



National
Hauora Coalition

Annual Report

2021-2022

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*Nāku Te rourou.
Nāu Te rourou.
Ka ora ai Te iwi.*





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 2022. Our whānau-centric and whānau-led kaupapa stands on the shoulders of those who have forged a pathway for whānau katoa. Mana whānau, whānau ora is at the centre of what we do and how we operate.

The inception of the Health Reform Changes was birthed from the stage one Kaupapa Inquiry into Health Services and Outcomes (the Hauora report) led by the NHC Joint Claimants. The Hauora report gave rise to a future with funding for a Treaty-compliant, equity-centred health and disability system.

Two interim recommendations were highlighted by the Tribunal. One recommendation remains to be agreed on with the Crown, a methodology for the assessment of historical underfunding of Māori primary health organisations and providers remains to be addressed by the Crown.

This annual report is presented within the context that NHC will continue to actively advocate for all Māori to determine their hauora aspirations.



BOARD CHAIR'S FOREWORD

Dame Paula Rebstock (DNZM)

NHC are very proud of and fully committed to realising the moemoea of Mana Whānau, Whānau Ora – Prosperous Whānau Living Well.

This Annual Report forms the basis of our mission to develop an outcomes- and results-based approach to health and social services to deliver improved outcomes for whānau through a whānau-centered approach that aims to enable whānau to determine and achieve their priorities and aspirations.

While the health reform environment changes are in the process of being embedded nationally, we are pleased NHC remains with a strong asset base and is positioned to focus its efforts towards whānau led aspirations, inspiration and intergeneration.



CHIEF EXECUTIVE'S FOREWORD

Dr. Rachel Brown
Te Ātiawa ki Wharekauri, Kāi Tahu

In respect of the valued partnership between National Hauora Coalition and our Stakeholders I am pleased to present you with the NHC annual report for the 2022 financial year (FY22). This is our 11th year since our formation and over 20 years of our whānau-centric kaupapa. We remain here today because of the advocates who came together two decades before and those who continue to bring their energy to realising mana whānau, whānau ora. We have grown considerably since our beginnings, establishing two offices – one in Kirikiriroa and one in Tāmaki Makaurau – and onboarding new kaimahi, practices, programmes and providers.

There has been much to celebrate and we welcome the steps that have been taken in the health sector reforms towards addressing inequities for whānau Māori. NHC will continue to work with our partners to drive-equitable outcomes that benefit all communities including Māori, Pacifica, new migrant communities and other high needs populations.

In reflecting on FY22 we acknowledge and express gratitude for the support of our partners and stakeholders. Your support enables us to focus on our vision of mana whānau, whānau ora, and in turn support the strengths of the communities we serve to achieve self-determined success.

*Te amorangi ki mua.
Te hāpai o ki muri*

GOVERNANCE

National Hauora Coalition Charitable Trust



Dame Tariana Turia DNZM
TRUST BOARD CHAIR/TRUSTEE

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



Wayne McLean
HUI CHAIR/TRUSTEE

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

National Hauora Coalition Ltd Company



Dame Paula Rebstock DNZM
CHAIR/DIRECTOR

MSci (Economics) London
PGDip (Economics) London
BSci (Economics) University of Oregon
2016 Deloitte Top 200 Prize for Excellence in
Corporate Governance (ACC Board)



Shelley Katae
DIRECTOR

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



Eru Lyndon
DIRECTOR

Ngāpuhi, Ngāti Hine, Ngāti Kahu, Ngāti Wai, Ngāti
Whātua, Ngāti Toa
Exec Cert Digital Marketing & Media Analytics
Exec Cert Design Thinking Stanford
Cert of Completion (HPB)
MBA, LLB



Te Rōpu Poa
DIRECTOR

Ngāpuhi, Ngāti Hine, Ngāti Kahu, Ngāti Wai
Global Women Breakthrough Leaders Scholarship Recipient (2018)
MHR (NSW)
DipArt Māori Development

IMPACT ON WHĀNAU

FY22 AT A GLANCE



238,986 enrolled whānau were served through **57** clinics across **5** districts, with Māori enrolment of **18.1%**.

1,018 whānau benefitted from having a healthier home through our AWHI programme.

38 rangatahi graduated from the Te Wā Kōrero programme designed to support rangatahi confidence and resilience and cultural connectedness.



9,437 child health assessments were completed, promoting their best possible physical health so they can be at school, learn, develop, and grow.

387 general practices nationwide have access to the Gen2040 Best Start Kōwae, designed to improve access to quality care for hapū māmā and pēpē Māori.



7 general practices in Tāmaki Makaurau are supported by NHC's Te Tumu Waiora, an integrated primary mental health and addiction service designed to improve access to and choice of mental health and addiction support.

53% of all referrals received for Tiakina te Tangata were for whānau Māori.

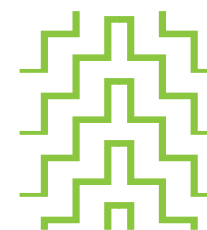
23,497 whānau, of which **28%** were Māori, benefitted from NHC's Flexible Funding Pool.

18.1% of the total NHC primary care network population are Māori, proportionate to the wider population.

37.6% of patients engaged in Te Tumu Waiora were whānau Māori, indicating improved psychological wellbeing for priority whānau.



8,110 Māori students were enrolled in the Mana Kidz programme across the **88** participating schools. A total of **4,711** Māori students were swabbed GAS+ and treated with antibiotics.



75% of whānau engaged in NHC's Mana Tū for people living with type II diabetes have had a significant decrease in HbA1c. Achieving lower HbA1c is associated with a range of health benefits, including a reduced risk of heart failure.



Indigenous spaces were created across **6** providers in Tāmaki Makaurau and Waikato rohe for whānau to access timely, culturally concordant mental health support.

Over **5,900** COVID-19 vaccinations delivered to hard to reach whānau Māori/Pasifika

3,694 whānau in Tāmaki Makaurau supported by NHC's Te Tumu Waiora, an integrated primary mental health and addiction service designed to improve access to and choice of mental health and addiction support.

Mōhio supports **134** clinics in **6** districts and across **5** PHOs who support **452,929** service users.

OUR MOEMOEĀ

MANA WHĀNAU, WHĀNAU ORA

Mana whānau, whānau ora is the moemoeā (vision) handed to NHC by the Charitable Trust Board, and it serves as the kaupapa that drives the organisation. This moemoeā speaks to healthy whānau living prosperously, and aims to enable whānau who are healthy, engaged, knowledgeable, and empowered to achieve mana motuhake – self-determined success. This is our commitment to the communities we serve across the motu.

Equity in health and social outcomes for Māori are key to the success of all Aotearoa, yet indicators for Māori health and life expectancy across almost every dimension indicate that the Crown has failed to care for Māori as enshrined by its obligations under Te Tiriti o Waitangi. Our kaupapa is led by principles of tino rangatiratanga and mana motuhake to privilege and prioritise indigeneity and recognise that Māori autonomy and agency delivers better outcomes for all whānau.

TĀ MĀTOU MOEMOEĀ -Our Vision

*Mana whānau, whānau ora.
Prosperous families, living well*

TĀ MĀTOU KAUPAPA -Our Purpose

*Enhancing and enabling the
strengths of whānau to achieve
rangatiratanga - self determine
success*

*We believe that whānau who
are nurturing, healthy, engaged,
knowledgeable and prosperous
are positioned to succeed to the
benefit of all Aotearoa*

MAHERE RAUTAKI

STRATEGY FOR GENERATIONAL IMPACT

Four pou (pillars) underpin our kaupapa as described by Mahere Rautaki (Charitable Trust Board’s Strategy for Generational Impact): whānau-centred, outcomes-focused, evidence-informed and systemic. These pou guide our mahi to ensure all we do is whānau-led, whānau-centred and aligns with our (NHC Ltd and NHC Trust) constitutional obligations of mana whānau, whānau ora. Mahere Rautaki also serves as our true north against which to illustrate and evaluate our impact over FY22 and inform our decision-making for the year ahead.



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

OUTCOMES FOCUSED FOR WHĀNAU

FOCUSED FOR WHĀNAU

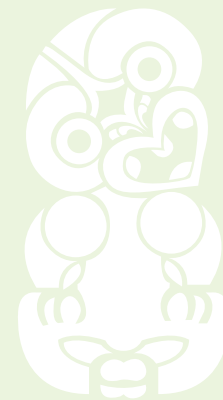
To support hauora across all life stages, NHC delivers to four key areas of outcomes to support whānau. We want to demonstrate our commitment to mana whānau, whānau ora through a life-course approach, walking alongside whānau to support their aspirations and the best possible outcomes for their health.

We have adopted and modified the Results-Based Accountability (RBA) methodology to ensure our activity is tethered to and delivers outcomes which whānau have identified as meaningful for them.

The strength of RBA is that it is rooted in action to derive solutions to problems of inequity. The approach starts with a desired outcome for specific communities and works backwards to tactics and strategies to deliver these outcomes. There is also strong emphasis on indicators and measures to support these actions with empirical evidence of effectiveness – how much we did, how well we did it, and whether anyone is better off as a result – which enables greater transparency in our programmes. The RBA framework also articulates evaluation and improvement processes in clear, everyday language to easily understand and measure benefit for communities and populations.

Our four key outcomes for whānau position whānau at the centre, to re-empower with agency to drive their own hauora journey:

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



OUTCOME 1: ALL TAMARIKI HAVE BEST START IN LIFE

All tamariki having the best start in life means all tamariki experience the best possible environments for wellbeing and development. This is inclusive of the physical, mental, social, and cultural health of tamariki and starts before birth with māmā and whānau. Healthy development early on in life has an important impact on hauora outcomes across the life course and is delivered by multiple contributing factors such as good nutrition, healthy housing, social/cultural connectedness, antenatal and parenting support, and access to education and primary care.

Several NHC services contribute to delivering on this outcome; two selected services (Gen2O4O and Mana Kidz) are highlighted in this section, demonstrating their impact. Other NHC contracted services which contribute to tamariki having the best start in life include:

- AWHI
- 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 Catch Up



GEN2O4O/BEST START KŌWAE

Gen2O4O looks forward to 200 years since the signing of Te Tiriti o Waitangi; our ambition is to see the first equitable generation in Aotearoa. To help fulfil this dream, NHC has implemented Best Start Kōwae into 387 clinics across the motu. The Best Start Kōwae include comprehensive screening and assessments as well as crucial vaccination and wellness checks for both māmā and pēpi at early pregnancy, second trimester, and six weeks post-partum. 6-week Pēpi was launched early 2022, with uptake numbers gaining traction as the impact of COVID-19 began to ease. These clinical decision support tools provide primary care teams with advice to ensure timely, appropriate care is provided for hapū māmā and pēpi along the pre- to post-natal journey.

The best predictor of a person’s overall wellbeing is their māmā’s health before and during pregnancy. The Best Start Kōwae enable clinical practitioners to ensure wāhine

hāpū have access to key health and social care such as immunisations, smoking cessation, lead maternity carers and mental health support, which serve as protective factors for both māmā and pēpi during the duration of pregnancy and beyond. Emphasis is placed on providing good care for wāhine Māori with tracking around equitable completion of each module across all clinics.

Service improvements in the last year include integration of referral services through Tuku. This enables practitioners to easily access all relevant referral pathways for māmā in a single dashboard and provides real-time updates and accountability between them and wider providers. We expect to see Tuku enabling increased access to wraparound services in a timely manner going forward. Gen2O4O continues to develop clinician tools to support hauora over the life course of whānau, with innovation in the long-term conditions space underway.

IMPACT, OUTCOMES AND OUTPUTS

FY22	FY21
387 wāhine accessed Best Start Kōwae, 34.9% of which were wāhine Māori	382 wāhine accessed Best Start Kōwae
Increased access to clinical care across the motu, with 387 practices with access to the tool – 5 additional clinics onboarded	382 clinics had access to tool
Ā tōna wā: the generation born in 2O4O have equitable health and social outcomes as outlined in Te Tiriti o Waitangi	





MANA KIDZ

2022 marks ten years since the introduction of the Mana Kidz programme into low-decile kura and schools in South Tāmaki Makaurau. NHC and a wider network of Māori/Pasifika providers deploy nurses and whānau support workers to deliver free primary health care for tamariki (ages 5–14) across schooling levels. While acute rheumatic fever (ARF) was the genesis for Mana Kidz providing school-based health services, the scope of what is delivered now covers comprehensive primary health care needs for tamariki and their whānau, including skin infections, immunisations, hearing/vision checks, respiratory conditions, mental health, and referrals to broader social services.

Mana Kidz aims to create equity for tamariki Māori by breaking down the barriers in access to primary care by providing multiple access points for whānau. This proactive approach is intensive, relational, free, community-based, and mobile, meaning whānau have access to quality care available when and where they need it. This includes regular presence in schools, an O800 support line, and mobile visits to kāinga. Key strengths lie in Mana Kidz being nurse-led and focusing on strong engagement with whānau, who report increased trust in the healthcare system via having continuity of care from culturally concordant kaimahi hauora – particularly key in the context of mistrust around COVID-19 mandates and vaccines. Whānau and tamariki are more likely to act on health and wellbeing issues because they are better informed and access to care is easier.

“Knowing that the children have a health service within the school that is able to support their health needs is amazing. I think [the tamariki] are really lucky.”

(Parent)

Ongoing impacts of COVID-19 meant closures of many schools and thus lower-than-expected rates of school attendance. This was reflected in lower overall numbers of tamariki accessing Mana Kidz services through kura. Innovation in delivery model by providing health advice and support via the O800 line and mobile services proved critical for high-needs whānau, with 6,841 calls being made before the end of 2022.

The benefits of Mana Kidz have knock-on effects beyond primary care, with schools and whānau reporting decreased rates of absenteeism due to ill health. As such, the programme’s early intervention and health support for tamariki also supports equitable access to education, while school attendance and engagement are predictors of good outcomes in later life. It also prioritises investment in kaimahi hauora across the rohe by developing the Māori health workforce (80% of programme staff are Māori and/or Pasifika) and providing ongoing training, reflexive adaptation and service improvement based on need and demand.

IMPACT, OUTCOMES AND OUTPUTS

FY22	FY21
Improved access to primary health care services for 23,792 tamariki (94% of eligible tamariki), 8,877 of which were tamariki Māori	31,708 tamariki reached (96% of eligible tamariki)
Awareness and education made available to whānau via 52 health promotion activities held across the network	237 health promotion activities
4,484 tamariki had greater access to GP services by being enrolled in a PHO	16,466 enrolled in a PHO
Whānau accessed mobile care via 6,841 calls made to O800 line and 851 visits to support whānau in their homes	2,092 mobile visits, 30 calls
4,711 tamariki received necessary antibiotics	21,542 tamariki given antibiotics
151,276 sore throat assessments completed	31,247 assessments
Timely, quality care provided for 4,753 tamariki with skin conditions, with 100% of tamariki treated within 48 hours if not immediately	6,146 tamariki treated for skin conditions
41,960 tamariki ora assessments completed, with 991 intervention plans developed. Healthcare access provided for 650 whānau as a result of these health assessments.	9,437 tamariki assessments completed with 2,659 intervention plans developed. 318 whānau assessed as a result.
80% of kaimahi whakapapa Māori and/or Pasifika	80% of kaimahi whakapapa Māori and/or Pasifika
Ā tōna wā: tamariki have improved educational engagement and achievement as a result of good health, leading to greater overall outcomes	

WHĀNAU STORY

A 9 year old female tamaiti was referred to the Mana Kidz clinic by school administration, after the school had had to reinforce significant dressings on her right lower leg twice in one day. The report from the tamaiti was that she had fallen from her scooter on the concrete.

Upon assessment by the Mana Kidz RN, the tamaiti had a significant skin infection covering her right lower leg from just above the knee down to the ankle, with cellulitis and crusted and weeping lesions.

The RN identified the need for hospital-level care, and likely for intravenous antibiotics. Contact was made with the tamaiti's caregiver who was advised that she needed urgent care at MMH A&E. The tamaiti received 3 days of inpatient care at MMH.

The tamaiti's caregiver was also supported with advice for 5 other siblings in their care and enrolled with Mana Kidz, including advice on missing immunisations and enrolling with a GP in their area.

"A big component to our role is educating families and knowing when it is inappropriate and out of our scope to treat. Through effective assessment and then communication with whānau this situation has had the best possible outcome. The child returned to school 1 week later." – Mana Kidz RN





OUTCOME 2: RANGATAHI REACH THEIR POTENTIAL



All rangatahi reaching their potential means young people are empowered to be resilient, confident, and achieve tino rangatiratanga (self-determination). 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. Factors which contribute to all rangatahi reaching their potential include safe and stable home environments, positive relationships with primary caregivers, education around alcohol and other drug (AOD) harm, educational access, engagement and achievement, cultural and social connectedness, and access to primary, sexual health, and mental health care.

Several NHC services contribute to delivering this outcome; the impact of one such service (Te Wā Kōrero) is highlighted in this section. Other NHC contracted services which contribute to all rangatahi reaching their potential include:

- AWHI**
- Tū Hauora**
- Sexual Health and Free Contraceptive Consultations for Under 25-Year-Olds**
- Alternative Education**

TE WĀ KŌRERO

Rangatahi Māori are more likely to experience significant mental health distress than Pākehā (28% vs. 20%), a gap that is widening and further compounded by wealth inequities² Te Wā Kōrero aims to support resilience and confidence in rangatahi aged 9-18 to fortify their mental health through cultural connection. The programme delivers eight weeks of kaupapa Māori concepts and tikanga (whanāungatanga, ahurutanga, rangatiratanga, wairua) through both group sessions and tailored individual sessions for rangatahi across schools in South Tāmaki Makaurau.

As with other school-based services, COVID-19 impacts led to reconfiguration of programme

delivery. With additional whānau consent, we engaged with rangatahi online and via social media channels. This enabled programme facilitators to meet rangatahi in familiar environments to create a sense of community, albeit virtually, and to continue to provide high-quality support during a time when it was most needed.

Te Wā Kōrero is unique in its co-design between schools, Māori practitioners and advisors. Each session is also rangatahi-led, with young people determining the shape of the kōrero each week within a tikanga framework. Independent evaluation of the programme indicated that the programme provides valuable, culturally

concordant interventions for participating rangatahi, and noted increased engagement and sense of cultural identity from whānau, schools and rangatahi themselves.

² Fleming, T., Tiatia-Seath, J., Peiris-John, R., Sutcliffe, K., Archer, D., Bavin, L., Crengle, S., & Clark, T. (2020). Youth19 Rangatahi Smart Survey, Initial Findings: Hauora Hinengaro / Emotional and Mental Health. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.

WHĀNAU STORY

An uncle of a participant had recently been released from prison and shared that he was excited to support his nephew at his graduation. He was so proud of his nephew, hearing about how he had learned different Māori things. Uncle was motivated to learn more because of the nephew's engagement with different Māori teachings.

'[Pepehā] teaches me about where me and my whānau come from... it's important because it's where I'm from.' (Rangatahi)

One student shared with the facilitators that he was often teased for being Māori. He did not feel proud to be Māori. After exploring different Māori concepts, he shared with the facilitators that he felt prouder. He also talked about how he was proud when he saw his whānau do the haka or when they would all visit the marae. At the end of the programme, he shared about how the bullying had reduced and he wasn't so scared to be Māori. He enjoyed participating in the Māori activities he learned about.

"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." (Parent)

Given the resonance of the programme and the desire to participate from schools and rangatahi, our ambition is to invest further into Te Wā Kōrero to provide access for more rangatahi across Aotearoa.

IMPACT, OUTCOMES AND OUTPUTS

FY22	FY21
309 rangatahi able to access continued support virtually during COVID-19 restrictions	22 rangatahi
38 graduates across 4 low decile schools in South Tāmaki Makaurau	70 graduates
83% of whānau reported increased knowledge of te ao Māori after the programme	Not measured
Ā tōna wā: rangatahi Māori are empowered and resilient against life difficulties and see equitable hauora hinengaro outcomes	

OUTCOME 3: ALL WHĀNAU IN CONTROL OF THEIR WELLBEING



All whānau in control of their wellbeing means whānau are empowered to exercise tino rangatiratanga in choosing services they wish to access, being able to articulate their needs in their own language and express their health concerns to high quality, culturally concordant health practitioners. This represents a restoration of their right to equitable health outcomes as part of the obligations enshrined by Te Tiriti o Waitangi. 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, social and cultural connectedness, positive connection with iwi, hapū and whānau, employment and income security, and access to education.

Several NHC services contribute to delivering to this outcome; four services (AWHI, Te Kūwatawata, Te Tumu Waiora and WeroHIA) and their impacts are highlighted in this section. Other NHC contracted services which contribute to all whānau in control of their wellbeing include:

- Better Help for Smokers to Quit**
- Cervical screening for unscreened wāhine**



AWHI

We believe all of Aotearoa has the right to healthy, dry, warm kāinga and that this is critical to ensure the best possible environment for healthy whānau. NHC's Healthy Housing Initiative (HHI) AWHI aims to reduce rates of preventable hospitalisation and illness that arise from unsuitable housing.

Disproportionate numbers of whānau Māori and Pasifika are impacted by crowded, cold, and damp housing, leading to higher rates of acute rheumatic fever (ARF) and respiratory tract illnesses. Tamariki Māori are 30 times more likely to get ARF than Pākeha children, and Pacific children are 80 times more likely³ AWHI aims to create change via two main routes:

Providing access to essential assets for home health (curtains, heating, bedding, etc.) to address immediate needs of whānau

Empowering whānau through advocacy and educational intervention around keeping their home safe, dry, and warm

By providing both short- and longer-term interventions to support healthy homes across the South Tāmaki Makaurau community, AWHI continues its meaningful contribution to overall HHI initiatives. Recent evaluation of HHI indicated an estimate of 9,745 averted hospitalisations per year (or 46.3 million dollars' worth of treatment), 946 additional days in school per year for tamariki, and a 4% increase

in likelihood of employment.⁴ Improved social and health outcomes are estimated to equal a yearly saving of \$70.7 million in government spend for the benefit of whānau Māori and Pasifika.

³ Sharpe N, Miller J, Lowe L. Rheumatic fever in Māori: what can we do better. Best Prac J. 2011;37:22-33

⁴ Pierse, N., Johnson, E., Riggs, L., Watson, N. (2022). Healthy Homes Initiative: three year outcomes evaluation. Healthy Homes Initiative: Three year outcomes evaluation – Te Whatu Ora - Health New Zealand

IMPACT, OUTCOMES AND OUTPUTS

FY22	FY21
1,018 whānau in Tāmaki Makaurau living better with warmer, drier houses via delivery of 1,690 resources such as curtains, bedding, insulation, education	932 whānau via delivery of 3,891 interventions
338 whānau Māori and 343 Pasifika families experienced improved housing conditions	226 whānau Māori and 442 Pasifika families
<p>Improved housing conditions made possible for</p> <ul style="list-style-type: none"> 504 whānau supported following hospitalisations/diagnoses of preventable health conditions 300 hapū or new māmā 91 whānau with ARF 123 whānau with high social needs 	<p>Improved housing conditions made possible for</p> <ul style="list-style-type: none"> 317 whānau supported following hospitalisations/diagnoses of preventable health conditions 247 hapū or new māmā 185 whānau with ARF 183 whānau with high social needs

Ā tōna wā: all whānau Māori are in safe, dry, healthy homes to enable best possible wellbeing outcomes

WHĀNAU STORY

Whānau has been living in a badly fire-damaged house for over six months, paying full rent. The environment and condition of the home were unstable and detrimental to the family's health and wellbeing. The house has three bedrooms, with three whānau members living in the home: Nana, Mum and son. Nana is elderly with mobility issues and uses a walking frame to mobilise. Son J has multiple health issues, including asthma and skin conditions. The condition of the home was impacting his physical health and wellbeing. The whānau have been paying full rent per housing tenure agreements between property management and tenant. The whānau reconfigured the garage into a living area for meal preparation and daily activities. Only half of the house has had power for over six months.

Intervention

The Kaiwhakare (Navigator) initiated contact with the complex case nurse supporting the whānau and scheduled a home visit with the case nurse present. A whānau assessment and plan were completed, which resulted in a referral to Habitat for Humanity for a comprehensive assessment. WINZ was contacted to discuss the whānau circumstances, and the property manager to discuss temporary housing for the whānau so urgent restoration and repairs could commence at the property. The main challenge with this referral was securing temporary accommodation for the whānau so that work could occur at the house. This involved the Kaiwhakamana (Lead Navigator) communicating with WINZ and the Kaiwhakare and phone and text conversations with the property manager about ways we could support this whānau moving forward. Information from these conversations highlighted obligations that the property management company was not meeting. This then allowed negotiations between the tenant and property management to take place for a fair and reasonable outcome for the health and wellbeing of the whānau. The Kaiwhakare maintained contact with the Mother of Child (MOC) and property manager for daily updates on the temporary housing situation. The property management team organised temporary accommodation for the whānau, and the repairs and restoration of the home have commenced. The Kaiwhakare received a phone call from the whānau to advise that Nan, Mum and Son are staying with extended whānau. They expressed how thankful and grateful they are for the positive outcome, and in mum's words, "we are so happy we get to stay in our house and don't have to move out".

"So excited to finally see some progress on the bedrooms. The kids love their new beds and bedding and it felt so good to throw all the old bedding out as we were concerned about the impact it was having on our kid's health. Such a relief."

TE KŪWATAWATA

In partnership with Te Kurahunga, NHC launched the Te Kūwatawata service in May 2022 to deliver timely, indigenous-based support for whānau in distress. Through the programme we deliver the Mahi a Atua (tracing ancestral footsteps) approach, a kaupapa Māori talk-based therapy to understand and navigate mental health challenges within the context of pūrākau (creation mythologies). Shifting the focus away from Western clinical approaches that are the norm in primary care, Mahi a Atua promotes reflection in the context of whānau and culture to decolonise and attain hauora.

NHC secured funding from Manatū Hauora as part of the kaupapa Māori primary mental health and addiction services initiatives. This in part recognised the under-resourcing of primary care to provide for tangata whaiora who received referrals to fragmented, stretched services, with provision of

support being several weeks or even months after first contact.

Te Kūwatawata emphasises that ‘any door is the right door’; referrals are accepted from general practitioners, other services, whānau or the whaiora themselves, and can be made via phone, email, or in person.

Depending on the acuity of mental distress, whānau are contacted and supported within 24 hours. Mataora (practitioners) who facilitate the programme come from a range of backgrounds and are based at both NHC and five Māori providers around Te Ika a Maui.

Te Kūwatawata is driven by and centred on whānau, with the pace, frequency, and content of wānanga sessions being determined by their goals. Each session is feedback-informed and evaluated with a session score which helps ensure both whānau and Mataora are on track throughout their time in the service.

“I look forward to my Monday morning wānanga, it sets me up for the week, I can share kōrero about things I can’t share with others in [Mataora’s] courses & programmes, I don’t feel judged. I look forward to these wānanga. It sets me up for the week. I refocus.” – Whānau

WHĀNAU STORY

“As a 70-year-old wahine it’s hard to feel seen. Today I feel seen.”

A wahine Māori was invited to speak at Mataora wananga about her experience with the kaupapa. She hesitantly stood up and spoke her pepeha in front of the rōpu, and spoke of her experiences in the healthcare sector.

She described how she experienced significant illness over 2019, and was being seen across 5 departments

of Waikato Hospital, including Critical Surgery during COVID-19 lockdowns. The loneliness and isolation triggered her PTSD and she asked, was there a way she could be treated as a whole person rather than a collection of her conditions?

Aside from her physical conditions, she indicated that holistic models such as whare tapa whā resonated with her, and requested wraparound support that aligned with her wairua and way of being.

She was referred into Mahi a Atua as it resonated with her spirituality and her journey of reconnecting with her Māori whakapapa. Through Te Kūwatawata she was able to build confidence in tikanga and te ao Māori including rongoā and te reo:

“It’s because of the strength they have lent me I have loved every minute of it. I feel wrapped around now”.

IMPACT, OUTCOMES AND OUTPUTS

128 whānau Māori accessed culturally concordant mental health/AOD services
652 wānanga sessions across 241 whaiora
Whānau able to access care when and where they need it – 98% seen within 5 days of presentation via phone, virtually or a tinana
67 instances of access to wider social and wellbeing services through referrals
Indigenised spaces created by 30 kaimahi across 6 providers in Tāmaki Makaurau and Waikato rohe

TE TUMU WAIORA

Status quo primary care is unable to provide appropriate mental health services to whānau, particularly those with acute or chronic needs. 1 in 5 people experience significant mental distress each year, and 3 in 4 people will do so in their lifetime.⁵ Rates are higher in Māori, highest in rangatahi (15-24 years), and are increasing over time. Despite growing need, the capacity and distribution of support available in primary care is inadequate and inequitable. Te Tumu Waiora is an integrated model of mental health and addictions care to provide timely support for whaiora presenting to general practice by positioning Health Improvement Practitioners and Health Coaches within primary care as well as Peer Support Workers in the community. These kaimahi are from a range of backgrounds and utilise a “skills not pills” approach, prioritising brief, evidence-based interventions to provide immediate support and self-sufficiency for whaiora. Te Tumu Waiora provides choice in and timely access to mental health support, as well as removing stigma for whānau seeking it by positioning the service within primary healthcare services. By integrating the service within primary care, it also supports practitioners to increase confidence and competence in the mental health space, as well as creating capability and capacity in general practice. This approach has resonated with whānau Māori, with proportional rates of Māori seen being over twice that of the relative population.

IMPACT, OUTCOMES AND OUTPUTS

Mental health support made available to 3,694 whaiora
<ul style="list-style-type: none">· 33.6% of whaiora seen the same day as they presented· 1,150 whānau Māori engaged with service (4,299 sessions completed)· 240 young people (under 24 years old) engaged with service
Over 11,000 sessions delivered,
<ul style="list-style-type: none">· 37.6% of these sessions accessed by whānau Māori· 39.8% of these sessions accessed by quintile 5 whānau

⁵ Wilson, A & Nicolson, M. (2020). Mental Health in Aotearoa: Results from the 2018 Mental Health Monitor and the 2018/19 New Zealand Health Survey. Wellington: Te Hīringa Hauora/ Health Promotion Agency

WHĀNAU STORY

Whānau Māori - māmā and two sons (14 and 17)

The whānau were referred through to the HIP by the Whānau Ora Navigator; they were struggling with conflict at home. They had previously had a whānau hui through Whānau Ora but were needing additional support. They were not registered with our clinic, so they were added as casual patients in order to access the HIP.

A whānau hui was organised between the whānau and the HIP where key issues were identified and reflected back to the whānau. Each whānau member was given the opportunity to share their own perspectives and experiences without being interrupted.

Although there were many issues identified, we decided to focus on creating more positive whānau interactions and

experiences. We discussed the importance of creating more opportunities to have more enjoyable experiences together as this would allow them to communicate and connect without the stress of arguments. They decided that they would look at going bowling together that Saturday.

Increased engagement: Mum was already connected to a counsellor so she felt she had support already. 17yo son was keen for a 1-on-1 follow-up with the HIP, while the 14yo son was unsure if they wanted a 1-on-1 follow-up. Both sons ended up engaging in 1-on-1 sessions. The individual sessions were used to reflect on how things had been since the whānau hui (good progress, less conflict, doing more enjoyable activities together and planning on doing more). Both sons were happy to see how things go and didn't feel

the need to book in for a further follow-up. Encouraged them to get in contact if they needed to talk to someone later, while also encouraging them to enrol fully at our practice if they'd like to engage with the HIP again. They were happy to do so and to advise their Mum.

Quotes from tangata whaiora

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

“Previously I have waited for weeks to speak to someone - today I only had to wait 5 minutes!”



WEROHIA

Wero Hauora Immunisation Alliance (WeroHIA) was formed in response to the differential impact of COVID-19 pandemic and associated mandates on the health and social wellbeing of whānau Māori. The mainstream approach to vaccination and immunisation was not effective or equitable, with rates of Māori vaccination lower than that of other ethnicities. Mixed and inconsistent information around the pandemic led to mistrust in government communication for many whānau, creating barriers and hesitancy in getting vaccinated. Mistrust was also compounded by negative experiences at vaccination and testing sites which were not set up to provide adequately for whānau needs. This created

an opportunity to reinstate tino rangatiratanga for whānau by providing accurate, trusted information from Māori clinicians, creating spaces for candid korero, and creating a culturally-safe, effective service that was Māori-led and community driven.

WeroHIA utilised data to identify undervaccinated whānau to prioritise and enable targeted activity. Whānau were able to connect across multiple touch points including phone lines, community events, testing and vaccination centres, and social media. The WeroHIA rūpū worked alongside 10 other community providers to deliver health promotion, immunisation, testing and isolation support in communities

across Aotearoa. We saw particular impact working alongside hard-to-reach gang whānau; patches were put aside to support communities to become immunised and remain safe during the height of the pandemic, with some gang leadership training to swab and become vaccinators themselves.

IMPACT, OUTCOMES AND OUTPUTS

· Over 5,937 vaccinations were delivered across 61 sites to predominantly whānau Māori/Pasifika.
· 405 additional vaccinations (flu, MMR, paediatric) were also delivered.
· 3,214 COVID-positive households supported.
· 100.2k accounts reached across Facebook, and Instagram, engaging with vaccination pātai and trusted COVID-19 information.
· 25,639 phone calls made to whānau across three call centres.
· The NHC, as part of the WeroHIA mandate, delivered eight community events across Te Ika-a-Māui, where 7,000 masks, over 2,000 kai parcels, and 1,701 vouchers were distributed.
· Mandate members reported a combination of the following from whānau after interacting with them: whānau felt supported, more connected to their community, more resilient, and better able to navigate the health system.

3 Reports commissioned:

· Data Wolf: 'Actionable Business Improvement and Pro-equity Insights for the Covid-19 Response' Report.
· Toi Matarua: 'Report on Rangatahi Me Tamariki Experiences with COVID-19'.
· Andrew Sporle: 'Māori Data Sovereignty Project'.

OUTCOME 4: ALL WHĀNAU IN CONTROL OF THEIR WELLBEING



All whānau living well with long-term conditions means all whānau are engaged with relevant, appropriate, and quality health care services; have engagement in regular physical activity and access to good nutrition, health literacy and self-management education; and have adequate resources 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.

Several NHC services contribute to delivering this outcome. Two selected services (Tiakina te Tangata and Mana Tū Mark 2) and their impacts are highlighted in this section; other NHC contracted services which contribute to all whānau in control of their wellbeing include:

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



MANA TŪ

Type 2 diabetes mellitus (T2DM) accounts for 10% of the total health budget in Aotearoa, due to the complexity in its comorbidities and the influence of wealth inequities.⁶ Māori are affected by higher rates and more severe T2DM (2.5 times the Pākehā rates; an average HbA1c of 11mmol/mol higher than Pākehā average), yet are less likely to receive adequate care to manage the condition.⁷ Mana Tū serves whānau Māori with T2DM through kaimanaaki support to navigate lifestyle changes, medical appointments, and social services to enable better outcomes in the long term.

Upon engagement with a kaimanaaki, whānau set goals around their health and wellbeing which are prioritised throughout the six-month programme.

Whānau are encouraged to consider areas such as healthy eating, social engagement, physical activity, and steps to support employment, as well as provided referrals to support these goals as required. Kaimanaaki wear many hats in their role, including navigator, health coach, advocate, and support person, as well as coordinating transport to appointments to further remove barriers to access necessary services. Co-design across clinicians, whānau ora providers, and whānau themselves ensures that the programme serves to increase agency for whānau to manage their condition, with 75% of whānau enrolled in Mana Tū reporting a significant decrease in HbA1c during and following participation in the programme.

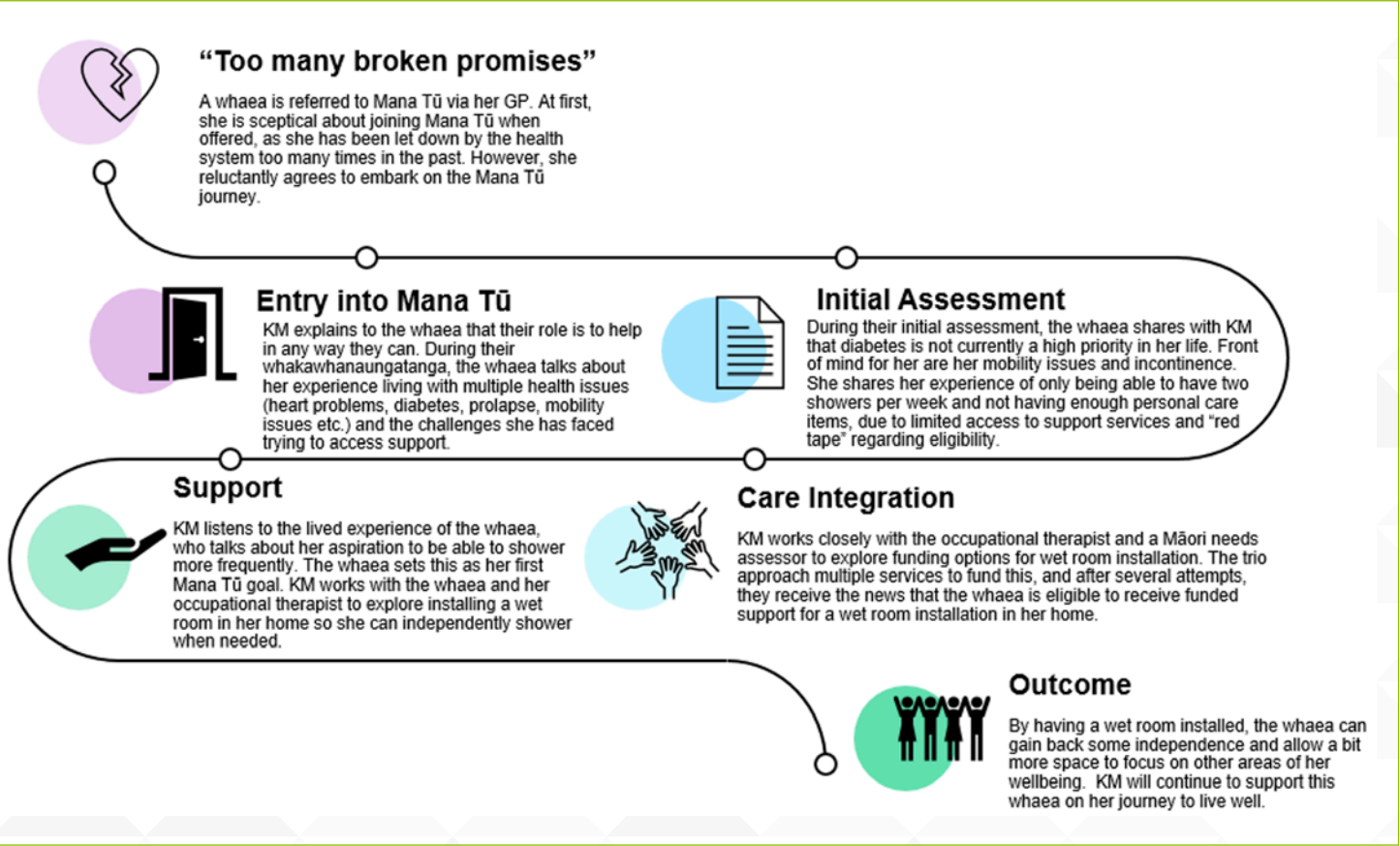
Mana Tū is supported by NHC’s flexible funding pool (FFP) as our endorsement and belief in the programme’s effectiveness. It enables the rights of whānau to choose and receive equitable care in their condition management. Support to implement lifestyle changes turn the curve on T2DM before whānau experience more severe impacts of the condition, such as dialysis and amputation. As these advanced treatments make up most of the health spend on T2DM, Mana Tū delivers value through preventative action to ensure whānau wellbeing. The waitlist for whānau keen to participate in Mana Tū continues to grow, indicating the potential for scaling Mana Tū to provide for a wider network of whānau across Aotearoa.

“Last year I had a bit of a set back with it. We lost four of our young ones. Not through suicide but being obese. Uncontrolled diabetes. Yeah, so I had a bit of a sad patch, which I suppose this programme Mana Tū came in handy, you know? [Kaimanaaki] was here for the first couple of weeks, going “oh, come on. You can do this!”

⁶ <https://healthierlives.co.nz/wp-content/uploads/Economic-and-Social-Cost-of-Type-2-Diabetes-FINAL-REPORT.pdf>

⁷ IBID.

“I think it was perfect timing because when [Kaimanaaki] came on my aunty was staying with me during that time and I think it was the way in which [Kaimanaaki] approached it. Instead of excluding my aunty, she actually included her. So that, and my aunty found it really beneficial for herself. So, it has had that rippling effect for her as well, because she even, she appreciated those visits.”



IMPACT, OUTCOMES AND OUTPUTS

FY22	FY21
22 whānau currently able to access kaimanaaki support across 8 clinics in Tāmaki Makaurau	30 whānau
15 whānau (75% of whānau enrolled) see decrease in HbA1c, with average HbA1c decrease of 5.7 mmol/mol across rōpū	17 whānau (56% of enrolled)
81 referrals to other health and social services to enable goal setting and achievement	42 referrals
Ā tōna wā: a significant decrease in rate of whānau Māori requiring care for severe T2DM (i.e. dialysis) and associated reduction in government spend on diabetes management	

TIAKINA TE TANGATA

The integration of community, clinical expertise, and mobile services form the basis of Tiakina te Tangata in order to provide holistic, whānau-centred care in the Waikato and Bay of Plenty rohe. The model deploys Kaimanaaki/Registered Nurse combined teams into the community to support and prioritise whānau Māori with long-term conditions in their own homes. The approach of the team recognises that hauora and its determinants are broad and often sit outside the scope of primary care; unmet social and cultural needs are often barriers to condition management that need solutions before whānau are amenable to clinical

interventions. Collaboration between RN and Kaimanaaki is essential in this pro-equity model, with a balanced emphasis on supporting health and social needs of whānau Māori with complex or high needs.

The service provided is dynamic, fit-for-purpose, and strives to meet diverse needs of the entire whānau. A wide range of conditions and needs are referred to the team including oncology, maternity, palliative care, diabetes, and cardiovascular disease. Teams offer a culturally concordant, manaaki-led approach which helps rebuild trust often eroded by mainstream health

services and opens the door for further interventions such as self-management education and connection to wider community services. Whānau are empowered to exercise mana motuhake when they understand their own health conditions in everyday language and are supported and respected to do so.

The Tiakina te Tangata team is facilitated by strong community and iwi networks that emphasises resourcefulness and kaimahi development. Key relationships with Wintec and Waikato University ensure sustainable levels of Māori talent to contribute to this mahi.

WHĀNAU JOURNEY

Long-term condition:
Type 2 Diabetes, Obesity, Chronic renal failure, Congestive heart failure, osteoarthritis, hypertension.

GP Reason for referral:
Diabetes education and management / Wound care.

INITIAL ASSESSMENT



Taha Hinengaro (Mental and Emotional Wellbeing): Feeling frustrated and down due to his poor health and not being as mobile as he used to be. Isolated at home and only leaves the house for medical appointments. Misses being able to drive and go fishing with his whānau.



Taha Tinana (Physical Wellbeing): Multiple co-morbidities, mobilises with walking frame. Spends a lot of time in bed due to SOB (shortness of breath) and diabetic ulcer on lower limb, at risk of amputation. Diabetes uncontrolled and latest HbA1c of 149mmol. Average blood glucose reading of 18.5mmol.



Taha Wairua (Spiritual Wellbeing): Feeling disappointed in himself and disconnected spiritually due to his poor health and lack of independence.



Taha Whānau (Social Wellbeing): Lives with sister who is his main caregiver. Strain in the relationship due to lack of wrap around supports for whanau. Poor understanding of diabetes and how it impacts his overall health.

PLAN OF CARE: NURSE AND KAIMANAAKI

- **Weekly/Fortnightly visits from Tiakina te Tangata team to monitor wound and diabetes and to provide diabetes education with support and recommendations from Diabetes Nurse Specialist.**
- **Provided support and advocacy with navigating wrap around supports for whanau.**
- **Provided education and information around nutrition.**
- **Provided opportunities for patient to engage in community activities.**

POSITIVE OUTCOMES



Taha Hinengaro (Mental and Emotional Wellbeing):

Whānau engaged in all home visits. Patient's insight and understanding of his diabetes strongly improved. Happy to have more independence and ecstatic he was able to go fishing on the Wish4Fish trip in Tauranga after being isolated at home for more than 6 months.



Taha Tinana (Physical Wellbeing):

Patient is more independent and active around the house and can mobilise without his walking frame around his home and no longer experiences SOB. Diabetic ulcer healed and no amputation was needed. Over a 6-month period the patient's diabetes has dramatically improved. Latest Hba1c result showed reduction from 149mmol to 61mmol. Average blood glucose reading reduced from 18.5mmol – 7mmol. Introduced libre sensor to assist with diabetes management and insight with great results currently 97% of readings within range of 5-10mmol.

Whānau changed how and what they were eating to include more vegetables and limit carbs and sugar.



Taha Wairua (Spiritual Wellbeing):

Feeling like himself again, proud of his progress and how good he feels. Being able to go fishing lifted his spirits and he feels more connected spiritually.



Taha Whānau (Social Wellbeing):

Wraparound supports in place and patient now has a male caregiver who comes in 6 days a week to assist with personal cares. Sister has more independence and is working full time. Patient and his sister participated in a fishing trip we facilitated for a group of diabetic patients through Wish4Fish.

Supported patient to get sensor funded through disability allowance so he can continue to self-manage his diabetes.

Impact, outcomes and outputs

168 whānau Māori served for the financial period

352 whānau Māori served to date

699 patients served for the financial period

1,598 patients served to date

75% of kaimahi whakapapa Māori

Ā tōna wā: all whānau Māori are equipped to access and exercise mana motuhake in the management of their long-term conditions with timely, wraparound and culturally concordant support



WAITANGI TRIBUNAL CLAIMS



National
Hauora Coalition

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:

"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 de-signing and delivering primary health care to Māori. The Crown's failures prejudicially affect the ability of Māori to sustain their health and wellbeing."

In its report, the Waitangi Tribunal made two interim recommendations, which the 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.

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

"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

- ▶▶ **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 Ministers and Cabinet, which led to 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.

"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, p. 15]

- ▶▶ **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 \$394-531 million per year directly since the establishment of PHOs, but that the figure increases significantly to around \$1 billion a year had the Primary Health Care Strategy been fully implemented.

►► MĀORI DISABILITY CLAIMS

In 2020/21 the 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 2023.

►► HEALTH AND DISABILITY SECTOR REFORMS

The 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. 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, the National Hauora online symposium in February 2021 as well as responding to requests from Transition Unit staff directly.



MANA WHĀNAU, WHĀNAU ORA TOHUTANGA

The National Hauora Coalition Mana Whānau, Whānau Ora Tohutanga celebrates commitment to and excellence in hauora Māori. The awards recognise individuals, community and primary care providers both internal and external to the NHC network who drive positive health and social outcomes and contribute to our kaupapa: supporting whānau to achieve hauora – mana taurite, mana motuhake, mana whānau, whānau ora.

From innovation to delivering whānau-centred care, striving for equitable outcomes and demonstrating courageous leadership the Mana Whānau, Whānau Ora Tohutanga recognises excellence in all forms.

AWARD CATEGORY

▶ Whānau Whakaaro Tika: Think like Whānau

Whānau are at the core of the NHC kaupapa and moemoeā (vision). Whānau wellbeing is our priority and defines who we are and what our mahi is about. When whānau succeed, we all succeed.

The Whānau Whakaaro Tika award recognises a practice or service provider who demonstrates that they think like whānau, by placing whānau wellbeing at the centre of their work. This might be through their own kaupapa or through a specific initiative they have implemented. The winner will have a strong commitment to te Tiriti o Waitangi and equitable outcomes for whānau Māori.

▶ Whānau Auaha: Everyone an Innovator

Innovation pushes us to continuously grow and improve and is a key component of moving toward realising the our moemoeā: Mana whānau, whānau ora.

The Whānau Auaha Award recognises a practice or service provider who demonstrates the courage to innovate and challenge the status quo, and therefore, is at the cutting edge of social impact. Examples of innovation may centre around providing services or care that is COVID-19 safe, improving experiences for whānau, equitable access etc. Examples of innovation may include technological developments, but may also include the implementation of revolutionary ideas, new ways of delivering a care or service or business improvement.

▶ Mahia kia ea, kia toa: Can-do attitude

The environment we work in can be challenging. Having a ‘can-do’ rather than a ‘make-do’ attitude is important. Those who have a can-do attitude are willing to face these challenges head on, go above and beyond and achieve extraordinary things.

The Mahia kia ea, kia toa award recognises a practice or service provider who has demonstrated positivity and ambition to overcome challenges and achieve success.

▶ Whānau whai hua, Outcomes matter

We are outcomes rather than outputs focused, striving to make a meaningful impact for whānau. Results are important if we are to achieve equitable outcomes for whānau and the vision of mana whānau, whānau ora.

The Whānau whai hua award recognises the highest performing provider against key performance indicators, exceeding expectations and achieving positive outcomes for whānau.

▶ Quality and service excellence award

Quality and service excellence are essential to shifting the dial on equity in health and social outcomes.

The Quality and Service excellence award acknowledges a practice or community service provider whose mahi is consistently exceptional. They may have demonstrated excellent patient safety or delivered an outstanding service for whānau and in doing so, delivered improved outcomes for their hāpori (community).

▶ Excellence in workforce development

Excellent workforce development is crucial in delivering top-quality care or services for whānau. A strong, supported, capable workforce delivers exceptional value now and into the future.

The Excellence in workforce development award recognises a practice or community service provider who delivers incredibly high-quality workforce development. Examples may include investment in clinical leaders, upskilling kaimahi, or broader efforts to ensure their workforce is performing at the highest calibre.

▶ Te Tohu Hautoa: Courageous Leadership Award

The Te Tohu Hautoa Award recognises the mahi that others undertake to support the moemoeā (vision) of mana whānau whānau ora – prosperous families living well. Our vision imagines a future Aotearoa where whānau Māori are enabled to achieve their aspirations and autonomously determine their own success. Achieving this vision requires courage, courage in challenging the status quo and working towards a health and disability system that works for Māori.

Te Tohu Hautoa – Courageous Leadership Award recognises an individual who has displayed leadership in and commitment to eliminating health and social inequities. In doing so this individual has helped us move closer to realising our moemoeā.

▶ Whānau Ora Champion Award

The Whānau Ora Champion Award recognises the recipient’s lifetime commitment to the kaupapa of Whānau Ora. This Award epitomises legacy of an individual through his or her lifetime.

▶ Mahi-ā-ringā: Workforce Development Award

Mahi-ā-ringā Workforce Development Award recognises the mahi of individual National Hauora Coalition kaimahi who have contributed to our moemoeā (vision) of mana whānau, whānau ora – prosperous families living well. This may be through their day-to-day mahi or through particular initiatives they have led or shown commitment to.

▶ Tuakana-Teina: Tikanga Approach to Leadership award

The Tuakana-teina leadership award speaks to the principle of leadership within a layered mana approach. This recognises an outstanding internal National Hauora Coalition kaimahi, who through their mahi and ngākau (heart) has demonstrated the principle of tuakana-teina: the ability to teach and learn, and in doing so, the ability to move from leader to follower in any given situation.

MANA KAIMAHI, KAIMAHI ORA

One of our core values is whakanuia te whānau (celebrate indigeneity), which is strongly reflected within our workforce. 55.4% of NHC employees and 44.4% of our Executive Leadership Team whakapapa Māori, and twelve different ethnic groups are represented across kaimahi.

NHC is committed to becoming a role-model indigenous organisation with a firm belief that Kaupapa Māori practices deliver better business outcomes.

The rākau of embedding and maintaining tikanga in the organisation is led by the Trustees who spearhead and determine Tikanga for the organisation. Internally, the Executive Lead – Tikanga realises the Tikanga Aspirations of the Trustees to support NHC’s operation.

A considerable base of empirical evidence shows the importance of a gender-diverse Board membership and leadership team. With a newly appointed wahine Māori CE, and 50% of our Leadership team and over 75% of our Board being wāhine, NHC embodies the value of gender diversity.



TE RŌPŪ WHAKAKOTAHI

Te Rōpu Whakakotahi supports workplace morale and wellbeing by coordinating and facilitating cultural and social events throughout the year for NHC kaimahi. Activities range from celebrating language weeks to participation in waka ama and weekly karakia, and aim to promote whanaungatanga and connection between kaimahi across the motu.

EVENTS HOSTED OVER FY22:

JULY 2021

- Matariki celebration hosted at NHC tari

AUGUST 2021

- Cook Island language week – celebration of language, music and kai
- Online lasagne bake off
- Tongan language week

SEPTEMBER 2021

- Te wiki o te reo Māori
- Chinese language week
- Mental health awareness week

DECEMBER 2021

- End of year celebration

NETWORKS

Primary Health Networks

Auckland District

- IO9 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)
- Third Age (Auckland)
- Three Kings Accident & Medical
- Pt Chevalier Medical & Surgical Centre
- The Doctors Greenlane
- Family Health Matters

Counties-Manukau District

- DW Family Doctors
- Mahia Road Clinic
- Mai Health
- 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 (Pukekohe)
- Wiri Family Doctors
- Tiakina Te Ora
- Weymouth Medical Centre

Waitematā District

- 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

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
- Tokoroa Health Limited
- 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

- 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

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

Te Kūwatawata Network

- National Hauora Coalition
- Te Whare Hauora o Raungaiti
- Taumarunui Kokiri Community Trust
- Te Hononga o Tamaki me Hoturoa
- Ruapotaka Marae
- Papakura Marae

Manawa mai te mauri nuku.

Manawa mai te mauri rangi

Ko te mauri kei a au

He mauri tipua

Ka pakaru mai te pō

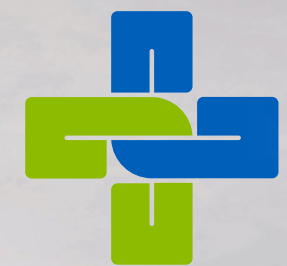
Tau mai te mauri

Hauri e. hui e.

Tāiki e!



FINANCIAL STATEMENTS



National
Hauora Coalition



National Hauora Coalition Trust

Operating As: National Hauora Coalition

Consolidated Financial Statements
for the year ended 30 June 2022

National Hauora Coalition Trust
Operating As: National Hauora Coalition
Consolidated Financial Statements for the year ended 30 June 2022

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Directory

Business Activity	To support and deliver initiatives including policy, and social enterprise that aim to improve health and social outcomes for whanau and all New Zealanders, with a particular focus on Maori, pacifica, new migrant communities & other high needs populations.
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 (Chair) Wayne McLean National Hauora Coalition Limited Dame Paula Rebstock (Chair) Te Rōpu Poa Shelley Katae Eru Lyndon

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 84-85

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 ended 30 June 2022.

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 2022;
- 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 2022;
- 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 2022;
- 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 2022.

na Tariana Turia .

Trustee

McLean

Trustee

1 December 2022

Date

1 December 2022

Date

Consolidated statement of comprehensive revenue and expense

for the year ended 30 June 2022
in New Zealand Dollars

	Note	2022	2021
		\$	\$
Revenue			
Revenue from non-exchange transactions	2	106,866,206	79,338,241
Revenue from exchange transactions		323,927	311,022
Interest and dividends		50,458	47,780
Total revenue		107,240,591	79,697,043
Expenditure			
Employee benefits expense		9,752,516	7,336,567
Operating costs	3	94,439,346	70,952,173
Depreciation and amortisation expenses	4 & 5	332,699	337,811
Occupancy expense		682,354	414,587
Total expenditure		105,206,914	79,041,138
Surplus for the year		2,033,677	655,906
Total comprehensive revenue and expense for the year		2,033,677	655,906

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 2022
in New Zealand Dollars

	Note	2022	2021
		\$	\$
Assets			
Cash and cash equivalents		6,568,567	3,086,245
Investments - short term deposits		3,843,370	3,838,162
Accounts receivable - non exchange		7,756,617	5,055,341
Accounts receivable - exchange		53,106	45,516
Prepayments		22,346	17,759
Current assets		18,244,006	12,043,023
Property, plant and equipment	4	333,677	457,501
Intangible assets	5	65,470	194,222
Non-current assets		399,147	651,723
Total assets		18,643,153	12,694,746
Represented by:			
Liabilities			
Accounts payable - exchange		4,304,797	1,993,329
Accrued expenses		592,848	489,543
Employee entitlements	6	682,936	531,421
GST payable		(55,107)	292,826
Income in advance		6,398,215	4,701,841
Current liabilities		11,923,689	8,008,959
Total liabilities		11,923,689	8,008,959
Equity			
Accumulated Surplus		6,719,464	4,685,787
Total equity		6,719,464	4,685,787
Total liabilities and equity		18,643,153	12,694,746

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 2022
in New Zealand Dollars

	Accumulated Surplus	Total
	\$	\$
Balance at 1 July 2021	4,685,787	4,685,787
Total comprehensive revenue and expense	2,033,677	2,033,677
Balance at 30 June 2022	6,719,464	6,719,464
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

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 2022
in New Zealand Dollars

	Note	2022 \$	2021 \$
Cash flows from operating activities			
Cash received from customers - exchange transactions		323,927	311,022
Cash received from funders - non-exchange transactions		105,853,716	78,098,177
Interest received		50,458	47,780
Cash paid to suppliers		(92,955,610)	(70,444,044)
Cash paid to employees		(9,601,001)	(7,091,862)
Interest paid		-	-
Net cash from operating activities	7	3,671,490	921,073
Cash flows from investing activities			
Purchase of short term deposits		(5,209)	(715)
Acquisition of property, plant and equipment	4	(183,959)	(151,732)
Acquisition of intangible assets	5	-	(59,623)
Proceeds on disposal of property, plant and equipment		-	19,482
Net cash from investing activities		(189,168)	(192,589)
Net (decrease)/increase in cash		3,482,322	728,484
Opening cash and cash equivalents 1 July		3,086,245	2,357,761
Closing cash		6,568,567	3,086,245

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 2022.

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.

	2022	2021
	\$	\$
Capitation	65,392,145	57,933,836
Contract Income	23,434,390	18,702,490
COVID-19 income	18,039,671	2,701,915
Revenue from non-exchange transactions	106,866,206	79,338,241

3 Expenses

Included in operating costs are:

	2022	2021
	\$	\$
Capitation	59,593,035	55,150,523
Contracts	12,035,627	9,657,940
COVID-19 expenses	17,364,600	2,723,625
Audit remuneration	44,000	36,500
Other operating expenses	5,402,083	3,383,585
	94,439,346	70,952,173

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 2022	\$	\$	\$	\$	\$
Cost or valuation					
Balance at 30 June 2021	35,998	517,911	243,568	464,988	1,262,465
Additions	25,487	-	24,273	134,199	183,959
Disposals	-	-	-	-	-
Balance at 30 June 2022	61,485	517,911	267,841	599,187	1,446,424
Accumulated depreciation					
Balance at 30 June 2021	302	346,232	162,886	295,544	804,964
Depreciation for the year	22,084	125,811	53,260	106,629	307,784
Disposals	-	-	-	-	-
Balance at 30 June 2022	22,386	472,043	216,146	402,173	1,112,748
Carrying value at 30 June 2022	39,099	45,869	51,695	197,013	333,676

	Leasehold Improvements	Motor Vehicles	Office Equipment	Computer Equipment	Total
30 June 2021	\$	\$	\$	\$	\$
Cost or valuation					
Balance at 1 July 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 1 July 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

5 Intangible assets

Included in intangible assets were \$148,904 of capitalised costs related to completed development of Appointment Booking and Medical Records system that was in use and has been amortised on a straight-line basis over 7 years. The impairment recognised in current year is related to the development of a patient portal, that was abandoned in the current year.

Balance as at 30 June 2021	194,222	Balance as at 30 June 2020	158,625
Additions during the year	-	Additions during the year	60,954
Amortisation during the year	(24,817)	Amortisation during the year	(25,357)
Impairment during the year	(103,935)	Impairment during the year	-
Balance as at 30 June 2022	65,470	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.

	2022	2021
Employee entitlements	\$	\$
Wages payable	97,957	106,676
Annual leave accrued	584,979	424,745
	682,936	531,421

7 Reconciliation of operating surplus with net cash from operating activities

	2022	2021
	\$	\$
Total comprehensive revenue and expense for the year	2,033,677	655,906
<i>Adjustments for:</i>		
Depreciation, Amortisation and impairment	436,634	337,811
<i>Changes in:</i>		
Accounts receivable, prepayments and other assets	(2,713,452)	(2,590,115)
Accounts payable, accruals and other liabilities	3,914,631	2,517,471
Cash generated from (applied to) operating activities	3,671,490	921,073

8 Commitments

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

	2022	2021
Office Premises and Photocopier Lease	\$	\$
Less than one year	357,374	618,741
Between 1 and 5 years	2,448	394,904
More than 5 years	-	-
Total operating lease commitments	359,822	1,013,645

The leases above include the Lease of photocopier. Lease for the office premises at Level Four, 11 Gardens Place Hamilton expires on 23 September 2022 and has been renewed 3 + 3 years after balance date. The lease for the Trust's Head Office on Level 4, 8 Mahuhu Crescent, Auckland, under a sub-lease agreement expires on 30 January 2023. This lease will be renewed for 3 years as a direct lease agreement with Ngati Whatua Orakei Whai Rawa.

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.

Dr Rawiri Jansen is the Clinical Director of National Hauora Coalition Limited and sole Director of Tangata Consultants Limited. Payments were made to Tangata Consultants Limited during the year for the amount of \$36,200 (2021: \$44,632) and there is \$3,450 (2021: \$6,900) outstanding at year end.

Simon Royal was a Director of Mōhio Information Systems Limited until 17 October 2022 and Chief Executive of National Hauora Coalition Limited until 31 March 2022. Dr. Rachel Brown was the sole director of Mōhio Information Systems Limited from 17 October 2022.

Simon Royal is the sole Director and 100% shareholder of Whanau Ora Limited. National Hauora Coalition Limited purchased 100% shareholding of Whanau Ora limited on 19 August 2022 for \$1.00. Dr. Rachel Brown is now the sole director.

Guy Royal is a partner in Tuia Group. The Group engage Tuia Group for legal services. Guy Royal is related to Simon Royal, former Chief Executive. The Group paid Tuia Group the sum of \$31,798 (2021: \$10,700) during the current reporting period and there is \$4,255 (2021: \$2,214) outstanding at year end.

Te Ropu Poa is a Director of National Hauora Coalition Limited and was the Chief Executive Officer of Te Hau Ora ō Ngāpuhi. Payments were made to Te Hau Ora ō Ngāpuhi during the year for the amount of \$94,196 (2021: \$0).

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:

	2022	2021
Board Members		
Total remuneration (\$)	280,045	262,642
Number of FTEs	0.41	0.16
Executive Leadership Team		
Total remuneration (\$)	1,677,533	1,479,919
Number of FTEs	7.6	7.6
Total key management personnel		
Total remuneration (\$)	1,957,578	1,742,561
Number of FTEs	8.01	7.8

During the reporting period, no remuneration was paid to any close family members of key management personnel (2021: 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:

	2022	2021
	\$	\$
Financial assets (Loans and Receivables)		
Cash and cash equivalents	6,568,567	3,086,245
Short-term deposits	3,843,370	3,838,162
Receivables from non-exchange transactions	7,756,617	5,055,341
Receivables from exchange transactions	53,106	45,516
	18,221,660	12,025,264
	2022	2021
	\$	\$
Financial liabilities (at amortised cost)		
Trade and other creditors from exchange transactions	4,897,645	2,482,872
Employee entitlements	682,936	531,421
	5,580,581	3,014,293

(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 \$18,221,660 (2021: \$12,025,264), 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 2022 is as follows:

	2022	2021
Current	\$ 6,512,512	\$ 4,065,073
>1 month	\$ 805,331	\$ 804,325
>2 months	\$ 41,883	\$ 93,682
>3 months	\$ 396,891	\$ 92,261
Total	\$ 7,756,618	\$ 5,055,341

(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. (2021: \$159,101).

12 Going Concern / COVID-19

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

The global COVID-19 pandemic has impacted the organisation's operations in 2022. 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 adversely affected by COVID-19 impacts.

13 Subsequent Events

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

The Pae Ora (Healthy Futures) Act 2022 took effect on 1 July 2022, establishing new health funding entities for New Zealand. Nearly all the funding contracts held by NHC have been novated across from the Ministry of Health and the District Health Boards to two of the new entities, either to Health New Zealand or the Māori Health Authority. As changes under Pae Ora are rolled out we expect changes to our existing funding contracts from FY24; the quantum however is not yet known.

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, in the upcoming financial year, 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.



National
Hauora Coalition

SERVICE PERFORMANCE

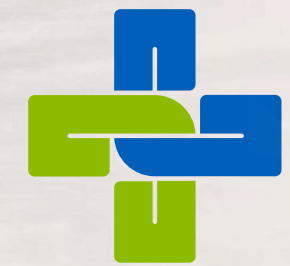


National Hauora Coalition | Service Performance Report: 1 July 2021 - 30 June 2022

Detail Definition	Performance Measure/Output	FY21	FY22
All tamariki have the best start in life			
GEN 2040: 364270 Fee for service contract that undertaken by genial practice using best start pregnancy tool and roll out nation wide. GEN2040 contract uses Mohio platform.	Best start tool usage Practices with access PHOs on-boarded Assessments undertaken	 382 29 306	 387 72 708
B4 School Check: 357456 The purpose of B4 School Checks is to: Assess the child to check that they are meeting the developmental, psychological and behavioural milestones. To identify any issues that might stop a child learning when they get to school. To identify and refer obese children for dietitian assessment. To refer the child and/or family onto the appropriate secondary service for support.	B4SC Services Māori B4SC Services Māori	 433	 557
Free after - hours primary health care for children aged under 14 years: 363009 This service is intended to improve access to primary health services for children under 14 years old.	No of Consultation Total Age 0-5 Māori Age 6-13 Māori	 126 61	 1244 194 580 96
Childhood Immunisation (Mohio) Improving our immunisation rates remain a high priority across all our NHC provider practices. Supporting providers to target our most vulnerable patients by utilising the up to date clinic lists in Mohio so that they are invited in for vaccinations and to submit an early referral to OIS for those hard to reach or overdue tamariki.	8 months old eligible population vaccinated	89%	84.9%
Mana Kidz: 358917 A comprehensive nurse-led service and rheumatic fever prevention programme, skin infection treatment and management and health assessments servicing 88 schools (34,000 students) in South Auckland.	Tamariki provided improved access to primary care services Health promotion activities held across network Tamariki enrolled in a PHO Whānau accessing mobile care Tamariki receiving necessary antibiotics Sore throat assessments completed Tamariki receiving treatment for skin conditions Tamariki ora assessments completed	 31708 237 16466 2092 21542 31247 6146 9437	 23792 52 4484 851 4711 151276 4753 41960
All Rangatahi reach their potential			
Te Wa Korero: 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.	Group engagements No of rangatahi graduated from the 8 week programme Total no of whanau engaged and supportive of the programme Rangatahi engaged via Zoom or phone calls during Covid L4 & L3	 329 70 109 22	 29 38 313 309
Alternative Education (ESBHS): 348369 Provide nurse-led clinics in alternative education settings to rangatahi who have not had the best start in life. The programme seeks to support rangatahi who have complex health and social needs. Services include youth health and development checks, including comprehensive HEEADSSS omprehensive HEEADSSS (Home, Education, Eating, Activities, Drugs and Alcohol, Suicide and Depression, Sexuality and Safety) assessment for all students which allows for early identification of mental health, Alcohol and Other Drug (AOD) issues adversely impacting youth development.	Enrolled students - Total HEEADSSS Assessment completed (total) HEEADSSS Assessment completed (propotion) Referrals to other Services Nurse led interventions - Total	 112 111 99% 23 211	 Contract Finished
Free Contraceptive Consultations For Under 25 Year Olds Sexual Health: 365509 Reduced barriers to access to contraceptive consultations	No of free consultation Māori	926	813

All whānau in control of their wellbeing			
Cervical Screening: 357636 We continue to support our provider practices within our NHC network. The impact on cervical screening has largely been attributed to the presence of Covid19 as well as the challenges of engaging with our Māori and Pacific wahine to attend their appointments as they contribute to the high rates of of unscreened and under screened wahine nationwide.	Under-Screened Women (haven't had > 5 Years) Age 30 - 69 Un-screened Women (never had) Age 30 - 69	 12 32	 Contract Finished
AWHI: 362378, 365510 & 358522 Healthy Housing Initiative to support whānau in Tāmaki Makaurau with improved housing conditions via delivery of resources and educational sessions. Access to drier, warmer homes via access to bedding, heating, ventilation, curtains, etc. enabled for majority Māori and Pasifika whānau.	Total no of whānau reached Whānau Māori accessing improved housing conditions Pasifika families accessing improved housing conditions No of interventions via Pathway 1 (hospitalisation/preventable illness) No of interventions via Pathway 2 (hapū or new māmā) No of interventions via Pathway 3 (whānau with ARF) No of interventions via Pathway 4 (whānau with high social needs)	 932 226 442 317 247 185 183	 1018 338 343 504 300 91 123
Better Help for Smokers to Quit We provide support and work in partnership with our providers to achieve the national goal of a Smokefree Aotearoa by 2025.	Smoking B/C Māori	72%	56.4% 64.2%
All whanau living well with long term conditions			
Cardiovascular Disease Risk Management (CVD Management): 365459 NHC rolled-out new initiatives targeting Māori men to improve engagement, achieving leadership in CVD clinical indicators across Metro Auckland. Putanga Hauora Diabetes Programme was provided to nurses and allied health staff across the NHC national network to upskill workforce in Diabetes/CVD and to improve health outcomes.	Eligible population having a 5 year CVD Risk Assessment completed	85.0%	77.4%
Diabetes Care Improvement Package/Flexible Funding (Diabetes/DAR/DCIP): 365622 & 357392 A community and primary care-based programme, building on core diabetes services to improve outcomes for people with diabetes. (Aged 24-75 years across Auckland, Counties Manukau and Waitemata DHBs) Here Toitū: ETNO-22-00348 Programme started Aug 2020 to look after whanau who have long term conditions aged from 18 -64 years.	Eligible population having an annual diabetes review	74.0%	63.6%
	Percentage of enrolled whānau who are provided with support who have a long-term condition Total No of Clinics as part of the programme	Māori Pacific Other 25.6%, 69.8%, 4.7% 3	27.3% 54.5% 9.1% 2
Mana Tu (Mark 2) Derives from an HRC research project grant Mana Tu. Mark 2 is tailored and dedicated to Maori whanau who have type 2 diabetes. The goal is to improve whānau outcomes by walking alongside them and supporting them in their own homes and at their own pace.	Referrals from MT to external/other services Whānau with a reduction in HbA1c levels Number of clinics supported Number of whānau supported in their own home	 42 17 8 30	 81 15 7 22

INDEPENDENT AUDITOR'S REPORT



National
Hauora Coalition



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Independent Auditor's Report

To the Trustees of National Hauora Coalition Trust

Opinion

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

- consolidated statement of financial position as at 30 June 2022;
- 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 2022, 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 and 78 to 81 (but does not include the consolidated financial statements and our auditor's report thereon), which we obtained prior to the date of this auditor's report. Our opinion on the consolidated financial statements does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

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

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/>

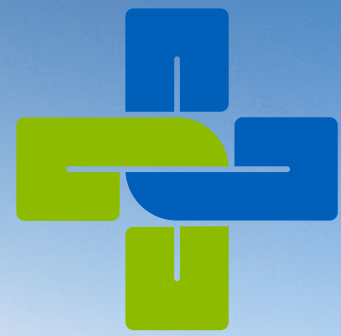
Who we report to

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 the trustees as a body, for our work, for this report, or for the opinions we have formed.



RSM Hayes Audit
Auckland

2 December 2022



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