trust Board's Strategy for Generational Impact. This places whānau and their aspirations at the centre of our approach, our initiatives and our decision making. Mahere Rautaki is woven within our tikanga and aligns with our (NHC Ltd and NHC Trust) constitutional obligations of mana whānau, whānau ora.

This ensures that 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.

Mahere Rautaki is structured around four pillars: **whānau-centred, outcomes-focused, evidence-informed and systemic**. NHC's annual report for FY21 illustrates our activities against these pillars, focusing on the impact we make in our journey towards realising mana whānau, whānau ora.

Mahere Rautaki - Strategy for Generational Impact

Whānau-centred

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

Outcomes-focused

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

Evidence-informed

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

Systemic

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









Whānau-centred / outcomes focused

This section of the NHC annual report for FY21 details **selected services** which support and drive NHC's four key outcome areas. These outcome areas, indicated below, are pivotal to achieving the NHC moemoeā (vision) of *mana whānau, whānau ora – prosperous families, living well* and are articulated in the NHC Outcomes Framework, developed in 2010. This set of outcome areas reflect whānau-centric aspirations and represent quality of life conditions that whānau and communities have identified they have an entitlement to:

NHC key outcome areas:

1. **All tamariki have the best start in life**
2. **All rangatahi reach their potential**
3. **All whānau in control of their wellbeing**
4. **All whānau living well with long term conditions**

These outcome statements are holistic in nature and encourage and inspire whānau to take up a leadership role in the pursuit of their aspirations. NHC, Government agencies, and providers are merely the enablers that will assist whānau to realise mana whānau, whānau ora. They are premised on the Results Based Accountability (RBA) approach.

In the development of services, NHC maps the contribution that our mahi will have to each of these outcome areas. A series of measures are developed for each service using the RBA approach which creates a framework for understanding how our activity will achieve the outcomes we want. It incorporates a theory of change, articulating the specific changes we expect will result from implementing a new approach. Carefully articulated theories of change provide roadmaps, which can continue to be refined and tested, for guiding decisions about program design and evaluation. The measures that we use are informed by evidence that suggests that improving these measures will have a particular impact for whānau. This is a complex area and we continue to refine and develop our approaches to better understand and evidence our contribution to improving outcomes for whānau.



Outcome 1.

All tamariki have the best start in life

All tamariki having the best start in life means all tamariki experience the best possible development, starting before birth. This is inclusive of the physical health and health status of tamariki, but also of māmā and whānau and encompasses contributing factors such as nutrition, income, housing, social and cultural connectedness and access to parenting support, antenatal care, primary care and education. Healthy development early on in life has an important impact on hauora outcomes across the life course.

A number of NHC services contribute to delivering on outcome 1. Two selected services, AWHI and Gen2040, are highlighted in this section, demonstrating their impact. Some of the other NHC contracted services which contribute to tamariki having the best start in life include, but are not limited to:

- B4 School Check
- Free After-Hours Primary Health Care for Children Aged Under 14 Years
- Rapid Response Sore Throat Primary and Community Services – Rheumatic Fever
- Childhood Immunisation

AWHI Healthy Homes Initiative

Indicators and measures

How much did we do?

Indicator: whānau reside in a stable home environment due to having their basic needs met.

29 whānau received insulation	80 whānau received curtains	41 bedding packs provided	95 beds provided	87 whānau with fixed heating	666 healthy home education sessions	266 referrals into AWHI for whānau Māori

Indicator: whānau are willing active participants and make valuable positive contribution to their housing aspirations.

146 requests for transition to alternative housing	3099 whānau requests for minor repairs & interventions	666 housing assessments completed

Indicator: whānau exert tino rangatiratanga by being able to articulate their needs in their own language & live well in safer, healthier environments that align with cultural needs & ways of living.

9 kaimahi who speak a language other than English	13 kaimahi who are Māori or Pacific

Indicator: whānau are confident & empowered to ask for help.

2301 whānau in a household	139 whānau received MSD FACE assessments.

Indicator: whānau rights to great housing are supported & upheld.

15,440 whānau received Government grant funding (EECA); 11,573 for insulation & 3,867 for heating.*	12 significant legislation changes supporting rights to great housing.**	1690 AWHI whānau received minor repairs and interventions.	2813 increase in Kāinga Ora homes, 1375 of which were in Tāmaki Makaurau.***

Story behind the programme

AWHI is one of 11 Healthy Homes Initiatives (HHI) in New Zealand. The aim of the HHIs is to increase the number of children living in warm, dry, and healthy homes and to reduce avoidable hospitalisations and ill health due to housing-related conditions.

Rheumatic fever (RF) is still a significant health concern in New Zealand. The rate of RF continued to increase from 3.3 cases per 100,000 in 2005 to 4.5 per 100,000 cases in 2013 (Figure 2). From 2014 New Zealand's rate of ARF started to decrease, with 2015 showing 2.1 cases per 100,000. However, rates then continued to rise until 2020 (Figure 2). Māori and Pacific people are disproportionately affected by RF. Māori children experienced an increase in case rates from 11.2 per 100,000 in 2005 to 13.4 per 100,000 in 2013, and Pacific children from 21.6 per 100,000, to 35.3 per 100,000 respectively (Figure 1). Research has shown that housing conditions such as household crowding, cold and damp are strongly linked to RF.

Figure 1. First episode rheumatic fever hospitalisation rate per 100,000 population by prioritised ethnic group, 2002-2020¹

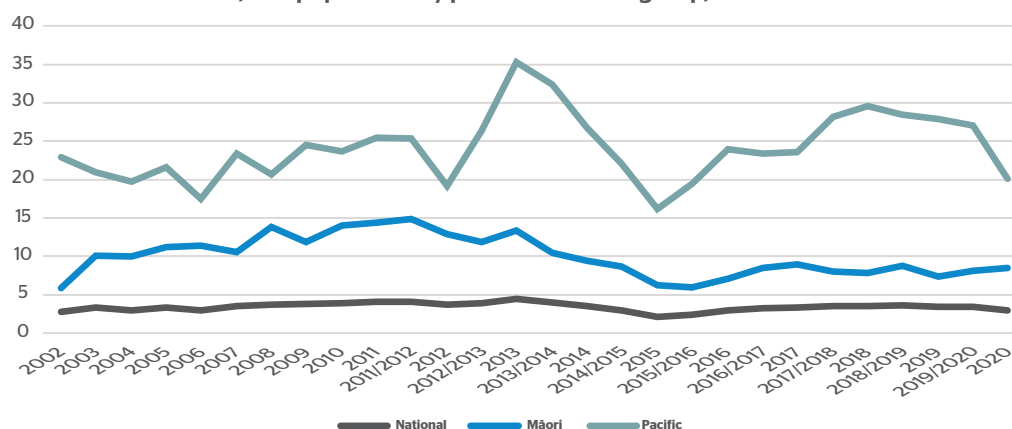
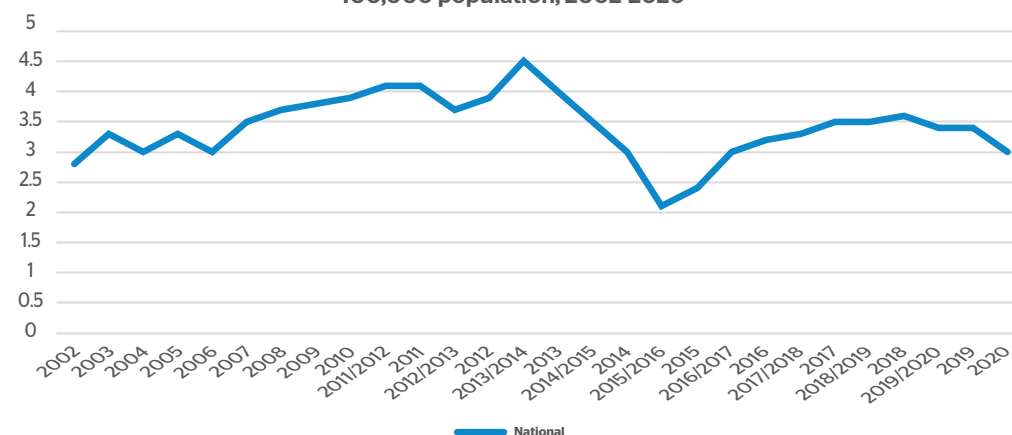


Figure 2. First episode rheumatic fever hospitalisation rate per 100,000 population, 2002-2020²



¹Ministry of Health, "Reducing rheumatic fever," Ministry of Health, last modified 14 April, 2021, <https://www.health.govt.nz/our-work/diseases-and-conditions/rheumatic-fever/reducing-rheumatic-fever>.

²Ibid.

*Increased Kainga Ora housing stock will contribute to reduction in the growing housing register and allow more whānau to access healthy affordable housing. See The Government Housing Dashboard for more information.

**EECA Warmer Kiwi Homes Programme grants are available to eligible New Zealand whānau who need insulation and/or heating in their home. The grant covers 80% of the cost of both insulation and heating. See www.eeca.govt.nz for more information.

***Recent changes in the Residential Tenancies Act 1986 have received multiple updates, in particular, tenants' ability to make minor changes within their home (e.g. adding curtains and curtain rails). See www.tenancy.govt.nz for more information.

What we do

AWHI works to improve housing conditions for whānau. By increasing the number of healthy homes there is reduced risk of exposure to preventable housing-related conditions, such as ARF and respiratory tract illnesses.

Many common illnesses are caused by poorly ventilated, cold, and overcrowded homes, with children being particularly affected. Many whānau who are referred or self-refer into AWHI have presented to hospital or their GP multiple times with recurring health conditions due to living in an unhealthy home. Factors contributing to an unhealthy home include, but are not limited to, dampness, mould, poor ventilation, draughts, overcrowding, fire hazards, and broken windows.

Are whānau better off?

AWHI is a broad, multi-faceted, holistic approach and there are a range of health gains attributable to the housing interventions delivered. The HHI evaluation commissioned by the Ministry of Health demonstrated that the interventions for each whānau case contributed to measurable improvements in health and wellbeing for children and whānau, including reduced hospitalisations for children. This mahi is contributing to the increasing evidence of the positive impact that healthy housing has on tamariki and whānau and is informing positive housing policy change at a national level.

AWHI contributes to averting approximately \$30 million in costs including hospitalisations, GP visits and pharmacy-dispensed medications³

Whānau Voice

During the whakawhanaungatanga process, our kaimahi spoke with a mother in her native language. She was asked:

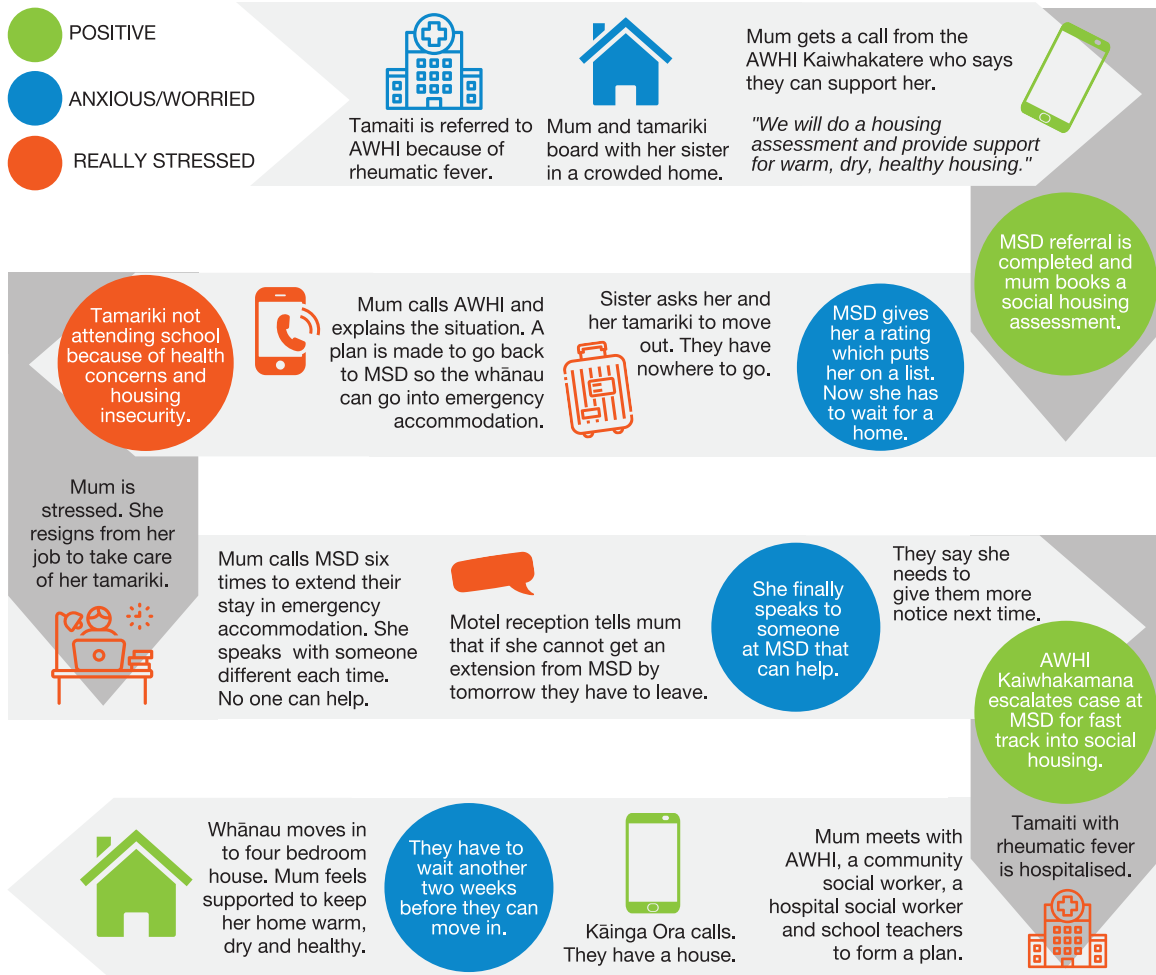
“
how are you coping with all of this?
”

She became very emotional and said that a lot of agencies had come into the home. She shared that she felt they were blaming her for the health issues experienced by her whānau and the state of the home.

Through all these visits, no one had asked her how she was feeling. She said that she had been trying to do her best. She explained that there was a lack of beds and bedding in her whare. One room was being shared by four boys with a double mattress on the floor.

³Nevil Pierse, Maddie White and Lynn Riggs, *Healthy Homes Initiative outcomes evaluation service: Initial analysis of health outcomes—Interim report* (Wellington: Ministry of Health, 2019), accessed 20 October, 2021, <https://www.health.govt.nz/publication/healthy-homes-initiative-outcomes-evaluation-service-initial-analysis-health-outcomes-interim-report>.

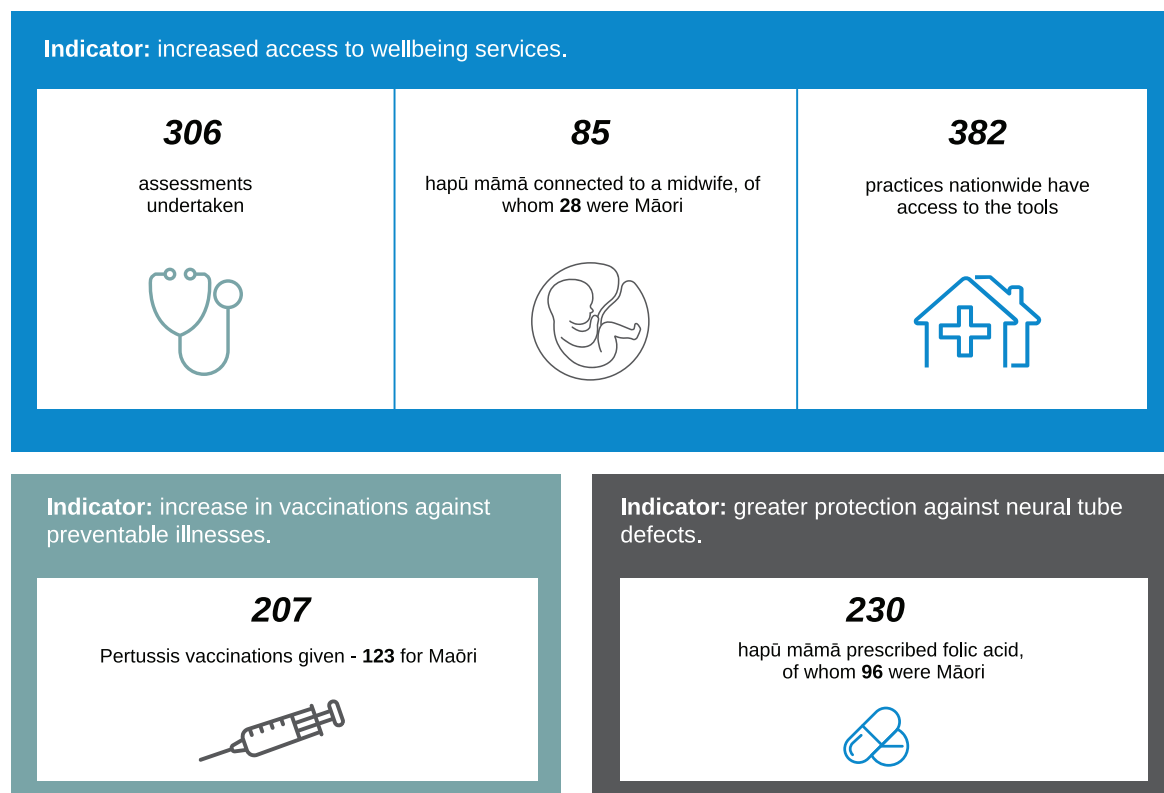
Whānau Journey



Generation 2040

Indicators and measures

How much did we do?



Story behind the programme

Maternity care in Aotearoa is publicly funded and ostensibly free to all eligible women. However, even with this universal provision of maternity care, pēpi Māori are more likely to die in their first year of life than non-Māori infants and are more likely to experience avoidable hospitalisations with gastroenteritis, skin infections and respiratory illnesses. In 2013, the Perinatal and Maternal Mortality Review Committee (PMMRC) reported that the babies of Māori women were almost twice as likely to have a potentially avoidable perinatal death compared to babies of Pākehā mothers. (22% vs 12%).⁴ Other inequity factors include access to a lead maternity carer (LMC), gestation stage at registration with LMC, smoking status/smokefree homes, maternal immunisation rates and baby's enrolment with a GP by 6 months of age.

On 6 March 2019, the PHO Agreement Amendment Protocol Group (PSAAP) proposed that \$3.5M of a \$7M underspend be allocated to a one-off project to improve health outcomes for Māori babies across Aotearoa. The Minister of Health approved this approach.

⁴Charrissa Makowharemahihhi et al., "Initiation of maternity care for young Māori women under 20 years of age," *New Zealand Medical Journal*, no. 1319(2014): 52-61.

There is good evidence that high-quality primary maternity care can improve outcomes for both māmā and pēpi and can reduce the likelihood of adverse outcomes later in life. Wellbeing, equity, and child health are key Government priorities. Generation2040 (Gen2040) focuses on pēpi Māori from conception (or confirmation of pregnancy) to maternal antenatal care, to the 6-week pēpi assessment and helping māmā access existing services.

What we do

Gen2040 was launched in July 2020. The programme takes a pro-equity, life-course approach and is rolling out a suite of smart assessment tools nationwide embedded into practice management systems in primary care and available online via secure webform. Collectively, these tools are called the Best Start Kōwae. The kōwae ensure māmā and pēpi have equity in access to wrap-around support services and quality, standardised care.

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

Gen2040 recognises that primary care is currently not performing equitably for whānau Māori and aims to **significantly reduce or eliminate inequities** for pēpi Māori, specifically the cohort of babies who will turn 21 in 2040, 200 years since the signing of Te Tiriti o Waitangi.

Independent validation from Impact Lab in 2020 predicted that Gen2040 will deliver \$8,845,559 of measurable good to New Zealand society. The outcomes that contributed to this measurement include:

- Reduction in family violence
- Reduction in child maltreatment
- Reduction in addiction
- Increase in smoking cessation
- Housing improvement

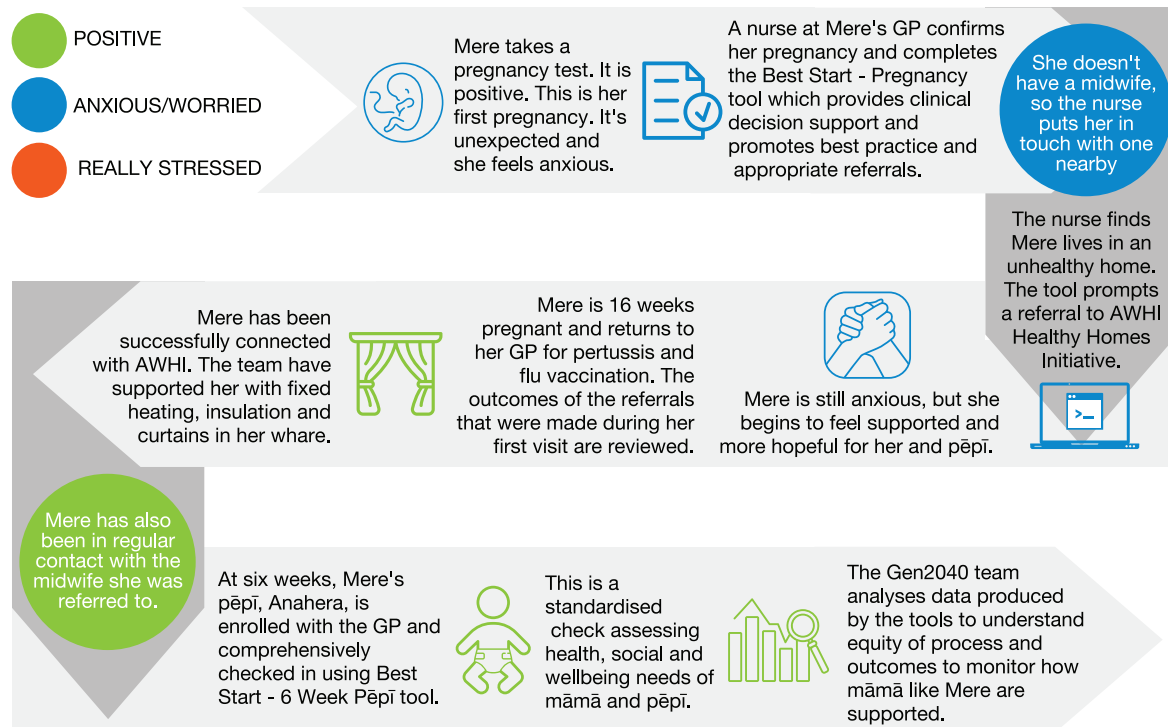
Impact Lab added that Gen2040's real world value is even greater than this, as some outcomes such as improved infant health cannot yet be directly quantified with available data.

Are whānau better off?

Healthy development in the early years (particularly birth to three) has an important impact on hauora outcomes across the life course including educational achievement, lifelong health and wellbeing, strong communities, and successful parenting of the next generation. Gen2040 delivers improved access for māmā and pēpi at key contact points in primary care, from pregnancy confirmation to six weeks post-partum. An evaluation is ongoing to better understand the contribution to outcomes of this mahi but there is good evidence that this increased access to quality clinical care and a range of interventions focused on the wider social determinants of health will have a positive impact on māmā and pēpi by providing:

- Greater protection against neural tube defects
- Increased vaccinations against preventable diseases
- Increased access to wellbeing services
- Increased smoking cessation in māmā wanting to stop
- Reduced pre-term births
- Reduced stillbirths
- Reduced number of pēpi born small for gestational age
- Reduced ambulatory sensitive hospitalisation (ASH) rates
- Increased access to quality care
- Timely access to support

Whānau Journey



Feedback

When asked for feedback on **key strengths** in the design of the tools, important stakeholder groups, including hapū māmā, identified:



Outcome 2.

All rangatahi reach their potential

All rangatahi reaching their potential means all rangatahi feel empowered to become self-determining, are resilient and confident to become leaders in their own lives. Factors which contribute to all rangatahi reaching their potential include safe and stable home environments; knowledge about alcohol and other drug (AOD) misuse; positive relationships with primary caregivers; support for rangatahi at risk of offending; engagement in regular physical activity; access to and engagement in education and educational attainment; financial literacy; cultural and social connectedness; and access to primary care, oral health care, sexual health care and mental health support. Rangatahi who are empowered to reach their potential are more likely to experience positive outcomes in other areas of their lives and across their life course.

A number of NHC services contribute to delivering outcome 2: all rangatahi reach their potential. Two selected services, Mana Kidz and Te Wā Kōrero, are highlighted in this section, demonstrating their impact. Other NHC contracted services which contribute to all rangatahi reaching their potential include, but are not limited to:

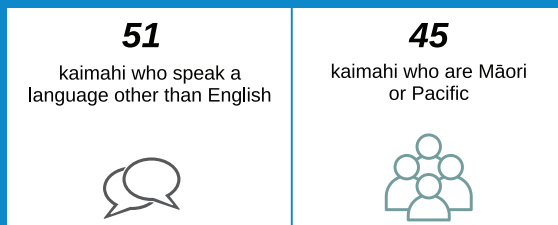
- AWHI
- Tū Hauora
- Free Contraceptive Consultations for Under 25 Year Olds, Sexual Health
- Primary Mental Health Services for Young People

Mana Kidz

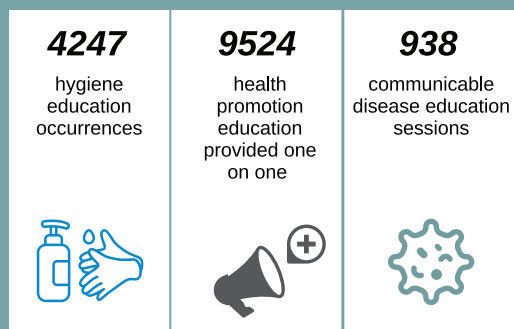
Indicators and measures

How much did we do?

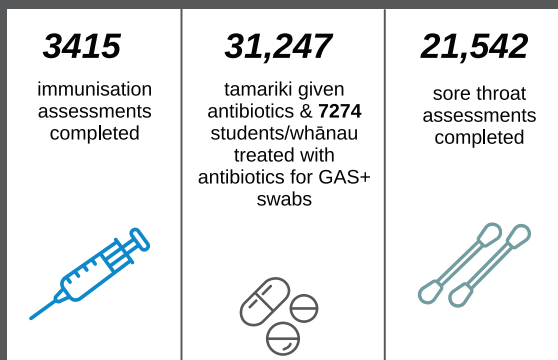
Indicator: whānau exert tino rangatiratanga by being able to articulate their needs in their own language & express concerns to culturally concordant health teams.



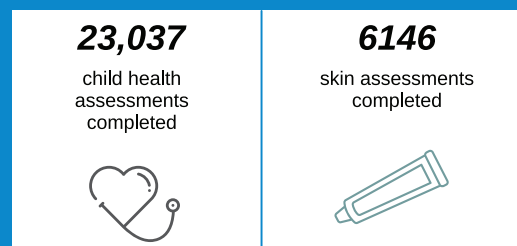
Indicator: whānau are supported and involved in tamariki/rangatahi health care and treatment plans.



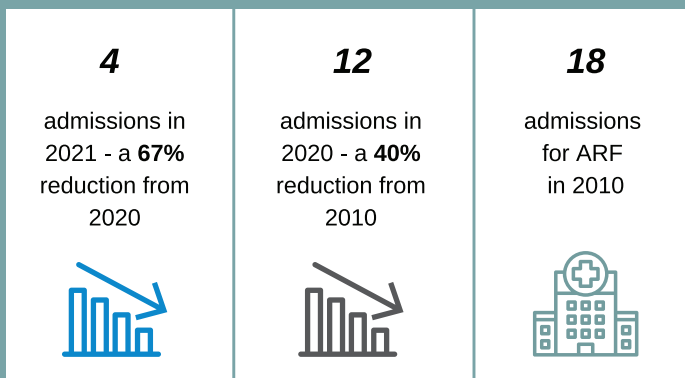
Indicator: whānau have easy access to free health care that quickly meets their needs.



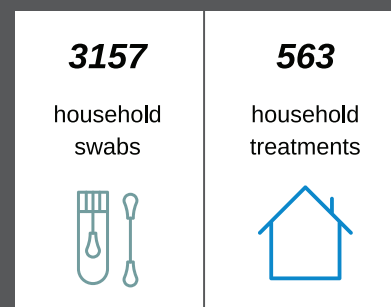
Indicator: tamariki are provided with excellent service to support the best possible physical health so they can be at school, learn, develop, and grow.



Indicator: reduction in hospitalisation rates for Māori aged between 5-12 years with ARF in the Auckland region.



Indicator: whānau can be treated in the safety and privacy of their own home where their mana and values are prioritised.



Story behind the programme

In Aotearoa New Zealand, ARF reduces life expectancy by approximately 15 years. On average, 159 people die yearly from rheumatic heart disease (RHD).⁵ Over 60% of people with ARF will have some degree of long-term cardiac damage or chronic RHD that may require further surgical intervention.⁶ Patients who have had ARF require secondary prophylaxis with intramuscular penicillin every 21-28 days for at least ten years to prevent further recurrences, progression to RHD, cardiac surgery and ultimately premature death.⁷

The Mana Kidz programme in Counties Manukau DHB is an innovative way of delivering high quality primary health care for children in at-risk communities with a particular emphasis on RF prevention, skin infections and immunisation.

The key purpose of the programme is to improve access to primary health care for children in school, years 1-8, who do not currently access healthcare adequately given their level of need. This should lead to a reduction in the incidence of RF in South Auckland as well as the hospital admission rate for skin infection. The mean age of hospitalisation for RF is in the year 1-8 age group. Skin infections are the most common medical indication for hospitalisations in this age group.

"Mana Kidz has contributed to the reduction in acute rheumatic fever in Auckland Pasifika whānau who had the highest rates"

ARPHS 2021

What we do

Mana Kidz is a comprehensive nurse-led service providing RF prevention, skin infection treatment and management and health assessments. Mana Kidz was set up to address the access barriers for Māori and Pacific whānau to primary health care. Mana Kidz provides free health care in schools and homes, offering treatment, health promotion and education to those that have consented to the programme. Mana Kidz contributes to healthy rangatahi through immunisation support.

Are whānau better off?

Whānau are better off due to the reduction in hospitalisation rates for Māori aged between 5-12 years-old with ARF:

- 67% reduction in hospitalisation rates for Māori than the previous 12 months
- 40% reduction in hospitalisation rates for Māori than in year 2010

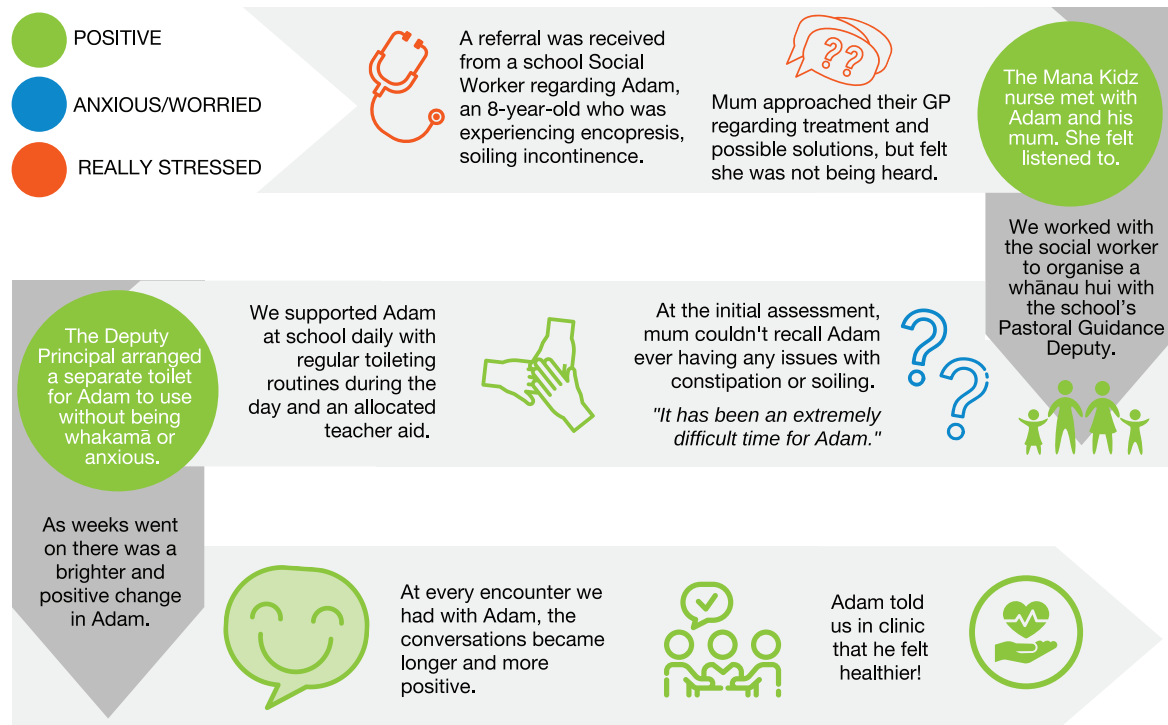
Studies and evaluation have confirmed that the programme is making a significant contribution to tamariki in South Auckland. Key health outcomes have included improved health literacy, reduced prevalence of GAS and severe skin infections and increased tamariki and whānau engagement with health services.

⁵National Hauora Coalition et al., "Pacific Fono: a community-based initiative to improve rheumatic fever service delivery for Pacific Peoples in South Auckland," New Zealand Journal of Primary Health Care, no. 4(2020): 384-390.

⁶Best Practice Advocacy Centre, "Rheumatic fever in Māori: what can we do better?" Best Practice Journal, no.37 (2011): 22-33.

⁷Heart Foundation, "New Zealand Guidelines for Rheumatic Fever Diagnosis, Management and Secondary Prevention of Acute Rheumatic Fever and Rheumatic Heart Disease: 2014 Update," last modified 5, August 2015, <https://www.heartfoundation.org.nz/resources/acute-rheumatic-fever-and-rheumatic-heart-disease-guideline>.

Whānau Journey



"This is another outstanding submission from the National Hauora Coalition. The involvement of wider whānau and the support and education provided is exceptional."

Judge's comments

***Finalist and highly commended entry
at the Primary Healthcare Awards 2021 for
the Ministry of Health Equity Award***

Whānau Voice

“

Our children, our families and our school have benefitted immensely from having Mana Kidz and the Covid-19 pandemic crisis has greatly heightened the worth of this programme to schools and communities especially in poverty impacted areas.

”

— “

We love our nurses. They do an amazing job and are so dedicated and committed. We are very blessed to have them.

— ”

— “

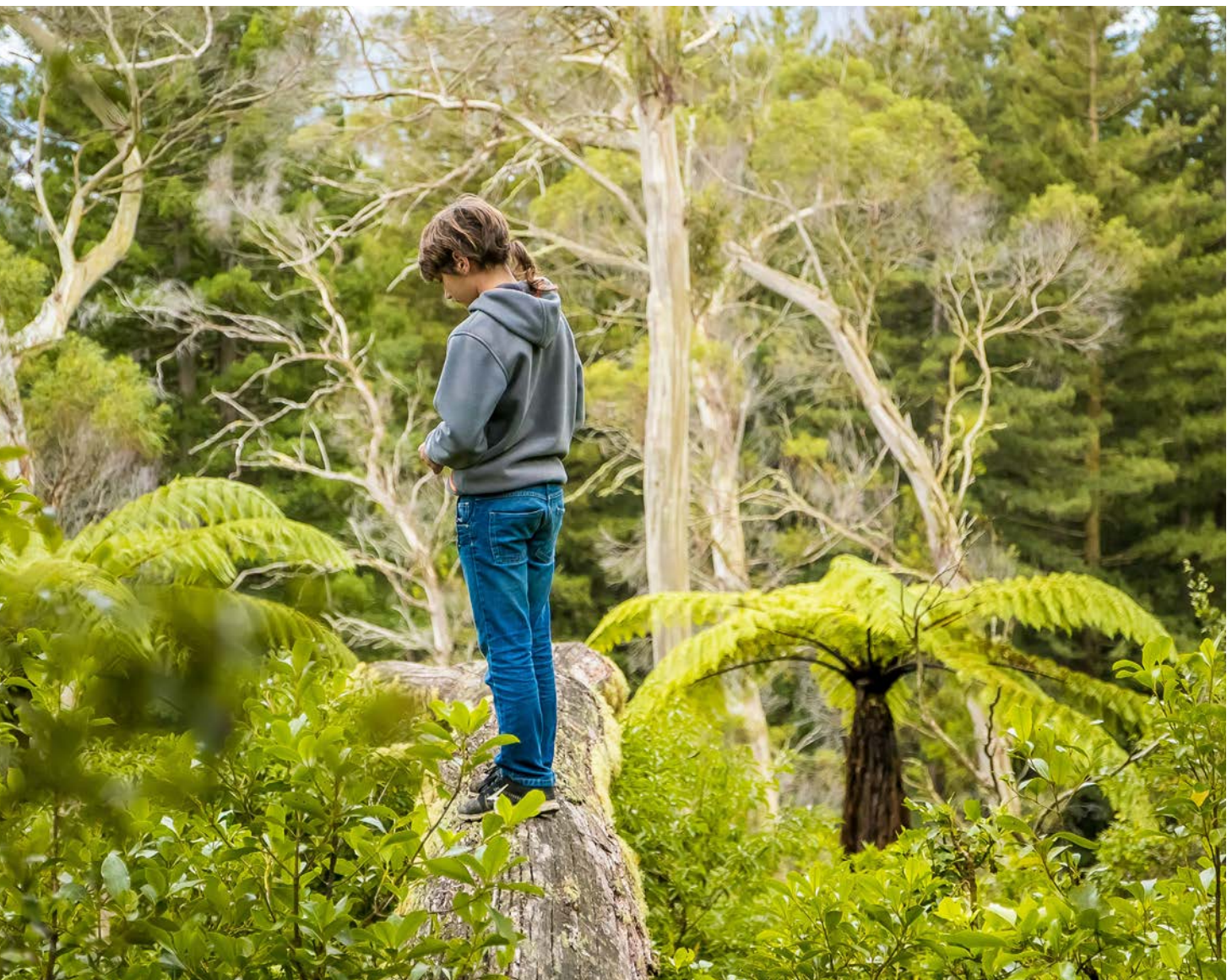
The people we have at our school are part of why we are so satisfied. We know they care about our students and communicate concerns with us.

— ”

“

We're very grateful for the service Mana Kidz provides to our school. I think we need to make more use of their expertise - in our school, with staff, students and community.

”



Te Wā Kōrero (TWK)

Indicators and measures

How much did we do?

Indicator: rangatahi receive care that meets and understands their cultural needs.

123

rangatahi referred through school or self-referred into the programme



70

rangatahi graduated from the programme



329

rangatahi group engagements



Indicator: whānau are supported and involved in rangatahi well-being.

109

whānau engaged and supportive of the programme



Indicator: rangatahi are engaged and connected with the programme.

22

rangatahi engaged via Zoom or phone calls during COVID-19 alert levels 3 & 4



Story behind the programme

Te Wā Kōrero (TWK) is an 8-week youth engagement programme that aims to equip rangatahi aged 9 – 18 years of age with positive tools to enhance their confidence and resilience. The programme is driven by Māori principles and values that focus on rangatahi connection, identity and belonging.

TWK draws on the Christchurch talking bus service, which provided a safe space for young people to talk about their earthquake-related fears and anxieties following the 2011 earthquake.

The programme was refined for local context (South Auckland/ Māori and Pacific). This refinement came through input from key stakeholders including schools with high numbers of Māori and Pacific students, whānau and key community, health and social service staff. An advisory group was set up to guide the team and contribute to programme development. Rangatahi and whānau were part of focus groups and a programme pilot.

What we do

The programme currently extends across five schools in South Auckland and supports rangatahi to build relationships through group engagements during lunchtime. The team also created and made use of TWK safe social media platforms where rangatahi could access positive, fun, and relevant information during lockdown and beyond. The innovation and creativity shown during this period have allowed staff to continue to work towards the goals of the programme.

TWK works with 6 rangatahi per school and provides one-hour sessions. Each rangatahi attends 6 individual (one to one) sessions and 2 group sessions (with the other students in the programme at their school) per term. There are a total of 8 sessions overall. Engaging with a small number of rangatahi at a time means the session leads can focus on delivering a high-quality service.

TWK builds confidence and resilience through connection, identify and belonging. The team work in partnership with community services to promote positive relationships with whānau (e.g. Police).

“This is an excellent programme of early, and brief, intervention that targets an age group that has unmet needs in an environment that is becoming more complex and stressful for youth. It is a well-developed and collaborative programme with great engagement, and remarkable results.”

Judge's comments

***Winner Primary Healthcare Awards 2021
for Best Youth or Senior Health Service Award.***

Are whānau better off?

TWK demonstrates that cultural approaches work with over 100 whānau having engaged in the Kaupapa Māori components of the programme in the past financial year.

The programme is independently evaluated by Kahui Tautoko consultants who support the team with Māori driven indicators and measurements and help refine content to ensure it meets rangatahi, whānau and school needs. Face-to-face and reporting feedback from whānau and schools demonstrate positive changes within rangatahi. This feedback shows the value in delivering culturally tailored approaches. This includes feedback from rangatahi, some who have expressed how much they enjoy learning about pepeha, including learning their own. Others have enjoyed learning new kupu Māori.

TWK has been approached by three additional primary/ intermediate schools requesting the programme and have been asked by two Kura Kaupapa Māori to introduce the programme into secondary schools.

Whānau Journey



Whānau Voice

“My daughter never really talked to us at home. She usually goes straight to her room, but lately she's been sitting in the lounge watching TV and eating dinner with us.”

“My son shared how he enjoys learning new Māori words in your programme. Hearing this from him inspires me to learn more Māori words so I can teach him more since he likes learning about it.”

“I like having someone to talk to about my grief.”

Outcome 3.

Putting whānau in control of their wellbeing

All whānau in control of their wellbeing means whānau are empowered to exert tino rangatiratanga by being able choose the services they wish, articulate their needs in their own language and express their health concerns to high quality, culturally concordant health teams.

Whānau who are in control of their wellbeing experience positive outcomes in other areas of their lives due to greater autonomy and ability to advocate for themselves in their own wellbeing journey. Factors which contribute to all whānau being in control of their wellbeing include access to and utilisation of quality primary health and mental health services; safe and stable home environments; access to and understanding of AOD misuse knowledge; social and cultural connectedness; positive connection with iwi, hapū and whānau; income; employment; housing; and education.

A number of NHC services contribute to delivering outcome 3. One selected service, Te Tumu Waiora, is highlighted in this section, demonstrating its impact. Other NHC contracted services which contribute to all whānau in control of their wellbeing include, but are not limited to:

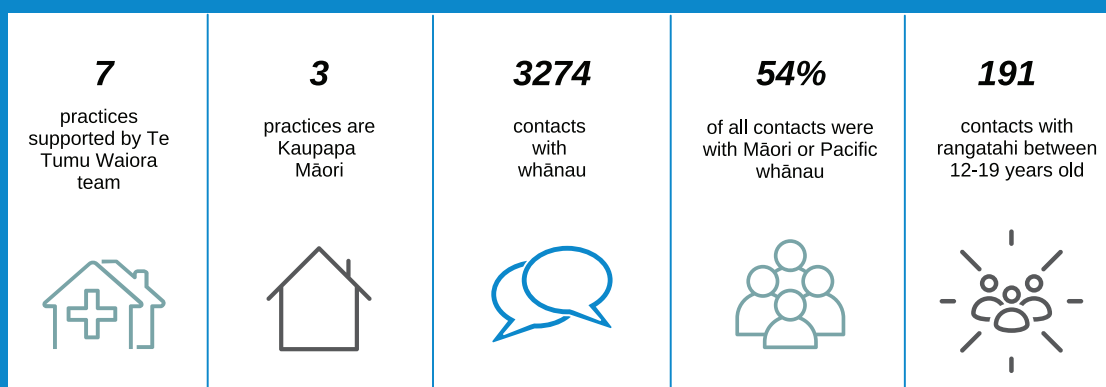
- **Cervical screening for priority women**
- **AWHI**
- **Better Help for Smokers to Quit**

Te Tumu Waiora

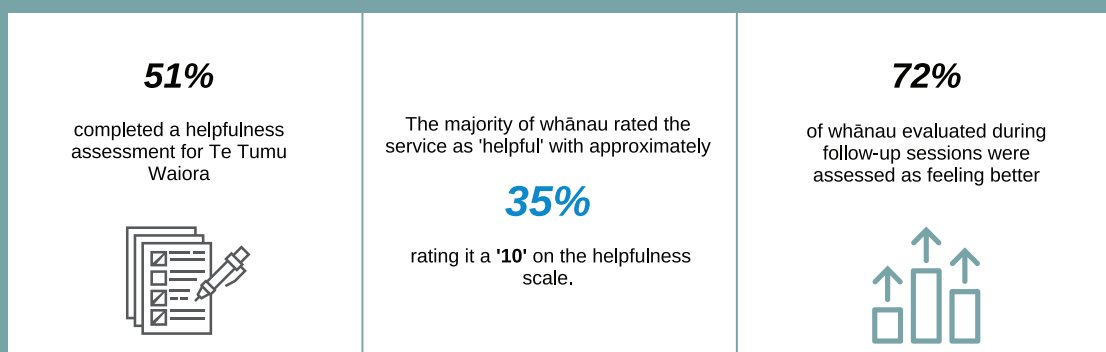
Indicators and measures

How much did we do?

Indicator: whānau have greater choice through increased access to primary mental health services.



Indicator: whānau are provided with a high quality service that holistically supports their wellbeing.



Story behind the programme

Te Tumu Waiora is a new integrated primary mental health and addiction (IPMHA) model, being implemented across Aotearoa. The model recognises the limitations of existing primary mental health services, particularly for those with moderate to severe persisting and often complex needs, many of whom do not meet access criteria for secondary services.

After the emergence of several initiatives in Metro Auckland that responded to these limitations, a new model was piloted from 2017-2019 in seven GP clinics in Tāmaki Makaurau.

Independent evaluation of the pilot by Synergia found several positive outcomes, including the following:⁸

- Rates of access increased from 35-40% to more than 90%.
- Rates of access increased significantly for Māori and moderately for Pacific.
- Usefulness of the service was rated over 9/10 by patients.
- Six-month follow-up engagements showed significant and sustained improvement in wellbeing for over 50% of patients. The greatest improvement was seen in whānau Māori.
- The prescription of antidepressants was significantly reduced.

Funding to roll out this model nationally was announced following the success of the pilot and associated positive outcomes as part of the Government's Wellbeing Budget in May 2019. The rollout is planned to take place over 2019 – 2024/2025.

PHOs and general practice are often the first point of contact for many people who may be experiencing mental health and/or addiction challenges and Te Tumu Waiora aims to improve access to and choice of mental health and addiction support. The rollout is designed to adapt to regional and cultural needs, particularly for Māori and Pacific whānau.

What we do

The NHC Te Tumu Waiora team has seen the addition and integration of Health Improvement Practitioners (HIP) and Health Coaches (HC) at NHC. In FY21, 12 new kaimahi were welcomed to NHC.

In this model, GPs, nurses, and other GP practice staff work together with HIPs and HCs to provide holistic mental, physical, and medical support and

services to people sooner rather than later. HIPs and HCs are based in the GP clinic. NHC currently delivers the Te Tumu Waiora model in seven NHC network practices, three of which are Kaupapa Māori. These seven practices serve an enrolled population of approximately 49,000 people. Approximately 22,000 are considered high priority.

HIPs provide a range of support to individuals and whānau within the GP clinic setting. As registered health professionals with experience in talking therapies, HIPs can see any person, of any age for any issues they would like help with. Some examples include anxiety, stress, low mood, lifestyle changes, sleep and grief.

HCs also support people from within the GP clinic setting. The role involves supporting self-management of long-term conditions, acting as a bridge between clinician and patient, assisting with navigation through the healthcare system, being an empathetic educator and providing continuity of care. HCs can deliver individual or group support and often work closely with HIPs to upskill and support clinic staff.

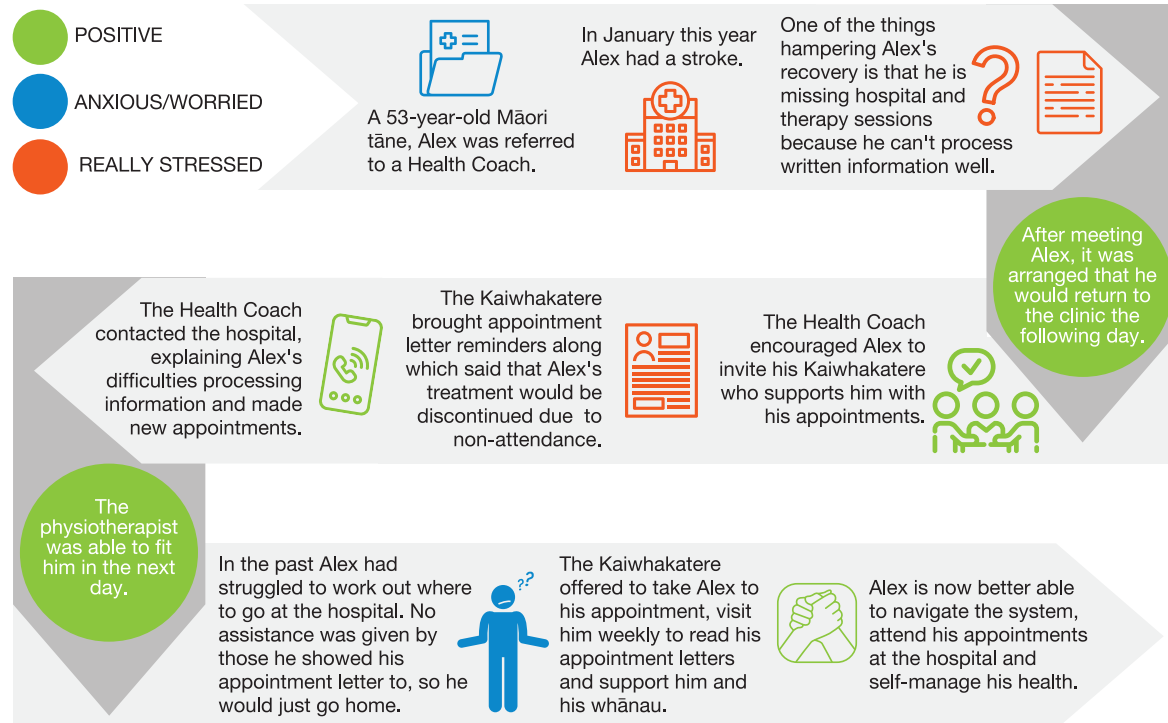
During periods of lockdown due to COVID-19 in FY21 virtual consults/telehealth have allowed continuity for whānau engaged in the service.

Are whānau better off?

Te Tumu Waiora offers whānau improved access and equity of access to primary mental health services. Whānau enjoy a greater degree of choice in addressing holistic concerns and benefit through reduced wait times for mental health support. At a broader population level Te Tumu Waiora contributes to improved population health and equity outcomes. Data from FY21 indicates that most patients who are assessed during follow-up sessions feel better. Helpfulness scale ratings also show that the majority of whānau find the service helpful.

⁸Dr Sarah Appleton-Dyer and Sarah Andrews, "Fit for the Future: An evaluation overview for the enhanced integrated practice teams and our health in mind strategy (business case one)," last modified 1, October 2018, <https://synergia.consulting/wp-content/uploads/2018/11/Synergia-ADHB-WDHB-FitF-Evaluation-overview-FINAL-1-October-2018.pdf>.

Whānau Journey



Whānau Voice

“
The aroha I have felt in this session has done so much for the mamae I have felt for several years now. I cannot thank you enough.
”

— “
New Zealand needs these services in every GP clinic.
” —

“
This has been life changing stuff. I feel like I can wake up in the morning and be proud of myself.
”

— “
I was freaking out about calling the landlord today, but I'm relieved now that I have a plan. I feel more in control. Thank you.
” —

Outcome 4.

All whānau living well with long term conditions

All whānau living well with long term conditions means all whānau with long term conditions having access to and engaging with quality health care services relevant to their condition(s), engagement in regular physical activity, good nutrition, health literacy, access to transport, and adequate income to meet expenses without stress. Whānau who are supported to live well with long term conditions are more likely to experience positive outcomes in other areas of their life such as employment and education.

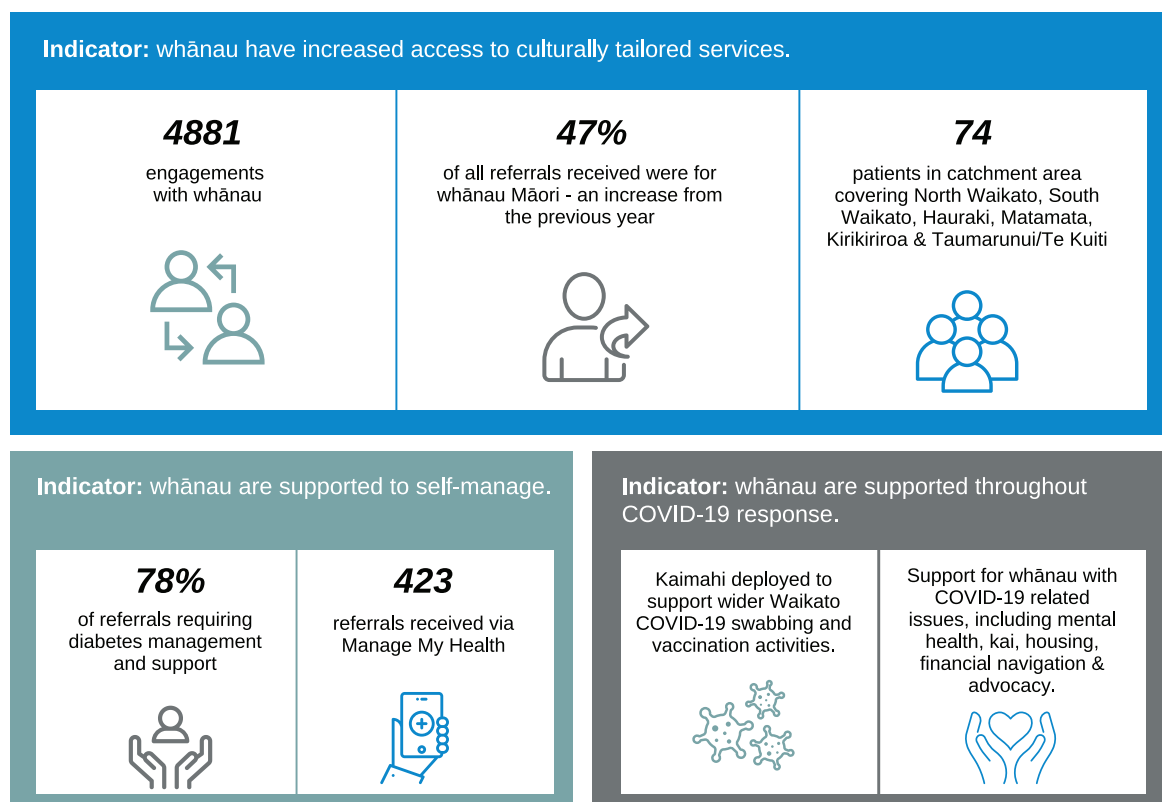
A number of NHC services contribute to delivering outcome 4. Two selected services, Tiakina te Tangata and Mana Tū Mark 2, are highlighted in this section, demonstrating their impact. Other NHC contracted services which contribute to all whānau in control of their wellbeing include, but are not limited to:

- Here Toitū
- Cardiovascular Disease Risk Management
- Flexible Funding (Diabetes/DAR/DCIP)
- Heart Health
- Diabetes Care Improvement Package

Tiakina te Tangata

Indicators and measures

How much did we do?



Story behind the programme

The programme's origins began in the Eastern Bay of Plenty as a community facing kaiāwhina service for whānau. This evolved in 2014 when Hauraki PHO entered into a partnership pilot based on the Eastern Bay of Plenty programme. The pilot added a registered nurse to the team and formed the Hauraki PHO programme Manawanui Whai Ora Kaitiaki. The service covered both clinical and social aspects of health and was welcomed by both whānau and general practices. Positive aspects of the programme were its ability to deliver the service for whānau in their home and empower them to lead their own journey and care.

The programme shifted to NHC in October 2019, along with 17 Waikato practices, and was gifted the new name of Tiakina te Tangata. In the subsequent two years, the programme evolved and expanded its service delivery. The programme utilises Kaimanaaki-whānau and Long-Term Conditions Nurses to deliver care alongside NHC's Waikato practice network. The service is designed to support GP-referred patients with long-term conditions by using a holistic, all-of-whānau approach.

What we do

Tiakina te Tangata is a unique mobile community programme supporting whānau to live well and to self-manage their long-term conditions.

The overall goal and vision is to provide whānau-centered care, engaging effectively and intervening early to address health needs in partnership with NHC primary care networks. Tiakina te Tangata strives to drive positive outcomes for whānau with long term conditions by delivering care within their own whare, in their spaces and on their terms. The team provide a holistic whānau-centric model of care in collaboration with NHC GP practices, whānau, iwi, district health boards and the wider Waikato community network.

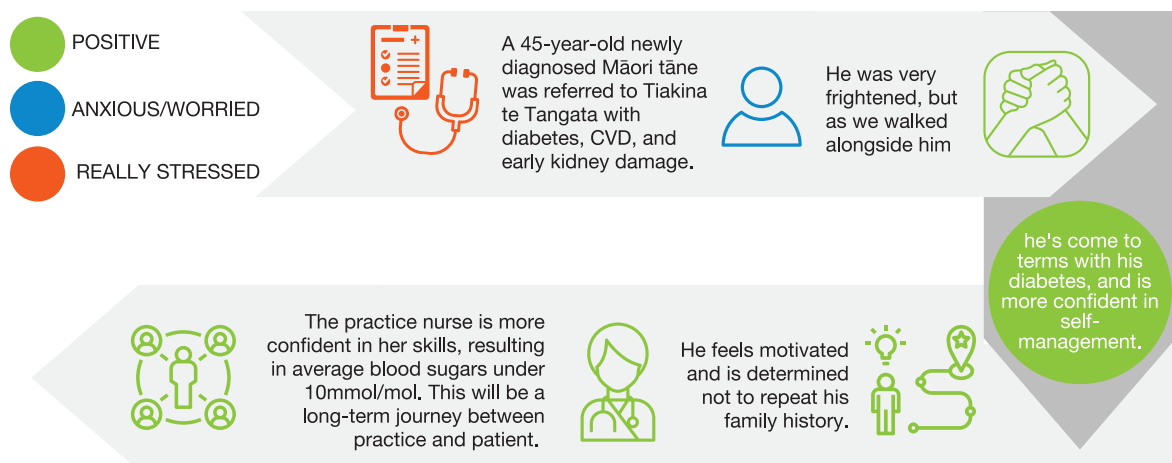
The model of care aligns to Te Whare Tapa Whā and upholds NHC's commitment to Te Tiriti o Waitangi.

Led by a Registered Nurse, the team is situated across the Waikato rohe and is made up of five teams of Kaimanaaki and a Diabetes Nurse Specialist. The duration of care Tiakina te Tangata delivers varies from very short term, (i.e. 1-2 weeks) up to longer term care of around three to six months.

Are whānau better off?

The significant increase in referrals for whānau Māori is an important development. It means that we are able to focus more time, effort and resource on a group that have been underserved by mainstream service provision in the past. It also demonstrates the importance of culturally-responsive services that address barriers to access. We will focus on understanding how this improved way of working provides better care for whānau Māori and how this translates into whānau living well with long term conditions.

Whānau Journey



Whānau Voice

— “ —
My toenails have been hurting me for such a long time. I feel like I have new feet! Thank you so much!
— ” —

“
I feel so supported and listened to after engaging with the team. I now have the information and tools to make the necessary long-term changes to help self-manage and reduce the risk and complications due to my diabetes, which in turn helps me to support my whānau.
”

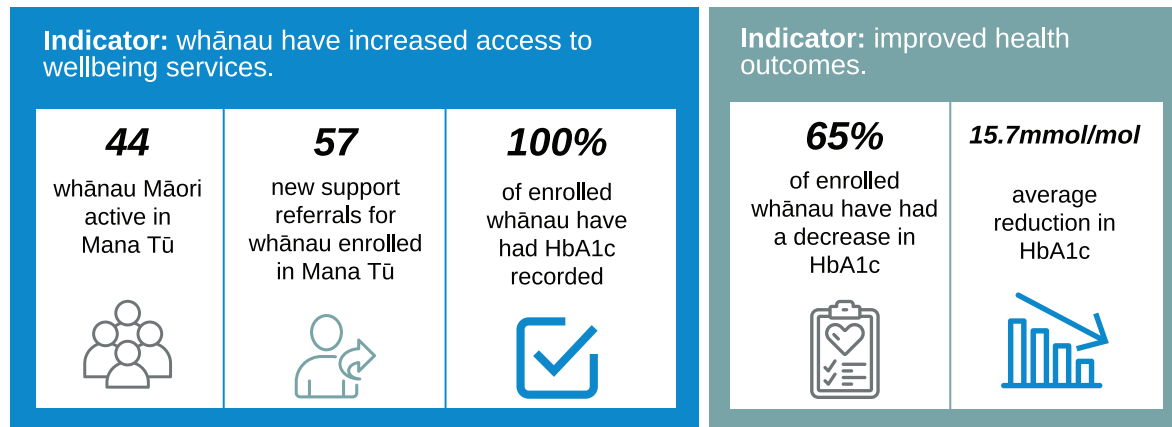
— “ —
Thank you so much for helping me understand. I never really understood what diabetes is - I now know and will be more careful with what I eat.
— ” —



Mana Tū Mark 2

Indicators and measures

How much did we do?



Story behind the programme

Mana Tū Mark 2 derives from a Health Research Council (HRC) research project grant for Mana Tū.

The Mana Tū research project was launched in response to the significant ethnic and social inequities in the prevalence and outcomes of type 2 diabetes in Aotearoa.

These inequities result from a range of complex factors such as wider social determinants of health, levels of engagement with the health system and management of type 2 diabetes and its complications. The project was co-designed alongside patients with diabetes, clinicians, health service planners and Whānau Ora providers to improve the impact of whānau living with pre-diabetes and people with poorly controlled diabetes. Mana Tū experienced significant achievements including an average HbA1c decrease of 5mmol/mol 3 months into the programme for engaged whānau. Achieving lower HbA1c is associated with a range of significant health benefits, including a reduced risk of heart failure.

Mana Tū Mark 2 builds off the success of the Mana Tū research project and is tailored to Māori whānau living with type 2 diabetes. The goal of the programme is to improve outcomes by walking alongside whānau and supporting them in their own homes.

What we do

Dedicated Kaimanaaki work with whānau to help lower HbA1c levels through home-based support around budgeting, cooking, exercise, access to services and resources that are culturally relevant and appealing. Kaimanaaki work with the whole whānau rather than individuals to ensure sustainability in meeting their goals and aspirations.

Referrals are made to podiatry services, Kāinga Ora, foodbanks, dental support, occupational therapy, needs assessments, community services, and Green Prescription. Some whānau have struggled with accessing sustainable healthy food. Support was given to access funding, with shopping, budgeting and better access to clinics.

Are whānau better off?

66% of Whānau have had a decrease in HbA1c. Decreased HbA1c is associated with significant health benefits for whānau living with type two diabetes.

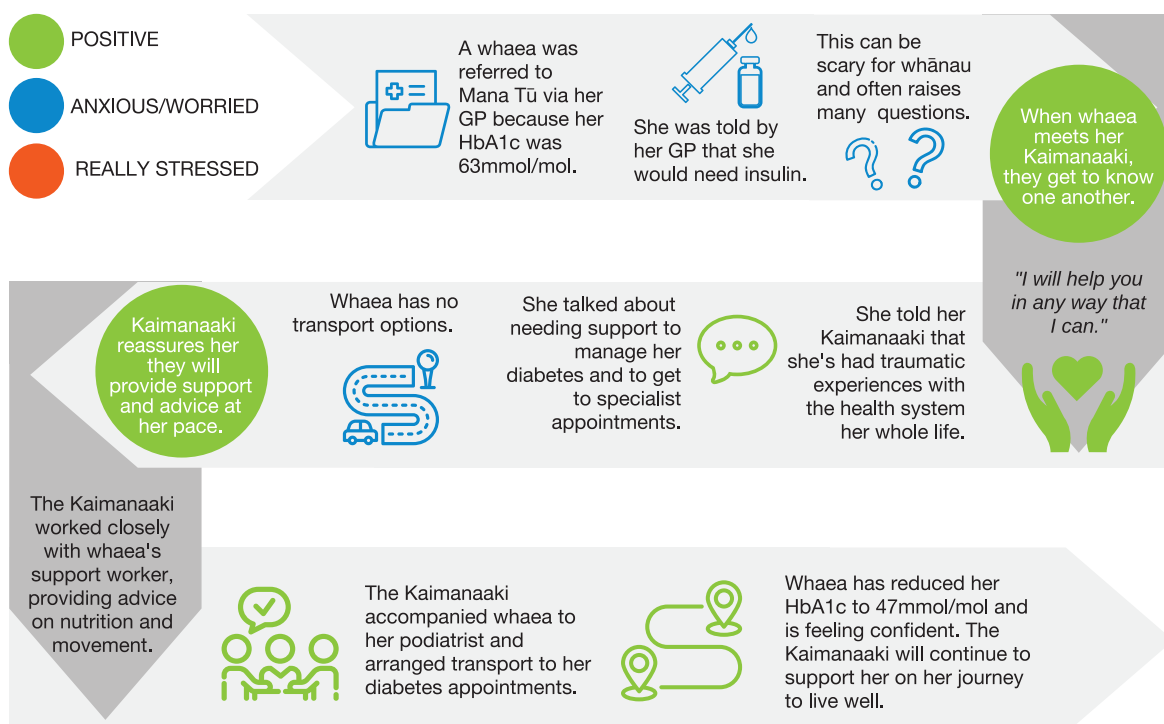
In addition, many whānau continue to achieve their health and social goals. One example of a goal achieved during the Mana Tū research project was a patient who wanted to pass their driver's license. This was achieved when the Kaimanaaki linked them with a local marae-based provider. Better diabetes control and having a license resulted in that person being able to attend training courses with the ultimate goal (gaining employment) in closer reach.

The programme's structure means that Kaimanaaki are able to support whānau holistically in areas like housing and employment.

Mana Tū empowers whānau living with type 2 diabetes to determine their own goals and aspirations

Mana Tū listens to the needs of whānau, strives to decrease inequities and increases access to services for whānau.

Whānau Journey



Whānau Voice

— “
*I have better
sleeps and
more energy
with my family.*
— ”

“
*Mana Tū helped me
connect with my son and
we are so much happier. I
see my mokos now
because of Mana Tū. Who
would've thought a
diabetes programme
could do that.*
”

— “
*I don't have any
headaches
and can breathe
better.*
— ”

“
*Mana Tū saved my life. I
didn't know I could die
from it [diabetes], and I
was slowly losing. I learnt
something new every time
my Kaimanaaki visited.
Honestly, Mana Tū saved
my life!*
”

“The wide collaboration across what could be considered as competing organisations is what the health sector should be aiming for. Also seeing significant contributions from Kaimanaaki in this entry, including their mahi and support for people in a holistic way, is sector-leading.”

Judge's comments

***“Finalist at the Primary Healthcare Awards 2021
for the Ministry of Health Equity Award”***

Evidence-informed / systemic

Creating a health and disability system that works for whānau Māori

Over the past year and whilst navigating COVID-19 restrictions, NHC has continued its focus on system level change that leads to better outcomes for whānau Māori, both through our Waitangi Tribunal claims and by working directly with central government. This work contributes towards our commitment to delivering on the vision of mana whānau, whānau ora, with specific focus on rejecting the status quo and on enhancing and enabling the strengths of whānau to determine and achieve their own aspirations.

— “ —

The legislative and policy framework of the primary health care system fails to address adequately the severe health inequities experienced by Māori. Further, the Crown failed to lead and direct the primary health care system in a way that adequately supported and resourced Māori to design and provide for their own wellbeing through designing and delivering primary health care to Māori. The Crown's failures prejudicially affect the ability of Māori to sustain their health and wellbeing.

— ” —

Waitangi Tribunal Claims – Wai 2575 Kaupapa Inquiry

Primary Health Care

The NHC's primary health care claim (known as Wai 2687) was heard in 2018 and 2019, along with two other sets of claimants (collectively known as Wai 1315). This led to the Waitangi Tribunal finding a number of breaches of the principles of Te Tiriti o Waitangi in its landmark *Hauora* report:

In its report, the Waitangi Tribunal made two interim recommendations, which NHC completed in 2020/21 in partnership with the Wai 1315 claimants.

Interim recommendation one:	The Crown and representatives of the Wai 1315 and Wai 2687 claimants design a draft term of reference to explore the possibility of a stand-alone Māori health authority.
Interim recommendation two:	Crown and representatives of the Wai 1315 and Wai 2687 claimants agree upon a methodology for the assessment of the extent of underfunding of Māori primary health organisations and providers.

— “ —
[Should have] the mana to go to all non-Māori organisations and investigate if and how they [are] meeting the needs of Māori.
 - 2Face Drama Rangatahi
 — ” —

“
An indigenous health authority would operate in a racialised environment. It would have incredible expectations from Māori and from the Crown. If underfunded and under-resourced it might be used as an enduring example of the inability to address Māori expectations.
 - Te ORA
 ”

“
... we need to definitely take disability and take a mātauranga Māori lens over it, to ensure that a wellbeing focus is key, and maintaining Māori ways of not just [the] tinana domain but all domains of Kaupapa Māori.
 - Te Ao Mārama
 ”

— “ —
[An independent hauora authority] should be set up, run and be driven in a way that maintains the mana of Māori whānau.
 - Hauora ā Iwi
 — ” —

Key milestones include:

Gathering views on a standalone Māori health authority. NHC led a targeted engagement process that included Māori providers, iwi groups and kaimahi Māori within our existing service networks; interested parties in stage one of the Kaupapa Inquiry including Te Ohu Rata o Aotearoa; and critically important Māori populations such as rangatahi and Māori with lived experience of disability, who are too often missed from meaningful engagement by government departments. Through this process we heard widespread support for the authority, along with high expectations that the authority be set up with Māori values, with the right functions, and be adequate from the outset.

NHC reinforce how grateful we are for having time with different rōpū, from Kawakawa to Whanganui and beyond (with the help of the internet), who shared their time and thoughts with us.

Developing a draft terms of reference with the Wai 1315 claimants that included a description of proposed roles and functions of a Māori health authority, centred on Mana Motuhake. Although the Ministry of Health was not able to co-design these terms of reference with us, we have presented them to both Health Ministers and Ministry officials and understand our mahi has informed thinking within the Department of Prime Minister and Cabinet, which is leading the health and disability sector changes.

Endorsing a joint discussion paper from Iwi Chairs Forum Pou Tangata Working Group and Te Puna Ora o Mataatua (Wai 2912) that canvassed some of the issues in establishing an Independent Māori Health Authority.

Commissioning research into the underfunding of Māori primary health care. With the 1315 Claimant groups we commissioned Sapere Research Group to develop a methodology for calculating the underfunding of Māori primary health care since the introduction of the Primary Health Care Strategy (2001). Using data which was provided by a number of Māori PHOs and general practices, including the NHC, Sapere was able to show through test calculations that Māori primary health care has been underfunded between \$394-531million directly since the establishment of PHOs, but that the figure increases significantly to around \$1billion a year had the Primary Health Care Strategy been fully implemented.

Māori Disability Claims

In 2020/21 NHC was confirmed as a claimant in the second stage of the Waitangi Tribunal's Kaupapa Inquiry into Health Services and Outcomes. This stage of the Inquiry covers claims in relation to disability.

The NHC claim (known as Wai 2943) focuses on the health needs of Māori with lived experience of disability. We know that health policy and funding has not done enough to ensure equitable health outcomes for Māori, but this is especially true for Māori with lived experience of disability and their whānau. Our claim will be heard in 2022.



For the MHA to succeed it must be "by Māori for Māori," must do it all, and must be independent.

For the MHA to be transformational requires a wide-ranging set of functions and a structure that allows the MHA to do.

**- Extract from Establishment of an Independent
Māori Health Authority, Joint discussion paper
[page 15]**



Health and disability sector reforms

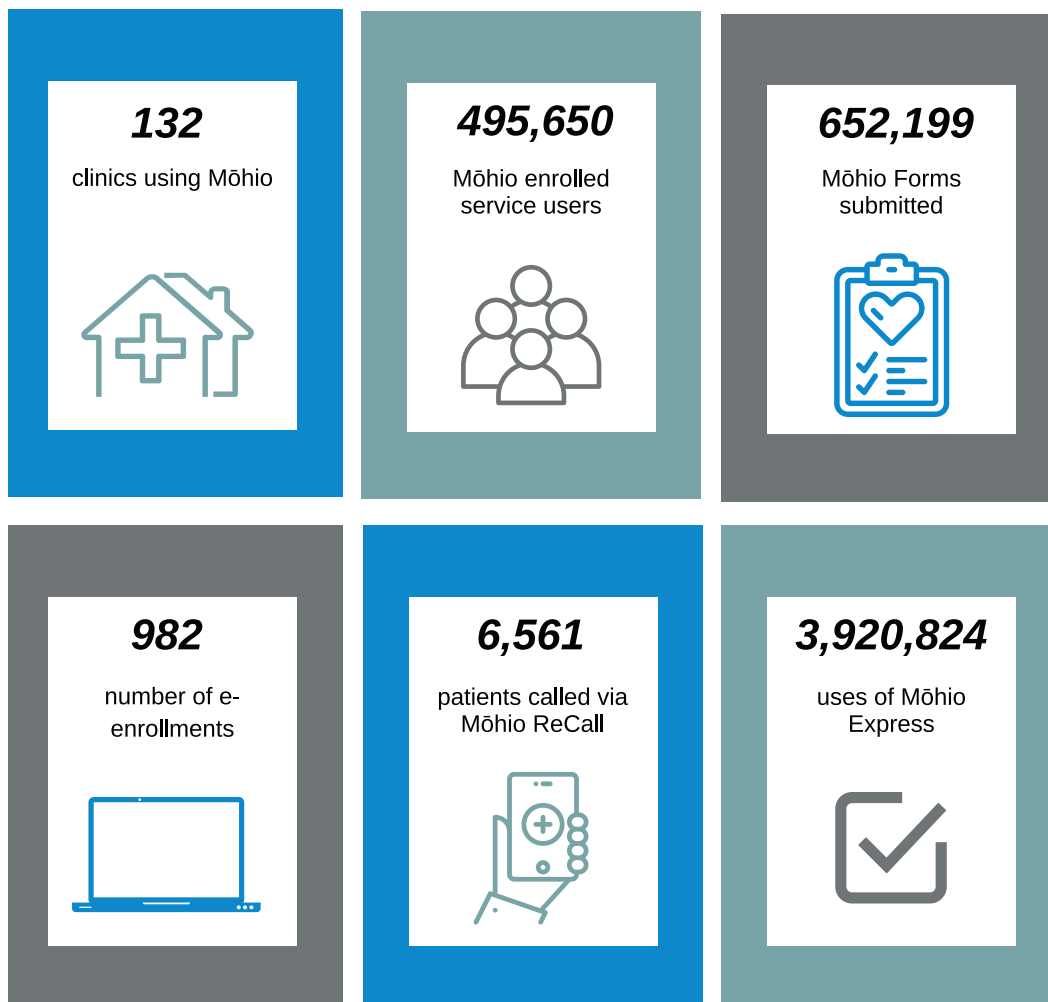
NHC has provided input to the health and disability sector reforms, dating back to the Health and Disability System Review Panel's work in 2018/19. This year, in addition to developing a draft terms of reference for a Māori health authority and commissioning research into the underfunding of Māori primary health care, we have shared our expertise with the Health Transition Unit based in the Department of Prime Minister and Cabinet. This has included participating in public discourse about a Māori health authority (for example, the National Hauora online symposium in February 2021) as well as responding to requests from Transition Unit staff directly.

Mōhio

Mōhio is a proven information system solution that innovates to create actionable intelligence for healthcare providers, supporting them to drive better hauora outcomes and, therefore, contribute to mana whānau, whānau ora. Mōhio hosts a real-time web-based platform that integrates information from general practices, PHOs, external networks and the Ministry of Health. The platform houses multiple tools, which together, support decision making and resource allocation to enable evidence-based, outcome-focused service design and provision.

FY21 - At a glance

How much did we do?



FY21 saw an increase in the number of Mōhio Forms submitted and a marked increase in use of Mōhio Express. Mōhio Forms are integrated, adaptable and clinically focused management forms which automatically populate with patient information and include evidence-based care prompts and pathways, following best practice advice to drive better outcomes for whānau. Mōhio Express is an electronic platform, providing prompts for clinicians across 26 patient indicators and patient eligibility for funded programmes.

Mōhio successfully launched both e-enrolments and Mōhio ReCall in FY21. These technological advancements provide a touchpoint for whānau to communicate with their healthcare providers via non-traditional means.

Continuing development

Alongside software maintenance, data management and providing analytics in real-time, the Mōhio team have developed forms for use by Health Improvement Practitioners and Health Coaches in NHC's Te Tumu Waiora team. Mōhio have also supported the development of forms and reports for Here Toitū. Looking to the future, Mōhio is continuing to innovate with the team working on a variety of projects in the software development and data insights space, including a prediction model.

In addition, Mōhio have committed to sharing knowledge across the network with the Safety in Practice, Metro-Auckland Clinical Governance Forum project.

In the pipeline

Mōhio envisages a future where data can be used to inform service improvements, and as such, future areas of focus include insights, analytics and modelling. Mōhio is planning to develop a platform which can reach more GPs across Aotearoa in support of the Gen2040 programme.

In addition, Mōhio ReCall and analytics are evolving to meet the need for adaptable COVID-19 and influenza vaccination responses, integrating information from practices, immunisation registers and population data to support providers to tailor solutions to their communities.

Mōhio has driven health informatics innovation since its inception. The team continue to push to enable greater efficiency, information coordination and improved care.



Hauora of our kaimahi

Our focus on our kaimahi is underpinned by a He Tāngata 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 tuara 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:

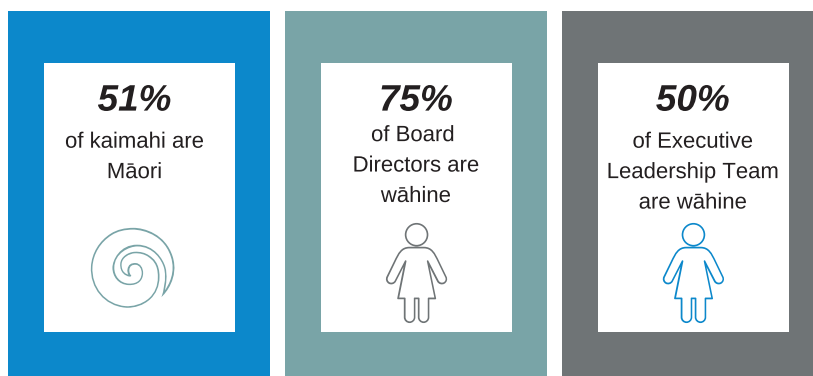
- Talent management is the most important thing leaders do
 - Our primary role as leaders is to attract, grow and retain talent who can help deliver the NHC purpose.
 - Our commitment is to support, embrace and develop people and help connect their purpose to the NHC purpose.
 - All leaders are collectively 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. Our commitment is to have at least 50% of kaimahi of Māori whakapapa.

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



Mana Whānau, Whānau Ora Tohutanga

In 2020, the National Hauora Coalition hosted its 8th 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 through demonstrating the following categories.

Award category	Awarded to
Whānau Whakaaro Tika – Think Like Whānau This award recognises providers that place whānau at the centre of what they do and have demonstrated excellence in contributing to whānau wellbeing.	Ōrākei Health Services <i>"Ōrākei Health Services have gone above and beyond, providing health care to their whānau and wider community. They not only deliver GP services, but also work alongside other wrap-around services to deliver a comprehensive health plan for each patient."</i> Turuki Healthcare <i>"Turuki's AWHI team has been a model provider, achieving positive housing and wellbeing outcomes. Turuki approach every AWHI assessment holistically and consistently maintain high numbers of provider-generated referrals through working collaboratively with their wraparound services and community."</i> Papakura Marae Clinic <i>"Papakura Marae have continued to perform above and beyond, keeping whānau at the centre of what they do, including during lockdown. The Kaupapa Māori response shown by Papakura Marae demonstrates a commitment to service and to the wellbeing of whānau."</i>
Whānau Auaha – Everyone an Innovator This award 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 Ora Clinics <i>"This year (2020) has been a big year for Whānau Ora Community Clinics. They have been a frontrunner in their response to Covid-19 by setting up several pop-up clinics around Auckland, Christchurch and Northland. They have come together as a team to continue to provide everyday GP services, and also a much needed community testing centre servicing the community of South Auckland."</i>
Mahia Kia Ea, Kia Toa – Can Do Attitude This award acknowledges providers that demonstrate a positive approach and can-do attitude by striving for improvement in all that they do.	Three Kings Accident & Medical <i>"Three Kings A & M have strengthened their 'can do' attitude by using it as a formidable weapon to face the current Covid-19 struggles. They have overcome obstacles by working together as a team, developing processes to not only keep their patients and community safe, but also their kaimahi and whānau."</i> Health Star Pacific <i>"Health Star Pacific continue to show a positive approach when dealing with whānau and other providers in the Mana Kidz and AWHI networks. They hosted other providers for training and have contributed to the National Hauora Coalition's commitment to improving whānau access to care by assisting in translations for various services in service delivery, including Mana Kidz, AWHI and for research projects."</i>

Award category	Awarded to
Whānau Whai Hua – Outcomes Matter This award recognises the highest-performing providers against set key performance targets or indicators. They strive to achieve positive outcomes for whānau and exceed performance expectations.	Mahia Road Surgery <i>"Mahia Road Surgery is led by Dr David Wong, who along with his team have achieved an overall average of 88.3%. This average is across all set key performance targets for Cervical Screening, Smoking Brief Advice and Cessation, CVD Risk, and Immunisations for 8 and 24 months."</i> DW Family Drs <i>"The DW Family Doctors team have achieved an overall average of 94.7%. This average is across all set key performance targets for Cervical Screening, Smoking Brief Advice and Cessation, CVD Risk, and Immunisations for 8 and 24 months."</i>
Quality and Service Excellence This award 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.	Hamilton Lake Clinic <i>"The Hamilton Lake Clinic provided immense support to NHC, helping with supplying equipment throughout Covid-19. Hamilton Lake was one of the first practices to organise Portacoms to separate red and green streams. They also provide refugee services and are an education and teaching practice."</i> Turuki Healthcare – Mana Kidz programme <i>"Turuki consistently demonstrate quality and service excellence across the Mana Kidz programme by striving for improvement to provide the best and safest care possible. Turuki stands out across the Mana Kidz network for their constant quality and service improvement and commitment to better outcomes."</i>
Excellence in Workforce Development Awarded to a primary healthcare service that consistently demonstrates excellence in workforce development, including their ability to invest and develop clinical leaders while striving for excellence to ensure that the workforce is fit for the future value.	Taumarunui Community Kokiri Trust <i>"Taumarunui Community Kokiri Trust provide a range of health and social services in the Taumarunui and Te Kuiti communities. Kokiri Trust provide equal opportunities for learning and development, and this has been demonstrated through their commitment to create a sustainable community workforce and empowering whānau."</i>
Te Tohu Hautoa – Courageous Leadership An external-facing award which recognises the work that others do to support the NHC kaupapa. "For contributions to the National Hauora Coalition and the populations we serve, for supporting and delivering our programmes and for courageous leadership in reducing healthcare inequity". This award celebrates people who have worked with us; our success is not the work of one, rather it is the work of many. E hara taku toa i te toa takitahi, engari he toa takitini.	Dr Karen Bartholomew <i>"Director of Health Outcomes at Waitemata DHB, Karen has been a tireless champion for equity, including in the data matching project for breast screening, leading triple A screening project, and currently, lung cancer screening."</i> Dr Andrew Old <i>"Planning and Intelligence Lead at NRHCC, Clinical Director for Health Gain at Auckland and Waitemata, and Associate Chief Medical Officer at Waitemata DHB, Andrew has walked alongside NHC through Mana Tū diabetes work, Mana Kidz, in social assessment, housing and health and in data governance and intelligence work."</i> Dr Doone Winnard <i>"Clinical Director, Population Health at Counties Manukau Health, Doone has worked diligently supporting Māori voices in decision making processes for at least as long as NHC has existed; in Clinical Reference group for the Turnaround plan; and in Metro Auckland health equity programmes across addressing smoking prevalence, CVD/Diabetes management, hazardous use of alcohol, childhood obesity, health literate systems and people, and workforce development. Doone has been assisting and supporting the establishment of Māori data governance and relentlessly bringing a focus on equity."</i>

Award category	Awarded to
<p>Whānau Ora Champion</p> <p>This award recognises a lifetime of service, passion and purpose demonstrated through extraordinary leadership, commitment and contribution to a legacy of mana whānau, whānau ora.</p>	<p>Mr Henare Mason</p> <p><i>"Of Te Arawa and Tuhoë iwi, Henare is the previous Chair of the NZ Māori Council. He has 30 years' experience in the NZ Health sector. Henare served as Tikanga Advisor to NHC in 2014 and was a Trustee until his resignation from the Trust Board in 2019."</i></p> <p>Dame Prof. Cindy Kiro (DNZM)</p> <p><i>"Our current Governor General, previous Pro Vice-Chancellor (Māori) at the University of Auckland, and previous Chair of the Welfare Expert Advisory Group for the Government. Cindy has worked extensively in roles that improve life outcomes for children and young people who experience social marginalisation or exclusion, focusing upon equity and diversity as a constructive contributor to society."</i></p> <p><i>"Cindy was New Zealand's 4th Children's Commissioner, establishing the Taskforce for Action on Family Violence: the largest ever response to family violence. Many initiatives arose from this Taskforce, including a very effective public attitudes campaign on stopping family violence. Cindy has held many senior roles in the health sector, academia, and community organisations, successfully straddling social work, public health and education."</i></p> <p><i>"A previous Trustee of the National Hauora Coalition Board and within Governance since 2015, Cindy has been instrumental to the organisation."</i></p>



Networks

Primary Health Networks

Auckland DHB

- 109 Doctors
- Dominion Road Surgery
- Queens Road Medical Centre
- Maxcare Medical
- Onehunga Medical Centre
- Ōtāhuhu Health Centre
- Ōrākei Health Services
- RestHome GP
- St Lukes Medical
- Tāmaki Family Health Centre
- The Doctors QuayMed (Britomart)
- The Doctors QuayMed (Wynyard)
- Three Kings Accident & Medical
- Pt Chevalier Medical & Surgical Centre
- The Doctors Greenlane
- Family Health Matters

Waitematā DHB

- Doctors on Luckens
- Hobsonville Point Medical Centre
- Kelston Medical Centre
- McLaren Park Medical
- The Doctors (New Lynn)
- The Doctors (Golf Road) – Satellite
- Westview Medical Centre
- Rathgar Medical & Surgical Centre

Counties-Manukau DHB

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

Whanganui

- Living Waters Medical
- Eastcare Medical Centre
- Jabulani Medical

Waikato

- 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
- Te Whare O Raungaiti – name change
previously Raungaiti Marae Health Clinic
- Residential Eldercare Services Ltd
- Rototuna Family Health Centre
- Taumarunui Community Medical Centre
- The Family Clinic Taumarunui Kokiri
- Third Age Waikato
- Waihi Family Doctors
- Waihi Health Centre

Mana Kidz Network

Counties-Manukau DHB

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

AWHI Network

Counties-Manukau DHB

- Turuki Health Care
- Ōtara Health Charitable Trust
- South Seas Healthcare Clinic
- Huakina Development Trust





Financial Statements

National
Hauora Coalition



National Hauora Coalition Trust

Operating As: National Hauora Coalition

Consolidated Financial Statements
for the year ended 30 June 2021

Contents

Directory	62
Statement of Responsibility	63
Consolidated statement of comprehensive revenue and expense	64
Consolidated statement of financial position	65
Consolidated statement of changes in equity	66
Consolidated statement of cash flows	67
Notes to the consolidated financial statements	68
Independent Auditors' Report	78

Directory

Business Activity	A representative body for Māori Primary Health Organisations
Date of formation	20 December 2012
Registration number	CC52244 (Registered 15 May 2015)
Auditors	RSM Hayes Audit Level 1, 1 Broadway Newmarket Auckland
Bankers	ASB Bank Limited Henderson Branch 353 Great North Road Henderson Waitakere
Solicitors	Tuia Group 2/202 Thorndon Quay Pipitea Wellington
Board members	National Hauora Coalition Trust Dame Tariana Turia (Chairperson) Cynthia Kiro (Ceased 20/11/2020) Wayne McLean (Reappointed 21/11/2020) National Hauora Coalition Limited Wayne McLean - Sole Director - (Appointed 9/12/2019; Ceased 20/11/2020) Dame Paula Rebstock (Chairperson - Appointed 10/8/2020) Te Rōpu Poa (Appointed 10/8/2020) Shelley Katae Appointed 10/8/2020) Eru Lyndon (Appointed 21/10/2020)

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 78 to 79.

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 2021;
- 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 2021;
- 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 2021;
- 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 consolidated financial statements of National Hauora Coalition Trust for the year ended 30 June 2021.

na Lailana Luria

Trustee
Helean

Trustee

20 November 2021

Date
20 November 2021

Date

Consolidated statement of comprehensive revenue and expense

for the year ended 30 June 2021
in New Zealand Dollars

	Note	2021 \$	2020 \$
Revenue			
Revenue from non-exchange transactions	2	79,338,241	67,943,302
Revenue from exchange transactions		311,022	317,599
Interest and dividends		47,780	125,364
Total revenue		79,697,043	68,386,264
Expenditure			
Employee benefits expense		7,336,567	4,858,567
Operating costs	3	70,952,173	62,400,980
Depreciation and amortisation expenses	4 & 5	337,811	257,486
Occupancy expense		414,587	246,277
Total expenditure		79,041,138	67,763,309
Surplus for the year		655,906	622,955
Total comprehensive revenue and expense for the year		655,906	622,955

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 2021

in New Zealand Dollars

	Note	2021 \$	2020 \$
Assets			
Cash and cash equivalents		3,086,245	2,357,763
Investments - short term deposits		3,838,162	3,837,446
Accounts receivable - non exchange		5,055,341	2,450,969
Accounts receivable - exchange		45,516	63,616
Accrued income		-	-
Prepayments		17,759	10,248
Current assets		12,043,023	8,720,042
Property, plant and equipment	4	457,501	637,705
Intangible assets	5	194,222	158,625
Non-current assets		651,723	796,330
Total assets		12,694,746	9,516,372
<i>Represented by:</i>			
Liabilities			
Accounts payable - exchange		1,993,329	1,752,468
Accrued expenses		489,543	84,498
Employee entitlements	6	531,421	285,388
GST payable		292,826	8,505
Income in advance		4,701,841	3,355,632
Current liabilities		8,008,959	5,486,491
Total liabilities		8,008,959	5,486,491
Equity			
Accumulated Surplus		4,685,787	4,029,881
Total equity		4,685,787	4,029,881
Total liabilities and equity		12,694,746	9,516,372

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 2021
in New Zealand Dollars

	Accumulated Surplus \$	Total \$
Balance at 1 July 2020	4,029,881	4,029,881
Total comprehensive revenue and expense	655,906	655,906
Balance at 30 June 2021	4,685,787	4,685,787
Balance at 1 July 2019	3,406,926	3,406,926
Total comprehensive revenue and expense	622,955	622,955
Balance at 30 June 2020	4,029,881	4,029,881

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 2021
in New Zealand Dollars

	Note	2021 \$	2020 \$
Cash flows from operating activities			
Cash received from customers - exchange transactions		311,022	317,598
Cash received from funders - non-exchange transactions		78,098,177	68,378,500
Interest received		47,780	125,364
Cash paid to suppliers		(70,444,044)	(62,447,473)
Cash paid to employees		(7,086,864)	(4,808,024)
Interest paid		-	-
Net cash from operating activities	7	926,073	1,565,964
Cash flows from investing activities			
Purchase of short term deposits		(715)	(507,446)
Acquisition of property, plant and equipment	4	(151,732)	(655,431)
Acquisition of intangible assets	5	(59,623)	(42,981)
Proceeds on disposal of property, plant and equipment		19,482	-
Net cash from investing activities		(192,589)	(1,205,859)
Net (decrease)/increase in cash		733,484	360,105
Opening cash and cash equivalents 1 July		2,357,761	1,997,655
Closing cash		3,091,245	2,357,761

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 2021.

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.

	2021	2020
	\$	\$
Capitation	61,091,357	52,024,613
Contract Income	15,544,969	13,642,212
COVID-19 income	2,701,915	2,276,477
	79,338,241	67,943,302

3 Expenses

Included in operating costs are:

	2021	2020
	\$	\$
Capitation	55,556,242	47,938,582
Contracts	10,061,334	9,773,241
COVID-19 expenses	2,723,625	2,339,739
Audit remuneration	36,500	32,000
Other operating expenses	2,574,472	2,317,418
	70,952,173	62,400,980

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 2021	\$	\$	\$	\$	\$
Cost or valuation					
Balance at 30 June 2020	45,948	517,911	199,526	394,895	1,158,280
Additions	34,468	-	44,042	73,222	151,732
Disposals	(44,418)	-	-	(3,129)	(47,547)
Balance at 30 June 2021	35,998	517,911	243,568	464,988	1,262,465
Accumulated depreciation					
Balance at 30 June 2020	18,239	187,754	104,711	209,871	520,575
Depreciation for the year	6,999	158,478	58,175	88,802	312,454
Disposals	(24,936)	-	-	(3,129)	(28,065)
Balance at 30 June 2021	302	346,232	162,886	295,544	804,964
Carrying value at 30 June 2021	35,696	171,680	80,682	169,443	457,501
30 June 2020					
Cost or valuation					
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	-	-	-	-	-
Balance at 30 June 2020	45,948	517,911	199,526	394,895	1,158,280
Accumulated depreciation					
Balance at 1 July 2019	12,879	60,985	62,907	159,576	296,348
Depreciation for the year	5,360	126,767	41,804	50,295	224,226
Disposals	-	-	-	-	-
Balance at 30 June 2020	18,239	187,752	104,711	209,871	520,574
Carrying value at 30 June 2020	27,708	330,159	94,815	185,024	637,705

5 Intangible assets

Included in intangible assets were \$194,222 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 2020	158,625
Additions during the year	60,954
Amortisation during the year	(25,357)
Balance as at 30 June 2021	194,222

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.

	2021	2020
	\$	\$
Employee entitlements		
Wages payable	106,676	30,499
Annual leave accrued	424,745	254,889
	531,421	285,388

7 Reconciliation of operating surplus with net cash from operating activities

	2021	2020
	\$	\$
Total comprehensive revenue and expense for the year	655,906	622,955
<i>Adjustments for:</i>		
Depreciation and Amortisation	337,811	257,486
<i>Changes in:</i>		
Accounts receivable, prepayments and other assets	(2,590,115)	(1,068,695)
Accounts payable, accruals and other liabilities	2,522,471	1,754,219
Cash generated from (applied to) operating activities	926,073	1,565,965

8 Commitments

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

	2021	2020
	\$	\$
Office Premises and Photocopier Lease		
Less than one year	618,741	58,278
Between 1 and 5 years	394,904	3,600
More than 5 years	-	-
Total operating lease commitments	1,013,645	61,878

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 Level 4, 8 Mahuhu Crescent, Auckland expires on 30 January 2023.

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 \$1,701,390 (2020: \$1,713,212) and there is \$145,516 (2020: \$71,456) outstanding at year end.

Provider payments were made to Tangata Consultants Limited during the year for the amount of \$44,632 (2020: \$15,408) and there is \$6,900 (2020: \$6,900) 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 \$10,700 (2020: \$31,650) during the current reporting period and there is \$2,214 (2020: Nil) outstanding at year end.

Key Management Personnel

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

	2021	2020
Board Members		
Total remuneration (\$)	262,642	229,458
Number of FTEs	0.16	0.16
Executive Leadership Team		
Total remuneration (\$)	1,479,919	1,331,170
Number of FTEs	7.6	8.6
Total key management personnel		
Total remuneration (\$)	1,742,561	1,560,628
Number of FTEs	7.8	8.8

During the reporting period, no remuneration was paid to any close family members of key management personnel (2020: 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 measured 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:

	2021	2020
	\$	\$
Financial assets (Loans and Receivables)		
Cash and cash equivalents	3,086,245	2,357,763
Short-term deposits	3,838,162	3,837,446
Receivables from non-exchange transactions	5,055,341	2,450,969
Receivables from exchange transactions	45,516	63,616
	12,025,264	8,709,794
Financial liabilities (at amortised cost)		
Trade and other creditors from exchange transactions	2,482,872	1,836,966
Employee entitlements	531,421	285,388
	3,014,293	2,122,354

(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 \$12,025,264 (2020: \$8,709,794), 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 2021 is as follows:

	2021	2020
Current	\$ 4,065,073	\$ 2,194,972
>1 month	\$ 804,325	\$ 111,967
>2 months	\$ 93,682	\$ 31,317
>3 months	\$ 92,261	\$ 112,713
Total	\$ 5,055,341	\$ 2,450,969

(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

ASB lease premises guarantee for \$159,101 expiry 31 March 2023 with 9 Spokes Road International Limited. (2020: 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, as created under the Health sector reforms to come in effect from 1 July 2022, for the next financial year and beyond. As such, Trustees consider that the preparation of these financial statements on going concern basis is appropriate.

The global COVID-19 pandemic has impacted the organisation's operations in 2021. 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 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 IPSAS 41 – Financial instruments

PBE IPSAS 41 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.



RSM Hayes Audit

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

T +64 (9) 367 1656
www.rsmnz.co.nz

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 2021;
- 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, including a summary of significant accounting policies.

In our opinion, the accompanying consolidated financial statements on pages 64 to 77 present fairly, in all material respects, the financial position of the group as at 30 June 2021, 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 *International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand)* 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 63 (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.

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

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

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

Responsibilities of the trustees for the consolidated financial statements

The trustees are responsible, on behalf of the 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 consolidated 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 economic 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://www.xrb.govt.nz/assurance-standards/auditors-responsibilities/audit-report-7/>

Who we report to

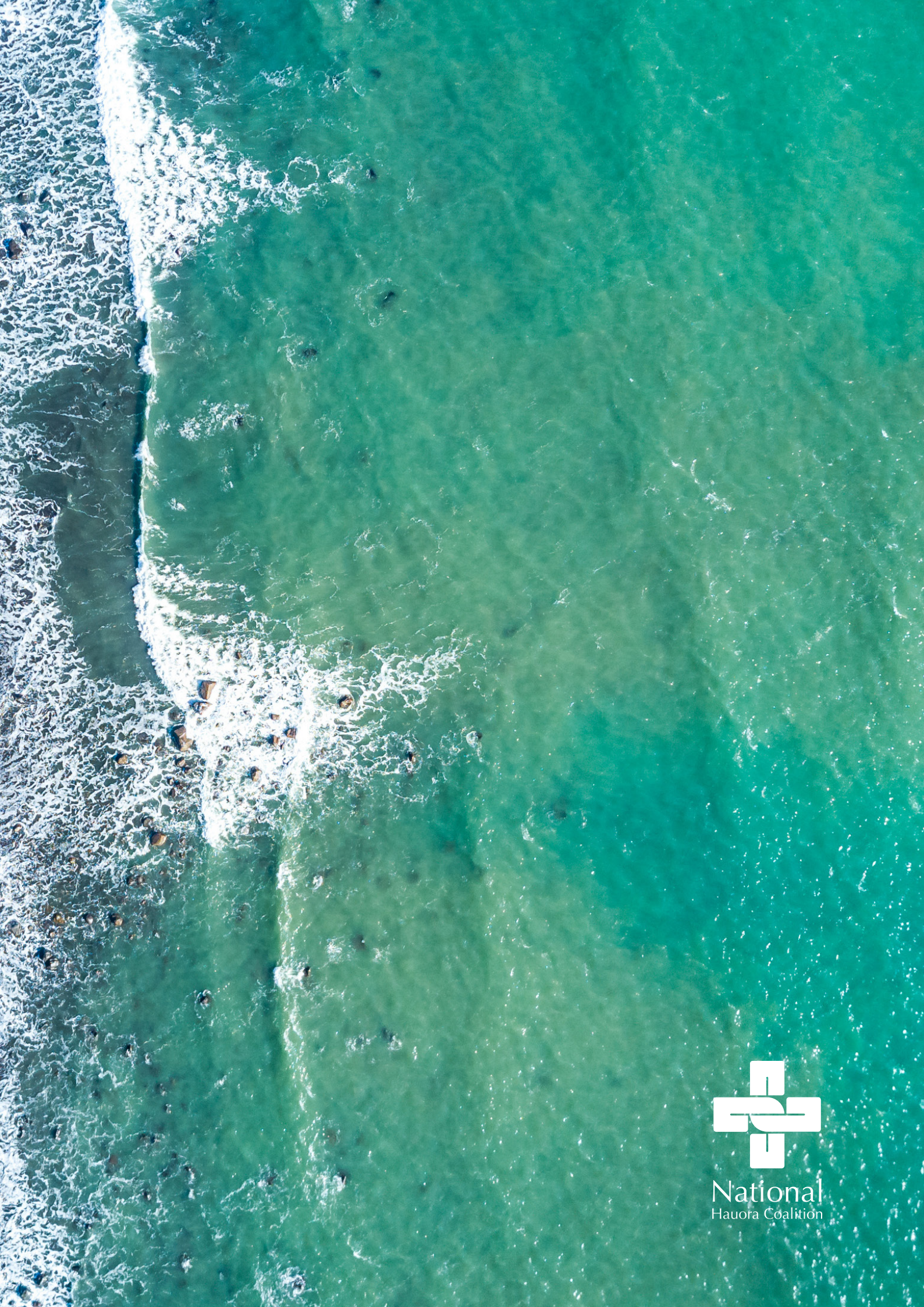
This report is made solely to the trustees, as a body. Our audit has been undertaken so that we might state to the trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility 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.

A stylized, handwritten-style signature of "RSM" in blue ink.

RSM Hayes Audit
Auckland

8 December 2021





National
Hauora Coalition



National
Hauora Coalition

National Hauora Coalition

Tāmaki Makaurau

AECOM House
Level 4, 8 Māhuhu Crescent
Auckland 1010

Kirikiri

Level 4, 11 Garden Place
Hamilton 3204

(09) 950 3325

www.nhc.maori.nz

ISSN 2538-1385 *(Print)*

ISSN 2538-1393 *(Online)*