



National
Hauora Coalition

2024 – 2025

Annual Report

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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



Interim Trust Chair's Foreword



Dr Ash Puriri

Interim Trust Chair

(From 16 November 2024)

Ngāti Kahungunu | Ngāti Rongomaiwahine |
Ngāti Porou

This year has reminded us of the strength that lies in collective action and shared purpose. Across our regions, whānau, kaimahi, and partners have continued to uplift one another, driven by a vision of thriving communities.

The kaupapa of Mana Whānau, Whānau Ora remains our compass, anchoring us in the principle that when whānau lead their own journeys, transformation follows. Our mahi is grounded in this legacy, and our moemoeā endures: Mana Whānau, Whānau Ora – prosperous families living well.

The vision of hauora Māori leaders who believed in the power of collective action to uplift whānau across Aotearoa continues to guide our kaupapa and we remain focused on delivering outcomes that reflect the aspirations of whānau and uphold mana motuhake.

The past 12 months has brought both challenge and opportunity. We have navigated the complexities of health reform, the disestablishment of Te Aka Whai Ora (the Māori Health Authority), and the shifting political landscape.

A significant milestone has been the establishment of Rangitāmiro, our collaborative Whānau Ora commissioning agency. Rooted in whakapapa, kaupapa, and manaaki tangata, Rangitāmiro embodies the strength of unity and the promise of transformation, and is poised to deliver enduring outcomes for whānau in Region One, the top half of the North Island, from 1 July 2025.

We acknowledge the strong financial performance of the organisation, the resilience of our kaimahi, and the leadership of our Board and Management. We also extend our gratitude to those who have moved on from the organisation, recognising their contributions to our kaupapa.

Acknowledging Matua Wayne McLean

We acknowledge Matua Wayne McLean as one of the three founding members who established the National Māori Primary Health Organisation (PHO) Coalition Inc Society in 2006. His leadership and unwavering dedication saw him become our longest-serving Governor, a role he held with distinction until his retirement in 2024.

The story of the National Hauora Coalition (NHC) is deeply intertwined with Matua Wayne's personal journey. He is the visionary behind the NHC legacy and the creator of the NHC Tohutanga and award categories – so we sincerely hope these remain true to his original intent.

Although a humble and reluctant recipient of the Whānau Ora Champion award, Matua Wayne's lifetime commitment to hauora for all whānau speaks volumes. His legacy continues to shape our kaupapa and inspire our mahi.

On behalf of the Trust Board, I extend my heartfelt thanks to our board, kaimahi, partners, and whānau for their unwavering dedication. Together, we continue to shape a future defined by well-being, mana motuhake and collective strength – bound and guided by kaupapa, and driven by the collective vision of Mana Whānau, Whānau Ora.

Kua tawhiti kē tō haerenga mai kia kore e haere tonu.

You have come too far not to go further.

Board Chair's Foreword



Dame Paula Rebstock
(DNZM)

This past year has been one of bold transformation and renewed purpose, as we continue to evolve our mahi to better serve whānau across Aotearoa.

Our Letter of Expectation (2023–2027) continues to anchor our long-term strategic focus, and we are now in Year 2 of its implementation. The Board remains committed to ensuring that our governance reflects the aspirations of Mana Whānau, Whānau Ora and upholds the principles of tino rangatiratanga.

Throughout the year, the Board has maintained a clear focus on strategic oversight and governance, supporting organisational transitions with care and clarity. We acknowledge the progress made across the organisation, including improvements in workforce development, recruitment systems, and service delivery. Strengthened leadership, enhanced provider capability, and expanded reach across health networks reflect our ongoing commitment to equity, innovation, and whānau-centred engagement.

A defining milestone has been the launch of Rangitāmiro, our new Whānau Ora commissioning entity, which marks the beginning of a refreshed approach to Whānau Ora in Region One, the top half of the North Island.

This model signals a shift toward deeper collaboration, strengthened relationships, and whānau-led solutions grounded in kaupapa Māori. As we look to the future, we recognise the challenges ahead – navigating complexity, sustaining impact, and continuing to evolve our commissioning practice to meet the aspirations of whānau across Aotearoa.

On behalf of the Board, I extend my sincere and warmest thanks to our Trustees, kaimahi, and partners for their dedication and courage in shaping a future where whānau thrive. As we look ahead with optimism and determination, we remain steadfast in our pursuit of Mana Whānau, Whānau Ora.



Dr Rachel Brown

Te Ātiawa ki Wharekauri | Kāi Tahu

Chief Executive's Foreword

It gives me great pleasure to present the Annual Report for 2025. This year has marked monumental milestones for NHC – achievements that reflect the unwavering commitment of our kaimahi to our kaupapa and moemoeā, and the strength of the relationships we continue to build across the sector.

We have seen sustained growth in our primary care network, and our efforts to expand nationally remain steadfast as we respond to the evolving needs of whānau across the motu. The PHO Services Agreement Amendment Protocol (PSAAP) negotiations have brought significant changes to primary care. While not all outcomes have been positive, our agility and resilience remain our strengths. We are committed to driving meaningful and transformative change that ensures whānau have access to equitable, high-quality care.

A major highlight this year was our successful bid – alongside Ngaa Pou Hauora and Te Tiratū Iwi Māori Partnership Boards – for Whānau Ora Commissioning in Region One, the top half of the North Island. The launch of Rangitāmiro on 1 July 2025 was a landmark achievement. With 51 providers and 301 Kaiwhiriwhiri (Navigators) now in place, we are proud of the momentum and impact this initiative is already generating.

We acknowledge all those who contributed to bringing Rangitāmiro to life. In particular, we honour Dame Tariana Turia, whose legacy continues to inspire and shape this mahi. Her vision lives on in the aspirations we support and the outcomes we strive for.

As we look ahead, we are excited to see Rangitāmiro evolve and to witness whānau aspirations being realised. The coming year holds promise, and we remain committed to advancing equity, strengthening partnerships, and uplifting the voices and dreams of our communities.

As we look to 2026 and beyond, our strategic priorities remain focused on deepening our impact and enhancing outcomes for whānau. We will continue to strengthen whānau-centred care models that reflect the values and aspirations of our communities. Expanding digital health initiatives will be a key focus, enabling more accessible and responsive services across the motu.

We are committed to deepening partnerships with iwi and community providers, fostering collaboration that drives innovation and equity. Investing in the development and well-being of our kaimahi will remain a cornerstone of our strategy, ensuring our workforce is supported, empowered, and equipped to lead transformative change.

We are committed to driving meaningful and transformative change that ensures whānau have access to equitable, high-quality care.



Governance

National Hauora Coalition Charitable Trust



Wayne McLean

Trust Board Chair/Trustee
(Term ended 15 November 2024)

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 | Tūwharetoa



Helen Leahy

Trustee

(Term ended 03 April 2025)
MA (Education Policy)

National Hauora Coalition Limited



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

(Term ended 17 March 2025)

Ngāpuhi | Ngāti Hine | Ngāti Kahu | Ngāti Wai

Global Women Breakthrough Leaders Scholarship Recipient (2018)

MHR (NSW), DipArt Māori Development

Impact On Whānau

FY25 Annual Report Data Summary



447,749 enrolled whānau were served through 91 clinics across six districts (NHC's Primary Health Network General Practitioner network).



947 Unique Pregnancies Assessments,

to improve access to quality care for hapū māmā and pēpi Māori, completed for hapū māmā.



196,511 sore throat assessments

completed, 28% of those for Māori students through the Mana Kidz programme across the 85 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 results received.

Mōhio supports five PHOs who support **678,464 service users.**



969 whānau

benefitted from having a healthier home through our AWHI programme.



147,139 child health and well-being

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



16% of the total NHC primary population are Māori, proportionate to the wider population.



8,940 wānanga sessions held with whānau, facilitated based on mātauranga Māori principles.



2,345 eligible healthy home service referrals processed, 45% for whānau Māori.



50% of all referrals received for Tiakina te Tangata were for whānau Māori.



29 general practices in Tāmaki Makarau, four in Northland and four in Whanganui 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.



11,787 whāiora in Tāmaki Makarau 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.



16% of patients engaged in Te Tumu Waiora were whānau Māori, indicating improved psychological well-being 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

Mahere Rautaki is the National Hauora Coalition (NHC) strategy for 2024 to 2027. It sets out NHC’s aspirations, the outcomes we are seeking to achieve, what we prioritise, and how we create value for the whānau we serve, the partners we work with, and for Aotearoa overall in this period.

NHC’s kaupapa, as outlined by Mahere Rautaki is guided by three choices: prioritising whānau Māori, being a pātaka for community connected organisations and being a hauora sector leader.

Prioritising whānau Māori	Be a pātaka for community connected organisations	Be a hauora sector leader
<p>This involves prioritising investment, resources, and funding for whānau Māori.</p> <p>While engaging and offering practical support to culturally led organisations so they can continue to meet the needs of their communities in mana-enhancing ways and exert mana motuhake.</p>	<p>This involves adding value by offering development initiatives, tools, and other system improvements, to Māori providers, general practices, and kaimahi to support their development.</p>	<p>This involves the ongoing advocacy across the system with an actionable evidence base.</p> <p>Pushing NHC to continue to have an emphasis on mātauranga Māori and the developing and scaling up of kaupapa Māori approaches, and sharing insights that support whole-of-system improvement.</p>

These uphold the four pou from the previous Mahere Rautaki (whānau centred, outcomes focused, evidence informed and systemic) and allow for NHC to refocus and set its intentions to 2027.

These three choices are supported by a vast network of aligned, kaupapa driven partners across the North Island. Maintenance and growth of these relationships enable us to quickly, and at scale, impact whānau to improve hauora and social outcomes. The choices and our partnerships provide the foundation for NHC’s mahi.

Partnering with a network of 138 organisations, 30 who are Hauora Māori organisations, serving a population of 497,898 we strive for equity of health and social outcomes. (This figure includes whānau enrolled in Primary Health Network and Service Delivery services).

Ensuring that everything we do as an organisation is focused on upholding Mana Whānau, Whānau Ora.

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 well-being**
- 4| All whānau living well with long term conditions**

From kōrero to care, we
walk with whānau – restoring
trust, unlocking potential, and
transforming well-being through
kaupapa Māori solutions.

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 hapū 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 is a pathway to resilient, thriving tamariki that begins before birth with timely support for hapū māmā.

Gen2040 reached 947 wāhine during their hapūtanga and 48% of those were Māori. The focus has been to support healthcare providers to connect with whānau early in the journey through whanaungatanga to provide ongoing healthcare. A short video was made to educate and demonstrate whanaungatanga to kaimahi.

After birth, 952 pēpi were reached for a postnatal assessment and 26% were Māori. This assessment now includes the safe sleep calculator to assess individual Sudden Unexpected Death in Infancy (SUDI) protection needs.

Gen2040 continues to support catch up immunisations throughout the lifespan across primary and community care services.

From birth, tamariki in Aotearoa are on a schedule to have at least six immunisation events before they turn five years old. 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 3 months, 8 months, 24 months and 5 years.

NHC delivered a kaupapa Māori immunisation programme designed to both strengthen whānau engagement around immunisation and increase coverage at 24 months. The approach prioritised *kanohi ki te kanohi* engagement, with kōrero taking place in whānau homes, school-based communities, and hauora events. This model functioned as both a general practice development initiative and an outreach service, with 530 engagements logged compared to 226 documented immunisations. This highlights the importance of building trust and meaningful relationships before whānau feel ready to proceed with immunisation.

One example of this approach involved a whānau referred for catch-up immunisations for their 8-month-old pēpi. Over six home visits, the team focused on building a trusting relationship with the father and tamariki before any immunisations were given. Through ongoing kōrero and support, all four tamariki were eventually brought up to date with their immunisations, and the whānau was connected with additional social services. The transformation from declining all immunisations to fully engaging with wider hauora services and support networks, reflects the holistic, relationship-centred nature of this programme and its impact beyond just coverage rates.

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.

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

Hāpu māmā receive the best possible maternity care for themselves and their baby

Gen2040	FY25	FY24
Number of assessments for hapū māmā reported	947	620
*% of Māori hapū māmā	48%	37%
Number of assessments for pēpi reported	952	629
*% of Māori pēpi	26%	28%

Support to improve immunisation rate to better protect tamariki from diseases

Newborn enrolment and Imms	FY25	FY24
Number of Newborn enrolments reported	2,452	876
*% are Māori Population	27%	23%
8 months Imms as at the end of the year	83%	78%
For Māori Population	69%	69%
24 months Imms as at the end of the year	78%	75%
For Māori Population	70%	66%

Support to improve health conditions for tamariki

ManaKidz	FY25	FY24
Number of school-based sore throat assessments completed	196,511	190,401
*% are Māori tamariki	28%	29%
Reported percentage of GAS+ve treatment supported within 4 days after result received	98%	95%
For Māori tamariki	95%	95%
Number of child health and well-being assessments reported	147,139	25,837
*% are for Māori tamariki	30%	25%
Number of skin assessments reported	6,894	7,462
*% are Māori tamariki	31%	29%

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 well-being of rangatahi Māori, NHC delivers Te Kaupapa and Te Tumu Waiora programmes. Te Kaupapa is delivered in partnership with community providers, to provide timely, indigenous specific support for whānau in distress.

Support the Mental Health and well-being of Rangatahi		
Te Kaupapa	FY25	FY24
Number of rangatahi aged 12-24 years received a culturally led and clinically supported approach prioritising mātauranga Māori	583	257
Te Tumu Waiora		
Number of encounters with rangatahi aged 12-24 directly delivered by Health Improvement Practitioner and Health Coach within their enrolled GP clinics	2,867	1,985
*% are Māori Rangatahi	20%	59%

Outcome Three

All whānau in control of their well-being.

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 2025 NHC provided smoking cessation advice to 76% of enrolled whānau who smoke. 81% of this group were whānau Māori. 72% had had a cervical screen in the last three years and 72% of wāhine Māori had been screened.

Support a strong professional provider network across social and health sector		
	FY25	FY24
Number of Clinical Governance Group meetings hosted during the year	11	16
Number of electronic forms/transactions processed through NHC Mōhio ecosystem	860,803	727,156
Number of enrolled populations as at the end of the year across PHOs utilising Mōhio	678,464	500,674

Improve access to primary mental health and addition services for whānau (age 24+)		
	FY25	FY24
Number of encounters with whānau (age 24+) directly delivered by Health Improvement Practitioner and Health Coach in the enrolled GP Clinic	26,749	12,716
*% of Māori	16%	25%

Prevention programmes to protect whānau from diseases		
	FY25	FY24
Percentage of brief advice and/or cessation to enrolled population who smoked in the last 15 months reported as at the end of the year	76%	56%
For Māori population	81%	58%
Percentage of eligible enrolled population who had a cervical screening in the last 3 years reported as at the end of the year	73%	72%
For Māori Population	72%	71%
Percentage of eligible enrolled population who had a 5 years Cardiovascular disease Risk Assessment reported as at the end of the year	87%	72%
For Māori population	78%	71%

Support to improve housing conditions for whānau		
	FY25	FY24
Number of eligible healthy home service referrals processed	2,345	2,153
*% of Māori whānau	45%	50%
Number of households with housing & needs assessments completed	1,451	1,031

Provide evidence-based programme design with Kaupapa Māori informed research projects		
	FY25	FY25
Number of research projects progressed	16	12

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 Mellitus (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 2025, 62% of the enrolled population with diabetes received an annual diabetic review and notably 65% 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

	FY25	FY24
Percentage of enrolled population with diabetes (type 1, type 2 and other) had annual diabetes review reported as at the end of the year	82%	69%
For whānau Māori	77%	66%
Percentage of enrolled population with diabetes* (aged 15-74 years) who have good or acceptable HbA1c Glycaemic controlled reported as at the end of the year	63%	63%
Percentage of enrolled population with diabetes* (aged 15-74 years) who have good or acceptable blood pressure control reported as at the end of the year	63%	54%

Support whānau to better manage cardiovascular disease

	FY25	FY24
Percentage of enrolled population with known CVD who are on dual therapy (statin +BP lowering agent) reported as at the end of the year	49%	47%
Percentage of enrolled population with known CVD who are on triple therapy (statin +BP lowering agent + Antiplatelet/Anticoagulant) reported as at the end of the year	55%	56%

Improve whānau with long-term conditions connection with wider community services

	FY25	FY24
Number of whānau directly received the free outreach support	685	524
% are Māori whānau	44%	38%

Service Delivery Programmes

SERVICE DESCRIPTION

Te Kaupapa

Kaupapa Maori Access and Choices Mental Health and Addictions.

Using a mātauranga-informed approach to supporting whānau well-being.

Ten pātahi across Tāmaki, Waikato including NHC – increasing to 12 in response to rural need.

NHC supports the collection with:

- Programme Lead
- Cultural support
- Practice support
- Clinical support
- Reporting outcomes and data support
- Mātauranga and development



IMPACT & OUTCOMES FY 24-25

JUNE 2023-JULY 2024

VS

JUNE 2024-JULY 2025

4,954

(count of number of people and new people seen over the year)



10,905

(count of number of people and new people seen over the year)

4,120

total number of sessions delivered individually or in groups



8,940

total number of sessions delivered individually or in groups

968

new whānau seen over the year who identified as Māori



1,887

new whānau seen over the year who identified as Māori

801

number of people who have left the service during this month



983

number of people who have left the service during this month



SERVICE DESCRIPTION

Mana Kidz

Comprehensive nurse-led school-based health programme

Reaching 34,000 tamariki and their whānau

Delivered across 85 schools in partnership with eight providers across Counties Manukau

NHC supports providers with:

- Programme leadership
- Training and development
- Clinical support
- Systems: service infrastructure, contract management/commissioning, clinical guidelines and policies, governance, safety and escalation, risk management, cultural safety and equity monitoring, relationships with stakeholders and other services, cross sector connections, quality assurance, communication and engagement
- Reporting outcomes and data support



ManaKidz

IMPACT & OUTCOMES FY 24-25

JULY 2024 – JUNE 2025

196,511

sore throat assessments

84,807

throat swabs taken

29,075

individuals assessed

12,668

GAS positives commencing treatment

6,083

immunisation checks

6,894

skin infection assessments

35,075

child health assessments

Manawa Ora

An intensive support service providing a joint AWHI and nursing/kaimanaaki approach providing intensive wraparound support for whānau with recently diagnosed acute rheumatic fever in Counties Manukau.

This 18 month project uses a social investment approach and is piloting the use of Talkscape to capture Whānau Voice and Insights.



Manawa Ora

60

number of whānau referred

96%

returned to school

4%

actively supported with home-schooling (on bedrest)

100%

children with RF plans

100%

whānau receiving Child Disability Allowance

Whānau Voice (via Talkscape)

"Seeing Kara today made a huge difference. I was able to find out that my son is eligible for a disability allowance, which I had no idea that we were eligible for. So yeah, very grateful, and also the information that we were given and what we're entitled to, what you guys can support us with, it's going to make a difference, and it's made a difference. And also being referred to a doctor that we're able to see, rather than having to go to our local doctors and wait for about four to five hours. So yeah, it was a really good meeting" Mum of child with acute rheumatic fever.

SERVICE DESCRIPTION

AWHI Health Homes Initiative

Our programme works to improve housing conditions for whānau in South Auckland and Waikato. AWHI works in partnership with the Middlemore Foundation to reduce rheumatic fever and respiratory illness in tamariki.

AWHI connects whānau with local service and community providers offering assistance that ranges from minor repairs, access to resources like bedding, curtains and heaters to providing advice, support and education.

NHC supports providers with:

- Programme leadership
- Training and development
- Systems: service infrastructure, contract management/commissioning, governance, safety and escalation, relationships with stakeholders and other services, communication and engagement
- Reporting outcomes and data support



Here Toitū

Here Toitū is a support service that works alongside whānau to help improve health and well-being.

Here Toitū supports whānau who are unable to work due to a health condition or disability to improve their well-being and take steps towards engagement in meaningful, sustainable employment, learning, caring or volunteering.

Criteria:

- 18-64 years old
- Enrolled in a participating general practice
- Receiving a main benefit with a work capacity medical certificate or have applied for one



IMPACT & OUTCOMES FY 24-25

AWHI Tāmaki

90% referrals achieved
strengthened relationships with key organisations

71% whānau

assessed for Tāmaki migration from Sugar CRM to Monday.com system building effective processes

Contract with Hauora Māori Services for continuing two years

AWHI Waikato

70% referrals achieved
increased community engagements resulting to a high volume of self referrals

98% whānau assessed

consistent and effective whānau engagement

Contract continuing with Health NZ for three years

98% enrolment outcome achieved

(FY25) – near full enrolment success rate, demonstrating strong engagement and outreach effectiveness

85% whānau contact rate

consistent and meaningful engagement maintained with whānau throughout the reporting period

Programme rollover

Here Toitū contract continuing with MSD until 2027

COMPARISON OF REFERRALS, SERVICE ACCESS

Metric	FY24	FY25
Referrals	167	214
Conversion rate %	60%	57%
External referrals	348	228
Whānau contacts	2706	2322
Contact rate %	90%	84%
Well-being improvement	80%	74%

Toi Whānau Health Onehunga

Toi Whānau Health Onehunga is a culturally informed healthcare clinic that prioritises whānau well-being. Its approach integrates clinical excellence with kaupapa Māori values to ensure equitable and accessible services for the community.

Since opening in 2023, the clinic has developed a culturally responsive model that reflects the values of manaakitanga, whanaungatanga, and tino rangatiratanga. Kaimahi at the clinic are central to service delivery, community engagement, and the design of outreach initiatives that resonate deeply with local whānau.

Between June 2024 and June 2025, Māori patient enrolments at the clinic have grown by 245%.

This growth is a direct result of a targeted enrolment campaign led by kaimahi Māori and community connectors. The campaign reached over 20 schools, early childhood education centres, and church groups, supported by culturally tailored messaging and koha. The warm reception from these organisations and their willingness to promote Toi Whānau Health in newsletters and community spaces highlights the effectiveness of the Māori-led approach.

The clinic's operational model blends telehealth, community-based clinics, and in-person services, ensuring access for whānau across Aotearoa. Enrolled whānau Māori benefit from services delivered by kaimahi who understand their lived realities and cultural context. Clinic kaimahi have also led initiatives in immunisation outreach, maternity care through Gen2040, and housing support via the AWHI programme – demonstrating a holistic approach to hauora.

Māori Patient Enrolment Growth



245% INCREASE



51

Patients
June 2024



176

Patients
June 2025



As Toi Whānau Health Onehunga continues to grow, its kaimahi remain at the heart of its commitment to delivering equitable, accessible, and culturally grounded healthcare.

Their mahi not only strengthens enrolment numbers but also builds enduring relationships with whānau, ensuring that services are not just available but trusted and embraced.

Our wonderful culturally concordant kaimahi:

Practice Manager	Kelleigh Embers (Ngāpuhi)
Practice Nurse	Ida Albert (Otehirinaki, Te Tairawhiti)
Receptionist	Ariana Wilson (Ngāti Hauā, Hgāti Wairero, Ngāti Werewere)
Clinical Director	Dr Rawiri McKree Jansen (Ngāti Raukawa, Ngāti Hinerangi)
General Practitioners	Professor Matire Harwood KSM (Ngāpuhi, Ngāti Hine, Ngāti Rangī) Dr Marcia Walker (Whakatōhea, Ngāti Porou) Dr Buzz Burrell Dr Nick Ainley







Rangitāmiro

RANGITĀMIRO

This past year marked a significant addition to our whakahaere, Rangitāmiro, our new Whānau Ora Commissioning Agency.

Alongside Te Tiratū Iwi Māori Partnership Board and Ngaa Pou Hauora oo Taamaki Iwi Māori Partnership Board, NHC were successful with their bid to lead out the new Commissioning Agency for Region One which is the area that extends from the Far North to Tūwharetoa.

Te Puni Kōkiri (TPK) announced mid 2024 that they were not renewing the existing contracts, signaling a procurement process to identify, select and engage four new agencies for the future delivery of Whānau Ora Services from 1 July 2025. NHC has experienced this previously after submitting an unsuccessful proposal in August 2013 with the original Whānau Ora Commissioning tender.

In the past 13 years NHC have been increasing their proficiency to support an agency of this calibre to ensure ongoing, overarching support for whānau. Programmes like Mana Kidz, the Primary Care Network, Te Kaupapa and AWHI strengthened NHC's experience of working with networks of providers with commissioning functions, consequently increasing the capabilities necessary to host a commissioning agency.

Members of NHC's Executive Leadership Team engaged in conversations with some key Māori Health leaders including Simon Royal, Henare Mason, and Dr. Rawiri McKree Jansen. Simultaneously they identified the opportunity to augment NHC's capabilities alongside the IMPB's iwi and hapū connections with Te Ao Māori structures, a formidable collaboration.

The timeline was demanding.

- 24 October 2024 - NHC submitted their Register of Interest (ROI).
- Two weeks later it was approved granting access to the closed Request for Proposal (RFP) process.
- 22 November 2024 – work commenced on the Request for Proposal (RFP).
- 19 December 2024 – the RFP was submitted.
- 7 March 2025 – Decision day. TPK's Chief Executive Dave Samuels called NHC Chief Executive, Dr Rachel Brown, with the news they were successful in securing the tender. From 1 July 2025, Rangitāmiro would be the new Whānau Ora Commissioning Agency for Region One with NHC providing the back-office functions.

The synchronicity was not lost on anyone involved that Dame Tariana Turia, pioneer of Whānau Ora, and former NHC Chair and Trustee, would now have her legacy continued in the same tari.

For the next three months NHC kaimahi were seconded and contractors hired for the procurement process to onboard new and existing Whānau Ora providers from Tūwharetoa to the Far North. Several hui were held in Te Tai Tokerau, Tāmaki Makarau and Waikato to engage with providers about the tender process, the whakapapa, and intentions of Rangitāmiro alongside expectations regarding reporting and data sovereignty.

Rangitāmiro was the first of the four commissioning agencies to complete the procurement process and, despite the imminent launch date, were on track to confirm 301 Whānau Ora Navigators by June 30.

At the start of June, Eru Lyndon was announced as the Rangitāmiro Board Chair with Dr Rachel Brown, Dr Mataroria Lyndon, Shelley Katae and Karen Wilson confirmed as board members.

The opportunities Rangitāmiro brings to NHC include:

- Connecting the Primary Care/Health space to a more hauora/social sector space to be more cohesive and effective for whānau.
- Extending existing NHC services in ways that increase support for whānau.
- Creating new frameworks to measure successful, aspirational whānau outcomes through Social Return On Investment.

As an organisation NHC has been prominent in the primary healthcare space with the intention of adopting and maintaining a more Whānau Ora approach. Rangitāmiro is the opportunity to achieve and exceed these aspirations in a more impactful way.



Waitangi Tribunal Claims

The Waitangi Tribunal's Health Services and Outcomes Inquiry (also known by its official number Wai 2575) is a kaupapa (or thematic) inquiry into the group of claims made by Māori about health and disability issues that are of national significance.

The inquiry process began in December 2017 and will likely continue for several more years as the Tribunal considers claims in areas like mental health and addictions and the relationship between housing and health.

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

- Wai 2687 – our primary healthcare claim, which was heard in 2018 and 2019. The Tribunal report on this and one other primary healthcare claim found several breaches of Te Tiriti o Waitangi and directly influenced the previous government's health policy. However, many of the recommendations from the Tribunal remained unaddressed during 2024/25.
- Wai 2983 – our claim looking at a range of health issues including the healthcare needs and aspirations of tāngata whaikaha Māori (Māori with lived experience of disability), kaupapa Māori mental health, and healthy housing.

During 2024/25 our main focus has been to support the Tribunal's consideration of claims related to tāngata whaikaha Māori and systemic barriers that prevent or limit their full enjoyment of Mana Whānau, Whānau Ora. The Tribunal heard final submissions from the NHC in December 2024.

Our closing submissions highlighted concerns about the lack of responsible healthcare services, the lack of robust data, and the need to ensure tāngata whaikaha Māori are able to fully enjoy the guarantee of tino rangatiratanga. A final Tribunal Report is expected within the next few months.

Mana Kaimahi, Kaimahi Ora

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

75% of our Board and 70% of our Executive Leaders whakapapa Māori as does 47% 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 79% 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.

A considerable base of empirical evidence shows the importance of a gender-diverse Board membership and leadership team. With a wahine Māori Chief Executive, and 69% of our Leadership team and over 75% of our Board being wāhine, NHC embodies the value of gender diversity.

**“69% OF OUR LEADERSHIP TEAM
AND OVER 75% OF OUR BOARD
BEING WĀHINE.”**



Mana Whānau Whānau Ora Tohutanga 2024

The 11th Mana Whānau Whānau Ora Tohutanga 2024 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-centred care, striving for equitable outcomes and demonstrating courageous leadership the Mana Whānau Whānau Ora Tohutanga recognises excellence in all forms.



Whānau Whakaaro Tika Award

Whānau are at the core of our kaupapa and moemoeā (vision). Whānau well-being 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 well-being at the centre of their work.

This might be through their kaupapa or a specific initiative they have implemented.

The finalists have a strong commitment to te Tiriti o Waitangi and equitable outcomes for whānau Māori.

The 2024 award was presented to Matawhaanui Trust.

“Kotahi te kohao o te ngira e kuhuna ai te miro mā, te miro pango, te miro whero. A muri i ahau kia mau ki te whakapono, kia mau ki ngā ture, kia mai ki te aroha.”

A new clinic and service provider, Matawhaanui Trust, prioritises every visit around connecting whānau into a wrap-around service within Matawhaanui. Realising the statement, “It takes a village to raise a child,” Standing within the heart of Kiingitanga, the values of kotahitanga and manaakitanga are paramount. Any need is seen as a duty to ensure that all whānau receive equal access to services. This is a driver for Matawhaanui.

Whānau Auaha Award

The Whānau Auaha Award recognises a practice or service provider who demonstrates the courage to innovate and challenge the status quo and is, therefore, at the cutting edge of social impact.

The 2024 award was presented to Ngāti Whātua Ōrākei.

Ngāti Whātua Ōrākei operates under a kaupapa that is by Māori and for Māori. It is guided by tikanga, karakia, whanaungatanga, and manaaki, creating a safe environment for whānau and hapū to reclaim their mana motuhake within healthcare. Ngāti Whātua Ōrākei is dedicated to developing hauora clinics and outreach services based on feedback from the hapū and whānau.



Mahia Kia Ea Kia Toa Award

The environment we work in can be challenging. It is important to have a ‘can do’ rather than a ‘make do’ attitude. 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 in overcoming challenges and achieving success.

The 2024 award was presented to Health through the Marae.

The Hauora Hoppers programme serves a rural population by providing transportation for whānau to connect at the whare oranga gym facility three days a week. This programme offers a one-stop location for various services, including rongoā treatments, physical fitness training assessments, nutrition advice, and medical check-ups. Additionally, it creates a social space for the community in a rural setting, allowing people to connect with each other while addressing their medical, fitness, and nutritional needs.

Whānau Whai Hua Award

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, challenge 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 recipient of the 2024 Whānau Whai Hua – High Needs Population was Doctors@42.

With an average of 89.6%, Doctors@42 provide services to improve access and meet the needs of whānau, reducing inequities among populations known to have low health status and under-served populations of Māori and Pacific in quintiles 4 and 5.

The recipient of the 2024 Whānau Whai Hui – Outcomes Matter – Non-High Needs Population was Doctors on Luckens.

With an average of 88.9%, this average is across all set key performance targets for Cervical Screening, Smoking Brief Advice and Cessation, CVD Risk, and Vaccinations for 8 and 24 months. Doctors on Luckens contribute to reducing inequities among underserved populations.



Quality and Service Excellence Award

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 outstanding service for whānau and, in doing so, delivered improved outcomes for their hāpori.

The 2024 Quality and Service Excellence Award was presented to the Mana Kidz Operational Group.

Established in 2012, the Mana Kidz Operational Group supports the implementation of the Mana Kidz school-based health service, which is spread across 85 schools and reaches 34,000 tamariki.

The Mana Kidz Operational Group has evolved and supports the ongoing operations, risk management, and quality improvements of the Mana Kidz Programme to find and implement sustainable solutions to provide high-quality and safe care to our tamariki in Kura. The Operational Group is tasked with finding innovative, acceptable, workable, and enduring solutions to ensure that the Mana Kidz service is the best it can be for our tamariki.

The Operational Group is a collaborative effort of our partners, management, and lead representatives who have expertise in the Mana Kidz programme. They bring their knowledge, advice, feedback, critical thinking, and problem-solving skills to the table to find and execute solutions alongside the Mana Kidz management team.

This is the embodiment of ma te kahukura, ka rere te manu.

Excellence in Workforce Development Award

Excellence in workforce development is essential for providing high-quality care and services to whānau. A strong, supported, and capable workforce adds exceptional value now and in the future.

This includes the ability to invest in and develop clinical leaders and ensure that the workforce has the skills necessary to deliver value in the years to come.

The 2024 award was presented to Taumarunui Community Kōkiri Trust.

Taumarunui Community Kōkiri Trust is underpinned by Kaupapa Māori and reflects manaakitanga, wairuatanga, whakapapa, whanaungatanga and rangatiratanga, has developed an innovative Treaty-led Workforce Development Programme. Providing a range of learning experiences that enhance Kaiarahi relationships and interactions with whānau through a te tiriti lens, encircled with kotahitanga and kaitiakitanga. Offering ā-kanohi and digital interface, the programme is offered across the organisation and supports the embedding of Kaupapa Māori values, te reo me ōna tikanga. Evaluation and feedback reflect a shift in practice, drawing on the content shared in the workshop and online platforms.



Te Tohu Hautoa Award

Te Tohu Hautoa Award recognises the mahi others undertake to tautoko NHC's moemoeā (vision), Mana Whānau, Whānau Ora – prosperous families living well.

Our vision imagines a future in Aotearoa where whānau Māori can achieve their aspirations and autonomously determine their success. Achieving this vision requires courage in challenging the status quo and working towards a health and disability system that works for Māori. Our 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.

The 2024 Te Tohu Hautoa Award was presented to Te Roopu Waiora.

A unique kaupapa Māori organisation founded and governed entirely by whānau experiencing physical, sensory, and intellectual disabilities (whānau hauā) based in South Auckland. Te Roopu Waiora was established in 2001 to ensure whānau with disabilities and their communities can access information and services that affect them most.

Te Roopu Waiora is a collective of:

- Whānau turi
- Whānau kaapoo
- Whānau hinengaro
- Whānau tinana me waka tūru
- Whānau kaitiaki
- Kaumātua and rangatahi hauā



Upholding the pou tikanga of Mana Whānau, Te Roopu Waiora kaupapa enhances whānau hauā to ensure they are valued, confident and in control of their decisions and actions.

Te Roopu Waiora reintroduced Indigenous and traditional Māori responses to those with impairments in tīpuna, atua and whānau. As an organisation, they strive to secure mātauranga Māori and practice in the disability space. Their work is distinct, largely unsupported by the disability sector and therefore overwhelming. They are the only Māori organisation within the collective of Disability Information Advisory Services (DIAS) in Tāmaki and the only entity in the country governed entirely by Māori experiencing a range of impairments.

Whānau Ora Champion Award

This award recognises an exceptional individual who has demonstrated in their lifetime, extraordinary leadership and commitment to whānau and community, contributing to the legacy of Mana Whānau Whānau Ora.

The 2024 award recipients were: Taitimu Maipi, Ramari Maipi, Neil Woodhams ONZM and Tutata Matatahi.

Taitimu Maipi

An influencer for hauora Māori services in Waikato. The founder and former Director and Chair of the first Māori health provider, Raukura Hauora o Tainui, established in 1983, is also the founder and trustee of the Matawhaanui Trust in Rāhui Pōkeka. Timi served as the lead claimant for the WAI1315 claim and is one of the original members of the Taniwharau Culture Group.

One of the early advocates for a “by Māori, for Māori” service he was instrumental in establishing a marae-based clinic at Waahi Paa in Huntly. This Māori GP clinic operated out of the marae, caring for an intergenerational enrolled population and enhancing whānau well-being.

“My primary motivation has always been the pursuit of mana motuhake and the ability for Māori to lead and implement health initiatives for our people.”

Ramari Maipi

Behind every good man is an exceptional woman – a torchbearer of equity, māori health, nutrition kai maara, and physical exercise. Ramari led and transformed her community at Waahi Pā through an indigenised approach to physical exercise and nutrition.

Ramari Maipi was appointed the first Māori community health worker in the Waikato region and trained under Dr Peter Dunn at the Waahi Marae Health Centre, a by māori for māori clinic, based on a marae. She assisted in the development of community health screening and the development of Whānau Ora.

Ramari previously worked for the Waikato District Health Board, where she was involved in cervical screening research in the region and worked for Raukura Hauora O Tainui since 1992, focussing on Māori Women's Health and Cervical and Breast Promotion and Screening.

Neil Woodhams ONZM

Neil Woodhams has built a 31-year career in health management, serving in various roles, including General Manager of Contracting and General Manager of Hospital and Specialist Services at Auckland Community Health Enterprises and Chief Operating Officer for Auckland District Health Board. From 2002 to 2010, he was the General Manager for Te Kupenga o Hoturoa Primary Health Organisation, consulting for three Auckland District Health Boards and leading strategic planning for Lakes and West Coast District Health Boards.

In the not-for-profit sector, Neil has been a trustee for The Fono Trust, a board member for Papakura Marae, and involved with multiple sclerosis organisations in New Zealand. He served as President of MS Auckland for 14 years and was a trustee of the New Zealand Multiple Sclerosis Research Trust.

Neil actively contributes to the WAI 1315 claim and supports the establishment of a Māori District Health Board as recommended in the Waitangi Tribunal's Hauora Report. He has also provided testimony on behalf of WAI 2575 and WAI 2207 before the Tribunal.

As one of three individuals responsible for creating the National Hauora Coalition, his contribution to NHC's journey was a weekend faxed application to form a Māori PHO. Eighteen years later, we celebrate the dedication of individuals like Neil who embody the principles of Mana Whānau, Whānau Ora.

Tutata Matatahi

Tutata Matatahi is an original member of Taniwharau Culture Group. She is a prominent leader in her community, and lives by the values of the Kiingitanga. Worked for Raukura Hauora o Tainui as Pouarahi within Mauri Ora.

She attended Rakaumanga Kura and is a life member of the Rakaumanga Kura Board of Trustees and recipient of the Tainui Waka Cultural Trust Life Member.

One of the earliest kaiāwhina pivotal in delivering the Māori health development community-based services (for māori by māori). Set up jazzergetics within Rāhui Pōkeka, supported with nutrition, well before contracted services were delivered in the communities.



Service Delivery Network

Mana Kidz Network

- Papakura Marae
- Pasefika Family Health Group
- South Seas Healthcare
- Tāmaki Health (Total Healthcare)
- Te Hononga o Tāmaki Me Hoturoa
- Tongan Health Society
- Turuki Healthcare Limited

AWHI Network

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

Te Kaupapa

- Huakina Development Trust Board
- Ngāti Tamaoho Trust
- Ngāti Whātua Ōrākei Health Ltd
- Papakura Marae Health Centre (Papakura Marae Society Incorporated)
- Ruapotaka Marae Society
- Taumarunui Community Kokiri Trust
- Te Hononga o Tāmaki Me Hoturoa
- Te Toi Ora ki Whaingaroa Limited
- Te Whare Hauora O Raungaiti Marae
- Turuki Healthcare
- Whānau Resilience (Ministry of Social Development Contract)

Here Toitū

- Huakina Development Trust
- McLaren Park Medical
- Ōrākei Health Services
- Otahuhu Health Centre
- Otara Whānau Medical
- Queens Road Medical Centre
- Te Manu Aute Whare Oranga
- The Doctors Middlemore
- Toi Whānau Health
- Waitakere Union Health
- Westview Medical Centre
- Weymouth Medical Centre
- Whānau Ora – Puhinui
- Whānau Ora – Pukekohe

Primary Health Networks

Northland

- Te Whare Oranga
- The Doctors Kamo
- The Doctors Kerikeri
- The Doctors Tikipunga
- The Doctors Tui
- Third Age Health Services – Northland

Waitematā

- Albany Family Medical Centre
- Doctors on Luckens
- Devonport Family Medicine
- Hobsonville Point Medical
- Kelston Medical Centre
- McLaren Park Medical
- Medplus Medical Centre
- Rathgar Medical & Surgical
- The Doctors Sunset
- The Doctors Apollo
- The Doctors Birkenhead
- The Doctors Fred Thomas
- The Doctors Massey Medical
- The Doctors New Lynn
- The Doctors Red Beach
- The Doctors Waimauku
- The Doctors Whangaparaoa
- Third Age Health Services – Waitematā
- Waitakere Union Health
- West Auckland Medical & Surgical Centre
- Westview Medical Centre

Auckland

- 109 Doctors
- Dominion Road Surgery
- Family Health Matters
- Maxcare Medical Centre
- Ōrākei Health Services
- Otahuhu Health Centre
- Point Chevalier Medical and Surgical Centre

- Ponsonby Medical Centre
- The Doctors Quaymed – Britomart
- The Doctors Quaymed – Wynyard
- Queens Road Medical Centre
- Richmond Road Medical
- St Lukes Medical
- Tāmaki Family Health Centre
- The Doctors Greenlane
- The Doctors Mt Roskill
- The Doctors Mt Wellington
- The Doctors Onehunga
- The Doctors St Heliers
- Three Kings Accident & Medical
- Third Age Health Services – Auckland
- Third Age Health Independent Services – Auckland
- Toi Whānau Health

Counties-Manukau

- DW Family Doctors
- Health through the Marae
- Huakina Wellness Medical
- King Street Medical
- Otara Whānau Medical
- Papakura Marae Health
- Te Manu Aute Whare Oranga
- The Doctors Drury
- The Doctors Middlemore
- The Doctors Papakura
- The Doctors Ti Rakau
- The Whānau Ora Community Clinic Mahia Road
- Third Age Health Services – Counties Manukau
- Tiakina Te Ora Medical
- Transitioning Out Aotearoa
- Waioara Wellness
- Weymouth Medical Centre
- Wiri Family Doctors

Waikato

- Avalon Medical
- Cambridge Medical Centre
- Doctors@42
- Duke Street Health and Medical Centre
- Leamington Medical Centre
- Maniapoto Whānau Ora Centre
- Matamata Medical Centre
- Ngaruawahia Medical Centre
- Oceania Healthcare
- Paeroa Medical Centre
- Putāruru–Tirau Family Doctors
- Rata Health
- Residential Eldercare Services
- Rototuna Family Health
- Te Whare Hauora O Raungaiti Marae
- Te Whare Toiora
- The Family Clinic Taumarunui Community Kokiri Trust
- The Good Doctor
- Tokoroa Health Limited
- Tuuhono Hauora
- Waihi Family Doctors
- Waihi Health Centre

Whanganui

- Aramoho Health Centre
- Jabulani Medical Centre
- Living Waters Medical
- Living Waters Medical Whanganui East
- Springvale Medical Centre

Strengthening Mana Whānau through Kaupapa Support

In the spirit of manaakitanga and kotahitanga, NHC has proudly supported the following kaupapa and organisations during FY24–25 contributing to the journey of Whānau Ora and strengthening Mana Whānau across our communities.





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.

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We honour legacy, uplift
whānau aspirations, and
lead transformative change
– woven through kaupapa,
unity, and the promise
of equity.





Consolidated Financial Report

National Hauora Coalition Trust

Operating As: National Hauora Coalition

Consolidated Financial Report
for the year ended 30 June 2025

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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, Pasifika, new migrant communities and other high needs populations.

Date of formation

20 December 2012

Registration number

CC52244 (Registered 15 May 2015)

Auditors

PWC
PwC Centre
Level 4/109 Ward Street
Hamilton

Bankers

ASB Bank Limited
Henderson Branch
288-290 Lincoln Road
Henderson
Auckland 0610

Solicitors

Tuia Group
Press Hall, Level 1
80 Willis Street
Wellington

Board members

National Hauora Coalition Trust
Ashley Reed Puriri (Interim Chair)
Wayne McLean (Chair) (Ceased date: 15/11/2024)
Helen Leahy (Ceased date: 03/04/2025)
Lisa Te Aroha Turia-Bennett

National Hauora Coalition Limited
Paula Rae Rebstock (Chair)
Te Rōpu Poa (Ceased date: 17/03/2025)
Shelley Aroha Katae
Eru Reweti Lyndon
Anna Kataraina Rolleston

Toi Whānau Health Limited
Rachel Melanie Brown
Jonathan Reade Murray

Toi Whānau Health (Onehunga) Limited
Rachel Melanie Brown
Jonathan Reade Murray

Rangitāmirotanga Limited
Rachel Melanie Brown
Shelley Aroha Katae
Eru Reweti Lyndon (Chair)
Mataroria Lyndon
Karen Akamiria Wilson

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, PwC New Zealand, has audited the financial report and their audit report appears on pages 69 to 71.

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 2025.

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 2025;
- 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 2025;
- 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 2025;
- 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 2025 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 2025.



Trustee

5/11/2025

Date



Trustee

5/11/2025

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 Coalition's (NHC) 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 2025 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 programme and services implemented by NHC that aim to improve health outcomes for whānau, particularly whānau Māori. 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 programmes we facilitated or collaborated with external parties as the outcomes could not be reliably quantified or attributed solely to NHC 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 workforces 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 in-house Service Delivery, Clinical and Mōhio units that collectively perform the following programmes 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 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.

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 programme.

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 12 projects, including key priority areas of kaumātua and transport, rheumatic fever and whānau voice.

Manawa Ora

Manawa Ora is an intensive support service in Counties Manukau that delivers wrap-around care for whānau recently diagnosed with acute rheumatic fever. Through a joint AWHI and nursing/kaimanaaki approach, it provides coordinated, culturally informed support to improve health outcomes and strengthen whānau resilience.

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.

Toi Whānau Health

NHC acquired ownership and management of Onehunga Medical Practice on the 1st of December 2023. Over the course of the financial year the medical practice was rebranded and management have noted a shift of patient demographics to our key populations noting whānau Māori has increased from 5.1% of the enrolled population to 18%.

Indicator	FY25	FY24
Te Tumu Waiora		
Number of whānau encounters and/or care coordination/advocacy directly delivered by Health Improvement Practitioners and Health Coaches	30,267	13,473
*Number of encounters are with Māori whānau	5,015 (17%)	3,369 (25%)
Number of whānau received services from Health Improvement Practitioners and Health Coaches	11,787	4,840
*Number of Māori whānau	1,880 (16%)	1,117 (23%)
Here Toitū		
Number of whānau contacted during the year	284	223
Number of Māori whānau	102 (36%)	86 (39%)
Number of whānau contacts delivered during the year	2,706	2,322
Number of contacts delivered to Māori whānau	945 (35%)	856 (37%)
Tiakina Te Tangata		
Number of whānau engaged during the year	401	301
Number of Māori whānau	199 (50%)	114 (38%)
Research		
Number of research projects progressed	16	13
Clinical Governance		
Number of Clinical Governance Group hui hosted during the year	11	16
Mōhio ecosystem		
Number of Primary Health Organisations utilised Mōhio during the year	5	5
Number of enrolled populations as at 30th June 24 across PHOs utilising Mōhio	678,464	500,674
Number of Māori whānau	90,764 (13.4%)	69,868 (14%)
Onehunga Medical Practice		
Number of enrolled patients	1,000	1,001
Number of Māori whānau	176 (18%)	51 (5.1%)
Number of programmes	26	22
Total direct expenditure in this area	\$6,844,229	\$6,166,372

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.

NHC primary health services prioritise areas of practice where it is acknowledged that inequities are high. NHC provides 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, Northland, Waikato and Whanganui, covering six district health board areas (Auckland, Counties Manukau, Waitematā, Northland, Waikato and Whanganui).

Indicator	FY25	FY24
Number of practices supported during the year	89	70
Number of funded patients enrolled across network as at 30 June	447,749	289,196
(Proportion Māori)	67,905 (15.6%)	49,145 (17%)
Number of programmes we facilitate	72	60
Number of provider agreements with partner organisations	284	236
Total direct expenditure in this area	150,901,473	86,898,591

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 Kaupapa, Mana Kidz, AWHI Healthy Homes Initiative, Immunisation Initiatives/ projects and whānau resilience and recovery. One programme we highlight here is the Te Kaupapa programme which provides indigenous-based support for whānau in distress.

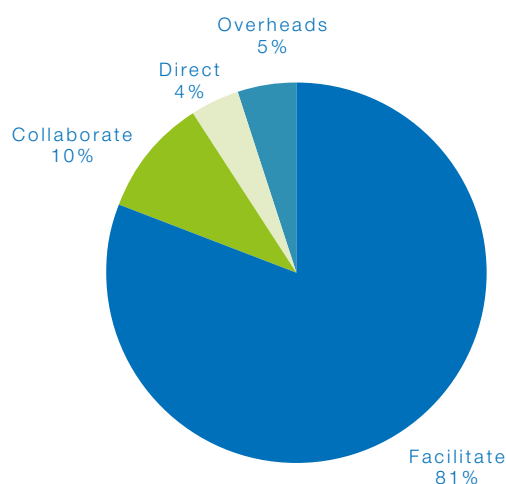
The service is driven by and centred on whānau, with the pace, frequency, and content of wānanga sessions determined by their goals. These sessions prioritise and utilise toi Māori, guided by whānau preferences through the evidence-based practice of feedback informed treatment.

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.

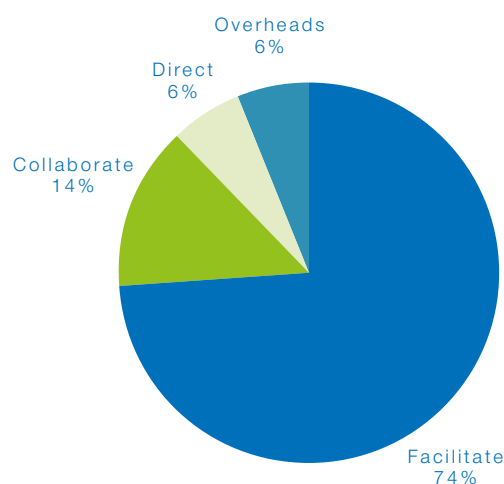
NHC continued to deliver the Immunisation Initiative that collaborates with other community organisations and looks to address barriers to health services and provide culturally appropriate and safe services to whānau Māori. Immunisation rates particularly for tamariki Māori have fallen to dangerously 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	FY25	FY24
Number of programmes we collaborate on	6	6
Number of provider agreements with partner organisations	31	24
Total direct expenditure in this area	\$19,073,180	16,689,475

Total Expenditure FY25 (\$186,548,315)



Total Expenditure FY24 (\$117,091,921)



Consolidated statement of comprehensive revenue and expense

for the year ended 30 June 2025 in New Zealand Dollars

	Note	2025	2024
Revenue		\$	\$
Revenue from non-exchange transactions	2	184,814,358	117,124,295
Revenue from exchange transactions		503,418	355,556
Interest and dividends		528,169	535,671
Total revenue		185,845,945	118,015,521
Expenditure			
Employee benefits expense		16,660,313	13,184,188
Operating costs	3	167,894,649	102,367,422
Depreciation and amortisation expenses	4 & 5	918,676	690,052
Occupancy expense		1,074,676	850,260
Total expenditure		186,548,315	117,091,921
Surplus for the year		(702,370)	923,600
Loss attributable to Non-controlling Interest		(731,992)	—
Total comprehensive revenue and expense for the year		29,623	923,600

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

Consolidated statement of financial position

for the year ended 30 June 2025 in New Zealand Dollars

	Note	2025	2024
Assets		\$	\$
Cash and cash equivalents		4,155,131	11,768,330
Investments – short term deposits		4,466,230	3,858,292
Accounts receivable – non exchange		12,571,902	7,068,329
Accounts receivable – exchange		17,670	24,054
GST Receivable		269,352	–
Prepayments		267,445	77,182
Current assets		21,747,730	22,796,187
Property, plant and equipment	4	1,410,959	1,624,103
Intangible assets	5	225,304	186,602
Non-current assets		1,636,263	1,810,704
Total assets		23,383,994	24,606,891
<i>Represented by:</i>			
Liabilities			
Accounts payable – exchange		2,802,593	2,765,638
Accrued expenses		2,240,633	1,701,840
GST Payable		–	278,053
Employee entitlements	6	1,302,316	1,053,267
Income in advance		9,030,454	10,597,726
Current liabilities		15,375,996	16,396,524
Total liabilities		15,375,996	16,396,524
Equity			
Accumulated Surplus		8,239,990	8,210,368
Non-controlling Interest		(231,992)	–
Total equity		8,007,998	8,210,368
Total liabilities and equity		23,383,994	24,606,891

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 2025 in New Zealand Dollars

	Accumulated Surplus	Total
	\$	\$
Balance at 1 July 2024	8,210,368	8,210,368
Total comprehensive revenue and expense for the year	29,623	29,623
Non-controlling Interest	(231,992)	(231,992)
Balance at 30 June 2025	8,007,998	8,007,998
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

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 2025 in New Zealand Dollars

	Note	2025	2024
Cash flows from operating activities		\$	\$
Cash received from customers - exchange transactions		503,418	355,557
Cash received from funders - non-exchange transactions		177,749,896	117,432,590
Interest received		528,169	535,671
Cash paid to suppliers		(169,131,245)	(102,798,461)
Cash paid to employees		(16,411,264)	(12,969,570)
Net cash from operating activities	7	(6,761,026)	2,555,787
Cash flows from investing activities			
Purchase of short term deposits		(607,937)	(8)
Acquisition of property, plant and equipment	4	(690,235)	(1,557,261)
Acquisition of intangible assets		(54,000)	(230,000)
Net cash from investing activities		(1,352,173)	(1,787,269)
Cash flows from financing activities			
Capital Contributions from NCI		500,000	–
Net cash from financing activities		500,000	–
Net (decrease)/increase in cash		(7,613,199)	768,518
Opening cash and cash equivalents 1 July		11,768,330	10,999,813
Closing cash		4,155,132	11,768,330

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, Whānau Ora Limited, Toi Whānau Health Ltd, Toi Whānau Health (Onehunga), Rangitāmirotanga 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 2025.

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.

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. Capitation funding is treated as non-exchange revenue with conditions and presented gross on a principal basis. The Trust is primarily responsible for delivering capitation-funded services to the enrolled population, controls allocation of funding and bears delivery and clawback risk; accordingly, funding is recognised as revenue as conditions are satisfied over the service period, measured at the fair value of consideration receivable. Funding received in advance is recognised as income in advance; payments to general practices are recognised as capitation expense; any wash-ups or clawbacks are recognised in revenue when they are probable and can be measured reliably. Where the Trust acts only as an agent, pass-through amounts are recognised as a liability and any administration fee is recognised as revenue; no such arrangements are material in the current period.

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.

	2025	2024
	\$	\$
Capitation	134,248,212	79,790,343
Contract Income	50,361,122	36,669,168
COVID-19 income	205,023	664,783
	184,814,358	117,124,294

3. Expenses

Expenses	2025	2024
	\$	\$
<i>Included in operating costs are:</i>		
Capitation	126,567,765	73,057,672
Contracts	32,876,224	21,934,619
COVID-19 expenses	13,939	520,561
Audit remuneration	108,500	81,000
Other operating expenses	8,328,221	6,773,569
	167,894,649	102,367,421

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	3-5 years	straight-line
Office Equipment	3 years	straight-line
Computer Equipment	3 years	straight-line

4. Property, plant and equipment continued

30 June 2025	Leasehold Improvements	Motor Vehicles	Office Equipment	Computer Equipment	Work In Progress	Total
	\$	\$	\$	\$	\$	\$
Cost or valuation						
Balance at 01 July 2023	216,618	1,703,017	629,119	1,010,701	13,061	3,572,518
Additions	224,333	252,174	91,807	109,746	26,449	704,509
Disposals	–	(77,200)	(26,255)	(462,026)	–	(565,481)
Balance at 30 June 2025	440,952	1,877,991	694,671	658,421	39,510	3,711,545
Accumulated depreciation						
Balance at 01 July 2024	92,895	795,288	401,748	658,485	–	1,948,416
Depreciation for the year	107,495	466,016	148,725	181,142	–	903,379
Disposals	–	(64,350)	(26,255)	(460,603)	–	(551,208)
Balance at 30 June 2025	200,391	1,196,954	524,219	379,025	–	2,300,587
Carrying value at 30 June 2025	240,561	681,038	170,453	279,397	39,510	1,410,958
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

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 addition during this financial year relates to the website for Rangitāmiro. Additions and impairment during prior financial year represent the Goodwill paid on purchase of Onehunga Medical Practice and the impairment of that asset. Management have reviewed the Goodwill related to purchase of Onehunga Medical Practice and have noted no further impairment of the Goodwill this financial year.

Balance as at 30 June 2024	186,602	Balance as at 30 June 2023	40,654
Additions during the year	54,000	Additions during the year	230,000
Amortisation during the year	(15,298)	Amortisation during the year	(25,356)
Impairment during the year	–	Impairment during the year	(58,696)
Balance as at 30 June 2025	225,304	Balance as at 30 June 2024	186,602

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.

	2025	2024
Employee entitlements	\$	\$
Wages payable	542,768	427,760
Annual leave accrued	759,547	625,508
	1,302,316	1,053,267

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

	2025	2024
	\$	\$
Total comprehensive revenue and expense for the year	(702,370)	923,600
Adjustments for:		
Depreciation, Amortisation and Impairment	918,676	748,748
Changes in:		
Accounts receivable, prepayments and other assets	(5,956,805)	(1,332,259)
Accounts payable, accruals and other liabilities	(1,020,528)	2,215,697
Cash generated from (applied to) operating activities	(6,761,026)	2,555,786

8. Commitments

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

	2025	2024
Office Premises and Photocopier Lease	\$	\$
Less than one year	1,550,673	774,442
Between 1 and 5 years	6,584,366	774,317
More than 5 years	4,003,927	–
Total operating lease commitments	12,138,966	1,548,759

The Group holds the following lease agreements:

Office premises at Level Four, 11 Gardens Place, Hamilton, lease expires on 22 September 2025.

Trust's Head Office at Level 4, 8 Mahuhu Crescent, Auckland, lease expires on 31 January 2026.

Auckland Office premises at Part Level 4, 8 Tangihua Street, Auckland, lease expires on 31 August 2034.

Office premises at Unit 4-147 Onehunga Mall with P&A Properties Limited, lease expires on 30 November 2028.

9. Related parties

National Hauora Coalition Trust is the 100% shareholder of National Hauora Coalition Limited. National Hauora Coalition Limited is the 100% shareholder of Mōhio Information Systems Limited, Toi Whānau Health Limited, and Toi Whānau Health (Onehunga) Limited.

National Hauora Coalition Limited is 33.33% shareholder of Rangitāmirotanga Limited. National Hauora Coalition Limited is the controlling entity as it holds control over the board and material shareholding decisions. Due to having the controlling interest, the full consolidation method has been utilised, recognising the full income and expenditure for the entity and accounting for the Non Controlling Interest (NCI).

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

For the year ended 30 June 2025, there were no related parties transactions (2024: \$30,000)

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	2025	2024
Total remuneration (\$)	404,319	372,937
Number of FTEs	0.75	0.55
Executive Leadership Team		
Total remuneration (\$)	1,950,423	2,126,430
Number of FTEs	8.55	10.0
Total key management personnel		
Total remuneration (\$)	2,354,742	2,499,367
Number of FTEs	9.30	10.55

During the reporting period, \$134,603 of remuneration was paid to family members of key management personnel, as employees of National Hauora Coalition Ltd (2024: \$114,962).

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:

	2025	2024
	\$	\$
Financial assets at amortised cost		
Cash and cash equivalents	4,155,131	11,768,330
Short-term deposits	4,466,230	3,858,292
Receivables from non-exchange transactions	12,571,902	7,068,329
Receivables from exchange transactions	17,670	24,054
	21,210,934	22,719,005

	2025	2024
	\$	\$
Financial liabilities (at amortised cost)		
Trade and other creditors from exchange transactions	2,802,593	2,765,638
Employee entitlements	1,302,316	1,053,267
	4,104,909	3,818,905

(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 \$21,210,934 (2024: \$22,719,005), 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 2025 is as follows:

	2025	2024
Current	\$4,983,530	\$6,544,452
>1 month	\$1,788,521	\$334,967
>2 months	\$5,284,387	\$85,279
>3 months	\$533,135	\$37,158
Total	\$12,589,573	\$7,001,856

(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. (2024: \$156,606).

12. Going Concern

National Hauora Coalition Trust is reliant on continued funding from government agencies. The Board is confident that funding contracts will continue with the appropriate funding bodies for the next financial year and beyond, therefore preparing the financial statements using the going concern assumption is appropriate.

13. Subsequent Events

Following Year End, Toi Whānau Health Ltd, the virtual platform ceased operations due to funding being revoked from Te Whatu Ora. Impairment of assets has been considered and note that there has not been a material change in the value of the assets.



Independent auditor's report

To the Trustees of National Hauora Coalition Trust

Our opinion

In our opinion, the accompanying consolidated financial report of National Hauora Coalition Trust (the Trust), including its subsidiaries (the Group), presents fairly, in all material respects:

- the financial position of the Group as at 30 June 2025, its financial performance, and its cash flows for the year then ended; and
- the service performance for the year ended 30 June 2025 in that the service performance information is appropriate and meaningful and prepared in accordance with the Trust's measurement bases or evaluation methods

in accordance with Public Benefit Entity Standards issued by the New Zealand Accounting Standards Board (the applicable financial reporting framework).

What we have audited

The consolidated financial report which comprises:

- The consolidated financial statements (the financial statements), including:
 - the consolidated statement of financial position as at 30 June 2025;
 - the consolidated statement of comprehensive revenue and expense for the year then ended;
 - the consolidated statement of changes in equity for the year then ended;
 - the consolidated statement of cash flows for the year then ended; and
 - the notes to the consolidated financial statements, which include significant accounting policies and other explanatory information.
- The consolidated statement of service performance (the service performance information) for the year ended 30 June 2025.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)) and the audit of the service performance information in accordance with the ISAs (NZ) and New Zealand Auditing Standard 1 (Revised) *The Audit of Service Performance Information* (NZ AS 1 (Revised)). 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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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pwc.co.nz

Our Independence

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)* (PES 1) issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Our firm has no other relationship with, or interests in, the Trust.

Other information

The Trustees are responsible for the other information. The other information comprises the information included in the annual report, but does not include the financial statements, the service performance information and our auditor's report thereon.

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 and, in doing so, consider whether the other information is materially inconsistent with the financial statements and service performance information 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 Trust, for the preparation and fair presentation of the consolidated financial report in accordance with the applicable financial reporting framework, and for such internal control as the Trustees determine is necessary to enable the preparation of consolidated financial report that is free from material misstatement, whether due to fraud or error.

The Trustees are also responsible, on behalf of the Trust, for the service performance information, including:

- the selection of elements/aspects of service performance, performance measures and/or descriptions and measurement bases or evaluation methods that present service performance information that is appropriate and meaningful in accordance with PBE FRS 48 *Service Performance Reporting*;
- the preparation and fair presentation of service performance information in accordance with the Trust's measurement bases or evaluation methods, in accordance with the applicable financial reporting framework; and
- the overall presentation, structure and content of the service performance information in accordance with the applicable financial reporting framework.

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 report, as a whole, is 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 (Revised) 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 economic decisions of users taken on the basis of this consolidated financial report.

A further description of our responsibilities for the audit of the consolidated financial report is located at the External Reporting Board's website at:

<https://www.xrb.govt.nz/standards/assurance-standards/auditors-responsibilities/audit-report-13-1/>

This description forms part of our auditor's report.

Who we report to

This report is made solely to the Trustees, as a body. Our audit work has been undertaken so that we might state those matters which 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 the Trust and the Trustees, as a body, for our audit work, for this report or for the opinions we have formed.

The engagement partner on the audit resulting in this independent auditor's report is Matthew White.

For and on behalf of:



PricewaterhouseCoopers
10 November 2025

Hamilton



NATIONAL HAUORA COALITION
ANNUAL REPORT 2024–2025