



National
Hauora Coalition

Annual Report

2023 – 2024



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Maaku anoo e hanga tooku nei whare
Ko ngaa pou oo roto he maahoe, he patatee
Ko te taahuhu, he hiinau
Me whakatupu ki te hua o te rengarenga
Me whakapakari ki te hua o te kawariki

Kiingi Tawhiao





TRUST CHAIR'S FOREWORD

Wayne McLean

Ngāti Mahanga | Waikato | Tainui

As we reflect on the past year, we celebrate the unwavering commitment and dedication of our whānau and partners who continue to work tirelessly towards building a future where whānau Māori thrive. The foundation of our journey is deeply rooted in the vision of our hauora Māori leaders, who believed in the power of collective efforts to create a national network that could achieve far more together than could be accomplished alone.

Our history stretches across both urban and rural communities throughout Aotearoa, and it is through this diverse tapestry that we have grown and evolved. Since our inception in 2011 as the National Māori PHO Coalition, our mahi has expanded beyond primary care, shaping the identity we proudly embrace today: the National Hauora Coalition.

Our guiding vision, Mana Whānau, Whānau Ora – prosperous families living well, is a testament to our legacy, and a marker of our commitment to enabling whānau to achieve self-determination and equity in their health and wellbeing. This vision encapsulates our mission to support whānau in achieving holistic health by embracing the principles of

mana taurite (equity), mana motuhake (self-determination), and mana whānau (whānau empowerment).

This year, we have faced numerous challenges, from navigating the complexities of ongoing health reforms to adapting to a new governmental landscape. Despite these hurdles, we have made significant strides in enhancing the hauora of our communities across Aotearoa.

We are deeply grateful to our trustees, board members, kaimahi, and the extended NHC whānau, whose contributions and unwavering support have been integral to our progress. The steadfast backing of our partners and stakeholders remains essential as we continue to pursue our vision and deliver transformative outcomes for whānau together.

As we look towards the future, we remain resolute in our commitment to adapting, innovating, and collaborating, ensuring that our mahi drives meaningful change for all whānau.



BOARD CHAIR'S FOREWORD

Dame Paula Rebstock (DNZM)

It is with immense pride and a deep sense of responsibility that I present the annual report for this year. Our journey has been shaped by an enduring commitment to our core values and principles, firmly rooted in Te Tiriti o Waitangi. This year, we continued to strive towards ensuring a health system that is equitable, inclusive, and empowering for all whānau, hapū, and iwi.

The voice of whānau remains at the heart of everything we do. It drives our decisions, shapes our programmes, and influences every action we take. By integrating mātauranga Māori and fostering innovation, we have developed and implemented solutions that resonate with the lived experiences of our communities.

As we reflect on our achievements, we are acutely aware that the actions we take today will have a lasting impact on future generations. Our commitment to our collective vision necessitates a continuous focus on adaptation, innovation, and collaboration. We are determined to deliver outcomes that bring about meaningful and transformative change for all whānau.

2024 has been a year of incredible growth for National Hauora Coalition. In our Primary Health Network, we've taken a significant step forward by now supporting 93 clinics — an increase of 33%, effective from the start of financial year 2025. This exciting expansion brings a large number of additional patients into our care, including Māori and high-needs patients. This integration aligns with our commitment to providing equitable and inclusive healthcare services, ensuring that we continue to meet the diverse needs of our communities.

The progress we have made would not have been possible without the dedication and support of our trustees, board members, kaimahi, and the wider NHC whānau. Your contributions have been invaluable, and your steadfast commitment has fuelled our journey. We are also grateful for the unwavering support of our partners and stakeholders, whose collaboration is crucial to the realisation of our vision.

We stand united as the National Hauora Coalition, ready to forge ahead with our mission. This is not just our story; it is the story of Aotearoa.

CHIEF EXECUTIVE'S FOREWORD

Dr Rachel Brown

Te Ātiawa ki Wharekauri | Kāi Tahu



We're pleased to share our 2024 Annual Report, which reflects a year of growth, adaptation, resilience, and progress.

Together, we have navigated the complexities in primary health care and health reforms, including the disestablishment of Te Aka Whai Ora, amid the ever-evolving political landscape. Despite the challenges, our team has achieved remarkable milestones. We're incredibly proud of what we've accomplished together, and this report is a celebration of the dedication and strength of our people.

Our path continues to be guided by our unwavering commitment to the principles of mana taurite (equity), mana motuhake (self-determination), and mana whānau (whānau empowerment). These are the practices that align and unify us in our collective purpose, and are the cornerstone of our moemoeā (vision): Mana Whānau, Whānau Ora - prosperous families living well.



Our commitment to collaboration, adaptability, and innovative approaches, both internally and externally, has led to significant strides. Over the past year, our network has expanded considerably, responding to increasing demand for support across the different regions. Despite facing geographic and systemic challenges, we continue to foster partnerships, demonstrating our dedication to delivering equitable and inclusive healthcare services. We have formalised partnerships with iwi providers in remote regions, who excel at delivering tailored services to their communities, and strengthened our relationships with local providers, helping build capacity to ensure long-term sustainability.

In addition to our growth and partnerships, we are excited about acquiring our own medical practice. This new venture will serve as a pilot for innovative and alternative models of care grounded in tikanga Māori, reflecting our commitment to culturally responsive healthcare. By embedding these practices, we aim to create a system that honours our traditions and meets the diverse needs of our communities.

I want to acknowledge the crucial contributions made by our valued partners, stakeholders, trustees, board members, kaimahi, and of course, whānau. We have collectively answered the call for kotahitanga, and our successes this year are a testament to your unwavering support

As we look to the future, we remain committed to adapting, innovating, and collaborating. Our mission is to ensure that our mahi continues to deliver transformative outcomes and drive meaningful change for whānau. To achieve equitable healthcare in Aotearoa we must look to the future, honouring our tūpuna and our whakapapa as we traverse the journey that awaits us. He waka eke noa, we are all in this together.

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 Rongomaiwahine |
Ngāti Porou

PhD (Economic Development & Investment)

Masters 1st Class Hon's Management

MBA Accounting & Finance

Grad Dip Bus



Lisa Turia-Bennett

TRUSTEE

Ngā Wairiki | Ngāti Apa | Ngā Rauru |
Whanganui | Tuwharetoa



Helen Leahy

TRUSTEE

MA (Education Policy)

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



Dr Anna Rolleston

DIRECTOR

Ngāti Ranginui | Ngāi Te Rangi | Ngāti Pukenga

PhD, Medicine

MSc (Hons), Exercise Physiology

PgDipHSc, Cardiac Rehabilitation

BSc, Sport Science



Te Ropu Poa

DIRECTOR

Ngāpuhi | Ngāti Hine | Ngāti Kahu | Ngāti Wai

Global Women Breakthrough Leaders Scholarship Recipient (2018)

MHR (NSW), DipArt Māori Development

IMPACT ON WHĀNAU

FY24 AT A GLANCE

289,196 enrolled whānau were served through **70 clinics** across **6 districts**, with Māori enrolment of **17%**

945

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

190,401 sore throat assessments completed, **29%** 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 a group A streptococci (GAS) had their treatment supported within four days after results received.

1,031 whānau benefitted from having a healthier home through our AWHI programme

17% of the total NHC primary population are Māori, proportionate to the wider population.

Mōhio supports **5 PHOs** who support **400,674** service users

25,837 child health

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

3,326

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

33%

of all referrals received for Tiakina te Tangata were for whānau Māori

12

 general practices in **Tāmaki Makaurau** and **2** in **Whanganui**

are supported by NHC's Te Tumu Waiora, an integrated primary mental health and addiction service which is designed to improve access and choices for services.

4,840 whaiora in Tāmaki Makaurau

supported by NHC's Te Tu Waiora, an integrated primary mental health and addiction services designed to improve access to and choice of mental health and addiction services.

2,153

 eligible healthy home service referrals processed,

50%

 for whānau Māori

25%

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

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

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 FY24.

WHĀNAU CENTRED

Creating solutions driven by whānau aspirations and needs.

Leading disruptive change that puts whānau at the centre to support the growth of resilient self-determining whānau/communities.

Taking a layered, connected and cross-generational approach to improve whānau outcomes, that engages whānau in their future.

Taking a more customer-focused approach.

Drawing on the strength of mana whenua to understand whānau/ community need, connecting historical journeys to contemporary Māori worldview.

OUTCOMES FOCUSED

Disrupting traditional health and other social service boundaries through indigenous innovation and social enterprise to deliver better outcomes for whānau.

Influencing and challenging the policy makers and market drivers that frame our operating ecosystem.

Being the catalyst for an outcomes commissioning market that attracts social impact investment.

Advocating for and inventing new social change technologies using scientific and systemic design principles to deliver better results for whānau.

Innovating award-winning pathways and models of care that make the difference we say they will.

EVIDENCE INFORMED

Researching world-class evidence-based practice to inform our programme design.

Mapping and measuring outcomes to evaluate impact on whānau and communities.

Designing data collection tools and systems that assure information integrity.

Applying consistent approaches to outcomes measurement and evaluation.

Creating value through interpreting and translating whānau data to create knowledge.

Continuous processes of research and evaluation to prove the return for our investors.

SYSTEMIC

Connecting the social factors that enhance mana whānau.

Understanding and using the all-of-system levers that will have the greatest impact for whānau.

Building multi-disciplinary approaches to align and connect systems and funding across silos.

Being a trusted partner to manage system-wide engagement across agencies and providers.

Collaborating with providers to deliver regional and national outcomes.

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

OUTCOMES FOCUSED FOR WHĀNAU

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 ONE

All tamariki have the best start in life

As a PHO, NHC is there from the beginning to support tamariki to have the best start in life. To lay the foundations in which tamariki can thrive, NHC takes a multifaceted approach with a full complement of health services. NHC aims to improve equity for hāpu māmā with Gen2040, immunisation rates for tamariki with targeted primary care services, housing conditions with the AWHI programme and access to school-based health services.

NHC begins nurturing whānau antenatally with equity-based maternity service, Gen2040. This pathway to resilient, thriving tamariki begins before birth with timely support to hāpu māmā. In 2024, Gen2040 successfully reached 620 wāhine preparing for their new pēpi and 37% of those were Māori whānau.

From birth, tamariki in Aotearoa are on a schedule to have seven appointments for vaccinations until they turn five. NHC has partnered with Te Kāhui Hauora Māori to improve access and coordinate the delivery of immunisation schedule to Māori tamariki and whānau. The providers under NHC ensured that enrolled whānau followed the national averages for immunisation at 8 months and 24 months of age in 2024. While scheduled immunisation levels were affected by the COVID-19 pandemic, percentages nation-wide have started to lift for Māori and Pacific tamariki at the key milestones of 8 months, 24 months and 5 years.

The health and development of our tamariki is also influenced by the environment they grow up in. The AWHI programme provides home assessments and education to enrolled whānau about maintaining a warm and dry home.

In 2024 NHC contributed to developing te ao Māori solutions for the Te Whatu Ora programme, Kahu Taurima. Kahu Taurima is a programme that aims to produce a model of care that blends maternity and early years healthcare that nurtures hapu mama and pēpi. As a Hauora Māori Partner, we were able to provide clinical as well as research input into the assessment tool.

Finally, NHC supports school-based services to provide timely access to healthcare services for tamariki. The ManaKids programme, run exclusively through NHC, provides health and well-being assessments in targeted schools in Tāmaki-Makaurau. A significant part of ManaKids work is to address the high levels of Strep A, acute rheumatic fever and rheumatic heart disease experienced by Māori and Pacifica tamariki.

HĀPU MĀMĀ (PREGNANT MOTHERS) RECEIVE THE BEST POSSIBLE MATERNITY CARE FOR THEMSELVES AND THEIR BABY

INDICATOR	2024	2023
Number of Assessments for hapū māmā reported	620	679
* % of Māori hapū māmā	37%	38%
Number of Assessments for pēpi reported	629	342
* % of Māori pēpi	28%	21%

SUPPORT TO IMPROVE IMMUNISATION RATE TO BETTER PROTECT TAMARIKI FROM DISEASES

INDICATOR	2024	2023
Number of New-born enrolments reported	876	1,948
* Māori population	23%	25%
8 months childhood immunisation rate of enrolled population reported as at the end of the year	78.90%	83.60%
* Māori population	69.70%	69.40%
24 months childhood immunisation rate of enrolled population reported as at the end of the year	75.30%	82.70%
* Māori population	66.20%	69.40%

SUPPORT TO IMPROVE HOUSING CONDITIONS FOR TAMARIKI

INDICATOR	2024	2023
Number of school-based sore throat assessments reported	190,401	174,044
* % of Māori tamariki	29%	30%
Reported percentage of GAS+ve treatment supported within 4 days after result received	95%	95%
* % Māori tamariki	95%	95%
Number of child health and wellbeing assessments reported	25,837	54,045
* % of Māori tamariki	25%	28%
Number of skin assessments reported	7,462	6,710
* % of Māori tamariki	29%	32%

OUTCOME TWO

All rangatahi reach their potential

All rangatahi have the potential to thrive. However, rangatahi are often met with significant demands from school and whānau all while experiencing psychological, emotional and physical change. At NHC we recognise that one of the biggest barriers to transitioning into adulthood successfully, are unresolved mental health issues that can arise at this time. To support the mental health and wellbeing of rangatahi Māori, NHC delivers Te Kaupapa programme. Furthermore, NHC, in partnership with community providers deliver the Te Kaupapa programme, which provides timely, indigenous-specific support for whānau in distress.

SUPPORT THE MENTAL HEALTH AND WELLBEING OF RANGATAHI		
INDICATOR	2024	2023
Number of interventions with rangatahi aged 10-24 based on matauranga Māori principles reported	257	136
Number of interventions with rangatahi aged 12-24 directly delivered by Health Improvement Practitioner and Health Coach within their enrolled GP clinics	1,985	1,374
* % of Māori Rangatahi	59%	31%



OUTCOME THREE

All whānau in control of their wellbeing

One part of NHC’s role and kaupapa as a PHO, is to support whānau to make decisions for their health that are preventative. Preventative action is key to achieving positive health outcomes but intervention such as education needs to be accessible in a timely manner. At NHC there are three main target prevention indicators. These are smoking cessation, cervical screening and cardiovascular disease risk assessment and NHC healthcare providers are contracted to prioritise these preventative assessments. In practice this means enhancing point of care testing with education and opportunities for support when enrolled patients visit their GP. In 2024 NHC provided smoking cessation advice to 56% of enrolled whānau who smoke. 58% of this group were whanau Maori. 72% of that group had a cervical screen in the last three years and 71% of those screened were wāhine Maori.

SUPPORT A STRONG PROFESSIONAL PROVIDER NETWORK ACROSS SOCIAL AND HEALTH		
INDICATOR	2024	2023
Number of Clinical Governance Group meetings hosted during the year	16	18
Number of electronic forms/transactions processed through NHC Mōhio ecosystem	727,156	663,685
Number of enrolled populations via affiliated GP clinics reported as at the end of the year	500,674	247,234

IMPROVE ACCESS TO PRIMARY MENTAL HEALTH AND ADDICTION SERVICES FOR WHĀNAU (AGE 24+)		
INDICATOR	2024	2023
Number of encounters with whānau directly delivered by Health Improvement Practitioner and Health Coach in the enrolled GP Clinic	12,716	12,430
* % of Māori	25%	32%

PREVENTION PROGRAMMES TO PROTECT WHĀNAU FROM DISEASES

INDICATOR	2024	2023
Percentage of brief advice and/or association to enrolled population who smoke in the last 15 months reported as at the end of the year	56%	54%
* % of Māori	58%	59%
Percentage of eligible enrolled population had a cervical screening in the last 3 years reported as at the end of the year	72%	67%
* % of Māori	71%	64%
Percentage of eligible enrolled population had a 5 years Cardiovascular disease Risk Assessment reported as at the end of the year	72%	73%
* % of Māori	71%	72%

SUPPORT TO IMPROVE HOUSING CONDITIONS FOR WHĀNAU

INDICATOR	2024	2023
Number of eligible healthy home service referrals processed	2,153	1,319
* % of Māori whānau	50%	33%
Number of households with housing & needs assessments reported	1,031	943

PROVIDE EVIDENCE-BASED PROGRAMME DESIGN WITH KAUPAPA MĀORI INFORMED RESEARCH PROJECTS

INDICATOR	2024	2023
Number of research projects commencing	12	7

OUTCOME FOUR

All whānau living well with long term conditions

For many whānau, managing complex long-term conditions is part of everyday life. Unfortunately, health issues such as cardiovascular heart disease (CVD) and diabetes (DM) can affect overall quality of life for whānau living in the community. For NHC funded healthcare providers, close management of CVD and DM is a top priority given the degree of burden to whānau. As such in 2024, 69% of the enrolled population with diabetes received an annual diabetic review and notably 66% were whānau Māori. Overall results showed that 63% of those with DM had well-managed HbA1c and 54% had controlled blood pressure.

SUPPORT TO IMPROVE DIABETES MANAGEMENT

INDICATOR	2024	2023
Percentage of enrolled population with diabetes (type 1, type 2, and other) had annual diabetes review reported	69%	61%
* Māori Population	66%	59%
Percentage of enrolled population with diabetes* (aged 15-74 years) who have good or acceptable HbA1c Glycaemic control reported	63%	64%
Percentage of enrolled population with diabetes* (aged 15-74 years) who have good or acceptable blood pressure control reported	54%	49%

SUPPORT WHĀNAU TO BETTER MANAGE CARDIOVASCULAR DISEASE

INDICATOR	2024	2023
Percentage of enrolled population with known CVD who are on dual therapy (statin + BP lowering agent) reported	47%	47%
Percentage of enrolled population with known CVD who are on triple therapy (statin + BP lowering agent + Antiplatelet/Anticoagulant) reported	56%	55%

IMPROVE WHĀNAU WITH LONG-TERM CONDITIONS CONNECTION WITH WIDER COMMUNITY SERVICES

INDICATOR	2024	2023
Number of whānau directly received the free outreach engagement support	822	521
*Māori Population	35%	36.40%

TOI WHĀNAU HEALTH ONEHUNGA

In December of 2023, NHC purchased a medical practice now officially re-opened as Toi Whānau Health (Onehunga) Ltd. This practice is the first NHC has owned in its history and is being used as a pilot for innovative models of care grounded in tikanga Māori, reflecting our commitment to culturally responsive healthcare. By embedding these practices, we aim to create a system that honours our traditions and meets the diverse needs of our whānau. This new business direction presents numerous opportunities with whānau-centred care at the top of the agenda.



This is to certify that

National Hauora Coalition Limited

is Toitū carbonreduce organisation certified.

Toitū carbonreduce certified means measuring emissions to ISO 14064-1:2018 and Toitū requirements; and managing and reducing against Toitū requirements.

A handwritten signature in black ink, appearing to read "Ana Tatana".

Ana Tatana — Certifier

Date issued: 02 May 2024 | Valid until: 02 May 2027
Certificate Number: 2024134J | Certification Status: Certified organisation
Company Address: Level 4, 8 Mahuhu Crescent, Auckland 1010, New Zealand
Level of Assurance: Reasonable for categories 1 & 2 and Limited for categories 3 & 4

Please refer to the disclosure page on www.toitu.co.nz for further details.
Toitū carbonreduce is an annual certification programme and this certificate only remains valid with an annual surveillance audit.

TOITŪ
ENVIRO CARE



WAITANGI TRIBUNAL CLAIMS

The Health Services and Outcomes Inquiry (Wai 2575) is a Waitangi Tribunal kaupapa inquiry that groups together all claims made by Māori about health services and outcomes that are of national significance.

The inquiry process began in December 2017 and is likely to continue for several more years given the nature and extent of the claims made from Māori individuals and groups across Aotearoa.

2023/24 has been a time of heightened interest in the Waitangi Tribunal as a mechanism for raising concerns with high profile government decisions (for example, around Te Aka Whai Ora and changes to the Pae Ora (Healthy Futures) Act 2022). The NHC approach has been to focus our attention on supporting the Tribunal to inquire into our existing claims, highlighting issues for tāngata whaikaha Māori (Māori with lived experience of disability) and their whānau and the systemic barriers to achieving mana whānau, whānau ora.


The NHC has two claims under the banner of Wai 2575:

WAI 2687

Wai 2687 – our primary health care claim. This was heard in 2018 and 2019 by the Tribunal in stage one of its inquiry, which focused on aspects of primary health care. The Tribunal found several breaches of Te Tiriti o Waitangi, in line with the NHC claim. Although several of the Tribunal's recommendations were adopted by the previous government in some form, there remain significant outstanding issues (for example, around the underfunding of Māori primary health care). During 2023/24 there was little progress on these issues.

WAI 2983

Wai 2983 – our second claim looking at a range of issues including the health care needs and aspirations of tāngata whaikaha Māori, kaupapa Māori mental health care, and the relationship between housing and health.



In 2023/24 the Tribunal continued to hear evidence on disability claims. This included evidence from the Crown, which began in March 2024. The Tribunal will hear closing submissions in December 2024, and we anticipate that a final report will be released in 2025.

The NHC hope that the Tribunal findings will lead to tāngata whaikaha Māori and their whānau having greater voice in the health and disability systems, that government data becomes more reliable and robust when it comes to disability for Māori (which is especially important in the context of government interest in data-driven funding decisions and social investment), that tāngata whaikaha Māori and their whānau have kaupapa Māori options when it comes to health and disability services – no matter where they live Aotearoa, and that mainstream services become more culturally safe and responsive to the needs of tāngata whaikaha Māori and their whānau.

MANA WHĀNAU WHĀNAU ORA TOHUTANGA

The 10th National Hauora Coalition Mana Whānau, Whānau Ora Tohutanga 2023 celebrated the commitment to and excellence in hauora Māori. The awards recognised 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-centered care, striving for equitable outcomes and demonstrating courageous leadership the Mana Whānau, Whānau Ora Tohutanga recognises excellence in all forms.

WHĀNAU WHAKAARO TIKĀ

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 succeeds, 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 2023 award was presented to Taumarunui Community Kokiri trust:

“Taumarunui Community Kokiri Trust is a model provider, achieving positive hauora wellbeing outcomes. This organisation has revolutionised the approach to clinical and hauora with Te waka hauora o Te Nehenehenui through its whānau driven pathways. A by Māori for Māori approach within a strength-based whānau model. Led by Kaumatua through their purākau and lived experiences. This is the realisation of Mana whānau, whānau ora in Taumarunui. Kei a koutou te wā, Maniapoto, Rereahu, Ngāti Tuwharetoa me Ngāti Hāua.

WHĀNAU WHAI HUA

Whānau Whai Hua – Outcomes Matter, a National Hauora Coalition pou, asserts the importance of outcomes rather than outputs focused, striving to make a meaningful impact for whānau. Results are important if we are to achieve equitable outcomes for whānau and, 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 2023 Whānau Whai Hua – Outcomes Matter – High Needs Population was Doctors@42:

“With an average result of 88% achievement against key performance indicators, Doctors@42 provide services to improve access and meet the needs of whānau to reduce inequities among those populations that are known to have low health status and under-served populations of Māori and Pacific in quintiles 4 and 5”.

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

“With an average of 95% achievement against all set key performance targets for Cervical Screening, Smoking Brief Advice and Cessation, CVD Risk and Immunisations for 8 and 24 months. DW Family Doctors contribute to the reduction of inequities among underserved populations.”

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.

The recipient of this Award for 2023 was Living Waters Medical:

“From Whanganui, Living Waters Medical promotes and contributes to the greater hauora responsibility. Working in rural and remote areas of Whanganui, Living Waters has established a GP service and clinic in Ranana; where whānau Māori requested this service for the betterment of all whānau in Ranana. In addition, Living Waters operationalise philanthropic activities to provide the greatest impact primarily focused on rangatahi by sponsoring activities and providing a platform through community events to showcase rangatahi. This approach supports the opportunity for whānau to aspire to and reach their highest potential, thereby realising Mahia kia ea, kia toa.”

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.

The recipient of the 2023 Whānau Auaha Award was Papakura Marae:

“In 2021, Papakura Marae stood up the first marae-based vaccination drive-through. Leveraging this successful innovation, Papakura pivoted its operations to implement Tamariki vaccinations from 6 weeks to a mobile outreach service, extending its services to include social housing, school and home visits and providing a pickup service. Through a whānau-centred model with many approaches, this has enabled whānau to have direct access to all health, social and housing opportunities available through Papakura Marae.”

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 recipient of the 2023 Quality and Service Excellence Award went to two providers sharing first place; Family Health Matters

“The first Greenfield’s Nurse Practitioner-owned clinic in Aotearoa, located in Glen Innes, Family Health Matters applies a holistic approach, tailoring its services to individual whānau needs, recognising that every whānau has unique needs and opportunities, and respecting those differences.

Prioritising whānau voice and flexible after-hours clinic services to suit whānau. By combining the science of nursing and medicine and the understanding that whānau well-being is influenced by various factors, Family Health matters allow whānau to have a say in their treatment plans and make decisions that suit whānau needs and hauora goals. Congratulations, Family Health Matters.”

The other recipient of the Quality and Service Excellence Award went to a Mana Kidz provider, the Tongan Health Society.

“The Tongan Health Society adopts a holistic approach to hauora that encompasses te whare tapa wha, mental, social, physical and spiritual dimensions. Demonstrating quality, and continuous improvement in the Mana Kidz program, the Tongan Health Society provide culturally concordant systems and processes that allow kaimahi to engage and participate fully with whānau.”

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 recipient of this award in 2023 went to AWHI and Te Kaupapa Provider, Turuki Healthcare:

“Poipoia te kakano kia puawai” reflects the intent of Turuki to create the environment for whānau to flourish. Turuki Healthcare’s Workforce Development Strategy is an Te Aō Māori worldview based in Mātauranga Māori processes that allow kaimahi to engage and participate fully within a Tikanga framework which has resulted in improved retention, job satisfaction, underpinned by tika and pono to improve the experience and health outcomes for whānau. Turuki are exemplary in their Kaupapa and tuturu to meet the needs of whānau.”



TE TOHU HAUTOA AWARD

Te Tohu Hautoa was first awarded in 2015. It is an external facing award that recognises the work that others do to support NHC's 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.

Te Tohu Hautoa Award recognises the mahi that others undertake to tautoko National Hauora Coalition's moemoeā (vision), mana whānau, whānau ora – prosperous families living well. Our vision imagines a future in Aotearoa where whānau Māori are enabled to achieve their aspirations and autonomously determine their own success. Achieving this vision requires courage, courage in challenging the status quo and working towards a health and disability system that works for Māori. NHC's aspiration and right is to have Māori-led solutions.

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

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

Dr Will Edwards ONZM

Taranaki, Ngāruahine, Tāngahoe, Pakakohi, Ngāti Ruanui

Dr Edwards works as an advocate for positive ageing for older people, in particular for Māori, and as a Māori community development leader, spans more than two decades and the unseen work of many others in his South Taranaki community.

He has been chair of the Ageing Well National Science Challenge (AWNESC) since 2020, a director of Māori health and social services provider Tui Ora Limited and a lifelong contributor to marae, hapū, iwi and wider community development.

He has been an iwi chairperson for Ngāruahine Iwi, a trustee of Te Rau Pani Māori mental health trust and a community representative on the Te Tai Hauāuru Regional Leadership Group for Whānau Ora.

His doctoral research was one of the first academic works to articulate positive ageing from a Māori viewpoint, highlighting the need to recognise secure cultural identity as a measure of positive ageing and the importance of a life-course approach.

Mr Ron Baker MZNM

Ngāti Porou, Ngai Tamanuhiri, Rongomaiwahine

Mr Ron Baker was a Charge Nurse at Whaiora, the first Māori Mental Health Unit established at Tokanui Hospital. He was part of a collective that founded Manawanui, a Marae for Māori who experience mental illness and addiction in Auckland.

He was guided and trained others in the field to address the impacts of suicide on Māori. He has provided support and mentorship for a mental health programme that will address healing in a cultural way.

Mr Baker is Kaumatua of Manawanui and the College of Mental Health Nurses.

Dr Ofa Dewes MZNM

Dr Ofa Dewes was an associate investigator with the University of Auckland's Maurice Wilkins Centre for Molecular Biodiscovery, and Research Fellow at the School of Population Health, School of Nursing, Department of Molecular Medicine and Pathology, and Centre of Methods and Policy Application in the Social Sciences.

She has led consultations and studies on weight management for Pacific people in New Zealand. She managed the MoH sponsored Pacific Research Leadership Development Programme and chaired the Health Research Council's Pacific Health Committee. She sits on the Edgar Centre for Diabetes and Obesity Research advisory board. Dr Dewes is active with the Pacific Medical Association, Whānau Ora Regional Leadership Group, and Women's Refuge.

Mrs Marcia Te Au-Thomson

Kāi Tahu, Kāti Mamoe

Mrs Te Au-Thomson supports seniors/kaumātua in the Invercargill area through Nga Kete Matauranga Pounamu Charitable Trust. She is involved with the kaumātua group at Te Tomairangi Marae in Murihuku. She was Ngāi Tahu's representative on the Southern District Health Board and Iwi Cultural Advisor for Southland Hospital. She was instrumental in creating Te Whare Whānau family room and accommodation at Southland Hospital for patients' whānau. She has incorporated tikanga and Hauora to healthcare practices.

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 2023 award recipient was Te Kahurangi Moe Milne ONZM, Ngāti Hine, Ngāpuhi

Moe Milne (Ngāti Hine, Ngāpuhi) is a realm of knowledge, and a wealth of lived experience, having been involved in addressing mental health issues in the Māori community in her roles as a psychopaedic nurse and as a general and psychiatric nurse for over 40 years.

She has contributed to Te Hau Marire, the national Māori addiction strategy, and developed several education programmes. Moe was also a member of the Health Research Council, and she chaired the Māori health research group that developed Te Ara Tika to improve research ethics with Māori.

She is part of the International Network of Indigenous Health Knowledge and Development and has spoken at conferences in New Zealand and overseas.

Moe develops and delivers training in cultural competency within health services and is a member of the Māori committee of the Royal Australia and New Zealand College of Psychiatrists.

She is known for her stance on te reo me ōna tikanga and has promoted te ao Māori perspective in mental health services, Māori workforce development, Māori health research, and Whānau Ora, while commonly at the forefront in the development of many new initiatives.

Mai ki Matawaia, Ngāti Hine and Ngāpuhi, Moe contributes actively to and ensures high-quality services are available for whānau, at all levels – locally, regionally, and nationally.

MANA KAIMAHI, KAIMAHI ORA

One of our core values is whakanuia te whānau (celebrate indigeneity), which is strongly reflected within our workforce.

71% of our Board and Executive Leaders whakapapa Māori as does 46% of our kaimahi. Our diversity reflects the communities we aim to serve with overall 66% of kaimahi identifying as either Māori or Pacific and total of 78% of kaimahi identifying as Māori, Pacific, Asian or non-European.

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 MANA KAIMAHI, KAIMAHI ORA 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 wahine Māori CE, and 64% of our Leadership team and over 80% of our Board being wāhine, NHC embodies the value of gender diversity.”

“64% of our Leadership team and over 80% of our Board being wāhine.”



PRIMARY HEALTH NETWORKS

As of 30th June 2024

AUCKLAND DISTRICT

109 Doctors
Family Health Matters
Dominion Road Surgery
Pt Chevalier Medical & Surgical Centre
Queens Road Medical Centre
Maxcare Medical Centre
Toi Whānau Health Onehunga
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
Ponsonby Medical Centre
Toi Whānau Health (Virtual)

NORTHLAND

Te Whare Oranga

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)
Huakina Wellness Medical Centre

WAIKATAPU DISTRICT

Westview Medical Centre
Doctors on Luckens
Rathgar Medical & Surgical Centre
Hobsonville Point Medical
Kelston Medical Centre
McLaren Park Medical
The Doctors New Lynn
Medplus
Third Age Health Services – Waitemata
Belmont Medical Centre
Devonport Family Medical
Waitakere Union Health Centre
West Auckland Medical & Surgical Centre

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
Tuuhonu Hauora

SERVICE DELIVERY

MANA KIDZ NETWORK

Papakura Marae/ Kootuituia
Pasefika Family Health Group
Te Hononga O Tāmaki Me Hoturoa
Tongan Health
Turuki Health Care Limited
South Seas Healthcare
Total Healthcare

AWHI NETWORK

Turuki Health Care Limited
South Seas Healthcare
Huakina Development Trust
Matawhaanui Trust
Taumarunui Kokiri Community Trust
South Waikato Pacific islands
Kirikiriroa Family Services Trust
Te Toi Ora ki Whaingaroa Limited
Te Korowai Hauora o Hauraki
Pasefika Family Health Group Trust
Habitat for Humanity Northern
Habitat for Humanity Central

TE KAUPAPA

Ruapotaka Marae
Te Hononga o Tāmaki Me Hoturoa
Papakura Marae
Te Whare Hauora O Raungaiti
Taumarunui Community Kokiri Trust
Huakina Development Trust Board
Turuki Health Care Limited
Ngati Whatua o Orakei
Te Toi Ora Ki Whaingaroa Limited
Ngati Tamaoho Trust
Whānau Resilience
Te Hononga O Tāmaki Me Hoturoa



CONSOLIDATED FINANCIAL REPORT

National Hauora Coalition Trust

Operating As: National Hauora Coalition

Consolidated Financial Report for the year ended 30 June 2024

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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 whānau and all New Zealanders, with a particular focus on Māori, 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 13, 125 Queen Street Auckland 1010
Bankers	ASB Bank Limited Henderson Branch 353 Great North Road Henderson Waitakere
Solicitors	Tuia Group 2/202 Thorndon Quay Pipitea Wellington
Board members	National Hauora Coalition Trust Wayne McLean (Chair) Dr. Ash Puriri Helen Leahy (appointed 8 March 2024) Lisa Turia-Bennett (appointed 8 March 2024) National Hauora Coalition Limited Dame Paula Rebstock (Chair) Te Rōpu Poa Shelley Katae Eru Lyndon Dr. Anna Rolleston

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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 64 to 65.

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 2024.

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 2024;
- 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 2024;
- 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 2024;
- 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 2024 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 2024.



Trustee



Trustee

18 December 2024

Date

18 December 2024

Date

Consolidated Statement of Service Performance

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

JUDGEMENTS MADE IN THE REPORTING OF SERVICE PERFORMANCE INFORMATION

The information presented in National Hauora Coalitions (NHC) 2024 Statement of Service Performance, has been carefully considered by its contributors. Final decisions about this document were made at the governance level by NHC trustees, NHC Ltd board members and Executive Leadership Team. These groups assessed the information that would be most meaningful to stakeholders considering NHC's performance this past financial year and NHC's role within the wider primary health network. As with previous years, in 2024 NHC received the majority of their funding from Te Whatu Ora, Te Aka Whai Ora, and other crown entities. This funding supports a variety of health program and services implemented by NHC that aim to improve health outcomes for whānau, particularly Māori whānau. NHC based the performance measures of these services on key functions/roles within the primary health network where reliable data was available and input could be clearly identified. NHC decided not to report on outcomes of the programs we facilitated or collaborated with external parties as the outcomes could not be reliably quantified or attributed solely to NHC efforts in these program.

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 a full complement of health services to whānau that aligns with our vision māna whānau, whānau ora. We have an in-house Service Delivery, Clinical and Mōhio unit that collectively perform the following programs and services:

Te Tumu Waiora

Te Tumu Waiora, an Integrated Primary Mental Health funded service, provides NHC enrolled whānau free access to personalised care and support from an NHC health coach or health improvement practitioner.

Here Toitū

Support for long-term health conditions is provided through the two following programs, Here Toitū and Mana Tū. The Here Toitū program, 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.

Mana Tū

The Mana Tū program did not run or receive funding for this financial year. This is reflected in the table below. Mana Tū has been on hiatus in F24 pending evaluation of the program.

Tiakina te Tangata

Tiakina te Tangata is a mobile long term conditions service that draws on the resources and knowledge gained from the Mana Tū program.

Te Tūrangawaewae Manahau a Tariana Turia

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 researches issues that cross the human lifespan and aims to contribute to improving hauora Māori. Across the last financial year, the research team engaged in twelve projects, including key priority areas of kaumātua and transport, rheumatic fever and whānau voice.

Mōhio

Mōhio is NHC's innovative technology designed to help general practices and primary health organisations. The Mōhio ecosystem strongly endorses the prioritisation of Māori and high-needs patients, enables consistency across practices in claiming, reporting and patient care, and provides real-time feedback on performance against National Health Targets at practice and whole-PHO level.

Onehunga Medical Practice

NHC acquired ownership and management of Onehunga Medical Practice on the 1st of December 2023. Purchasing a medical practice achieves a long-standing goal for NHC and our strategic objectives.

INDICATOR	FY2024	FY2023
Te Tumu Waiora		
Number of whānau encounters and/or care coordination/advocacy directly delivered by Health Improvement Practitioners and Health Coaches	13,473	13,923
* Number of encounters are with Māori whānau	3,369 (25%)	4,412 (32%)
Number of whānau received services from Health Improvement Practitioners and Health Coaches	4,840	4,625
* Number of Māori whānau	1,117 (23%)	1,168 (25%)
Here Toitū		
Number of whānau contacted during the year	223	109
* Number of Māori whānau	86 (39%)	46 (42%)
Number of whānau contacts delivered during the year	2,322	1,961
* Number of contacts delivered to Māori whānau	856 (37%)	888 (45%)
Mana Tū		
Number of whānau engaged during the year	0*	25
* Number of Māori whānau (* Programme under review)		23 (92%)
Tiakina Te Tangata		
Number of whānau engaged during the year	599	412
* Number of Māori whānau	200 (33%)	144 (35%)
Research		
Number of research projects progressed	13	7
Clinical Governance		
Number of Clinical Governance Group hui hosted during the year	16	18
Mohio ecosystem		
Number of Primary Health Organisations utilised Mōhio during the year	5	4
Number of enrolled populations as at 30th June 24 across PHOs utilising Mōhio	500,674	442,472
* Number of Māori whānau	69,868 (14%)	63,979 (14%)
Onehunga Medical Practice		
Number of enrolled patients	1,001	N/A
* Number of Māori whānau	51 (5.1%)	N/A
Number of programmes	22	13
Total direct expenditure in this area	\$6,166,372	\$4,337,288

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, 70 general practices were supported, an addition of 11 from the previous year, 3 of those 11 are Green Cross practices which joined in March while the other Green Cross practices joined post year end.

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 district health board areas (Auckland, Counties Manukau, Waitematā, Waikato and Whanganui).

INDICATOR	FY2024	FY2023
Number of practices supported during the year	70	59
Number of funded patients enrolled across network as at 30 June	289,196	247,234
(Proportion Māori)	49,145 (17%)	(17.6%)
Number of programmes we facilitate	60	34
Number of provider agreements with partner organisations	236	199
Total direct expenditure in this area	\$86,898,591	\$77,009,454

HOW WE COLLABORATE

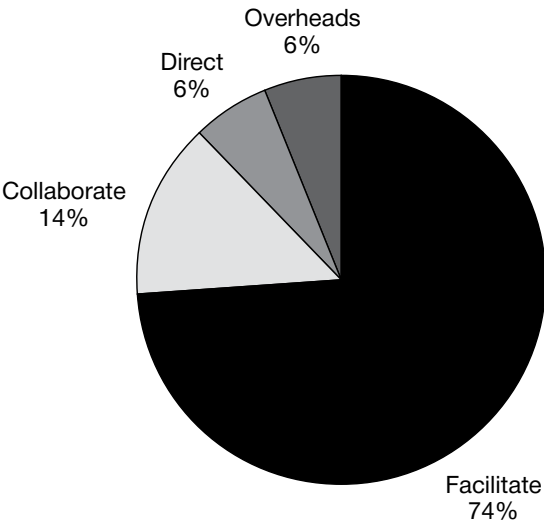
To deliver established programmes, NHC is positioned primarily as a network coordinator and collaborates with other providers to supply the frameworks and tools for wider programmes and projects that are aligned with our vision. NHC's IT and data platform Mōhio is used to foster linkages between programmes and supports that are important as a network coordinator. 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 and recovery. 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, whānaungatanga, 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.

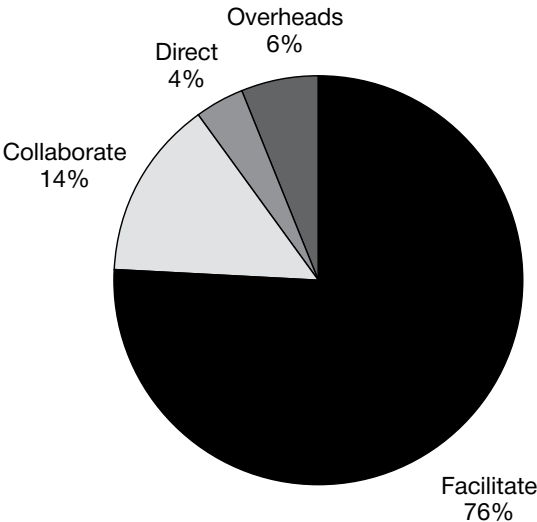
NHC continued to deliver the Immunisation Initiative that collaborates with other community organisations and looks to address barriers to health services and provide culturally appropriate and safe services to whānau Māori. Immunisation rates particularly for Māori tamariki have fallen to dangerously 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	FY2024	FY2023
Number of programmes we collaborate on	6	5
Number of provider agreements with partner organisations	24	28
Total direct expenditure in this area	\$16,689,475	\$14,254,726

TOTAL EXPENDITURE FY24 (\$117,091,921)



TOTAL EXPENDITURE FY23 (\$102,065,839)





Consolidated statement of comprehensive revenue and expense

for the year ended 30 June 2024
in New Zealand Dollars

	Note	2024	2023
Revenue		\$	\$
Revenue from non-exchange transactions	2	117,124,295	102,063,512
Revenue from exchange transactions		355,556	342,642
Interest and dividends		535,671	226,988
Total revenue		118,015,521	102,633,142
Expenditure			
Employee benefits expense		13,184,188	11,219,415
Operating costs	3	102,367,422	89,764,146
Depreciation and amortisation expenses	4 & 5	690,052	385,345
Occupancy expense		850,260	696,932
Total expenditure		117,091,921	102,065,839
Surplus for the year		923,600	567,304
Total comprehensive revenue and expense for the year		923,600	567,304

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 2024
in New Zealand Dollars

	Note	2024	2023
Assets		\$	\$
Cash and cash equivalents		11,768,330	10,999,814
Investments - short term deposits		3,858,292	3,858,284
Accounts receivable - non exchange		7,068,329	5,176,550
Accounts receivable - exchange		24,054	14,661
Prepayments		77,182	58,141
Current assets		22,796,187	20,107,451
Property, plant and equipment	4	1,624,103	731,537
Intangible assets	5	186,602	40,654
Non-current assets		1,810,704	772,191
Total assets		24,606,891	20,879,642
Represented by:			
Liabilities			
Accounts payable - exchange		2,765,638	4,054,531
GST Payable/(Receivable)		278,053	(309,900)
Accrued expenses		1,701,840	621,334
Employee entitlements	6	1,053,267	838,650
Income in advance		10,597,726	8,388,259
Current liabilities		16,396,524	13,592,874
Total liabilities		16,396,524	13,592,874
Equity			
Accumulated Surplus		8,210,368	7,286,768
Total equity		8,210,368	7,286,768
Total liabilities and equity		24,606,891	20,879,641

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 2024
in New Zealand Dollars

	Accumulated Surplus	Total
	\$	\$
Balance at 1 July 2023	7,286,768	7,286,768
Total comprehensive revenue and expense for the year	923,600	923,600
Balance at 30 June 2024	8,210,368	8,210,368
Balance at 1 July 2022	6,719,464	6,719,464
Total comprehensive revenue and expense for the year	567,304	567,304
Balance at 30 June 2023	7,286,768	7,286,768

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 2024

in New Zealand Dollars

	Note	2024	2023
Cash flows from operating activities		\$	\$
Cash received from customers - exchange transactions		355,557	342,642
Cash received from funders - non-exchange transactions		117,432,590	106,672,069
Interest received		535,671	226,988
Cash paid to suppliers		(102,798,461)	(90,973,450)
Cash paid to employees		(12,969,570)	(11,063,701)
Net cash from operating activities	7	2,555,787	5,204,549
Cash flows from investing activities			
Purchase of short term deposits		(8)	(14,914)
Acquisition of property, plant and equipment		(1,557,261)	(758,389)
Acquisition of intangible assets		(230,000)	–
Net cash from investing activities		(1,787,269)	(773,303)
Net (decrease)/increase in cash		768,518	4,431,246
Opening cash and cash equivalents 1 July		10,999,813	6,568,567
Closing cash		11,768,330	10,999,813

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, Toi Whanau Health Ltd, Toi Whanau Health (Onehunga) Ltd 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 2024.

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 \$33 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.

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.

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.

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

l) Changes in accounting policies

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

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.

	2024	2023
	\$	\$
Capitation	79,790,343	67,709,585
Contract Income	36,669,168	26,624,342
COVID-19 income	664,783	7,729,585
	117,124,295	102,063,512

3. Expenses

Expenses	2024	2023
Included in operating costs are:	\$	\$
Capitation	73,057,672	61,602,909
Contracts	21,934,619	15,382,893
COVID-19 expenses	520,561	7,407,890
Audit remuneration	81,000	85,957
Other operating expenses	6,773,569	5,284,498
	102,367,422	89,764,146

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 amount is estimated. An impairment loss is recognised whenever the carrying amount of an asset exceeds its recoverable 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

30 June 2024	Leasehold Improvements	Motor Vehicles	Office Equipment	Computer Equipment	Work In Progress	Total
	\$	\$	\$	\$	\$	\$
Cost or valuation						
Balance at 01 July 2023	113,357	909,216	414,276	767,964	–	2,204,813
Additions	103,262	964,022	214,843	242,738	13,061	1,537,925
Disposals	–	(170,221)	–	–	–	(170,221)
Balance at 30 June 2024	216,618	1,703,017	629,119	1,010,701	13,061	3,572,518
Accumulated depreciation						
Balance at 01 July 2023	50,566	621,853	281,575	519,284	–	1,473,277
Depreciation for the year	42,329	362,992	120,173	139,201	–	664,696
Disposals	–	(189,557)	–	–	–	(189,557)
Balance at 30 June 2024	92,895	795,288	401,748	658,485	–	1,948,416
Carrying value at 30 June 2024	123,723	907,730	227,371	352,216	13,061	1,624,101
30 June 2023	Leasehold Improvements	Motor Vehicles	Office Equipment	Computer Equipment	Work In Progress	Total
	\$	\$	\$	\$	\$	\$
Cost or valuation						
Balance at 01 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 01 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

5. Intangible assets

Included in intangible assets were \$148,904 of capitalised costs related to completed development of the Appointment Booking and Medical Records system that was in use as of 30 June 2019 and has been amortised evenly over 7 years.

Additions during this financial year represent the intangible assets recognised on purchase of Onehunga Medical Practice. Impairment during this financial year represents the impairment of the intangible assets of Onehunga Medical Practice.

Balance as at 30 June 2023	40,654	Balance as at 30 June 2022	65,470
Additions during the year	230,000	Additions during the year	–
Amortisation during the year	(25,356)	Amortisation during the year	(24,816)
Impairment during the year	(58,696)	Impairment during the year	–
Balance as at 30 June 2024	186,602	Balance as at 30 June 2023	40,654

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.

	2024	2023
Employee entitlements	\$	\$
Wages payable	427,760	228,475
Annual leave accrued	625,508	610,175
	1,053,267	838,650

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

	2024	2023
	\$	\$
Total comprehensive revenue and expense for the year	923,600	567,304
Adjustments for:		
Depreciation, Amortisation and Impairment	748,748	385,345
Changes in:		
Accounts receivable, prepayments and other assets	(1,332,259)	2,327,923
Accounts payable, accruals and other liabilities	2,215,697	1,923,977
Cash generated from (applied to) operating activities	2,555,786	5,204,549

8. Commitments

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

	2024	2023
Office Premises and Photocopier Lease	\$	\$
Less than one year	774,442	657,112
Between 1 and 5 years	774,317	991,811
More than 5 years	–	–
Total operating lease commitments	1,548,759	1,648,924

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, expires on 31 January 2026. Lease agreement for Level 1, 115 Rostrevor Street Hamilton, expires on 30 June 2025. Lease for the photocopiers with Canon NZ Limited expires on 22 January 2027. Lease agreement for Unit 4-147 Onehunga Mall with P&A Properties Limited, expires on 30 November 2028.

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, Whanau Ora Limited, Toi Whanau Health Limited & Toi Whanau Health (Onehunga) Limited.

Dr. Rachel Brown is the Director of Mōhio Information Systems Limited, Whanau Ora Limited, Toi Whanau Health Limited & Toi Whanau Health (Onehunga) Limited and Chief Executive of National Hauora Coalition Limited.

Jonathan Murray is the Director of Toi Whanau Health Limited & Toi Whanau Health (Onehunga) Limited and Chief Operating Officer of National Hauora Coalition Limited.

Dr. Ash Puriri is trustee in National Hauora Coalition Trust, and a director in Puriri Tohunga Whakairo - Puriri Master Carvers. Payments were made to Puriri Tohunga Whakairo - Puriri Master Carvers during the year for the amount of \$30,000 (2023: Nil) and there is Nil (2023: Nil) outstanding at year end.

Key Management Personnel

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

Board Members	2024	2023
Total remuneration (\$)	372,937	339,692
Number of FTEs	0.55	0.50
Executive Leadership Team		
Total remuneration (\$)	2,126,430	1,485,400
Number of FTEs	10.00	7.1
Total key management personnel		
Total remuneration (\$)	2,499,367	1,825,092
Number of FTEs	10.55	7.62

During the reporting period, \$114,962 of remuneration was paid to family members of key management personnel, as employees of National Hauora Coalition Ltd (2023: \$71,794).

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:

	2024	2023
Financial assets at amortised cost	\$	\$
Cash and cash equivalents	11,768,330	10,999,814
Short-term deposits	3,858,292	3,858,284
Receivables from non-exchange transactions	7,068,329	5,176,550
Receivables from exchange transactions	24,054	14,661
	22,719,005	20,049,310
	2024	2023
Financial liabilities (at amortised cost)	\$	\$
Trade and other creditors from exchange transactions	4,467,478	4,675,865
Employee entitlements	1,053,267	838,650
	5,520,745	5,514,515

(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 \$22,719,005 (2023: \$20,049,310), 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.

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 2024 is as follows:

	2024	2023
Current	\$6,544,452	\$3,658,390
>1 month	\$334,967	\$1,218,444
>2 months	\$85,279	\$102,171
>3 months	\$37,158	\$29,761
Total	\$7,001,856	\$5,008,766

(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. (2023: \$156,606).

There are no other contingent assets or contingent liabilities (2023: Nil)

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, and so preparing the financial statements using the going concern assumption is appropriate.

13. Subsequent Events

Post year end Green Cross Health joined our network of practices, increasing our enrolled patients by approximately 180,000 from 1 July 2024. Management expect that the financial impact of Green Cross joining our network will have a significant increase on our capitation income and expenditure in Financial Year ending 30 June 2025.

Independent Auditor's Report

To the Trustees of National Hauora Coalition Trust

RSM Hayes Audit

Level 13, 125 Queen Street,
Auckland CBD, Auckland 1010

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Opinion

We have audited the consolidated general-purpose financial report (hereinafter referred to as "consolidated financial report") of National Hauora Coalition Trust and its subsidiaries (the group), which comprises the consolidated financial statements on pages 51 to 63 and the consolidated statement of service performance on pages 44 to 50. The complete set of consolidated financial statements comprises the consolidated statement of financial position as at 30 June 2024, 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 2024, and its financial performance, and its cash flows for the year then ended; and
- the service performance for the year ended 30 June 2024 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 information

The trustees are responsible for the other information on pages 1 to 43 (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.

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:

- (a) 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;
- (b) service performance criteria that are suitable in order to prepare service performance information in accordance with Public Benefit Entity Standards; and
- (c) 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

18 December 2024



NATIONAL HAUORA COALITION
ANNUAL REPORT 2023-2024