



National
Hauora Coalition

Annual Report

2022-2023

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





TRUST CHAIR'S FOREWORD

Wayne McLean

Ngāti Māhanga, Ngāti Hourua, Ngāti Maniapoto, Waikato, Tainui

We celebrate those who come before us who believed in building a future where whānau Māori thrive. Our history is grounded in the gathering of visionary hauora Māori leaders, who saw that they could achieve more by working together than alone and formed a national network representing whānau, hapū, iwi and mātāwaka groups. With roots in urban and rural communities across Aotearoa, we evolved in 2011, becoming the National Māori PHO Coalition. As our mahi grew, our focus expanded beyond primary care alone, giving us the ingoa we have today: National Hauora Coalition.

Our moemoeā, Mana whānau, Whānau ora – prosperous families living well, was born out of this legacy. Shaped by the wairua of Whānau Ora, it describes an Aotearoa where whānau are enabled to achieve rangatiratanga. This kaupapa shapes our reason for being: supporting whānau to achieve hauora – mana taurite, mana motuhake, mana whānau. The principles of equity, self-determination and prosperous families drive us each day.



BOARD CHAIR'S FOREWORD

Dame Paula Rebstock (DNZM)

From the beginning, we have been advocates for change guided by our collective moemoeā, kaupapa and tikanga and grounded in Te Tiriti o Waitangi. Along our haerenga, we have continued to hold the Crown to account, becoming Te Tiriti o Waitangi claimants, calling for an equitable health system that works for and uplifts the mana of whānau, hapū and iwi.

Whānau voice is at the core of our being and steers our actions, from the insights we gather to how our programmes are designed and delivered. We remain steadfast to this course by privileging mātauranga Māori, innovating to create solutions that are responsive to whānau and their lived experiences and by being connectors - connecting Māori and mainstream health services and taking a holistic approach to hauora and all that contributes to it. The positive health and social outcomes that whānau are achieving show that our approach makes a meaningful difference.

Throughout our haerenga, we have understood that the decisions and actions of today will impact the lives of generations tomorrow. Realising the future of our collective moemoeā means we will stay focused, continuing to adapt, innovate, collaborate, and deliver outcomes that drive truly transformative change for all whānau.

We are National Hauora Coalition. This is our story. Our story is for Aotearoa.





CHIEF EXECUTIVE'S FOREWORD

Dr. Rachel Brown
Te Ātiawa ki Wharekauri, Kāi Tahu



We are pleased to present our annual report, offering an insight into the milestones, hurdles, and achievements that have defined our journey in 2023.

We honour our tupuna who trailblazed before us, acknowledging that today, we stand on the shoulders of giants in our continued relentless pursuit of our moemoeā (vision) of Mana Whānau - Whānau Ora.

Like other agencies coming off the back of a COVID-19 hangover, and straight into flood and cyclone relief and support across the country, NHC saw its fair share of resource challenges, particularly concerning workforce capacity and capability. Navigating a health reform and the establishment of entities, Iwi Māori Partnership Boards and localities while trying to understand the future of PHOs and undertake business as usual activity has been demanding. Despite the ongoing fluctuations in the national healthcare landscape and now coming to terms with the appointment of a new government, there have been notable triumphs and successes as we continually strive to undertake the mahi (work) to enhance the hauora (health and well-being) of our people through the communities we serve across Aotearoa.

This year, we have seen NHC's executive leadership team membership strengthened in number, skillsets, and experience. Likewise, our clinical leadership has increased with a range of expertise that spans our reach across different regions. We have experienced rapid growth over

a short period across service delivery, our primary health network, research and evaluation as well as increases in staffing.

We continue to successfully cultivate and fortify our relationships with iwi and hapori, demonstrating the significance of collaboration and dedication to initiatives including Wai Claims, school-based health, workforce support, training and development in rural and remote communities as well as immunisation initiatives undertaken with, by and for Māori communities.

We acknowledge our hauora providers far and wide including the invaluable assistance from collectives, including our relationships with iwi, Te Kāhui Hauora Māori, Iwi Māori Partnership Board members, and our locality partners.

I want to finally acknowledge our Trustees and Board, all of our kaimahi and extended NHC whānau of practices and service providers for their ongoing contribution and commitment to our vision, our kaupapa and to whānau. It is important to emphasise that our journey would be considerably more challenging without the steadfast support of our valued partners and stakeholders, whose continued dedication is an indispensable part of our shared mission.



Te amorangi ki mua.

Te hāpai o ki muri

GOVERNANCE

National Hauora Coalition Charitable Trust



Wayne McLean

TRUST BOARD 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



Dr Ash Puriri

TRUSTEE

Ngāti Kahungunu, Ngāti Rongomai-wahine, Ngāti Porou

PhD (Economic Development & Investment)

Masters 1st Class Hon's Management

MBA Accounting & Finance

Grad Dip Bus

National Hauora Coalition Ltd Company



Dame Paula Rebstock

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 member of 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 Ropu Poa

DIRECTOR

Ngāpuhi, Ngāti Hine, Ngāti Kahu, Ngāti Wai

Global Women Breakthrough Leaders Scholarship Recipient (2018), MHR (NSW), DipArt Māori

Development



Dr Anna Rolleston

DIRECTOR

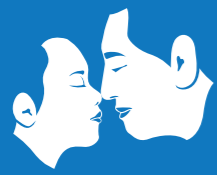
Ngāti Ranginui, Ngāi Te Rangi, Ngāti Pukenga, PhD, Medicine

MSc (Hons), Exercise Physiology, PgDipHSc, Cardiac Rehabilitation, BSc, Sport Science



IMPACT ON WHĀNAU

FY23 AT A GLANCE



247,234 enrolled whānau were served through **59** clinics across **5** districts, with Māori enrolment of **17.6%**

1,039 whānau benefitted from having a healthier home through our AWHI programme.

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



54,045 child health assessments were completed, promoting their best possible physical health so they can be at school, learn, develop, and grow.

679

Unique Pregnancies Assessments, to improve access to quality care for hapū māmā and pēpē Māori, completed for hapū māmā.



12 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.

35% of all referrals received for Tiakina te Tangata were for whānau Māori.

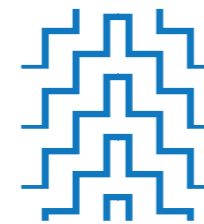
1,319 eligible healthy home service referrals processed, **33%** for whānau Māori.

17.6% of the total NHC primary care network population are Māori, proportionate to the wider population.

25% of patients engaged in Te Tumu Waiora were whānau Māori, indicating improved psychological wellbeing for priority whānau.



174,044 sore throat assessments completed, **30%** of those for Māori students through the Mana Kidz programme across the **88** participating schools. A total of **95%** of tamariki Māori who tested positive for group A streptococci (GAS) had their treatment supported within four days after result received.



4,625 whaiora in Tāmaki Makaurau supported by NHC's Te Tumu Waiora, an integrated primary mental health and addiction services designed to improve access to and choice of mental health and addiction services.



492 wānanga sessions held with whānau, facilitated based on mātauranga Māori principles.

Mōhio supports four PHOs who support **442,472** 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

Our kaupapa, as outlined by Mahere Rautaki (Charitable Trust Board’s Strategy for Generational Impact), is upheld by four pou (pillars): whānau-centred, outcomes-focused, evidence-informed, and systemic. These pou provide the foundation for our mahi, ensuring that everything we undertake is driven by the well-being and needs of whānau and uphold mana whānau, whānau ora. Mahere Rautaki guides us as we assess and measure our impact throughout FY23.



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

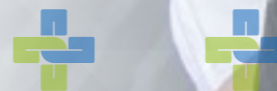
Attracting investors and funders by saying what we will do, and doing what we say





National
Hauora Coalition

OUTCOMES FOCUSED FOR WHĀNAU



OUTCOMES 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 and walk alongside whānau to support their aspirations and best possible outcomes and choices for their hauora.

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 the best start in life

All tamariki having the best start in life sets the intention that all tamariki experience the best possible environments for hauora and development. This is inclusive of taha tinana (physical wellbeing), taha hinengaro (mental wellbeing), taha whānau (social wellbeing) and taha wairua (spiritual/cultural wellbeing) 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 span, enabling individuals and whānau to achieve tino rangatiratanga.

NHC has specifically targeted key milestones in development to awahi and provide support to māmā, pēpi and tamariki across the early years. Key initiatives support maternity care, timely vaccination, early engagement with primary health care, safe housing, and access to primary school-based health services for valuable communities. These activities have been purposefully selected due to the disparities observed between Māori and non-Māori with the intent being to uphold Te Tiriti o Waitangi.

During early stages of development, Gen2O4O supports clinicians to undertake pregnancy assessments for hapū māmā through providing assessment tools and prompts. Compared to the last year, the number of pregnancy assessments completed by partner clinicians increased 43% and a similar trend was seen in newborn pēpi assessments. This year NHC attended more symposiums and conferences to promote and raise awareness of the project to a wider audience. We recorded an increased number of GP clinics installing the Gen2O4O assessment tools within their practice management systems, which likely contributed to this success. NHC provides ongoing advocacy, technical support, and education to partner clinicians that complete assessments with hapū māmā and pēpi using purpose designed tools. This year, an increase in engagement with hapū māmā Māori was seen across antenatal and postnatal assessments. This finding coincides with increased incentives for māmā Māori to attend pregnancy assessments and newborn pēpi assessments, which have been funded by NHC.

To support the transition from maternity care to primary care, NHC monitors newborn notification enrolments and reports findings for affiliated general practice clinics. The Primary Health Network (PHN) follows up on missed newborn notification enrolments and provides training on how to find and accept these notifications to staff at affiliated general practice clinics. As well as improving access to medical care, enrolment is a critical step to pēpi being added to the National Immunisation Register (NIR), which triggers notification to the healthcare provider for immunisations.

NHC monitors and reports on immunisation rates at both eight months and 24 months for affiliated general practice clinics. To support affiliated practices to achieve vaccinations prior to these timepoints, NHC provides advocacy, education, vaccination training for staff and encourages early referral to outreach immunisation services. Vaccination rates have stayed similar in the general population to last year, while immunisation rates for Māori have improved. Increasing numbers of immunisation drives amongst valuable communities to address growing disparities exacerbated by COVID-19 and early referral to outreach immunisation services may have played a role in this finding.

School aged tamariki that attend a decile 1-3 school in the Counties Manukau region have access to the Mana Kidz school-based health programme. NHC provides reporting, clinical support, network communication and training and a whānau of contracted health care providers supply nurses and kaiarahi (support workers) that sit within schools. During the previous year, the service was heavily disrupted by COVID-19 related school closures, restrictions on practice and the re-deployment of staff into the COVID-19 response. The service began to return to business as usual at the end of 2022 and a gradual increase in activity was noted. Several service providers reported difficulties in timely recruitment, and it is suspected that whānau were more cautious of exposure to bugs in the community. Throughout this time, public interest in COVID-19 infection prevention and hygiene measures waned and mid 2022, tamariki were no longer required to wear masks at school. It is likely that each of these factors contributed to the 70% increase in throat assessments completed and the 400% increase in tamariki receiving treatment for strep throat within four days. While similar increases were observed in child health activity, NHC suspects that this has in part been influenced by inconsistencies in data reporting between service providers. During this year, it was identified that some providers were entering data for encounters that are documented through alternative methods. These inconsistencies have been addressed for the next reporting period.

1.1 Hapū māmā (pregnant mothers) receive the best possible maternity care for themselves and their baby

Indicator	FY2023	FY2022
1.1.1 Number of unique Pregnancies Assessments completed for hapū māmā reported * % of Māori hapū māmā	679 38%	473 30%
1.1.2 Number of unique newborn pēpi Assessments reported * % of Māori pēpi	342 21%	25 20%

1.2 Support Immunisation rate to better protect tamariki from diseases

1.2.1 Number of New-born notification enrolments at affiliated GP clinics reported *Māori pēpi	1,948 25%	1,964 24%
1.2.2 8 months childhood immunisation rate of enrolled population reported as at the end of the year * Māori Population	83.6% 69.4%	83.9% 66.9%
1.2.3 24 months childhood immunisation rate of enrolled population reported as at the end of the year * Māori Population	82.7% 69.4%	80.6% 66.2%

1.3 Support to improve housing conditions for tamariki

1.3.1 Number of Home safety assessments for whānau with tamariki under five years reported * % of Māori whānau	89 24%	Measurement Not Available
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1.4 School health programme supported to address important health issues for tamariki

1.4.1 Number of school-based sore throat assessments reported * % of tamariki Māori	174,044 30%	101,106 30%
1.4.2 Reported Percentage of group A streptococci (GAS) positive treatment supported within four days after result received * % of tamariki Māori	95% 95%	96% 95%
1.4.3 Number of child health and wellbeing assessments reported * % of tamariki Māori	54,045 28%	35,059 29%
1.4.4 Number of skin assessments reported * % of tamariki Māori	6,710 32%	3,114 34%



Outcome 2: All rangatahi reach their potential

Empowering all rangatahi (young people aged 12-24 years) to realise their full potential involves fostering resilience, confidence, and tino rangatiratanga (self-determination). When rangatahi are empowered to reach their full potential, they are more likely to experience positive outcomes in various aspects of their lives throughout their journey. Several key factors contribute to all rangatahi reaching their potential include safe and stable home environments, nurturing positive relationships with primary caregivers, offering education on alcohol and other drug (AOD) harm, ensuring access to quality education and encouraging engagement and achievement, fostering cultural and social connectedness, and providing accessible primary, sexual health, and mental health care.

NHC partners with community providers to support rangatahi Māori mental health and wellbeing through school-based services, community wānanga and within primary care general practice. Through NHC's school-based programme, Te Wā Kōrero, rangatahi are equipped with tools to enhance their confidence and resilience and is driven by Māori principles and values focusing on connection, identity and belonging. During the year, 96 rangatahi were directly provided with the eight week school-based programme, an increase of 30 compared to the previous year (66). The observed increase is largely due to the programme going back into schools, delivering face-to-face sessions, rather than online sessions where COVID-19 restricted face-to-face service delivery. Additionally, this was the first year rangatahi were engaged within a secondary school setting.

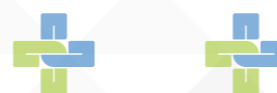
Improving access to primary mental health services enable more opportunities for rangatahi to receive support and feel empowered to achieve rangatiratanga. This year the number of encounters with rangatahi delivered by a Health Improvement Practitioner and Health Coach within their enrolled general practice clinics have increased by 50%, from 914 to 1,374 encounters. Additionally, the number of encounters with rangatahi Māori have increased by 65%, from 257 to 424 encounters. This indicates not only improved access to primary mental health services for rangatahi, but for our valuable rangatahi Māori community. This movement can in part be attributed to an increase in FTE observed across four affiliated general practice clinics, who implemented the Te Tumu Waiora (TTW) service this year, increasing the total number of clinics offering the service from eight to 12. The addition of four clinics offering primary mental health services through TTW, gives rangatahi greater access to care and in turn empowerment to reach their potential.

Furthermore, NHC, in partnership with community providers deliver the Te Kūwatawata programme, which provides timely, indigenous-based support for whānau in distress. This year the programme reported 136 wānanga sessions with rangatahi based on matauranga Māori principles. All wānanga prioritise, utilise and access to Māori while driven by whānau preference through the evidence-based practice of Feedback Informed Treatment. Wānanga include many mātauranga Māori concepts, such as aio māori mātauranga, waiata, haka, mirimiri, kōrero, whiti whiti kōrero, whanaungatanga, manaakitanga, karakia, pūrākau, pure, wātea, taonga and rongoā.

NHC is directly providing services and support to rangatahi, ensuring their needs are met and goals are achieved. Additionally, we strive to facilitate the establishment of networks and connections, enabling wider access and expanding opportunities for rangatahi to benefit from our services.

2.1 Support the mental health and well-being of rangatahi

Indicator	FY2023	FY2022
2.1.1 Number of rangatahi directly provided with eight weeks school-based programme	96	66
2.1.2 Number of wānanga sessions with rangatahi aged 12-24 years based on matauranga Māori principles reported	136	Measurement not available
2.1.3 Number of encounters with rangatahi aged 12-24 years directly delivered by Health Improvement Practitioner and Health Coach within their enrolled GP clinics	1,374	914
* % of rangatahi Māori	31%	28%



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.

To prevent duplication and ensure a comprehensive presentation, we have grouped certain indicators under the domain of all whānau wellbeing. This approach allows us to capture various outcomes related to all whānau well-being without double counting or overlapping measurements. By consolidating these indicators within the all whānau domain, we can obtain a holistic view of the overall health status and progress of the whānau, while avoiding redundancy and duplicative measurement.

NHC support and lead a strong network of providers across many different initiatives. Data collected by Mōhio show an increase from 480,486 to 663,685. Despite this surge, the percentage of Māori patients has only slightly decreased from 25% to 24%. This reduction is expected, given the substantial rise in overall patient numbers.

The NHC Flexible Funding Pool (NHC FFP) applies health funding to achieve better access to quality primary healthcare for New Zealand's high needs population. This pool aims to improve equity and assist Māori, Pacific and people living in quintiles 4 and 5 to gain improved access to services. These are people who need flexible support from New Zealand's health system. Many of these patients have chronic conditions, multiple morbidities, and face social barriers to accessing healthcare. They need health systems responsive to their social challenges which can also maintain the continuity of their care. The number of accesses funded by Flexible Funding increased from 51,077 to 60,176.

This year, NHC demonstrated unwavering commitment to aiding whānau and vulnerable communities impacted by flooding and cyclones using the flexible funding pool. The NHC supplied care packages to kaumātua and other struggling whānau, empowering them to regain a sense of control over their circumstances, independence and wellbeing.

Committed to improving access to primary mental health and addiction services for whānau, NHC partnered with five other community providers to facilitate the roll out of Te Kūwatawata. This service uses matauranga Māori principles to help whānau who are in distress. The service is based on cultural practices, including pūrākau, wānanga and other Māori traditions to reconnect whānau with their pre-colonised selves and relieve them from any distress they are facing. The programme has been continuously expanding since its inception and is currently looking to expand across localities to increase access and choice for whānau. The Te Tumu Waiora Health improvement practitioner encounters almost doubled over the previous year from 7,564 to 13,923, although the percentage of Māori decreased from 39% to 32%.

Disease prevention measures have remained relatively the same between years. We saw slightly less smoking cessation advice given to whānau which may be reflective of New Zealand smoking rates declining. The cervical screening rates remained consistent, as did the percentage of eligible enrolled population that had a five-year cardiovascular disease risk assessment reported.

NHC, in partnership with community providers, offers support to improve housing conditions for whānau. NHC and contracted providers deliver the AWHI Healthy Homes Initiative to whānau in the Counties Manukau, South Tāmaki Makaurau area. This year, there has been an increase in the number of eligible referrals processed from 1078 to 1319. Notably, there has been a 94% increase in the number of households with housing and needs assessments reported, from 486 to 943 assessments. This increase means that more whānau have the opportunity to exercise their tino rangatiratanga, by being given the option of choosing what services they want to engage with in order to make their whare (house) healthy.

Te Tūrangawaewae Manahau, a newly established research centre operating under NHC, is poised to take the lead and foster collaborations with numerous research projects at the local, national, and international levels. This innovative team within NHC anticipates the emergence of numerous projects, initiatives, and evaluations in the years to come. By facilitating new research endeavours, the centre will empower NHC to continuously assess and improve its internal programmes, and potential new ones ensuring the most favourable outcomes for whānau.

3.1 Support a strong professional provider network across social and health

Indicator	FY2023	FY2022
3.1.1 Number of Clinical Governance Group host during the year	18	15
3.1.2 Number of electronic Forms/transactions processed through NHC Mōhio eco system * % of Māori population	663,685 24%	480,486 25%
3.1.3 Number of enrolled populations via affiliated GP clinics reported as at the end of the year * % of Māori population	247,234 17.6%	238,986 18.1%

3.2 Improve primary health care access for whānau

3.2.1 Number of wānanga sessions with whānau facilitated based on matauranga Māori principles	492	Measurement not available
3.2.2 Number of encounters with whānau directly delivered by Health Improvement Practitioner and Health Coach in the enrolled GP clinic	12,430 32%	6,553 40%

3.3 Access to primary mental health and addiction services for whānau (age 24+)

3.3.1 Number of Home safety assessments for whānau with tamariki under five years reported * % of Māori whānau	89 24%	Measurement not available
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3.4 Prevention programmes to protect whānau from diseases

3.4.1 Percentage of brief advice and/or cessation to enrolled population who smoke in the last 15 months reported as at the end of the year * Māori Population	54% 59%	57% 64%
3.4.2 Percentage of eligible enrolled population had a cervical screening in the last 3 years reported as at the end of the year * Māori Population	67% 64%	68% 64%
3.4.3 Percentage of eligible enrolled population had a 5-year Cardiovascular disease Risk Assessment reported as at the end of the year * Māori Population	73% 72%	74% 72%

3.5 Support to improve housing conditions for whānau

3.5.1 Number of eligible healthy home service referrals processed. * % of whānau Māori	1,319 33%	1,078 34%
3.5.2 Number of households with housing & needs assessments reported * % of whānau Māori	943 33%	486 36%
3.5.3 Number of eligible households referred that have a healthy housing related intervention reported	699	340

3.6 Provide evidence-based programme design with Kaupapa Māori informed research projects

Indicator	New In FY2023	FY2022
3.6.1 Number of research project commencing	7	NA
3.6.2 Number of external partners collaborating	7	NA



Outcome 4: All whānau living well with long term conditions

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.

NHC and affiliated general practice clinics support whānau to better manage diabetes and cardiovascular disease. This year the percentage of enrolled population with diabetes with annual diabetes review reported increased slightly from 57% to 61%. In addition, there was an observed increase in the percentage of enrolled population with diabetes who have acceptable HbA1c Glycaemic control reported from 59% to 64%. These increases indicate that more whānau are engaged with quality health services and self-management education, enabling more whānau to live well with long term conditions.

Here Toitū and Tiakina Te Tangata reach out to whānau to empower them to determine their own goals, improve community connection, and achieve better hauora outcomes.



4.1 Support to improve Diabetes management

Indicator	FY2023	FY2022
4.1.1 Percentage of enrolled population with diabetes (type 1, type 2 and other) had annual diabetes review reported * Māori Population	61% 59%	57% 57%
4.1.2 Percentage of enrolled population with diabetes (aged 15-74 years) who have good or acceptable HbA1c Glycaemic control reported * Māori Population	64% 57%	59% 50%
4.1.3 Percentage of enrolled population with diabetes (aged 15-74 years) who have good or acceptable blood pressure control reported * Māori Population	49% 48%	55% 54%

4.2 Support whānau to better manage cardiovascular disease

4.2.1 Percentage of enrolled population with known CVD who are on dual therapy (statin +BP lowering agent) reported * Māori Population	47% 46%	45% 46%
4.2.2 Percentage of enrolled population with known CVD who are on triple therapy (statin +BP lowering agent + Antiplatelet/Anticoagulant) reported * Māori Population	55% 55%	54% 51%

4.3 Improve whānau with Long-term conditions connected with wider community services

4.3.1 Number of whānau directly received the free outreach engagement support to connect with wider community services * Māori Population	521 36.4%	Measurement not available
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National
Hauora Coalition

WAITANGI TRIBUNAL CLAIMS



WAITANGI TRIBUNAL CLAIMS – WAI 2575 KAUPAPA INQUIRY

In 2017 the Waitangi Tribunal indicated its intention to hold a kaupapa inquiry into a range of claims related to health (this broad inquiry is known as Wai 2575). Within the first year it became apparent to the Tribunal that the complexity of the health system and the wide range of claims it received would need to be split into different stages, starting with primary health care.

▶ MĀORI PRIMARY HEALTH CARE CLAIMS

The NHC's first Tribunal claim (known as Wai 2687) focused on the primary health system's performance for whānau Māori and on our experiences as a Māori PHO. The claims were heard along with those of two other sets of claimants (collectively known as Wai 1315) in 2018 and 2019. The resulting report from the Waitangi Tribunal (Hauora) provided landmark findings and identified breaches of the principles of Te Tiriti o Waitangi in relation to primary health care policy and implementation. It also set out five principles of Te Tiriti o Waitangi that it saw as applicable to primary health care. These principles have been widely adopted by government and are a feature of the government's Pae Tū: Hauora Māori Strategy (2023).

Several other recommendations from the Hauora report have also been partially implemented by the government through the passing of the Pae Ora (Healthy Futures) Act 2022 and the establishment of Te Aka Whai Ora (the Māori Health Authority), although in both cases the final products differed from what the Tribunal recommended. In addition, the critical questions about how the primary health care system achieves equity for whānau Māori and how Māori primary health care can be equitably and sustainably funded remain.

In the 2022/23, the NHC has continued to engage with Crown officials and our fellow claimants on these remaining outstanding issues around primary health care policy and funding, although little tangible progress is expected until early 2024.

▶ MĀORI DISABILITY CLAIMS

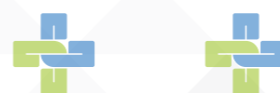
In 2021 the NHC was confirmed as a claimant in the second stage of the Wai 2575 inquiry. Central to our claim is that the health and disability systems have not been designed with and for Māori with lived experience of disability (tāngata whaikaha Māori). This is not just about disability support services, although those are critically important. It is also about how primary health care is designed, funded, and monitored and how the system guarantees self-determination and culturally appropriate services for tāngata whaikaha Māori.

The NHC claim was presented to the Tribunal in March 2023, along with a range of evidence from tāngata whaikaha Māori experts in research, governance, and policy and from experts in whānau ora approaches. Our claim also provides the Tribunal with evidence on the connections between health and housing, and the importance of having housing that meets the needs of tāngata whaikaha Māori.

The Crown is expected to present evidence in the first half of 2024, and we anticipate a report from the Waitangi Tribunal on the claims in early 2025.

Five principles of Te Tiriti o Waitangi that apply to primary health care (from Hauora)

- The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana Motuhake in the design, delivery, and monitoring of primary health care
- The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori
- The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity
- The principle of options, which requires the Crown to provide for, and properly resource kaupapa Māori primary health services. Furthermore, the Crown is obliged to ensure that all primary health care services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care
- The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of primary health services. Māori must be co-designers, with the Crown, of the primary health system for Māori.



MANA
WHĀNAU,
WHĀNAU ORA
TOHUTANGA



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.

▶▶ WHĀNAU WHAKAARO TIKA

Whānau are at the core of our 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.

The 2022 award went to Turuki Healthcare AWHI.

"Turuki's AWHI Team are a model provider, achieving positive housing and wellbeing outcomes. Turuki approaches every AWHI assessment holistically and consistently maintaining high numbers of provider generated referrals through working collaboratively with their wrap around services and community."

▶▶ WHĀNAU AUAHA

This 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.

There were two joint winners of the 2022 award.

Avalon Medical Centre

"From Kirikiriroa, Avalon Medical Centre in the delta level quickly established a drive through swabbing area triaged by a Nurse with same access to a Doctor for enrolled and surrounding communities, including passing truck drivers and ECEs. Led by kaimahi Māori a vaccine centre was setup to initiate and respond to Māori and Pacific ā tinana."

Living Waters Medical Centre

"Living Waters demonstrates the meaning of its name in to the Whanganui community by promoting and contributing to greater social responsibility. Working in and with their communities Living Waters operationalised philanthropic activities to provide the greatest impact, the primary focus being rangatahi, sponsoring fundraising activities and providing a platform to showcase rangatahi. This whānau-centric approach provided an opportunity to build relationships and re-establish trust and give whānau access in to Whanganui's clinical and social services."

▶▶ MAHIA KIA EA KIA TOA

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.

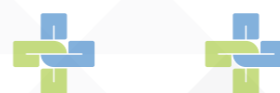
There were two first shared placings for this award in 2022.

Manurewa Marae

"Compelling strong evidence of networking, and connections internally and externally to provide holistic and whānau centred care. Stand out in managing and improving accessibility to core GP services while establishing the first Māori COVID response site. Big ups to Manurewa!!"

Whānau Ora Community Clinic

"2022 was a big year for Whānau Ora Community Clinics. With strong supporting evidence of their contribution to the Covid response mahi, Whānau Ora Community Clinics reduced social and health barriers through various programmes not only in Tāmaki Makaurau, but across the various sites where Whānau Ora Community Clinics are."



▶▶ WHĀNAU WHAI HUA

Whānau Whai Hua – Outcomes Matter, a National Hauora Coalition pou, asserts the importance of outcomes rather than outputs focussed, striving to make a meaningful impact for whānau. Results are important if we are to achieve equitable outcomes for whānau and, with it, challenging the status quo. The Whānau Whai Hua award recognises the highest performing provider against key performance indicators, exceeding expectations and achieving positive outcomes for whānau.”

The first recipient of the 2022 Whānau Whai Hua – Outcomes Matter – High Needs Population was Mahia Road Surgery:

“Mahia Road Surgery is led by Dr David Wong, who along with his team have achieved an overall average of 88.1%. This average is across all set key performance targets for Cervical Screening, Smoking Brief Advice and Cessation, CVD Risk and Immunisations for 8 and 24 months”

The second recipient of the 2022 Whānau Whai Hua – Outcomes Matter – Non-High Needs Population was Doctors on Luckens:

“Doctors on Luckens is a general practice based in West Harbour, Tāmaki Makaurau, led by Dr Micheline Naidu. Doctors on Luckens strived to deliver a high quality level of care within their general practice when meeting the cares and needs of their patients. The outcomes achieved have been through the skills and knowledge of their clinical team and their drive for change and a dedication to improving the quality of life and preventing diseases.”

▶▶ QUALITY AND SERVICE EXCELLENCE

Quality and Service Excellence is essential to shifting the dial on equity in health and social outcomes. This 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 hapori.

The winner of the 2022 Quality and Service Excellence Award went to Manurewa Marae:

“Amohia ake te ora o te iwi, ka puta ki te whei ao. The health and wellbeing of our people is paramount. Feel the challenge and do it anyway! A strong and consistent integrated service provider, Manurewa Marae provide social, holistic and health services. Creating whānau centred pathways for the betterment of whānau while lifting the response to vaccinations, support for foodbank requests, providing Hinengaro and rongoā interventions within a Matauranga Māori context.”

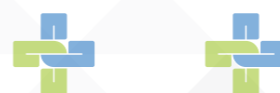
▶▶ EXCELLENCE IN WORKFORCE DEVELOPMENT

Excellence in 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. This encompasses their ability to invest in and develop clinical leaders and their efforts to ensure their workforce has the capability to deliver future value.

The winner of this award in 2022 went to The Doctors New Lynn:

“The Doctors New Lynn introduced cultural concordant systems and processes that allowed their team to engage and participate fully in problem solving which resulted in improved retention, job satisfaction, underpinned by a commitment to improve the experience of and health outcomes for whānau. Management and kaimahi are committed to providing a culturally responsive and inclusive health care service to whānau.”



▶▶ TE TOHU HAUTOA AWARD

Te Tohu Hauora was first awarded in 2015. It is an external facing award that recognises the work that others do to support NHC's success and kaupapa, for contributions to the National Hauora Coalition and the populations we serve, for supporting and delivering our programmes and for courageous leadership in reducing healthcare inequity.

This award celebrates people who have worked with us; our success is not the work of one, rather it is the work of many. E hara tāku toa i te toa takitahi, engari he toa takitini.

We acknowledge the work that these people undertake to support all our pēpi, marae, hapū, iwi and what these leaders do to uplift whānau and the communities that we serve. In a year that was impacted by a global pandemic we acknowledge the work and contributions of our community heroes.

These people have been deeply committed, over many months (and some years) to solving inequities, the Covid response – across many parts of the response; oversight of community isolation and quarantine, testing strategies and patient information, informed consent and culturally concordant contract tracing. We acknowledge that we are in the fortunate position because of the huge body of work which has been almost totally invisible, and this award brings visibility to these community heroes.

The 2022 award recipients were:

▶ Hei Ahuru Mowai – National Bowel Screening Network for Māori, Co-chairs Gary Thompson, Dr Nina Scott and CEO, Moahuia Goza.

"After 10 years of fighting to better outcomes for whānau Māori, Hei Ahuru Mowai secured bowel screening for Māori and Pacific from 50 years, established a National Bowel Screening Network, improved participation for Māori setup on evaluation support service and value added interventions. The realisation of a dream for Māori to access a service that reflects Māori."

▶ Dr Christine McIntosh

"Christine McIntosh, Researcher, Academic, GP, mother of three and most recently key contributor to the successful Covid Response in Tāmaki Makaurau.

Dr McIntosh's work in SUDI – Sudden Unexpected Death in Infancy has spanned many years - and her passion and commitment to this kaupapa covered research, trials, education, and prevention. Her contribution to the development and delivery of the SUDI assessment tool has been a game changer, the impact of the assessment and the knowledge shared has an international reach with the Safe Sleep Calculator and her research was validated and acknowledged internationally. In 2021-2014 Dr McIntosh trialled the SUDI assessment programme in South Auckland providing pēpi pods and education targeting babies identified at increased risk. Trial activities resulted in the acceptance of pēpi pods, increasing

breastfeeding rates, and contributing to the māmā SUDI prevention knowledge. The SUDI work enabled Dr McIntosh to segue to the development of the Best Start Kōwae, a suite of tools developed and implemented as part of the NHCs Equity Generation Aotearoa Gen2O4O mahi.

For babies, unsafe sleep is the single greatest preventable threat to their lives. Sudden unexpected deaths in infancy (SUDI) are silent. They do not make the headlines and are invisible to the community at large. The greater burden of loss is borne by the baby and their family. The SUDI tool makes complex SUDI risk assessment easy and supports consistent SUDI prevention care."

▶ Te Matakaoa Community – Manaaki Matakaoa Lead, Tina Ngata.

"Matakaoa, at the top of the East Cape, was the leading light for Māori communities since the beginning of the pandemic, starting with checkpoints up the East Coast. They shared information about vaccination and misinformation early with whānau and made vital decisions using tikanga and Te Ao Māori methodologies. Matakaoa continuously led the way in finding innovative ways to connect with whānau, working with storytellers, scientists and doctors to learn about vaccinations and make sense of the information from their own perspectives and community values.

Known as Immunity Community, Matakaoa community created a hugely successful national campaign that showcased the character of Te Araroa and the reasons why they were choosing to be vaccinated. Māori across the motu resonated with vaccination as iwi Māori saw others who looked, acted, and sounded like them. National Hauora Coalition congratulates Matakaoa on their exemplary mahi in responding to the dangers of Covid-19 māi Māori ki Māori."

▶ Raungaiti Marae, led by Pauline Fitzgerald mai te rohe o Waharoa

"This group of strong wāhine Māori have worked relentlessly over three decades to establish, maintain and grow a marae-based, marae-owned health service for Ngāti Haua. They provide a (nurse-led) full primary care service for all age groups, a koha-based service doing great work and the only clinic in the Waikato district to achieve 100% childhood immunisations. During Covid they provided manaaki to the enrolled population and the wider community, and with a small register of 500 patients they delivered more than 4000 Covid vaccinations. NHC celebrate the courageous leadership of Te Whare Hauora o Raungaiti - Chair of the Trust Allison Tuhakaraina, trustees Rangitonga Kaukau, Natalie Wilson and Parehe Martin, and Nurse Leader Pauline Fitzgerald."





▶▶ WHĀNAU ORA CHAMPION

This award recognises an exceptional individual who has demonstrated in their lifetime, extraordinary leadership and commitment to whānau, and community, contributing to a legacy of mana whānau, whānau ora.

This 2022 award winner was Whāea Christine Brears, ONZM

“Christine Brears, is CEO of the Taumarunui Community Kokiri Trust. The Trust employs more than 100 staff, making it Taumarunui’s largest employer. Using Whānau Ora models of care, the Kokiri Trust integrates health and social services to support whānau enabling the delivery of services that impact whānau. Mrs Brears negotiated with tertiary institutes to provide trade training programme opportunities for staff and community members. She was heavily involved in local iwi activities. She has represented Ngāti Maniapoto on the Piki Te Ora Partnership Advisory Board to Waikato District Health Board, as a member of the Iwi Māori Council of Waikato District Health Board, and on various health taskforces. She was a founding member and Chair of Toiora Primary Health Organisation.”



MANA KAIMAHI, KAIMAHI ORA

One of our core values is whakanuia te whānau (celebrate indigeneity), which is strongly reflected within our workforce. 55% of NHC employees and 60% of our Executive Leadership Team whakapapa Māori from 42 iwi, with a total of 85% of kaimahi identifying as Māori, Pacific, Asian or other ethnicity.

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 60% of our Leadership team and over 80% of our Board being wāhine, NHC embodies the value of gender diversity.



**"60% of our Leadership team
and over 80% of our Board
being wāhine."**



NETWORKS

Primary Health Networks

Auckland District

109 Doctors

Family Health Matters

Dominion Road Surgery

Pt Chevalier Medical & Surgical Centre

Queens Road Medical Centre

Maxcare Medical

Onehunga Medical Practice

Ōtāhuhu Health Centre

Ōrākei Health Services

The Doctors Quaymed - Wynyard

The Doctors Quaymed - Britomart

The Doctors Greenlane

Three Kings Accident & Medical

Tāmaki Family Health Centre

St Lukes Medical

Third Age Health – Auckland

Counties-Manukau District

DW Family Doctors

Wiri Family Doctors

Mahia Road Surgery

Weymouth Medical Centre

Health Through the Marae

Ōtara Whānau Medical

Papakura Marae Health Clinic

Te Manu Aute Whare Oranga

Tiakina Te Ora

Whānau Ora Community Clinics - Puhinui

Whānau Ora Community Clinics- Pukekohe

MaiHealth - Pukekohe

Third Age Counties (Virtual Clinic)

Waitematā District

Westview Medical Centre

Doctors on Luckens

Rathgar Medical & Surgical Centre

Hobsonville Point Medical

Kelston Medical Centre

McLaren Park Medical

The Doctors New Lynn

Whanganui

Living Waters

Eastcare Medical Centre

Jabulani Medical Centre (Brown)

Waikato

Avalon Medical

Cambridge Family Health

Doctors@42

Hamilton Lake Clinic Grey Street

Hamilton Lake Clinic Pembroke Street

Leamington Medical

Maniapoto Whānau Ora Centre

Matamata Medical Centre

Ngaruawahia Medical Centre

Oceania Healthcare

Paeroa Medical Centre

Putāruru-Tirau Family Doctors

Rata Health - Five Cross Roads

Rata Health Rototuna

Residential Eldercare Services

Rototuna Family Health

Te Whare Hauora O Raungaiti Marae Clinic

Te Whare Toiora

The Family Clinic

Tokoroa Doctors

Tokoroa Family Health

Waihi Family Doctors

Waihi Health Centre

Service Delivery

Mana Kidz Network

Papakura Marae/ Kootuituia

Pasefika Family Health Group

Te Hononga O Tāmaki Me Hoturoa

Tongan Health

Turuki Healthcare Charitable Trust

South Seas Healthcare

Total Healthcare

AWHI Network

Turuki Healthcare Charitable Trust

South Seas Healthcare

Huakina Development Trust

The Kaupapa

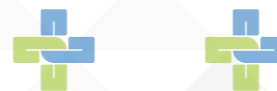
Ruapotaka Marae

Te Hononga o Tāmaki Me Hoturoa

Papakura Marae

Te Whare Hauora O Raungaiti

Taumarunui Community Kokiri Trust



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!

National
Hauora Coalition





National
Hauora Coalition



CONSOLIDATED FINANCIAL REPORT



National Hauora Coalition Trust

Operating As: National Hauora Coalition

Consolidated Financial Report
for the year ended 30 June 2023

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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	<p>National Hauora Coalition Trust Dame Tariana Turia (Chair - resigned 01/01/2023) Wayne McLean (Chair from 01/01/2023) Dr. Ash Puriri (Appointed 11/05/2023)</p> <p>National Hauora Coalition Limited Dame Paula Rebstock (Chair) Te Rōpu Poa Shelley Katae Eru Lyndon Dr. Anna Rolleston (Appointed 19/08/2022)</p>

Statement of Responsibility

The Board is responsible for the maintenance of adequate accounting records and the preparation and integrity of the consolidated financial report, which includes the consolidated statement of service performance, consolidated financial statements and related information.

The independent external auditor, RSM Hayes Audit, have audited the financial report and their report appears on pages 74 to 75.

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 report, 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 2023.

The financial report is 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 Group for the financial year ended 30 June 2023;
- The Consolidated Statement of Financial Position is drawn up so as to present fairly, in all material respects, the financial position of the Group as at 30 June 2023;
- The Consolidated Statement of Cash Flows is drawn up so as to present fairly, in all material respects, the cash flows of the Group for the financial year ended 30 June 2023;
- The Consolidated Statement of Service Performance is drawn up so as to present fairly, in all material respects, the service performance for the year ended 30 June 2023 in accordance with the entity's service performance criteria;
- There are reasonable grounds to believe that the Group will be able to pay its debts as and when they fall due.

The Board is pleased to present the consolidated financial report of National Hauora Coalition Trust for the year ended 30 June 2023.



 Trustee



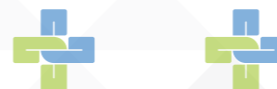
 Trustee

8 December 2023

 Date

8 December 2023

 Date





National
Hauora Coalition

CONSOLIDATED STATEMENT OF SERVICE PERFORMANCE



CONSOLIDATED STATEMENT OF SERVICE PERFORMANCE

TĀ MĀTOU MOEMOEA

-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

Judgements made in the reporting of service performance information.

When preparing the information for 2023 we have made a number of judgements about what information to present, an assessment was done on what our role within the wider primary health network is and what information would be most appropriate and meaningful to our stakeholders when assessing our performance for the financial year. National Hauora Coalition receives the majority of our funding from Te Whatu Ora, Te Aka Whai Ora and other crown entities. Decisions on what information to present were made by National Hauora Coalition trustees, National Hauora Coalition Ltd board members and our Executive Leadership team.

National Hauora Coalition based the below performance measures on key functions/roles within the primary health network where reliable data was available, and input could be clearly identified. National Hauora Coalition decided not to report on outcomes of the programmes where we facilitated or collaborated with others as the outcomes of these programmes could not be reliably quantified or attributed solely to National Hauora Coalitions efforts in these programmes.

▶▶ OUR MAHI

Ko National Hauora Coalition mātou.

NHC celebrates those who have come before us and have strived to shape a future where whānau Māori thrive. Our history is grounded in the gathering of visionary hauora Māori leaders, who formed a national network to expand impact and achieve collective progress. NHC has continued to evolve, privileging Mātauranga Māori and innovating to create solutions that are responsive to whānau and their lived experiences. We are a Māori-led charity and primary health organisation working to bring our vision to life; mana whānau, whānau ora (prosperous families, living well).

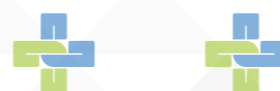
The mahi we engage in is thoughtfully chosen to ensure that it prioritises whānau and community needs while addressing inequities that have been driven by colonisation and institutionalised racism. We strategically target areas where we see the greatest disparities for Māori. Our collective goal is to achieve equitable outcomes for Māori and other priority populations by doing things differently, designing and delivering Māori-led solutions that challenge the status quo.

NHC prioritises key areas to support this, including hinengaro (mental and emotional wellbeing), rheumatic fever prevention and support with long-term chronic diseases like diabetes. These Kaupapa derive from research and working in an evidence-informed way, to develop and support community-based programmes which encourage the growth and enablement of a network of providers.

Within service delivery, our providers who share our vision of mana whānau, whānau ora are predominantly Māori and Pasifika led. We strategically target inequities with the intention to support, empower and facilitate the growth and development of Māori and Pacific workforce to ensure it is reflective of the communities we serve. Beyond this, and in our role as network coordinators, we work with a wide range of individuals, community providers and organisations. Here our role involves advocating and innovating with whānau-centred approaches.

Across our mahi, NHC has three levels of engagement: direct delivery, facilitation, and collaboration.

- **How we deliver**
Mahi that is delivered by NHC.
- **How we facilitate**
Mahi that is delivered by partner organisations, with support from NHC.
- **How we collaborate**
Mahi that is delivered through collaboration between NHC and our partner/provider networks.



▶▶ HOW WE DELIVER

NHC delivers services to whānau that align with our vision māna whānau, whānau ora. One of these services is the Te Tumu Waiora programme where whānau enrolled in an NHC supported general practice who are experiencing mental distress or addiction challenges get free access to personalised care and support from an NHC health coach or health improvement practitioner.

In the last financial year Te Tumu Waiora had 13,923 encounters and/or care coordination/advocacy directly delivered by Health Improvement Practitioners and Health Coaches with individuals/whānau which is an increase of 84% from the previous year. This movement can in part be attributed to an increase in personnel resources observed across four affiliated general practice clinics, who implemented the service, increasing the total number of clinics from eight to 12.

Support with long term conditions is provided through the two following programmes Here Toitū and Mana Tū. The Here Toitū programme, supports whānau who are unable to work due to a health condition or disability to improve their hauora by empowering them to determine their own goals and aspirations and take steps towards engagement in meaningful, sustainable employment. A dedicated kaimanaaki provides one on one support to individuals/whānau to achieve their goals. In the last financial year, we had 1,961 contacts delivered to whānau an increase of 154% from the previous year. This increase was partly due to an increase in personnel resources with the introduction of a dedicated kaiwhakamana to support additional kaimanaaki who had more presentations in clinics.

Through the Mana Tū programme, we support whānau with a dedicated kaimanaaki to help people living with pre-diabetes or with poorly controlled diabetes to manage type 2 diabetes. The number of whānau engaged this financial year more than tripled compared to the previous year, with 92% of those being whānau Māori.

NHC aims to grow knowledge in spaces in a reciprocal and mana-enhancing way, so Māori needs can be more cohesively met. Te Tūrangawaewae Manahau a Tariana Turia, the Tariana Turia Centre for Excellence, is our internal research and evaluation unit which launched in 2022. The unit spans core areas that hold relevance to drive and contribute to Hauora Māori. Across the last financial year, the research team engaged in seven projects, including key priority areas of rheumatic fever care and whānau voice.

Indicator	FY2023	FY2022
Te Tumu Waiora		
Number of whānau encounters and/or care coordination/advocacy directly delivered by Health Improvement Practitioners and Health Coaches	13,923	7,564
* Number of encounters are with whānau Māori	4,412 (32%)	2,950 (39%)
Number of whānau received services from Health Improvement Practitioners and Health Coaches	4,625	2,720
* Number of Māori whānau	1,168 (25%)	879 (32%)
Here Toitū		
Number of whānau contacted during the year	109	45
* Number of whānau Māori	46 (42%)	18 (40%)
Number of whānau contacts delivered during the year	1,961	772
* Number of contacts delivered to whānau Māori	888 (45%)	346 (45%)
Mana Tū		
Number of whānau engaged in the programme during the year	25	7
* Number of whānau Māori	23 (92%)	6 (86%)
Tiakiina Te Tangata		
Number of whānau engaged in the programme during the year	412	No data due to data quality
* Number of whānau Māori	144 (35%)	
Research		
Number of research projects in progress	7	Research was a new service in FY23
Clinical Governance		
Number of Clinical Governance Group hui hosted during the year	18	15
Mōhio ecosystem		
Number of Primary Health Organisations who utilised Mōhio during the year	4	4
Number of people as at 30th June enrolled in PHOs utilising Mōhio	442,472	452,929
* Number of whānau Māori	63,979 (14%)	80,035 (18%)
Direct delivery		
Number of programmes	13	8
Total direct expenditure in this area	\$4,337,288	\$3,557,881



▶▶ HOW WE FACILITATE

NHC plays an important role in facilitating, guiding, and enabling collective decision making and collaboration with our partner organisations which includes general practice clinics. This enables them to effectively implement their service delivery.

NHC is the largest Māori led Primary Health Organisation in Aotearoa by enrolled service users. In the last financial year, 59 general practices were supported, an addition of two from the previous year and 247,234 funded patients are enrolled across the network as at 30 June 2023.

NHC primary health services prioritise areas of practice where it is acknowledged that inequities are high. NHC provide support to the practice network in areas such as palliative care, mental health, lung screening, bowel screening, cervical screening, heart disease, diabetes, and podiatry.

The network spans the North Island region with practices located across Tāmaki Makaurau, Waikato and Whanganui o tara, covering 5 former district health board areas (Auckland, Counties Manukau, Waitematā, Waikato and Whanganui).

Indicator	FY2023	FY2022
Number of practices supported during the year	59	57
Number of funded patients enrolled across network as at 30 June (Proportion Māori)	247,234 (17.6%)	238,986 (18.1%)
Facilitate		
Number of programmes we facilitate	34	43
Number of provider agreements with partner organisations	199	183
Total direct expenditure in this area	\$77,009,454	\$84,016,387

▶▶ HOW WE COLLABORATE

NHC collaborates with community providers by way of 37 provider agreements across five unique programmes. For established programmes, NHC is positioned primarily as a network coordinator, providing the frameworks and tools for wider programmes and projects that are aligned with our vision. As a network coordinator, NHC fosters linkages between programmes and supports with IT provision and reporting through Mōhio IT and data platform. We are also well versed in development and facilitation of learning days and workforce development for providers.

NHC collaborates with community providers to deliver programmes such as Te Kūwatawata, Mana Kidz, AWHI (Healthy Homes Initiative), Immunisation Initiatives/projects and whānau resilience. One programme we highlight here is the Te Kūwatawata programme which provides indigenous-based support for whānau in distress. The service is driven by and centred on whānau, with the pace, frequency, and content of wānanga sessions determined by their goals. These sessions prioritise and utilise toi Māori, guided by whānau preferences through the evidence-based practice of feedback informed treatment. These wānanga incorporate various mātauranga Māori concepts, promoting cultural practices such as waiata, haka, mirimiri, kōrero, whiti whiti kōrero, whanaungatanga, manaakitanga, karakia, pūrākau, pure, wātea, taonga, and rongoā. This culturally grounded programme aims to provide essential support to rangatahi and their whānau promoting hauora and empowerment.

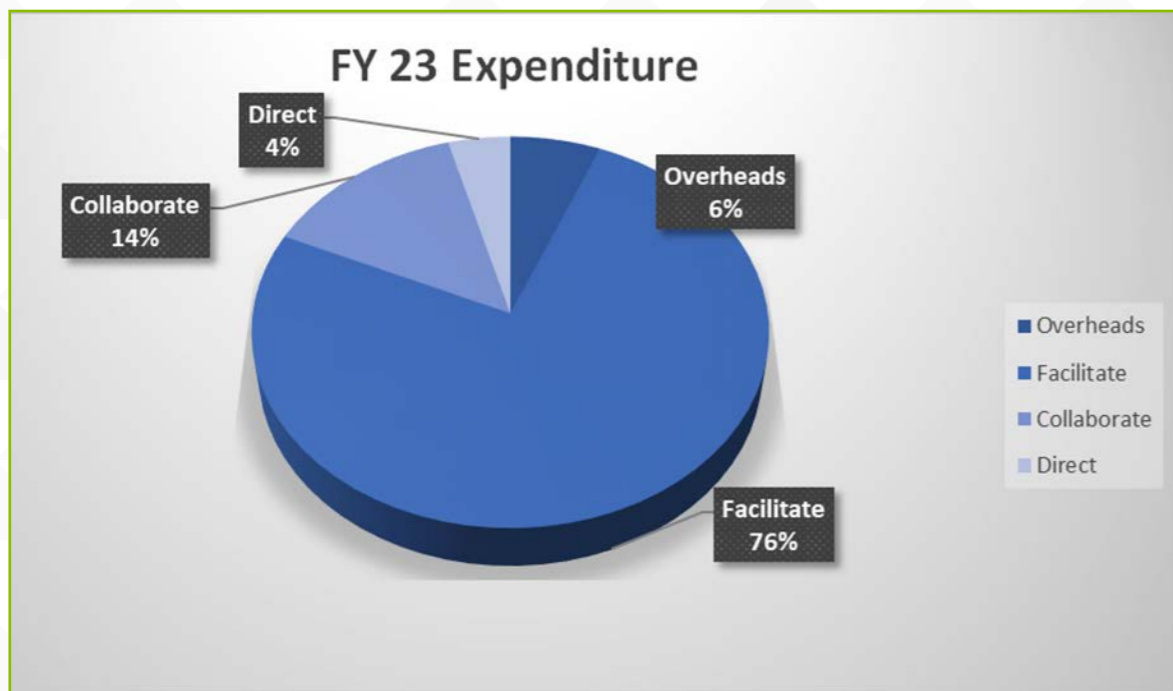
In the last financial year, NHC delivered a programme which encourages the uptake of immunisation. The Immunisation Initiative collaborates with other community organisations and looks to address barriers to health services and provide culturally appropriate and safe services to whānau Māori. Immunisation rates particularly for tamariki Māori have fallen to dangerously low levels in the wake of the COVID-19 pandemic. Immunisation is critical to protecting tamariki Māori from preventable diseases and this programme provides an opportunity to do better for whānau Māori.

Indicator	FY2023	FY2022
Number of programmes we collaborate on	5	5
Number of provider agreements with partner organisations	28	29
Total direct expenditure in this area	\$14,254,726	\$12,682,346

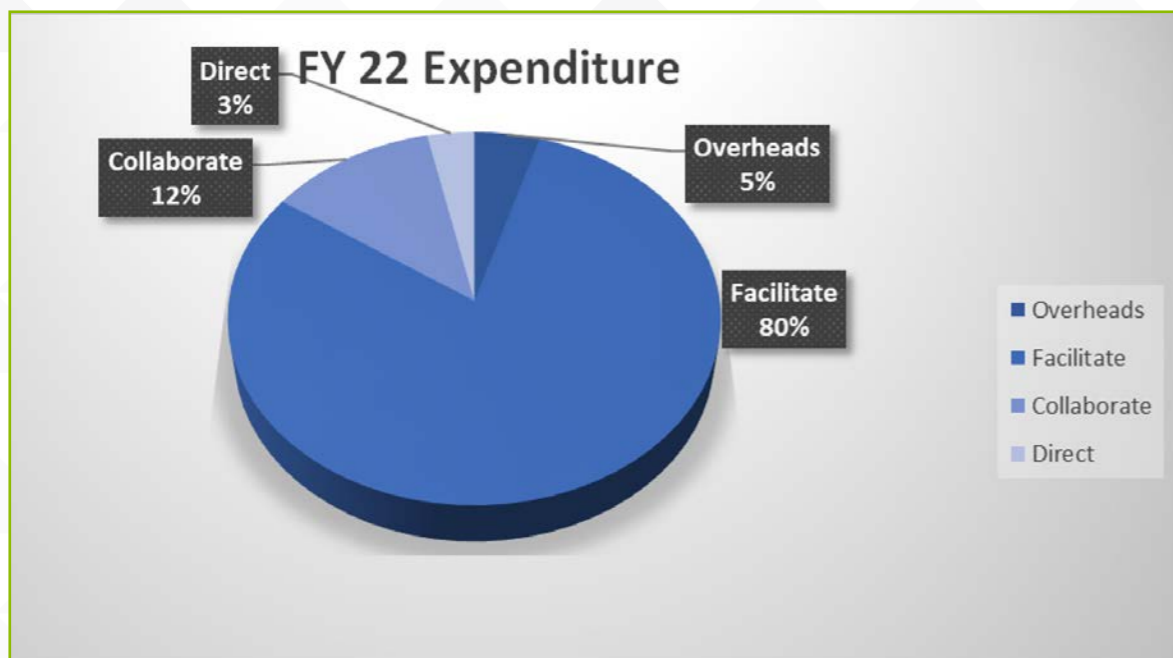


▶▶ WHERE THE MONEY WENT

Total 2023 expenditure: \$102,065,839



Total 2022 expenditure: \$105,206,914



Consolidated statement of comprehensive revenue and expense

for the year ended 30 June 2023
 in New Zealand Dollars

	Note	2023 \$	2022 \$
Revenue			
Revenue from non-exchange transactions	2	102,063,512	106,866,206
Revenue from exchange transactions		342,642	323,927
Interest and dividends		226,988	50,458
Total revenue		102,633,142	107,240,591
Expenditure			
Employee benefits expense		11,219,415	9,752,516
Operating costs	3	89,764,146	94,439,345
Depreciation and amortisation expenses	4 & 5	385,345	332,699
Occupancy expense		696,932	682,354
Total expenditure		102,065,839	105,206,914
Surplus for the year		567,304	2,033,677
Total comprehensive revenue and expense for the year		567,304	2,033,677

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 2023
 in New Zealand Dollars

	Note	2023 \$	2022 \$
Assets			
Cash and cash equivalents		10,999,814	6,568,567
Investments - short term deposits		3,858,284	3,843,370
Accounts receivable - non exchange		5,176,550	7,756,617
Accounts receivable - exchange		14,661	53,106
GST receivable		309,900	55,107
Prepayments		58,141	22,346
Current assets		20,417,351	18,299,113
Property, plant and equipment	4	731,537	333,677
Intangible assets	5	40,654	65,470
Non-current assets		772,191	399,147
Total assets		21,189,542	18,698,260
<i>Represented by:</i>			
Liabilities			
Accounts payable - exchange		4,054,531	4,304,797
Accrued expenses		621,334	592,848
Employee entitlements	6	838,650	682,936
Income in advance		8,388,259	6,398,215
Current liabilities		13,902,774	11,978,796
Total liabilities		13,902,774	11,978,796
Equity			
Accumulated Surplus		7,286,768	6,719,464
Total equity		7,286,768	6,719,464
Total liabilities and equity		21,189,542	18,698,260

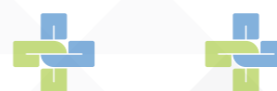
This statement is to be read in conjunction with the notes to the consolidated financial statements.

Consolidated statement of changes in equity

for the year ended 30 June 2023
 in New Zealand Dollars

	Accumulated Surplus \$	Total \$
Balance at 1 July 2022	6,719,464	6,719,464
Total comprehensive revenue and expense	567,304	567,304
Balance at 30 June 2023	7,286,768	7,286,768
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

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 2023
 in New Zealand Dollars

	Note	2023 \$	2022 \$
Cash flows from operating activities			
Cash received from customers - exchange transactions		342,642	323,927
Cash received from funders - non-exchange transactions		106,672,069	105,853,716
Interest received		226,988	50,458
Cash paid to suppliers		(90,973,450)	(92,955,610)
Cash paid to employees		(11,063,701)	(9,601,001)
Net cash from operating activities	7	5,204,549	3,671,490
Cash flows from investing activities			
Purchase of short term deposits		(14,914)	(5,209)
Acquisition of property, plant and equipment	4	(758,389)	(183,959)
Net cash from investing activities		(773,303)	(189,168)
Net (decrease)/increase in cash		4,431,246	3,482,322
Opening cash and cash equivalents 1 July		6,568,567	3,086,245
Closing cash		10,999,813	6,568,567

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, Whanau Ora 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 2023.

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 a financial report 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 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 amortised cost after any allowance for expected lifetime credit losses.

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

Short-term receivables are recorded at the amount due, less an allowance for expected credit losses (ECL). This allowance is calculated based on lifetime ECL.

In measuring ECL, short-term receivables have been assessed on a collective basis where they possess shared credit risk characteristics. They have been grouped based on the days past due.

Where a short-term receivable does not possess these similar characteristics, its ECL is individually assessed.

Short-term receivables are written off when there is no reasonable expectation of recovery.

l) Changes in accounting policies

During the year, the Group adopted the following new standards for the first time:

PBE IPSAS 41 - Financial Instruments

There was no material effect on the current or prior periods from the adoption of this standard.

PBE FRS 48 - Service Performance Reporting

PBE FRS 48 is effective for the organisation for the annual periods beginning on or after 1 July 2022 and was adopted by the organisation on that date. This standard establishes principles and requirements for presenting service performance information useful for accountability and decision making. The statement of service performance is presented as part of the financial report.

The classification of some prior year balances 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 other crown entities) 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.

	2023	2022
	\$	\$
Capitation	67,709,585	65,392,145
Contract Income	26,624,342	23,434,390
COVID-19 income	7,729,585	18,039,671
	102,063,512	106,866,206

3 Expenses

Included in operating costs are:

	2023	2022
	\$	\$
Capitation	61,602,909	59,593,035
Contracts	15,382,893	12,035,627
COVID-19 expenses	7,407,890	17,364,600
Audit remuneration	85,957	44,000
Other operating expenses	5,284,498	5,402,083
	89,764,146	94,439,346



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 2023					
	\$	\$	\$	\$	\$
Cost or valuation					
Balance at 1 July 2022	61,485	517,911	267,841	599,187	1,446,424
Additions	51,872	391,305	146,435	168,777	758,389
Disposals	-	-	-	-	-
Balance at 30 June 2023	113,357	909,216	414,276	767,964	2,204,813
Accumulated depreciation					
Balance at 1 July 2022	22,386	472,043	216,146	402,173	1,112,748
Depreciation for the year	28,180	149,810	65,429	117,110	360,529
Disposals	-	-	-	-	-
Balance at 30 June 2023	50,566	621,853	281,575	519,284	1,473,277
Carrying value at 30 June 2023	62,791	287,364	132,701	248,680	731,536

	Leasehold Improvements	Motor Vehicles	Office Equipment	Computer Equipment	Total
30 June 2022					
	\$	\$	\$	\$	\$
Cost or valuation					
Balance at 1 July 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 1 July 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

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 as of 30 June 2019 and has been amortised evenly over 7 years. The impairment recognised in prior year is related to the development of a patient portal, that was abandoned in the prior year.

Balance as at 30 June 2022	65,470	Balance as at 30 June 2021	194,222
Additions during the year	-	Additions during the year	-
Amortisation during the year	(24,816)	Amortisation during the year	(24,817)
Impairment during the year	-	Impairment during the year	(103,935)
Balance as at 30 June 2023	40,654	Balance as at 30 June 2022	65,470



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.

	2023	2022
Employee entitlements	\$	\$
Wages payable	228,475	97,957
Annual leave accrued	610,175	584,979
	<u>838,650</u>	<u>682,936</u>

7 Reconciliation of operating surplus with net cash from operating activities

	2023	2022
	\$	\$
Total comprehensive revenue and expense for the year	567,304	2,033,677
<i>Adjustments for:</i>		
Depreciation, Amortisation and Impairment	385,345	436,634
<i>Changes in:</i>		
Accounts receivable, prepayments and other assets	2,327,923	(2,713,452)
Accounts payable, accruals and other liabilities	1,923,977	3,914,631
Cash generated from (applied to) operating activities	<u>5,204,549</u>	<u>3,671,490</u>

8 Commitments

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

	2023	2022
Office Premises and Photocopier Lease	\$	\$
Less than one year	657,112	357,374
Between 1 and 5 years	991,811	2,448
More than 5 years	-	-
Total operating lease commitments	<u>1,648,924</u>	<u>359,822</u>

Lease for the office premises at Level Four, 11 Gardens Place Hamilton expires on 22 September 2025. The lease for the Trust's Head Office on Level 4, 8 Mahuhu Crescent, Auckland, under a lease agreement with HXII Limited, expires on 31 January 2026. Lease agreement for Lambie Drive office with Whai Rawa Commercial Office LP, expires on 28 February 2024. Lease agreement for Level 1 Hamilton Office with Kirikiriroa Trust, expires on 30 June 2025. Lease for the photocopiers with Canon expires on 2 November 2023.

Notes to the consolidated financial statements

9 Related parties

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

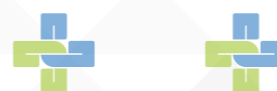
Dr. Rachel Brown is the sole Director of Mōhio Information Systems Limited and Chief Executive of National Hauora Coalition Limited.

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:

	2023	2022
Board Members		
Total remuneration (\$)	339,692	280,045
Number of FTEs	0.50	0.41
Executive Leadership Team		
Total remuneration (\$)	1,485,400	1,677,533
Number of FTEs	7.12	7.6
Total key management personnel		
Total remuneration (\$)	1,825,092	1,957,578
Number of FTEs	7.62	8.01

During the reporting period, \$71,794 of remuneration was paid to family members of key management personnel, as employees of National Hauora Coalition Ltd (2022: Nil).



Notes to the consolidated financial statements

10 Financial instruments

(a) Financial assets and liabilities

Financial assets at amortised cost

Financial assets at amortised cost are non-derivative financial assets with fixed or determinable payments that are quoted in an active market. Such assets are carried at amortised cost using the effective interest method. Gain or losses are recognised in the statement of comprehensive revenue and expense when the financial assets are derecognised or impaired.

The carrying value of financial assets at amortised cost approximates their fair value. Financial assets at amortised cost comprise trade receivables, other receivables (excluding prepayments), cash and cash equivalents, loans and advances and investments. These are included in current assets, except for those with maturities greater than 12 months after the reporting date, which are classified as non-current assets.

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:

	2023	2022
	\$	\$
Financial assets at amortised cost		
Cash and cash equivalents	10,999,814	6,568,567
Short-term deposits	3,858,284	3,843,370
Receivables from non-exchange transactions	5,176,550	7,756,617
Receivables from exchange transactions	14,661	53,106
	20,049,310	18,221,660
	2023	2022
	\$	\$
Financial liabilities (at amortised cost)		
Trade and other creditors from exchange transactions	4,675,865	4,897,645
Employee entitlements	838,650	682,936
	5,514,515	5,580,581

(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 \$19,881,519 (2022: \$18,221,660), 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.

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 2023 is as follows:

	2023	2022
Current	\$ 3,658,390	\$ 6,512,512
>1 month	\$ 1,218,444	\$ 805,331
>2 months	\$ 102,171	\$ 41,883
>3 months	\$ 29,761	\$ 396,891
Total	\$ 5,008,766	\$ 7,756,618

(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 \$156,606 expiry 31 January 2026. (2022: \$159,101).

12 Going Concern

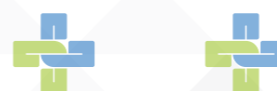
National Hauora Coalition Trust is reliant on continued funding, mainly from the government agencies. The Board is confident that funding contracts will be successfully negotiated with the appropriate funding bodies for the next financial year and beyond.

The 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.

The elections in October 2023 may impact which agencies fund the existing programs but the board expects our contracts to continue to be funded and renewed by whichever government agency is in place after the elections.

13 Subsequent Events

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





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Independent Auditor's Report

To the trustees of National Hauora Coalition Trust

Opinion

We have audited the consolidated general purpose financial report of National Hauora Coalition Trust and its subsidiaries (the group), which comprises the consolidated financial statements on pages 61 to 73 and the consolidated statement of service performance on pages 52 to 60. The complete set of consolidated financial statements comprises the consolidated statement of financial position as at 30 June 2023, the consolidated statement of comprehensive revenue and expense, consolidated statement of changes in net assets/equity, 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 report presents fairly, in all material respects:

- the financial position of the group as at 30 June 2023, and its financial performance, and its cash flows for the year then ended; and
- the service performance for the year ended 30 June 2023 in accordance with the entity's service performance criteria

in accordance with Public Benefit Entity Standards issued by the New Zealand Accounting Standards Board.

Basis for opinion

We conducted our audit of the consolidated financial statements in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)) and the audit of the consolidated statement of service performance in accordance with the ISAs (NZ) and New Zealand Auditing Standard (NZ AS) 1 *The Audit of Service Performance Information*. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the consolidated financial report* 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 matter

The corresponding consolidated service performance information for the year ended 30 June 2022 is unaudited.

Other information

The trustees are responsible for the other information on pages 1 to 51 (but does not include the consolidated financial report and our auditor's report thereon), which we obtained prior to the date of this auditor's report. Our opinion on the consolidated financial report does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

THE POWER OF BEING UNDERSTOOD
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In connection with our audit of the consolidated financial report, 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 report, 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 report

The trustees are responsible, on behalf of the group, for:

- the preparation and fair presentation of the consolidated financial statements and consolidated statement of service performance in accordance with Public Benefit Entity Standards issued by the New Zealand Accounting Standards Board;
- service performance criteria that are suitable in order to prepare service performance information in accordance with Public Benefit Entity Standards; and
- such internal control as the trustees determine is necessary to enable the preparation of consolidated financial statements and consolidated statement of service performance that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial report, the trustees are responsible 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 the trustees 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 report

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole, and the consolidated statement of service performance, 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) and NZ AS 1 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 or collectively, they could reasonably be expected to influence the decisions of users taken on the basis of this consolidated financial report.

A further description of the auditor's responsibilities for the audit of the consolidated financial report is located at the XRB's website at:

<https://www.xrb.govt.nz/assurance-standards/auditors-responsibilities/audit-report-13/>

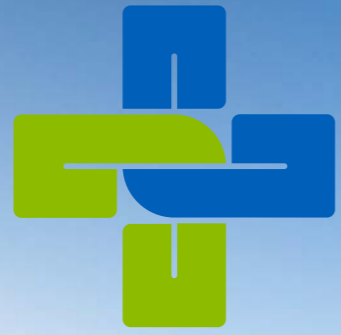
Who we report to

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

8 December 2023





National
Hauora Coalition



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