

# Mahitahi Hauora Annual Report

2020/2021



# Ngā Whakamārama

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Front cover credit: Artwork by Community Voice Rōpū member Anaru Ruka.

The Mahitahi Hauora Community Voice Rōpū led the idea behind Anaru's art which tells the story that while everything in the world is changing, and we adapt, the kawa stays strong.

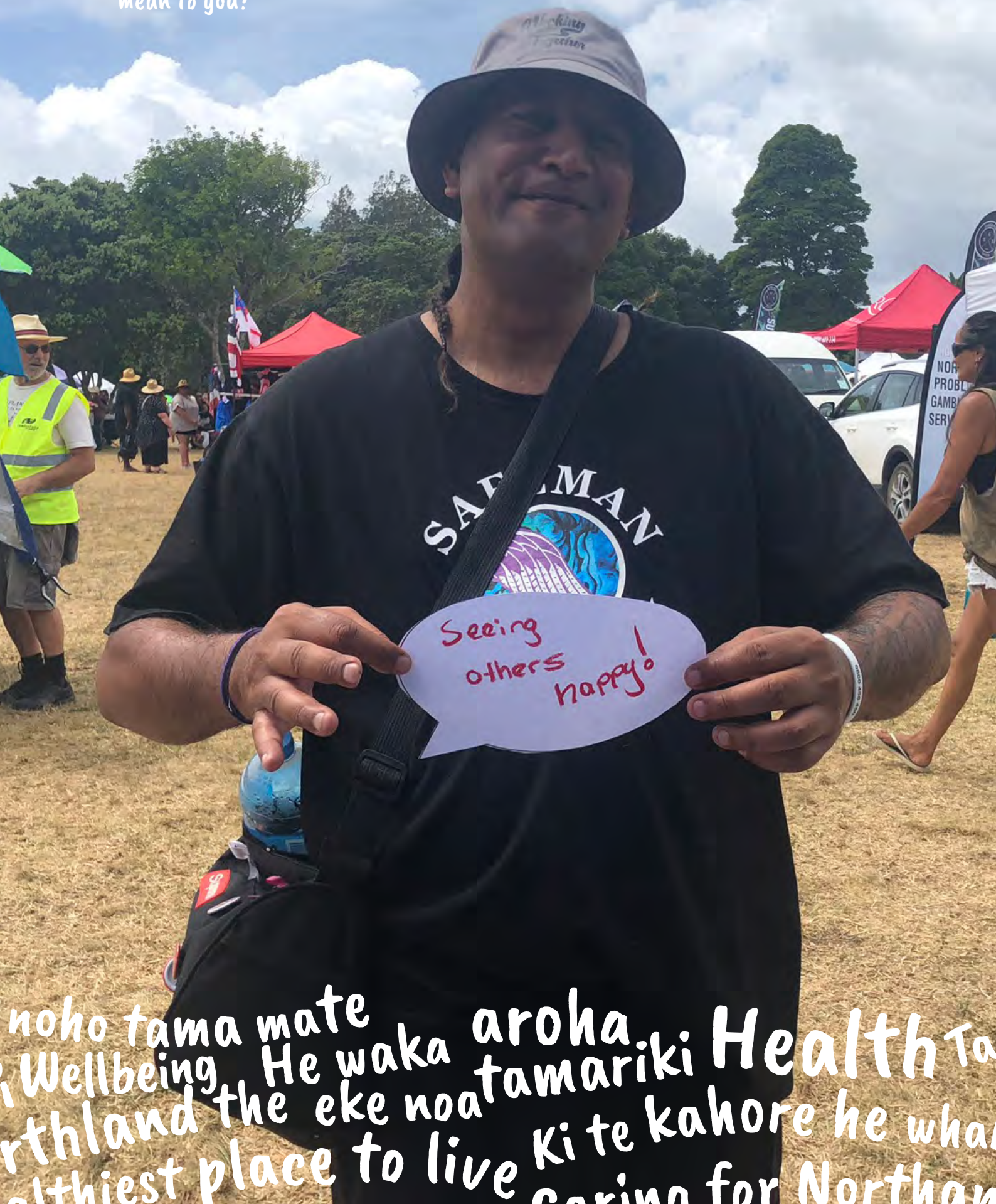
The whakatauki that supports this artwork is "He toka tūmoana e whati ana ngā ngaru o te tai. The waves of change break on the rock that stands strong."



A ora, tama  
a first love  
ngaro te iw  
Making No



Waitangi Day 2021:  
What does wellness  
mean to you?



noho tama mate aroha  
Wellbeing He waka tamariki Health  
rthland the eke noa tamariki Health  
althiest place to live Ki te kahore he wha  
caring for Northan

# Message From our Chair



I am writing this message for this year's Annual Report at the point we are just exiting the August/September 2021 COVID-19 lockdown here in Aotearoa. One of the key focuses for my message was going to be an observation on the 'new normal' we now find ourselves facing, ensuring we are at the ready to support primary health care and protect our whānau and community from any COVID-19 outbreaks.

As we now know, our readiness was once again tested, and while there is always room for improvement in our approach, the work carried out in 2020/2021 to learn the lessons from our first 2020 outbreak, and prepare us all for another event, has held all of us working in primary health care generally in good stead. I would like to thank our frontline primary health care teams in Tai Tokerau for once again stepping up to the COVID challenge.

A reflection on our 2020/2021 year couldn't go without also noting what is set to be the biggest change, and greatest opportunity for transformation in primary health care that I have seen in my generation. The Health Reforms announced in April 2021 have laid out the possibility for a powerful platform for change that we all have a role to play in. I am excited about the prospect for truly transformational change

the reforms offer us, but more importantly offer in support of the wellbeing of our whānau and communities. Now is most certainly the time for us all to grab this moment with both hands. Our whānau and community have been waiting for far, far too long for a health and wellbeing system that not only hears and sees them, but puts them in the driving seat of realising their own health and wellbeing potential.

This year has also seen a change in our Chief Executive Officer at Mahitahi Hauora. I would like to thank Phillip Balmer, who left the organisation in March 2021, for his significant contribution including his instrumental role in the establishment phase of Mahitahi Hauora. Following Phillip's exit, we were fortunate enough to have Jensen Webber join us as our new CEO. With a background as former CEO of Te Tai Tokerau PHO, and senior

roles at Ngāti Hine Health Trust and Northland DHB, Jensen is a familiar face to us all, and is familiar with the complexity of the primary health care system and the opportunities and challenges it faces.

Finally, I would like to thank all of the great team at Mahitahi Hauora, along with my fellow Board members for their hard work, support and leadership this year. I would also like to recognise those Board members who finished their Mahitahi Hauora tenure (GP Dr Andrew Miller and Te Kahu o Taonui representative Anthony Thompson) and to our new Board members who have joined us (GP Dr Taco Kistemaker and Te Kahu o Taonui representative Boyd Broughton).

Ngā mihi,

**Geoff Milner**  
Chair



# Message From our CEO



While I was only with Mahitahi Hauora for a few months of the 2020/21 annual reporting year, when I joined the team in March 2021 it was very clear the challenges primary health care and our whānau and communities across Tai Tokerau continue to face. However, what is also clear to me are the opportunities and strengths within our communities as well, which are plentiful.

I would like to start by thanking my predecessor Phillip Balmer for all of his hard work laying the foundations for Mahitahi Hauora, and the Board for their support as I've navigated my first six months in the role.

I've also been pleased to understand the Mahitahi Hauora team (many of whom I know from previous roles) still have the wellbeing of whānau as their guiding principle, and have made some great inroads on key areas highlighted in this year's report including:

- Responding to the need for an increased primary care workforce by:
  - Leading a nurse practitioner and enrolled nurse training and placement programme, focusing on increasing access for Māori nurses.
  - Introducing a project focusing on increasing the number of General Practice trainees in our region.
- Increasing the support we provide General Practice

through our Improvement Partners and POADMS (Primary Options Acute Demand Management Service) programme of work.

- Continued programmes of work in our community including keeping homes warm and dry (Manawa Ora, Healthy Homes), funding for community kai projects (Kai Ora) and our smoking cessation mahi.
- And making sure we put 'what matters to whānau' first by addressing some of the key areas of health that matter to them including:
  - Tailoring primary mental health services to the wants and needs of taitamariki in our community.
  - Protecting our young wāhine Māori by funding a pilot to introduce HPV self-testing in Tai Tokerau.

But of course that doesn't mean there isn't more work to do or areas we can improve on in supporting whānau and the

community or our primary health care providers more, or better.

Our focus for the year ahead will be continuing to develop our core programmes of work while also ensuring we're supporting whānau and our community, along with primary health care providers through:

- Supporting better access to COVID vaccines for those who need it, especially our Māori whānau.
- Navigating primary health care providers through the health reforms and ensuring we all capitalise on the changes in the best interests of our whānau and communities, including the development of locality networks.
- Continuing to respond to the challenges our primary health care workforce is facing, especially for General Practice.

Ngā mihi,

**Jensen Webber**  
CEO



# Our Vision, Values and What We Do

## Our Trust Purpose

- 1** Target inequality in health outcomes for Māori, rurally domiciled and high needs members of the community
- 2** Improve health status and outcomes of the community
- 3** Provide and promote health and health related services for the benefit of the community
- 4** Establish and maintain an aspirational organisation for the delivery of health and health related services for the benefit of the community
- 5** Support optimal coordination and integration of health services being delivery via localities in the community
- 6** Advocate advancement of health outcomes in the community
- 7** Acknowledge and respond to the composition of the community in the provision of health and health related services for the community
- 8** Work together with other organisations and community groups to deliver the objectives of the trust for the community.

# Our Vision and Values

Self-determined wellness

Equity

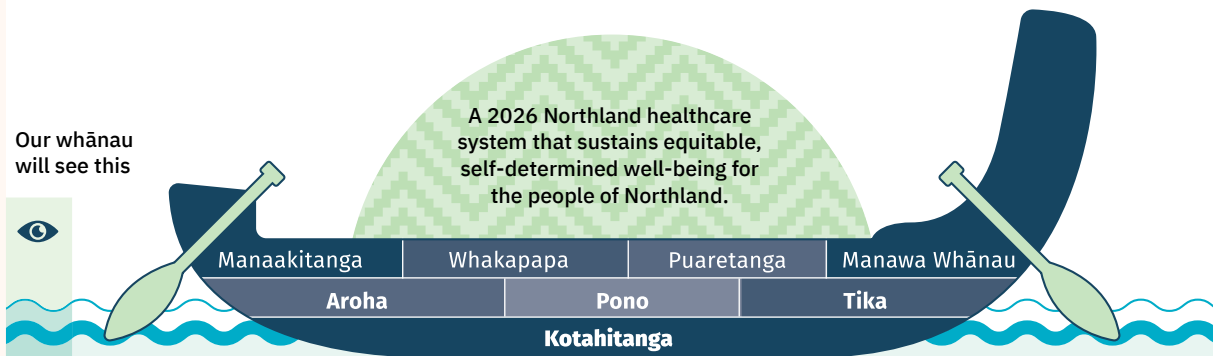
Transparency

Collaborative and empowering leadership

Our whānau will see this



Our whānau will feel this



**Kotahitanga**

Together, in the same waka, paddling in unison toward the same goal.

**Aroha**

Caring, respecting, and listening to one another to create a safe environment.

**Pono**

Hiko te kōrero, walking the talk. Following through on actions and having courage.

**Tika**

Being up front and clear and using data to inform decisions and actions.

**Manaakitanga**

Creating safe spaces for our people and growing in how we connect with our whānau

**Whakapapa**

Honouring stories and deconstructing accepted realities that marginalise.

**Puaretanga**

Build trust by showing transparency around how data is used and decisions are made.

**Manawa Whānau**

Engaging with whānau in meaningful ways so that their voice is heard and services meet their needs.

ia te tangata Whānau working tog  
for our communities aroha He hauora  
alth whānaungatanga Tai Tokerau  
improving health

# What We Do

## Supporting primary health care providers

Support for primary health care providers (like GPs and Māori Health Providers) includes Medinz clinical updates, COVID PPE supply system, telehealth support, data analytics, educational development, POADMS funding, improvement partners, clinical quality assurance, providing locums, GP recruitment and nurse workforce development.

## Putting whānau at the centre of their care

Our What Matters to Whānau Papatikanga supports providers to approach whānau wellness from a Te Ao Māori view.

## Advancing health equity

We focus our resources on prioritising the health needs of Māori in all of our mahi so they have a fair opportunity to achieve good health outcomes.

## Working together to care for the needs of each community

We're supporting the health reforms and the introduction of 'localities' of care, bringing care providers together to manage and deliver the care their community and whānau tell them is important for them.

## Improving the wellbeing of whānau

Our Manawa Ora, Kai Ora and Oranga Kai initiatives help keep whānau warm and dry, and grow and eat nutritious kai in collaboration with other organisations throughout Tai Tokerau.

We also support stop smoking work and work closely with the Northland Intersectoral Forum to support agencies to be responsive to tamariki and taitamariki.

## Starting well, developing well, aging and staying well

We deliver programmes of care across Tai Tokerau that support whānau to start, develop and be mentally well, as well as staying and ageing well.

Those programmes and resources include B4 school checks, youth mental health workers, health coaches and diabetes and cardiovascular disease management.



Waitangi Day 2021: What does wellness mean to you?



R.M. Williams  
THE STOCKMAN'S OUTFITTER

A tall glass  
of Water



Friendship  
&  
Economics





# Our Board

Our Board members are trustees representing the interests of Mahitahi Hauora's stakeholders. These include a mixture of representatives from Iwi and Hapū, Māori Health Providers, General Practice, Northland District Health Board and the 'voice' of people receiving services in our community.



**Geoff Milner (Chair)**

Ngāti Porou, Ngāti Kahungunu  
CA MBA (with distinction) BBS,  
Chief Executive Officer  
- Ngāti Hine Health Trust



**Moe Milne**

Officer of New Zealand Order  
of Merit, Māori Mental Health  
Leader, Nurse



**Dr Justine Woodcock**

GP Director Broadway Health,  
Kaikohe, Waipapa and Kaitaia



**Errol Murray**

Te Aupouri, Ngāti Kuri, Te Rarawa,  
Ngāti Kahu ki Whangaroa,  
Ngāi Takoto. Māori health  
providers representative, General  
Manager Whakawhiti Ora Pai



**Lynette Merle Stewart  
CNZM**

Ngātiwai, Patuharakeke, Tainui,  
Chief Executive  
- Ki A Ora Ngātiwai



**Dr Suzanne Phillips**

General Practitioner at The  
Bayview Medical Centre in Paihia

aroha tamariki Health Tama tu tama o whānau fi  
ki te kahore he whakakitenga ka ng  
Caring for Northland hauorau



**Dr Nick Chamberlain**  
(non-voting member  
of the Board)

Chief Executive, Northland District  
Health Board



**Boyd Broughton**

Te Rarawa, Ngāpuhi, Tainui,  
Ngāti Porou. Te Kahu o Taonui  
representative, General Manager  
Te Hā Oranga



**Marihi Langford**

Ngāti Kuri. Chief Executive,  
Tuhiata Mahi Ora Trust



**Dr Taco Kistemaker**

GP and Director, Broadway Health



# Our Executive Leadership Team



Our executive leadership team guide and support our Mahitahi Hauora teams to meet the operational and strategic objectives of our organisation. What matters to whānau drives everything they do.

*Front row, left to right: Alex Nicholas, Ian Hartley-Dade, Carissa Thompson, Amy Walpole, Andrew Cammell, Janine Maher, Tammy Vette. Back row, left to right: Sandra Wilkinson, Juliet Espiner, Michael Williams, Jensen Webber (CEO), Hemaima Reihana-Tait, Daniela Johnson, Bernie Hetaraka*

equity Taonga tuku iho Whiria te tangata  
Te ao Māori caring for our communities connectio  
Wellbeing care Whānau wellness collaboratio  
auri ora working together Northland

# Our Statement of Performance

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# Our Annual Plan 2020/21

Our Annual Plan for 2020/21 was approved by our Board in June 2020 and focused on supporting whānau and communities to start well, develop well, age well, live well and ensure sustainable primary health care was accessible to everyone.

The plan is driven by the guiding Whānau Ora principles and aligns with the Pae Ora Māori Action Plan.

**Vision** Benefits framework: A 2026 Northland healthcare system that sustains equitable self-determined wellbeing

## Whānau Ora Outcomes



**Whānau Knowledge**



**Whānau Health**



**Whānau Relationships**



**Whānau Participation**



**Whānau Engagement with Te Ao Māori**



**Whānau Living**



**Whānau Built Natural**





Strategic Focus	Leading the Way in	Population Focus
<p><b>Start Well</b>  <b>Māmā Pēpi Tamariki</b>            ‘Māmā, pēpi and tamariki enabled to reach their aspirations of oranga’</p>	<ol style="list-style-type: none"> <li>1. Achieving equity in immunisation coverage at 6 months of age for Māori tamariki in Locality 1.</li> <li>2. Achieving health equity for tamariki Māori receiving dental care at 5 years of age.</li> <li>3. Improving the general health and wellbeing for 4 year olds starting school.</li> </ol>	Pēpi and tamariki (0-12 years) in the far North: 0-4 yrs – 1637, 80% Māori.
<p><b>Develop Well</b>  <b>Whakapiki ake Taitamariki</b>            ‘Resilient taitamariki’</p>	<ol style="list-style-type: none"> <li>1. Increasing taitamariki access to health &amp; social services.</li> <li>2. Engagement of taitamariki with Youth Workers.</li> <li>3. Enabling taitamariki independence to achieve life milestones that matter to them.</li> </ol>	7000 12-24yr olds, with a special focus on taitamariki Māori and those not enrolled in General Practice or a Health Clinic.
<p><b>Age Well</b>  <b>Healthy Aging</b>            “Adults live healthy happy productive lives and age well in their own homes for longer”</p>	<ol style="list-style-type: none"> <li>1. Planning care that matters to adults.</li> <li>2. Saving the hearts of Māori men.</li> </ol>	People who are frail (or close in age and interest), have complex needs and are high users of health services; and Māori men who work in or are enrolled in a practice within North Whangārei.
<p><b>Live Well</b>  <b>Wellbeing Health Promotion</b>            ‘Building on whānau and community strengths to improve health equity’</p>	<p>Creating a thriving Northland for whānau to live and grow by:</p> <ol style="list-style-type: none"> <li>1. Creating warm, dry, healthy homes.</li> <li>2. Increasing access to healthy kai.</li> <li>3. Supporting agency responsiveness to tamariki and taitamariki.</li> <li>4. Supporting Māori to stop smoking.</li> </ol>	Māori whānau and hāpori throughout Tai Tokerau.
<p><b>Accessible and Sustainable Primary Care</b>            ‘An engaged and responsive Primary Care workforce’</p>	<ol style="list-style-type: none"> <li>1. Reflecting the population we serve.</li> <li>2. Implementing health equitable models of care.</li> <li>3. Building whānau capability to achieve wellness.</li> <li>4. Improving access to services.</li> </ol>	Primary care workforce in Northland including GPs, nursing, allied health, Māori workforce, non-regulated health, managers and administrators.

# Primary Health Care in Tai Tokerau

Year in a snapshot

**38**

GP practices

**152**

GPs

**167**

Registered Nurses

Eligible population  
registered with a  
GP practice:

**Non-Māori:**

**99%**

**Māori:**

**91%**

**482,790**

GP consultations  
(140,702 for Māori)

Locum support  
including:

**540 GP sessions**  
**RN 141 days**

**238**

education  
and professional  
development  
sessions

**79**

medical student  
placements

**6**

General practices  
supported to achieve  
Foundation standards

Resourcing for

**2940**

acute urgent  
care patients  
(31% Māori)

Worked in collaboration  
to insulate

**845**

Northland homes  
(over half for  
whānau Māori)

Over  
**327**

people supported to make a quit attempt and 101 (40 wāhine Māori) supported to stop smoking

**37%**

improvement

– Reduced ambulatory sensitive hospitalisations (ASH) among Māori tamariki (0-4 years)

**72%**

of Māori men had CVD risk assessment

Te Tumu Waiora:

**7876**

sessions

Mental Health Consults:

**4187**

Brief interventions:

**1113**

Youth counselling sessions:

**1563**

**800**

more taitamariki accessing health and social services in 2020/21 versus 2019/20 (443 more Māori taitamariki)

**79%** of Māori and **93%** of non-Māori immunised at 8 months old

**1835**

tamariki have B4 School Checks by 5

**8**

whānau engagement pop-up events

**120**

nurses attended Northland Primary Care Nursing Symposium

**109**

people supported to learn about cooking healthy food and gardening on a budget

**\$150,000**

distributed across 50 community projects to develop healthy, accessible, affordable food supplies



# Our Focus on Whānau

The health and disability system is committed to fulfilling the special relationship between Māori and the Crown under Te Tiriti o Waitangi (Te Tiriti).

Meeting our obligations under Te Tiriti is necessary if we are to realise the overall aims of *He Korowai Oranga: Māori Health Strategy (He Korowai Oranga)* and achieve outcomes for the health and disability system as a whole. This includes a desire to see all New Zealanders living longer, healthier, and more independent lives.

Throughout all our mahi, we prioritise advancing health equity for better Māori health outcomes.

## Pae Ora

Mahitahi Hauora has begun moving towards delivering our services aligned with the three interconnected elements of the Pae Ora Māori Action Plan:

- Mauri Ora (healthy individuals).
- Whānau Ora (healthy families).
- and Wai Ora (healthy environments).

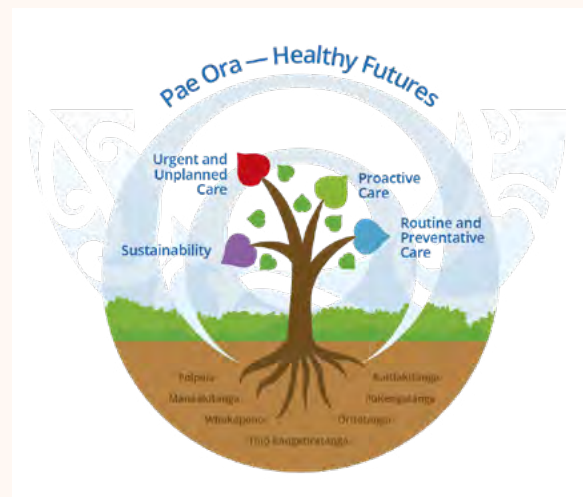
The overall aim of *He Korowai Oranga* is *Pae Ora: Healthy Futures for Māori*.

Pae Ora provides a platform for Māori to live with good health and wellbeing in an environment that supports Māori to flourish and thrive as Māori.

## National Healthcare Home Pae Ora - Healthy Futures

Through our team of National Health Care Home (NHH) Improvement partners and the NHH Pae Ora Healthy Futures programme of work, we support General Practice to align existing components of healthcare to Pae Ora. The application of an equity lens holds

the intention for a significant shift in clinical practice – planning, intervention and review of individual wellbeing, in order for continuous quality improvement based on whānau wellbeing and outcomes.



This programme of work covers four specific domains: Sustainability; Urgent and unplanned care; Proactive Care for those with complex needs; Routine and Preventative care.

NHH Pae Ora - Healthy Futures aligns with our existing Mahitahi Hauora practice frameworks and supports clinicians to consider their valued contribution to equitable health outcomes for Māori. The model details an outcome framework to support critical thinking regarding choice of actions and impact of care.

Through this work Mahitahi Hauora will continue to develop cultural and engagement competencies to address:

- Quality treatment and care
- Expanded access and choice for Māori
- Intersectoral collaboration to address determinants of health

## What Matters to Whānau

This year our whānau engagement team continued to embed our What Matters to Whānau Papa Tikanga Framework and engage with whānau in our community to understand what is important to them and their health and wellbeing. Key highlights included:

- 8 whānau engagement pop-ups delivered across Localities in Kaikohe, Kaitaia, Whangārei and Waitangi.
- 3 general practices engaged to explore whānau engagement needs through the application of Papa Tikanga What Matters to Whānau framework.

### Waitangi Day 2021: What does wellness mean to you?

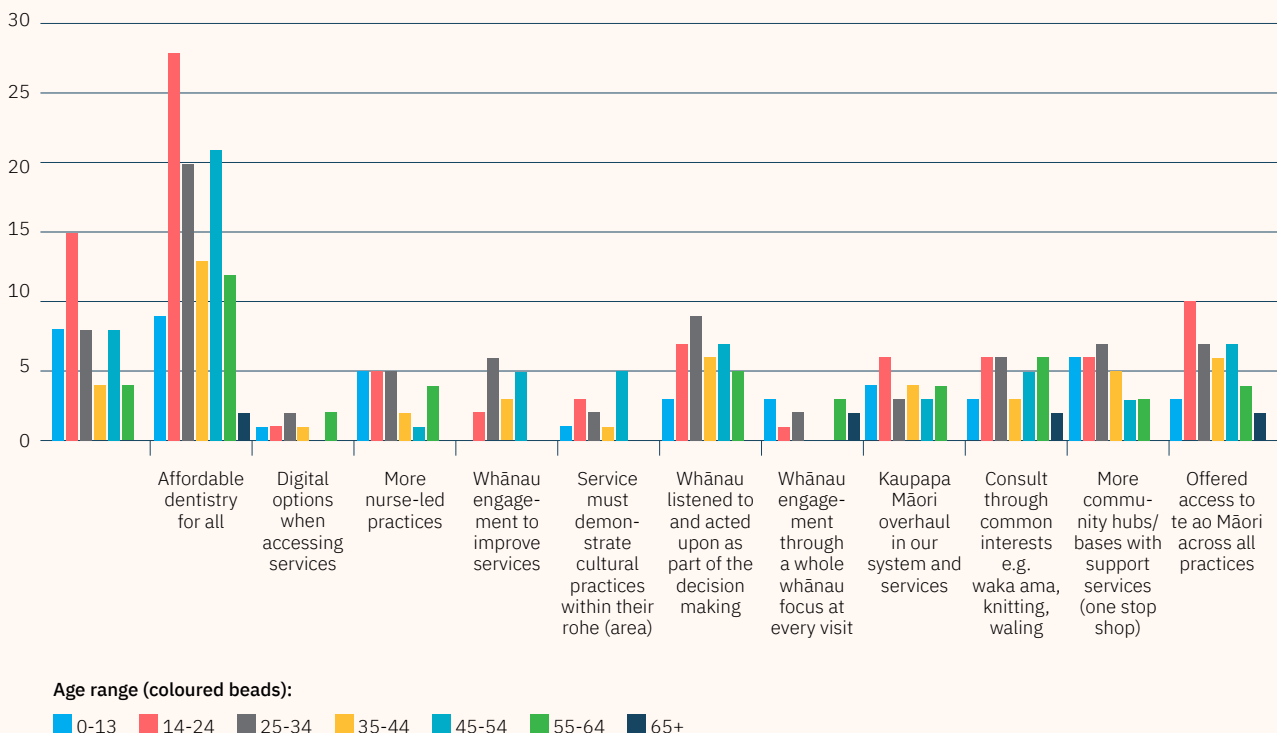
The Whānau Engagement team joined with other hauora partners across Tai Tokerau to create a pop-up 'wellness' area at this year's Waitangi Day (see picture below). One of their activities was to ask people



to sort beads into jars to indicate what was most important to them in primary care. The beads were colour-coded to represent the participant's age.

The team got some interesting findings. The results (see above) showed a big demand for affordable dentistry, as well as a desire to see and hear more te reo Māori, for whānau to be an actively involved in decision-making, and access to te ao Māori across all practices.

### WMTW – Waitangi Day 2021



## Community Voice Advisory Rōpu

This year we established our first Community Voice Advisory Rōpu with 8 community members representing a range of communities, hapū and iwi across Tai Tokerau.

The rōpu acts as an independent body, providing expert perspectives, community input, advice and guidance to Mahitahi Hauora in support of its vision and strategic direction.



**Taane Thomas**



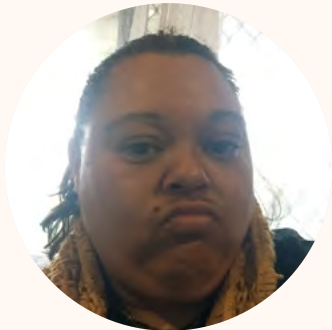
**Kahu Thompson**

Ngāti Hine



**Anaru Ruka**

Ngāpuhi, Ngāti Tūwharetoa



**Elinor Niha**

Ngāti Hine, Ngāpuhi



**Anahera Pickering**



**Shirleyanne Brown**

Ngāti Hau, Ngāpuhi



**Lee Mason**

Ngāpuhi



**May Seager**

Cook Islands (Aitutaki and Rarotonga), Papa'a





Some of our team supporting Iwi manaakitanga in the hot COVID testing lines during the January 2021 Northland 'positive case'

# COVID-19: Our Ongoing Response

Our response to protecting and supporting our whānau and communities through the COVID-19 pandemic continued in 2020/21.

Our focus this year was to:

- Support primary health care with ongoing testing requirements and accessing personal protection equipment.
- Keep primary health care and whānau and our communities up-to-date with the latest Government and Ministry of Health information.
- Under the Northland DHB COVID vaccination programme, support primary health care to prepare to ensure their enrolled populations have equitable access to the vaccine.

We also supported the increased testing requirements that were needed when a Whangārei-based woman returning from overseas tested positive for COVID-19, following the completion of her stay in managed isolation in Auckland. Throughout that 'event' our teams supported primary health care teams, in particular General Practice, with accessing supplies and equipment related to the increased testing. We also supported local iwi in manaakitanga for whānau and the community who found themselves in long testing queues in the hot summer weather.





Medical student orientation at Waitangi 2021

## Accessible and Sustainable Primary Health Care

# An Engaged and Responsive Primary Health Care Workforce

### The Aims

- Reflecting the population we serve.
- Implementing health equitable models of care.
- Improving access to services.
- Supporting our provider and workforce community.

### The Highlights

- Established workforce team to coordinate and enhance workforce project success:
  - Nurse Practitioner and Enrolled Nurse workforce development programme established aimed at supporting the establishment of ENs and NPs in primary care. Our first NP has established in General Practice.
  - Medical Workforce Pipeline Project commenced aimed at mapping and supporting training GPs and retaining them in Tai Tokerau.
- POADMS programme review completed which has resulted in enhanced programme and inclusions to promote equity of access to care for whānau closer to home and reduce demand on secondary services.
- 31% POADMS referrals were for support for Māori.
- 2940 referrals received to support acute demand services provided in the community through POADMS.
- Practices supported with GP locums - 540 GP sessions (4 hour session) and RN locums - 141 days.



- Placement and orientation of medical students across primary care in Northland – 25 x year 4, 24 x year 5, 30 x year 6.
- 19 RNs received IV Cannulation training across Northland to support access to essential IV therapy in the community.
- 4 practices successfully supported to access government funding to support locum relief during demands of COVID.
- 238 education events provided for primary care workforce.
- 13 nurses upskilled in mental health and addictions credentialling.
- Establishment and appointment of the Neighbourhood Healthcare Home dedicated PHE team including Programme Lead and 2 NHH Improvement Partners.
- 5 Tranche 1 Practices achieved 36-month annual review.
- 2 Tranche 2 Practices achieved 24-month annual review.
- 2 Tranche 2 Practices achieved 36-month annual review.
- 2 Tranche 3 Practices achieved 6-month annual review.
- 2 Tranche 3 Practices achieved 6 and 12-month annual review.
- Secured funding for Year 4/5 equity-enhanced model aligned with Pae Ora, and Tranche 4.
- 6 general practices successfully achieved Foundation Standards supported by PHE Improvement Partner assessors.
- 29 people attended PHE Primary Care Orientation Day for new staff including practice nurses, health improvement practitioners, health care assistants and administrators.
- PHE provision of free Foundation Standards Assessment by Improvement Partner assessors during RNZCGP transition to new assessment platform and forma.



Mahitahi Hauora hosts regular vaccination training courses



tama tu tama ora, tama noho tama mate  
whānau first love. Wellbeing. He waka  
akakitenga ka ngaro te iwi Northland the eke n  
nd hauora Making Northland the eke n  
healthiest place to l

## Medical Workforce Project Tackles Primary Care Workforce Shortage

Mahitahi Hauora has approved funding for the first year of the Tai Tokerau Medical Workforce Pipeline project to help tackle Northland's primary care workforce shortage.

The Workforce Pipeline project aims to increase the proportion of medical graduates entering the primary care workforce in Northland by creating a sustained supportive environment. The programme will develop a seamless pathway of recruitment and retention initiatives that target the different components of the medical workforce pipeline.

In the first year, retaining existing GPEP trainees in Northland and supporting the community-based attachment (CBA) opportunities in primary care will be key areas of focus.

As part of the focus on retaining GPEP trainees, we hosted a hui for nine GPEP Year 1 registrars on 2 June. The hui provided an overview of Mahitahi Hauora, the advancing health reforms and equity, the present medical workforce environment, how to access referrals and support through the PHE (primary health entity) as part of patient consults, and how Mahitahi Hauora can continue to engage and support registrars on their pathway into general practice.

Registrars provided valuable feedback on their career pathway and challenges and opportunities for support as they complete general practice qualifications. It is encouraging that a number of registrars said they intended to stay in Northland, which is positive for the future workforce.



## Establishing Nurse Practitioners and Enrolled Nurses in Primary Care

This year saw the start of a Ministry of Health funded programme to establish nurse practitioners (NP) and enrolled nurses (EN) in primary healthcare and community settings.

The programme is being led by Mahitahi Hauora in Tai Tokerau, in collaboration with eight partner organisations, and is funded until December 2024.

The purpose of the Nurse Practitioner and Enrolled Nurse Service Establishment Programme is to improve access to early intervention mental health and addiction screening. It supports ENs and NPs to develop the knowledge and skills to provide a holistic model of care in primary health and community settings. Equity, and achieving equitable outcomes, underpins the programme.

Six months into the delivery, there is growing understanding and interest in the opportunities a nursing workforce model that includes enrolled nurses and nurse practitioners presents to improve whānau health outcomes. Mahitahi Hauora is working closely with the community and healthcare providers to understand how we can support and build their capacity and capability to deliver healthcare that meets the needs of whānau.

A new EN apprenticeship model is in place to help people continue working in healthcare providers while completing the EN programme, and funding has been approved to establish an NP model with skill development to deliver holistic services including early intervention mental health and addictions screening.



## Live Well: Wellbeing Health Promotion

# Building on Whānau and Community Strengths to Improve Health Equity

### The Aims

- Creating warm, dry, healthy homes.
- Increasing access to healthy kai.
- Supporting agency responsiveness to tamariki and taitamariki.
- Supporting Māori to stop smoking.
- Engaging and advocating for whānau and communities to provide support for wellbeing.

### The Highlights

#### Manawa Ora

COVID-19 led to a higher number of referrals, but made it harder to visit houses, and provide housing solutions due to supply-chain disruptions.

We received the highest number of referrals in the programme so far, and our team are now incredibly busy.

We continue to enjoy working with MOH, DHB, Kāinga Ora,

MSD, MBIE, Variety, Habitat for Humanity, Mocka, and Dimplex, as well as our Māori health providers whose kaimahi do our housing assessments.

Most importantly, though, are the whānau we work alongside. While what we can do is limited, we hope that it makes something of a difference in both responding to poverty, and preventing hospitalisations of children.

- 655 referrals this year, 85% of which were for whānau Māori.
- 507 housing assessments, and then provided the following:
  - houses insulated: 41.
  - houses provided with curtains: 233.
  - beds provided: 272.
  - bedding provided: 350.
  - heating sources (portable or fixed heating) provided: 207.
- During follow-up, 66% of families said their houses felt warmer, drier, and healthier, and 69% said that their children were sick less frequently.



Leanne Ross, practice nurse at The Doctors Tikipunga at Countdown for World Smokefree Day





*Kai Ora Fund Workshop,  
Whangārei, May 2021*

**Healthy Homes Tai Tokerau**

The quality of service and number of homes able to be insulated this year was a highlight as well as the innovative work as part of the Healthy Homes Tai Tokerau Collective working together to benefit Northland Communities. Healthy Homes and Habitat for Humanity are working together to complete major and minor repairs that make homes warmer and drier and enable the installation of insulation. Healthy homes also worked on a project to insulate the Raumanga Kohanga Reo and are now looking at working with others to support Kohanga Reo around Northland to be warm, dry and healthy spaces.

- 804 jobs this financial year retrofitting insulation.
- 51% of completed jobs were for whānau Māori.
- 3964 people lived in homes that were made warmer/drier through insulation or moisture barriers provided via this programme.

**Kai Ora Fund**

This year has been the biggest ever for the Kai Ora Fund. The Fund is made possible through partnership with The Far North District Council, Kaipara District Council, Whangarei District Council, the Ministry of Social

Development, Te Puni Kōkiri, Northland District Health Board, Foundation North and Northland Inc. Mahitahi Hauora coordinate this programme with the support and contributions from partner agencies.

This year the challenge has been a doubling of the workload, due to increased interest in the fund (potentially a result of COVID-19), more enquires, double the number of applications and

a much higher number of projects funded, and the project coordinator was put in the acting health promotion team leader role at the busiest time for this project.

- 9 partner organisations contributed to this project with a funding pool of \$150,000 to distribute.
- 91 Kai Ora Funding applications were received from a wide variety of groups across Tai Tokerau.



*Oranga Kai supports people to make healthy meals on a budget*



- 50 projects funded from around Tai Tokerau, the majority being led by Māori communities or will support communities with a high proportion of whānau Māori.
  - 4 regional Kai Ora networking workshops held (Kaitaia, Kaikohe, Whangarei and Ruawai) for newly funded projects to share their projects and connect with others to form a strong network of support.

The real highlight from Kai Ora is always seeing communities connect with and value local, healthy kai and become champions of healthy kai in their community. We have now funded a total of 179 community projects focussed on food security in Tai Tokerau since 2015 and there is a growing network and movement around Food Sovereignty and Food Resilience.

### Oranga Kai

The highlight of Oranga Kai is always the joy of whānau who participate in these sessions and the quotes from the participants such as;

*“These recipes will save us heaps on our budget.”*

*“Why’s there so many vegetables? But it’s nice though”.*

*“You don’t even know there is no meat aunty”*

*“You don’t even miss no meat”*

*“I can make this myself”*

*“These are the nicest sausages I have ever tasted, and I made them”*

- 8 Oranga Kai programmes held this year.
- 109 programme participants.
- 85% of participants identify as Māori.

### Child and Youth Friendly Tai Tokerau

- Project Manager employed to progress working with Northland Intersectoral Forum on the Child and Youth Friendly plan and objectives. Progressing collective youth voice online feedback platform.
- Whangarei Youth Housing Plan: providing support to progress this plan in partnership with other agencies.
  - A collective (Mahitahi Hauora, Whare Awhina 155 Community House, NURM, Ngāti Hine Hauora, Whangarei Youth Space and Pehiaweri Marae) applied for Ministry of Housing and Urban Development (MHUD) to develop a Youth Housing Plan.
  - Our staged process will develop Taitokerau-specific models of housing to ensure



3,964 people are living in warmer, drier homes this year thanks to Healthy Homes Tai Tokerau



that solutions are fit for purpose.

- Successfully secured \$245,000 in funding from MHUD.
- Employed a project manager for the youth housing plan.
- Established a steering group.
- Established a wider stakeholder's group.
- In the process of establishing a youth advisory roopu and held a community hui.
- Applied to ethics to develop undertake a youth housing research project.

### Supporting Māori to stop smoking

The new model Support to Stop Smoking '4-week plan to quit' has been in operation for 12 months 1 July 2020 – 1 July 2021. The roll out of the new model has been significantly impacted by COVID-19 which has taken precedence in all practices.

While it has been a challenging year for all, the new focussed Support to Stop Smoking programme is having encouraging results. Enrolments are lower but having a greater emphasis on supporting Māori and a higher quality of stop smoking support has improved quit rates. The feedback to the incentives has also been good. Between 80 to 100% have answered positively when surveyed if they are satisfied with the service, would recommend it and return if needed.

- 327 enrolments into the 4 week plan to quit programme.
- 202 enrolments were female of these 133 were wāhine Māori (66%). 20 of 202 were hapū.
- The total number of Māori enrolled both male and female 182 (56%).

- The total number of enrolled living with children was 133 (41%).
- There were 650 attempted follow ups with 144 being unsuccessful due to the patient not being contactable after enrolment.
- Of the 327 enrolments 227 (69%) were followed up at 4 weeks and 101 (45%) had stopped smoking – 36 were male and 65 were female. Of the 65 female 40 were wāhine Māori (62%), 7 were hapū and 40 lived with children.
- Out of the 101 who had stopped smoking 51 were Māori (50%).
- A further 38 were followed up at 12 weeks post plan to quit date of which 23 were Māori (61%).
- 25 wāhine Māori or hapū mama have received \$100 incentive vouchers for quitting at 4 weeks and 15 have received a further \$50 voucher at 12 weeks.
- The service has now been extended to include Te Ha Oranga and Kia Ora Ngātiwai from June 2021 and 3 more Mid North Clinics are opting in from July 2021 (Moerewa Medical, Commercial St and Kawakawa Health Centre).

### Public Health Advocacy

We made submissions to the FNDC and WDC annual plans, as well as made submissions on Māori wards, NZTA, vaping amendment bill, Smoke-free Environments (Prohibiting Smoking in Motor Vehicles Carrying Children) Amendment Bill.

aromaiki Health Tama iu iama ora, tama noho ta  
 tamariki whānau first love. Wellbe  
 Ki te kahore he whakakitenga ka ngaro te iwi  
 Caring for Northland hauora Making Northland  
 healthies

Whānau first love: Wellbeing. He wā  
hākakitenga ka ngaro te iwi Northland the eke  
and hauora Making healthiest place to



## Kai Ora Fund Supports New Cafe to Bring Health Food to Otangarei

Kai Ora Iwi is an innovative new cafe and takeaway that's bringing affordable, good quality food to Otangarei. The project is the brainchild of Kai Ora Iwi kaitiaki Emily Hepi, working with a local chef and a group of supportive friends.

Emily's passion for the project developed from not having access to quality, nutritious food locally in Otangarei. She wanted to create something that would lift the community up because the only things on offer were takeaways and fried stuff.

Emily and her team bought the least to a local takeaway and gave it a complete renovation, with funding and support from the Kai Ora Fund and Northland District Health Board. A \$5,000 grant from the Kai Ora Fund contributed to the lease and four māra kai to grow vegetables. The māra kai will be for the community to share in planting and harvesting vegetables to teach whānau about sustainable living and to act as a windbreak outside of the shop.

Now, instead of sugary drinks and greasy takeaways, whānau in Otangarei can tuck into vegan options, fresh māra kai, fish and meat, gluten-free treats, kombucha, freshly-squeezed juice and filtered water.

Kai Ora Iwi is also creating social change by employing local and taking on people who are trying to make a positive change in their lives.

## Start Well: Mama, Pēpi, Tamariki

# Mama, Pēpi and Tamariki are Enabled to Reach Their Aspirations of Oranga

### The Aims

- Achieving equity in immunisation coverage at six months of age for tamariki Māori in the Mid North.
- Achieving health equity for tamariki Māori receiving dental care at five years of age.
- Improving the general health and wellbeing of four-year-olds starting school.
- Work with key stakeholders to achieve increased cervical screening for women in Te Tai Tokerau.
- Engage with local communities in the Mid and Far North to determine projects that will reduce health inequities faced by Māori.

### The Highlights

- Pēpi Māori have had an increase in new-born enrolment rates across Tai Tokerau as a result of concentrated effort from the Māmā, Pēpi, Tamariki Team.
- Mahitahi Hauora supported the coordination of 1835 Before School Checks.
- Achieved increase in cervical screening from 2020 to 2021 to 68.3% which is likely a result of access to clinics following the initial March 2020 national COVID-19 lockdown response.
- Mahitahi Hauora have entered a partnership with Te Tātai Hauora O Hine, Centre for Women's Health Research (CWHR) at The University of Victoria to start the implementation trial for HPV Self-Swabbing.
- Hauora Muriwhenua: The Oranga Niho Project (see case study below) was written and submitted in Quarter 4 (2020-2021) and will start later in 2021.

Wellbeing  
Caring for our  
communities  
He hauora te  
tikanga taonga





## Oranga Niho

Working with Hauora Muriwhenua (a collective of Muriwhenua leaders), we've laid the groundwork for an exciting new project.

Oranga Niho is a supervised toothbrushing project for tamariki in kohanga, early childhood education centres, kindergarten and home-based childcare in Muriwhenua.

It aims to eliminate or reduce, inequities and barriers to access to dental health for tamariki under 5 years old. This is an important project because 71% of tamariki Māori experience dental caries before the age of five, compared to 31% of non-Māori. Dental issues are also the leading cause of ambulatory sensitive hospitalisation for children under five in Tai Tokerau.

We look forward to working with the ANT (Aupouri, Ngāti Kahu and Te Rarawa) Trust to kick off this project.



## Develop Well: Tuia Mai

# Leading the Way to a Healthier Community

### The Aims

- Increasing taitamariki access to health and social services.
- Engagement of taitamariki with youth workers.
- Enabling taitamariki independence to achieve life milestones that matter to them.
- Providing resilience, recovery and quality of life in a stepped care model.
- Reducing barriers to mental health support.

### The Highlights

- An increase of 808 more taitamariki accessing services in 20/21 from 19/20.
- An increase of 217 taitamariki new enrolments to General Practices & Youth Health Clinics in 20/21 from 19/20.
- 260 taitamariki in the Locality Project (Whakapiki ake Taitamariki) engaged with Youth Workers.
- Introduction of the Te Tumu Waiora (Health Improvement Practitioner and Health Coach) model throughout our area.
- Collaboration in Primary Mental Health model of care improvement and He Kakano Ahau initiative (Youth Mental Health) implementation with key stakeholder partners.



*HIP Victoria Atkinson demonstrates a session with a patient*



*Minister of Health Andrew Little speaks about He Kakano Ahau at Whangārei Youth Space*



## HIPS: Dedicated Mental Health and Wellbeing Support in Your GP Clinic

Mahitahi Hauora worked with Northland DHB and regional NGOs to successfully roll out Te Tumu Wairoa, a dedicated mental health and wellbeing support service in Tai Tokerau.

The newly implemented roles of Health Improvement Practitioner (HIP) and Health Coach (HC), which make up the Te Tumu Wairoa service, are part of general practice teams. Together, they deliver a new model of primary mental health and addiction care.

Following a piloted rollout, the innovative mental health model Te Tumu Wairoa has been expanded to include 18 GP clinics around the Northland region with more practices expected to be able to provide the services in the coming months.

Health Improvement Practitioners and Health Coaches work together to support the behavioural health needs of the general practice and the communities they serve.

HIPS are clinic-based and provide free brief interventions. They are well connected with local organisations to ensure that people can access the support needed to address challenges, maintain behaviour change and increase their wellbeing.

Health Coaches encourage people to identify their own priorities for change and supporting them to find the resources, tools, and supports to meet their goals. They can often be found out in the community facilitating walking groups, advocating for health needs, meeting with whānau or connecting people to other services.

Te Tumu Wairoa benefits patients and staff alike. It works for patients because it's behaviour-based, non-judgemental and non-diagnostic, and because it's quick and easy to access the service. People can usually see the HIP the same day they visit their practice – often within 10-15 minutes. And it works for practices, because it gives them more options to provide quality care while making a positive impact on GP workloads.





EATING  
Kinas



Happy Life  
Healthy life

Waitangi Day 2021:  
What does wellness  
mean to you?





Northland Primary Care  
Nursing Symposium,  
Waitangi, April 2021



Mate Wareware  
(dementia) app was  
launched in December

## Age Well: Healthy Aging

# Adults Live Healthy, Happy, Productive Lives and Age Well in Their Own Homes for Longer

### The Aims

- Planned care that matters to adults through multi-disciplinary team (MDT) collaboration.
- Saving the hearts of Māori men.
- Provide education and coordinated support focused on heart disease, diabetes and gout.
- Improve diagnosis and management of long-term conditions based on best practice.
- Caring for the carers of our frail population.

### The Highlights

- MDT complex management meetings held 2 weekly with a rotation of diabetes, cardiac and respiratory and engaged x5 Locality 3 practices into the MDT process.
- Developed a streamlined process for the practices to use as a guide for staff new to MDT.
- Appointment of Kaiarahi (support navigator). Launch of Pa te Aroha website in December 20. Launch of Mate Wareware (Dementia) App.
- 60 men seen (58 Māori) and had health promoting

discussions with regarding BP, HR, smoking, diabetes, gout, nutrition and activity.

- Northland Primary Care Nursing Symposium held in Waitangi April 2021, 120 representatives attended from across Tai Tokerau provider network. (See case study below).
- 165 Caring for the Carer referrals from across Tai Tokerau.
- Participation with teaching and championing of Advanced Care Planning (ACP) and Mate wareware and serious illness conversation guide training.

## Northland Primary Care Nursing Symposium

In April this year, Mahitahi Hauora hosted the Northland Primary Care Nursing Symposium at the new Tahuaroa Function Centre in the Waitangi Treaty Grounds.

Specifically designed for nurses in primary care, the symposium attracted 120 nurses who came from all over Tai Tokerau to share and develop their skills and knowledge to improve outcomes for patients with long-term conditions.

With Northland having some of the worst diabetes and heart health outcomes in New Zealand, particularly among Māori, nurses were asking for support in this area. The team at Mahitahi Hauora saw an opportunity to support primary care nurses with skill development in tackling diabetes and heart health.

Aiming to give nurses skills they could put into practice immediately to benefit patients, the symposium included presentations by representatives from Northland DHB, Mahitahi Hauora, Bay of Islands Podiatry, Procon and Hokianga Health. There was also an interview with a Māori man about his experience as a patient with type 2 diabetes, Q&A panels, exhibitions, and a prize draw for a getaway in Russell.

The symposium was the first dedicated primary care nursing symposium in Northland to focus specifically on diabetes and heart health.



Whiria te tangata Whānau working together  
for our communities aroha He hauora te  
Health whānaungatanga Tai Tokerau. Northland  
improving health equity

# Looking to the Future: Localities 2021/22

Mahitahi Hauora has been working on supporting our communities to develop a 'locality' way of delivering primary health care for the last few years here in Tai Tokerau.

We've learnt a lot and want to build on those learnings and community projects already in place to rethink how we do localities as part of the Government changes to primary health care announced in April 2021.

Our new model of primary health care in Tai Tokerau will mean the care whānau and our community will receive will be more joined up, and available how, when and where you want it. Most importantly it will be driven by what whānau and our community need and want, and you will be in charge of decisions about your care. This new way of working is called a 'locality network'.

In 2021/22 we are re-engaging with whānau, our community and primary health care providers to understand what they want from a locality network, before supporting communities to introduce refreshed locality networks.





## What is a Locality Network?

A locality network is how whānau and our community, and everyone who delivers primary or community health care, will come together to decide how and what they focus on to support the health and wellbeing of their communities. Care in the community will continue to be provided by a range of local primary health care providers, but those providers will form part of a locality network with shared goals.

Each locality network will have a consistent range of core services, but how those services are delivered will be based on the needs and priorities of local communities.

Communities, alongside Iwi-Māori Partnership Boards, will be involved in the development of locality plans that set priorities for local health services. These plans will outline how primary and community services will be delivered in the future, and will take

account of the broader social and economic factors that drive health needs.

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family  
♥  
love

Taku Oranga  
Maori!

Waitangi Day 2021:  
What does wellness  
mean to you?

improving health  
aroha  
tamariki Health Te  
self-determined wellb  
Mauri tū mauri

# Te Kaupapa Mahitahi Hauora- Papa O Te Raki

## Financial Statements for the Year Ended

30 JUNE 2021

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equity Taonga tuku iho Whiria te tangata  
ao Māori caring for our communities connection  
being care Whānau wellness collaboration  
ri ora work



# Directory

## Date of Incorporation

18 December 2018

## Status

Charitable Trust

## Charities

## Registration Number

CC56633

## Trust Registration Number

2725832

## Registered Office

28-30 Rust Ave  
Whāngarei

## Bank

ANZ Bank  
Corner Bank Street  
and Rust Avenue  
Whāngarei

## Solicitor

Megan Bawden  
WMRK  
9 Hunt Street  
Whāngarei

## Trustees

### Andrew Miller

(resigned 13/11/2020)

### Antony Thompson

(resigned 12/03/2021)

### Boyd Broughton

(appointed 13/03/2021)

### Errol Murray

### Geoffrey Milner

### Justine Woodcock

### Lynette Stewart

### Marihi Langford

(appointed 13/11/2020)

### Moe Milne

### Suzanne Phillips

### Taco Kistenmaker

(appointed 13/11/2020)

## Entities Purpose or Mission

Funding and provision of essential primary healthcare services

## Main Sources of Entity's Cash and Resources

Primary Healthcare Funding through Northland District Health Board

## IRD Number

128-121-218

## Physical Address

28-30 Rust Ave  
Whāngarei

## Auditor

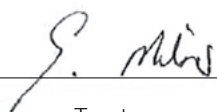
BDO Auckland  
Level 4, 4 Graham Street  
PO Box 2219  
AUCKLAND

# Trustees' Responsibility Statement

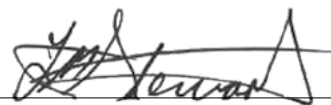
## For the Year Ended 30 June 2021

The Board of Trustees present their Annual Report including the financial statements of the Trust for the year ended 30 June 2021 and the auditor's report thereon.

For and on behalf of the Board:



Trustee  
Date: 8 October 2021



Trustee  
Date: 8 October 2021

# Statement of Comprehensive Revenue and Expenses

For the Year Ended 30 June 2021

		2021	2020
	Note	\$	\$
<b>Revenue</b>			
Health services contracts	6	65,759,859	62,661,410
Other revenue		474,517	204,577
<b>Total revenue</b>		<b>66,234,376</b>	<b>62,865,987</b>
<b>Expenses</b>			
Clinical programme costs	7	64,116,864	60,188,829
Administrative costs	7	3,440,807	3,307,966
<b>Total expenses</b>		<b>67,557,671</b>	<b>63,496,795</b>
<b>Deficit before net finance income</b>		<b>(1,323,295)</b>	<b>(630,808)</b>
Interest income		53,094	28,701
Interest expense		(5,281)	(4,422)
<b>Net finance income</b>		<b>47,813</b>	<b>24,279</b>
<b>Deficit for the year from trading</b>		<b>(1,275,483)</b>	<b>(606,529)</b>
Net Assets transferred from PHO's	23	-	8,752,706
<b>Surplus (deficit) for the period</b>		<b>(1,275,483)</b>	<b>8,146,177</b>
Other comprehensive revenue and expenses		-	-
<b>Total comprehensive revenue and expenses for the year</b>		<b>(1,275,483)</b>	<b>8,146,177</b>

The above statements should be read in conjunction with the notes to and forming part of the financial statements.

# Statement of Changes in Equity

## For the Year Ended 30 June 2021

	Retained Earnings	Total
	\$	\$
<b>2021</b>		
<b>Balance at 1 July 2020</b>	9,529,478	9,529,478
Total comprehensive revenue and expenses for the year	(1,275,483)	(1,275,483)
<b>Balance at 30 June 2021</b>	<b>8,253,995</b>	<b>8,253,995</b>
<b>2020</b>		
<b>Balance at 1 July 2019</b>	1,383,301	1,383,301
Total comprehensive revenue and expenses for the year	8,146,177	8,146,177
<b>Balance at 30 June 2020</b>	<b>9,529,478</b>	<b>9,529,478</b>

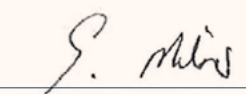


# Statement of Financial Position

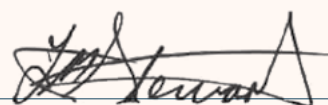
## As at 30 June 2021

	Note	2021 \$	2020 \$
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents	8	2,819,231	3,860,250
Receivables	10	2,856,764	1,917,313
Investments - short term deposits	9	3,062,275	3,525,442
		8,738,270	9,303,005
<b>Non Current Assets</b>			
Property, plant and equipment	11	3,571,292	3,345,139
		3,571,292	3,345,139
<b>Total Assets</b>		<b>12,309,562</b>	<b>12,648,144</b>
<b>LIABILITIES AND EQUITY</b>			
<b>Current Liabilities</b>			
Payables	12	2,324,528	1,890,293
Finance lease liabilities	15	3,879	21,775
Funds held on behalf of other parties	16	619,405	520,098
Employee benefit liability		386,138	563,393
Deferred revenue	17	721,617	119,228
		4,055,567	3,114,787
<b>Non Current Liabilities</b>			
Finance lease liabilities	15	-	3,879
		-	3,879
<b>Equity</b>			
Retained earnings		8,253,995	9,529,478
		8,253,995	9,529,478
<b>Total Liabilities and Equity</b>		<b>12,309,562</b>	<b>12,648,144</b>

For and on behalf of the Board:



Trustee - 8 October 2021



Trustee - 8 October 2021

The above statements should be read in conjunction with the notes to and forming part of the financial statements.

# Statement of Cash Flows

## For the Year Ended 30 June 2021

		2021	2020
	Note	\$	\$
<b>Cash flows from operating activities</b>			
Receipts from customers and funders		65,897,316	61,091,964
Donation from PHO's	23	-	5,662,340
Payments to suppliers		(60,075,965)	(54,889,541)
Payments to employees		(7,017,876)	(5,989,755)
Interest paid on finance lease		(5,281)	(4,422)
Net Interest received		33,072	5,705
<b>Net Cash flows from Operating Activities</b>	<b>21</b>	<b>(1,168,733)</b>	<b>5,876,291</b>
<b>Cash flows from investing activities</b>			
Sale (Purchase) of property, plant and equipment		(433,004)	(103,893)
Investments in short term deposits		483,186	(3,502,441)
<b>Net Cash flows from Investing Activities</b>		<b>50,182</b>	<b>(3,606,334)</b>
<b>Cash flows from financing activities</b>			
Payments to finance lease principal		(21,775)	-
Net cash managed on behalf of third parties		99,306	520,097
<b>Net Cash flows from Financing Activities</b>		<b>77,532</b>	<b>520,097</b>
Net increase in cash and cash equivalents		(1,041,019)	2,790,054
Cash and cash equivalents – opening balance		3,860,250	1,070,196
<b>Cash and cash equivalents – closing balance</b>	<b>8</b>	<b>2,819,231</b>	<b>3,860,250</b>

The above statements should be read in conjunction with the notes to and forming part of the financial statements.

# Notes to the Financial Statements

## For the Year Ended 30 June 2021

### 1. Reporting Entity

The reporting entity Te Kaupapa Mahitahi Hauora-Papa O Te Raki ("the Trust"), is a Trust domiciled in New Zealand and is a charitable organisation registered under the Charities Act 2005. The Trust is a public benefit entity for the purposes of financial reporting in accordance with the Financial Reporting Act 2013.

The Trust provides primary health services to Northland under a PHO service agreement with the Northland District Health Board (NDHB).

The financial statements have been approved and were authorised for issue by the Board of Trustees on 8 October 2021.

### 2. Basis of Preparation

#### (a) Statement of Compliance

The financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice (NZ GAAP). They comply with the Public Benefit Entity Accounting Standards (PBE standards) and other applicable Financial Reporting Standards, as appropriate for Tier 1 not-for-profit public benefit entities.

The Trust is a Tier 1 entity as it has more than \$30m of total expenses.

#### (b) Basis of Measurement

The financial statements have been prepared on a historical cost basis.

#### (c) Functional and Presentation Currency

The financial statements are presented in New Zealand dollars

(\$), which is the Trust's functional and presentation currency, rounded to the nearest dollar.

#### (d) Changes in Accounting Policies

There have been no changes to accounting policies.

#### (e) Accounting Period

The comparative financial statements covers the year ended 30 June 2020. The current period covers the year ended 30 June 2021.

### 3. Use of Judgements and Estimates

The preparation of the financial statements requires management to make judgements, 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 those estimates.

Significant areas of estimation, uncertainty and critical judgement in applying accounting policies that have the most significant effect on the amounts recognised in the financial statements are as follows:

#### (a) Judgements

Recognition of Revenue and Deferred Revenue (Conditions and Restrictions)

Useful lives and residual values (Property, Plant and Equipment)

The Trust considers itself to be the principal in the capitation funding arrangements with NDHB.

#### (b) Assumptions and Estimation Uncertainties

There are no significant assumptions and estimation uncertainties that could result in a material adjustment in the year ended 30 June 2021.

#### (c) Changes in Accounting Estimates

There were no material changes to accounting estimates in the year.

### 4. Significant Accounting Policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements and have been applied consistently by the Trust. There have been no changes in accounting policies during the financial year.

The significant accounting policies of the Trust are detailed below:

#### (a) Revenue

Revenue is recognised when the amount of revenue can be measured reliably and it is probable that economic benefits will flow to the Trust, and is measured at the fair value of the consideration received or receivable.

The following specific recognition criteria in relation to the Trust's revenue streams must also be met before revenue is recognised.

##### *i. Revenue from exchange transactions*

##### *Rendering of Services*

Revenue from services rendered is recognised in surplus or deficit



in proportion to the stage of completion of the transactions at the reporting date. The stage of completion is assessed by reference to the proportion of time remaining or quantity of services to be provided under the original service agreement at the reporting date.

Amounts received in advance for services to be provided in future periods are recognised as a liability until such time as the service is provided.

*ii. Revenue from non-exchange transactions*

Non-exchange transactions are those where the Trust receives an inflow of resources (i.e. cash and other intangible items) but provides no (or nominal) direct consideration in return.

With the exception of services in-kind, inflows of resources from non-exchange transactions are only recognised as an asset where both:

- It is probable that the associated future economic benefit or service potential will flow to the entity, and
- Fair value is reliably measurable.

Inflows of resources from non-exchange transactions that are recognised as assets are recognised as non-exchange revenue, to the extent that a liability is not recognised in respect to the same inflow.

Liabilities are recognised in relation to inflows of resources from non-exchange transactions when there is a resulting present obligation as a result of the non-exchange transactions, where both:

- It is probable that an outflow of resources embodying future economic benefit or service potential will be required to settle the obligation, and
- The amount of the obligation can be reliably estimated.

(b) Interest income

Interest income is recognised as it accrues using the effective interest method.

(c) Employee benefits

Short-term employee benefits liabilities are recognised when the Trust has a legal or constructive obligation to remunerate employees for services provided within 12 months of the reporting date, and is measured on an undiscounted basis and expensed in the period in which employee services are provided.

(d) Financial Instruments

The Trust initially recognises financial instruments when the Trust becomes a party to the contractual provisions of the instruments.

The Trust derecognises financial assets when the contractual rights to the cash flows from the asset expires, or it transfers the rights to receive contractual cash flows in the transaction in which substantially all the risk and rewards of ownership of the financial asset are transferred. Any interest in the transferred financial assets that is created or retained by the Trust is recognised as a separate asset or liability.

The Trust derecognises a financial liability when its contractual obligations are discharged, cancelled, or expired.

The Trust also derecognises financial assets and financial liabilities when there have been significant changes to the terms and/or the amount of contractual payments to be received/paid.

Financial assets and liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Trust has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Trust's financial assets fall into the loans and receivables category and financial liabilities into amortised cost. Financial instruments are initially measured at fair value, plus for those not subsequently measured at fair value through surplus or deficit, directly attributable transaction costs.

*i. Loans and receivables*

Loans and receivables are financial assets with fixed or determinable payments that are not quoted in an active market.

Loans and receivables are subsequently measured at amortised cost using the effective interest method, less any impairment losses. Due to their short-term nature they are not discounted.

Loans and receivables comprise of cash and cash equivalents, short term deposits, and receivables.

Cash and cash equivalents are short term highly liquid investments that are readily convertible into a known

amount of cash with an insignificant risk of changes in value, with maturities of 3 months or less.

Short term deposits comprise of term deposits which have a term of greater than three months and therefore do not fall into the category of cash and cash equivalents.

*ii. Amortised cost financial liabilities*

Financial liabilities classified as amortised cost are non-derivative financial liabilities that are not classified at fair value through surplus or deficit financial liabilities.

Financial liabilities classified at amortised cost are subsequently measured at amortised cost using the effective interest method.

Financial liabilities classified at amortised cost comprise of trade and other payables and finance lease liabilities.

Payables are carried at amortised cost using the effective interest method and due to their short-term nature they are not discounted.

(e) Impairment of financial assets

Loans and receivables financial assets are assessed at each reporting date to determine whether there is objective evidence that they are impaired. A financial asset is impaired if there is objective evidence of impairment as a result of one or more events that occurred after initial recognition of the asset, and that the loss event had an impact on the estimated future cash flows of that asset that can be estimated reliably.

Any impairment losses are recognised in surplus or deficit and reflected in an allowance account against loans and receivables.

When an event occurring after the impairment was recognised which causes the amount of impairment loss to decrease, the decrease in impairment loss is reversed through surplus or deficit.

(f) Property, plant and equipment

Items of property, plant and equipment are measured at cost less accumulated depreciation and impairment losses.

Cost includes expenditure that is directly attributable to the acquisition of the asset.

Where an item of property and equipment is disposed of, the gain or loss recognised in the surplus

or deficit is calculated as the difference between the sales price and the carrying amount of the asset.

Depreciation is recognised in the surplus or deficit on a diminishing value basis over the estimated useful lives of each component of an item of property, plant and equipment. Leased assets under finance leases are depreciated over the shorter of the lease term or their useful lives.

The diminishing value depreciation rates are:

Building & Leasehold Improvements	3% to 24%
Computer Equipment & Software	10% to 67%
Motor Vehicles	10% to 36%
Furniture & Fittings and Plant & Equipment (incl Medical)	4% to 67%

Depreciation methods, useful lives, and residual values are reviewed at each reporting date and adjusted if appropriate.

(g) Impairment of non-financial assets

The carrying amounts of the Trust's non-financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated.

The recoverable amount of an asset or cash generating unit is the greater of its value in use and its fair value less cost to sell. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset.

An impairment loss is recognised if the carrying amount of the asset or its cash generating unit exceeds its estimated recoverable amount. Impairment losses are recognised in surplus or deficit.

In respect of other assets, impairment losses recognised in previous years are assessed at each reporting date for any indication that the loss has decreased or no longer exists. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of

depreciation and amortisation, if no impairment loss had been recognised.

(h) Leases

*i. Finance lease*

Leases in terms of which the Trust assumes substantially all the risks and rewards of ownership are classified as a finance lease.

Upon initial recognition the lease asset is measured at an amount equal to the lower of its fair value and the present value of the minimum lease payments. Subsequent to initial recognition, the asset is accounted for in accordance with the accounting policy applicable to that asset.

*ii. Operating lease*

Leases that are not finance leases are classified as operating leases.

Operating leases are not recognised in the Trust's statement of financial position. Payments made under operating leases are recognised in surplus or deficit on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease expense, over the term of the lease.

(i) Goods and services tax

The financial statements have been prepared on a GST exclusive basis, with the exception of receivables and payables which are stated inclusive of GST.

(j) Income tax

The Trust is exempt from income tax as a result of being granted charitable status by the Inland Revenue Department.

## 5. Accounting Standards issued

The following are new, revised or amended standards that are applicable to the Trust which are on issue but are not yet required to be adopted for the year ended 30 June 2021.

PBE IPSAS 41 Financial Instruments Effective Date 1 January 2022. This standard is not expected to have a significant impact on the Trust.

PBE FRS 48 Service Performance Reporting Effective Date 1 January 2022. The Trustees are currently reviewing the standard to determine what disclosures should be provided.

## 6. Revenue

	2021	2020
	\$	\$
<b>Revenue (non-exchange) consists of the following:</b>		
PHO Capitation: First Contract Care	40,572,538	37,911,268
PHO Capitation: COVID Sustainability Payment	-	1,576,224
PHO Capitation: Services to Improve Access	4,029,906	3,839,310
Health Promotion Funding (including Capitation)	893,197	618,046
PHO Capitation: CarePlus	3,796,792	3,560,330
Rural Funding	1,218,316	1,229,402
Other Primary Health Contracts	14,019,895	12,750,042
PHO Capitation: Management Services	1,229,216	1,176,788
	<b>65,759,859</b>	<b>62,661,410</b>



## 7. Expenses

	2021	2020
	\$	\$
<b>Clinical programme costs consist of the following:</b>		
Capitation payments to General Practices	40,572,538	37,894,181
COVID sustainability payments to Practices	-	1,576,224
Services to Improve Access	4,029,906	3,839,310
CarePlus	3,796,792	3,560,330
Health Promotion	619,868	618,046
Rural Funding	1,200,887	1,229,402
Other Primary Health Contracts	13,220,256	10,977,170
IT and Register Management Support Management	676,618	494,166
	<b>64,116,864</b>	<b>60,188,829</b>

The above includes employee costs of \$5,133,150 (2020: \$5,131,154).

	2021	2020
	\$	\$
<b>Administrative costs consist of the following:</b>		
Employee remuneration	1,707,471	1,412,882
Repairs and maintenance	37,658	30,496
Depreciation	206,851	213,750
Loss on sale of property, plant and equipment	4	3,929
Lease operating expenses	67,287	48,767
Trustee's fees	178,990	120,447
Audit fees	38,848	41,885
Other operating expenses	1,203,696	1,435,810
	<b>3,440,807</b>	<b>3,307,966</b>

**8. Cash and Cash Equivalents**

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
<b>This account consists of the following:</b>		
Cash in bank	2,818,296	3,859,979
Cash on hand	934	271
	<b>2,819,231</b>	<b>3,860,250</b>

Funds totalling \$619,405 (2020: \$520,098) are held on behalf of other parties - see Note 16. There are no other restrictions over any of the cash and cash equivalent balances held by the Trust. Per annum interest ranges applicable to components of cash and cash equivalents 0.05% - 0.20% (2020: 0.05% - 0.20%)

**9. Investments - Short Term Deposits**

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
ANZ Commercial Term Deposits	3,062,275	3,525,442
	<b>3,062,275</b>	<b>3,525,442</b>
Per annum interest rate ranges applicable to components of investments:	0.80% - 2.65%	1.85% - 2.65%

**10. Receivables**

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
Receivables from non-exchange transactions	2,803,814	1,917,313
Receivables from related parties	4,000	-
Prepayments	48,950	-
<b>Net receivables</b>	<b>2,856,764</b>	<b>1,917,313</b>

Receivables from non-exchange transactions and related parties are on 30 day credit terms and are non-interest bearing. They are of a short term duration and are not discounted.

## 11. Property, Plant and Equipment

Cost	Land	Buildings & Leasehold Improvement	Computer Equipment & Software	Motor Vehicles	Furniture & Fittings and Plant & Equip (incls Medical)	Total
	\$	\$	\$	\$	\$	\$
Balance as at 1 July 2020	993,025	1,986,214	283,227	94,500	201,924	3,558,890
Additions	-	13,892	206,788	203,554	13,873	438,107
Disposals	-	-	-	(8,500)	-	(8,500)
<b>Balance as at 30 June 2021</b>	<b>993,025</b>	<b>2,000,106</b>	<b>490,015</b>	<b>289,554</b>	<b>215,797</b>	<b>3,988,497</b>
<b>Accumulated depreciation</b>						
Balance as at 1 July 2020	-	66,945	89,897	24,060	32,849	213,751
Depreciation	-	65,158	87,580	26,069	28,044	206,851
Disposals	-	-	-	(3,396)	-	(3,396)
<b>Balance as at 30 June 2021</b>	<b>-</b>	<b>132,103</b>	<b>177,477</b>	<b>46,733</b>	<b>60,893</b>	<b>417,206</b>
<b>Net book value</b>						
30 June 2020	993,025	1,919,269	193,330	70,440	169,075	3,345,139
<b>30 June 2021</b>	<b>993,025</b>	<b>1,868,003</b>	<b>312,538</b>	<b>242,821</b>	<b>154,904</b>	<b>3,571,292</b>

The Trust entered into finance lease's for items of property, plant and equipment. The carrying amount of leased items within computer equipment amounted to \$ 3,879 (2020: \$25,654).

## 12. Payables

This account includes:

	2021	2020
	\$	\$
Health service claims	1,959,269	1,550,913
Health service claims from related parties (Note 18)	257,772	239,592
Sundry accruals	50,533	-
GST payable	56,955	99,788
<b>Payables</b>	<b>2,324,529</b>	<b>1,890,293</b>

Payables are from exchange transactions and are paid within 90 days and are of short term duration.



### 13. Financial Risk Management

#### (i) Overall risk management framework

The Trust's activities expose it to a variety of financial instrument risks, including credit risk and liquidity risk. The Trust has a series of policies to manage the risks associated with financial instruments and seeks to minimise exposure from financial instruments.

#### (ii) Credit Risk

Credit risk is the risk of financial loss to the Trust if a customer or counterparty to a financial instrument fails to meet its contractual obligations. The Trust is mainly exposed to credit risk from its financial assets, including cash and cash equivalents, term deposits and receivables.

The Trust does not take guarantees, or security interest as collateral or charge penalty interest on receivables due.

Cash and cash equivalents and term deposits with maturities between 4 to 12 months are held with ANZ which has an S&P credit rating of AA- (2020: AA-).

The carrying amount of the Trust's financial assets represents the Trust's maximum exposure to credit risk.

Concentration of credit risk for funding receivables is high due to the small number of debtors, Collectively, Northland District Health Board and the Ministry of Health make up 92% (2020: 95%) of the trade receivables balance as at 30 June 2021. However, they are assessed as low-risk, high quality entities due to them being government funded purchasers of health and disability services. All material receivables are current.

The aging of trade receivables at reporting date that were not impaired was as follows:

	2021	2020
	\$	\$
Neither past due nor impaired	2,261,444	1,837,638
1 - 90 days past due	186,381	5,167
Over 90 days past due	320,262	27,169
	<b>2,768,088</b>	<b>1,869,974</b>
Allowance for impairment	-	-
	<b>2,768,088</b>	<b>1,869,974</b>
Trade receivables not past due and not impaired	2,261,444	1,837,638
Trade receivables past due but not impaired	506,643	32,336
	<b>2,768,088</b>	<b>1,869,974</b>

**(iii) Liquidity Risk**

Liquidity risk arises from the Trust's management of working capital. It is the risk that the Trust will encounter difficulty in meeting its financial obligations as they fall due.

The Trust mostly manages liquidity risk by continuously monitoring forecast and actual cashflow requirements. The Trust also receives funding prior to making its payments to the various providers monthly.

The Trust is able to manage its liquidity risk by holding surplus cash. The Trust holds \$2,819,231 of cash and cash equivalents and term deposits of \$3,062,275 as at 30 June 2021 (2020: \$3,860,250 and \$3,525,442 respectively). This compares to payables of \$2,324,528 and deferred revenue of \$721,617 (2020: \$1,890,293 and \$119,228 respectively). Trade payables are typically settled within 30 days as per their standard trade terms.

**(iv) Interest Rate Risk**

At reporting date, the Trust has the following financial assets exposed to New Zealand variable interest rate risk:

	2021	2020
	\$	\$
Bank - Cash and cash equivalents	2,819,231	3,860,250
Investments - short term deposits with maturities 4 - 12 months	3,062,275	3,525,442
	<b>5,881,506</b>	<b>7,385,692</b>

1.30% was the average interest rate earned on cash deposits and short term deposits (2020:2.25%)

The Trust has no borrowings.

It is estimated a 100 basis point decrease in interest rates would result in a decrease in the Trust's interest earned in a year by approximately \$58,815 on the Trust's investment portfolio exposed to floating rates at balance date (2020: 100 basis point decrease of \$73,857)

Based on historical movements and volatilities and management's knowledge and experience, management believes that the above movements are 'reasonably possible' over a twelve month period: A shift of between 1% and 2% in market interest rates. The impact on the profit or loss of a 1% movement equals to 100 basis points \$58,815 (2020: \$73,857).

**(v) Financial Liability Maturity**

The table below analyses the Trust's financial liabilities into relevant maturity bands, based on the remaining period from reporting date to the contractual maturity date. The cash flow amounts disclosed in the table represent undiscounted cash flows liable for payment by the Trust.

	Note	Carrying amount	Total contractual cash	On Demand	6 months - 1 year	More than 1 year
<b>As at 30 June 2021</b>						
Payables	12	2,267,574	2,267,574	2,267,574	-	-
Finance Leases	15	3,879	3,879	3,879	-	-
Funds held on behalf of other parties	16	634,135	634,135	634,135	-	-
		<b>2,905,588</b>	<b>2,905,588</b>	<b>2,905,588</b>	<b>-</b>	<b>-</b>
<b>As at 30 June 2020</b>						
Payables	12	1,790,505	1,790,505	1,790,505	-	-
Finance Leases	15	25,654	27,539	11,802	11,802	3,935
Funds held on behalf of other parties	16	520,098	520,098	520,098	-	-
		<b>2,336,257</b>	<b>2,338,142</b>	<b>2,322,405</b>	<b>11,802</b>	<b>3,935</b>

**(vi) Fair Values**

The following financial assets and liabilities being cash, investments - short term deposits and trade receivable and payable balances of a short term nature, accordingly the carrying amount is a reasonable approximation of their values.

**(vi) Other Risks**

A significant amount of funding comes from the New Zealand Government departments and the Northland District Health Board. The Trust has contracts with these entities that sets pricing and some programmes have capped claim drawdowns.

As noted above, there is a concentration of reliance on the New Zealand Government departments and the Northland District Health Board. When contracts are due for renewal, there is always a risk that pricing may be adjusted or contracts will not be renewed with the Trust.

In April 2021, the Government announced major health reforms which will impact the Trust. As part of the reforms, the Government will abolish the 20 district health boards and create a single health organisation to be called Health NZ. Primary health organisations will evolve into locality network organisations that will work collaboratively with Māori, Communities and Providers to improve health outcomes in the locality by changing the way in which community and primary health care is delivered. The reforms will be implemented over three years.

The Trust Board and Management are working on aligning their strategy with the direction of the Government's plan.

The Trust considers that it has sufficient time, resources and capability to meet the challenge of remaining relevant in the new environment. However, there is risk that other organisations or models of cooperation may be favoured by stakeholders and/or the commissioning arm of Health NZ in the future.

**14. Capital Management**

The Trust's capital is its accumulated surplus. Equity is represented by net assets. The Trust looks to break even each year and contracts its health service providers at values similar to the funding it receives. Management administration fees are utilized to cover the costs of administering the contracts and general overheads. The Trust manages its general financial dealings prudently in compliance with the budgetary processes and Board financial policies.

The Trust's policies and objectives of managing the equity is to ensure that it achieves its goals and objectives whilst maintaining a strong capital base. Capital is managed in accordance with the Board's Treasury policy and is regularly reviewed by the Board. The only external debt is lease liabilities amounting to \$3,879 (2020: \$25,654).

**15. Finance Lease Liability**

	Interest Rate	Year of Maturity	2021	2020
			\$	\$
Current	9.70%	2021	3,879	21,775
Non-current	9.70%	2021	-	3,879
			<b>3,879</b>	<b>25,654</b>
<i>Future minimum lease payments</i>				
Less than one year			3,879	21,775
Between one and five years			-	3,879
<b>Total finance leases payable</b>			<b>3,879</b>	<b>25,654</b>



## 16. Funds Held on Behalf of Other Parties

Funds managed on behalf of other organisations are excluded from the Statement of Comprehensive Revenue and Expenses as the Trust only acts as an agent for the funding organisations. These amounts are included in cash in bank, see Note 8. The amounts held at balance date were as follows:

	2021	2020
	\$	\$
Healthy Homes Tai Tokerau	(14,730)	158,959
Asthma Society Northland	35,229	43,819
GPSWI Funds	213,902	226,121
Kai Ora Funds	257,438	23,500
Child Friendly Cities Funds	76,210	-
Northern Community Pharmacy Strategic Development Fund	51,355	67,699
	<b>619,405</b>	<b>520,098</b>

## 17. Deferred Revenue

Deferred revenue relates to funds received from the Crown to fund various programmes which have not yet been expended at year-end and which contain conditions surrounding the use and/or refund of unspent funds. The deferred revenue reflects the contractual obligations to spend these funds on specific projects. The funds associated with this income are restricted for use in accordance with the obligations. These funds are recognised as revenue when the contracted services are delivered.

<u>Deferred revenue relates to funding received for:</u>	2021	2020
	\$	\$
Services to Improve Access to Primary Health Care	-	-
Other Primary Health Programmes	721,617	119,228
	<b>721,617</b>	<b>119,228</b>
Funding budgeted for utilisation in the next financial year (current liability)	721,617	119,228
<b>Total Deferred Revenue</b>	<b>721,617</b>	<b>119,228</b>

## 18. Related Party Transactions

The Trust does not have a controlling entity. Related parties include key management personnel or a close member of their family, Trustees and entities they control or have significant influence over.

Transactions with entities that Trustees control or have significant influence over.

Payments by the Trust	2021	2021	2020	2020
	Payments	Payables	Payments	Payables
	\$	\$	\$	\$
Payments (excluding COVID) to GP practices	8,038,262	120,881	5,850,719	177,877
COVID Payments to GP practices	33,147	-	210,874	-
Payments to other providers	1,109,443	136,891	1,140,358	61,715
	<b>9,180,852</b>	<b>257,772</b>	<b>7,201,951</b>	<b>239,592</b>

Receipts by the Trust	Receipts	Receivables	Receipts	Receivables
	\$	\$	\$	\$
Receipts for services from GP practices	35,500	4,000	52,999	-
Receipts for services from other providers	87	-	25,758	-
	<b>35,587</b>	<b>4,000</b>	<b>78,757</b>	<b>-</b>

### Nature of the relationship and transactions

Whangarei Healthcare Limited – Andrew Miller was a trustee of the Trust is also a director of the related party. The Trust provides administration services to the related party. The related party provides goods and services to the Trust.

Primary Health Alliance – Andrew Miller was a trustee of the Trust is also a member of the related party. The related party provides goods and services to the Trust.

Kia Ora Ngātiwai – Lynette Stewart is a trustee of the Trust is also the CEO of the related party. The related party provides goods and services to the Trust.

Ngāti Hine Health Trust – Geoffrey Milner is a trustee of the Trust is also the CEO of the related party. The related party provides goods and services to the Trust.

Ngāti Hine Health Trust – Moe Milne is a trustee of the Trust is also a member of the related party. The related party provides goods and services to the Trust.

Te Ha Oranga/Te Runanga o Ngāti Whatua – Antony Thompson and Boyd Broughton are (were) trustees of the Trust are also members of the related party. The related party provides goods and services to the Trust.

During the year the Trust made payments to GP practices in relation to First Level Services, Programme claims and PHO performance management. Some of these individuals are Trustees of the Trust. In the case of payments for First Level Services, the payments are made on behalf of the Northland District Health Board and are based on registers of enrolled patients submitted by the doctors to the Northland District Health Board. The payments to GP practices for programme claims are made to all GP Practices at the same rate within their PHO area regardless of their status as a Trustee or non-Trustee. The payments for performance management are based on algorithms that reflect the contribution of doctors an/or practices to PHO performance management targets. The algorithms are applied consistently in calculating and making payments to doctors' practices regardless of whether the doctor is a Trustee or not.

Key management personnel remuneration

The Trust classifies its key management personnel into the following classes:

- Board of Trustees
- Executive Management Team

The aggregate level of remuneration paid and number of persons in each class of key management personnel is presented below:

	2021 Remuneration	2021 Number of individuals	2020 Remuneration	2020 Number of individuals
	\$		\$	
Board of Trustees	178,990	10	120,447	12
Executive Management Team	2,146,971	17	1,778,164	17
	<b>2,325,961</b>		<b>1,898,611</b>	

**19. Financial Instruments**

The tables below show the carrying amount of the Trust's financial assets and financial liabilities.

2021	Financial assets Loans and receivables	Financial liabilities Amortised cost	Total
	\$	\$	\$
<i>Subsequently not measured at fair value</i>			
Cash and cash equivalents	2,819,231	-	2,819,231
Short-term deposits	3,062,275	-	3,062,275
Receivables	2,807,814	-	2,807,814
Payables	-	(2,267,574)	(2,267,574)
Finance lease liabilities	-	(3,879)	(3,879)
Funds held on behalf of other parties	-	(619,405)	(619,405)
	<b>8,689,321</b>	<b>(2,890,857)</b>	<b>5,798,465</b>
2020	Financial assets Loans and receivables	Financial liabilities Amortised cost	Total
	\$	\$	\$
<i>Subsequently not measured at fair value</i>			
Cash and cash equivalents	3,860,250	-	3,860,250
Short-term deposits	3,525,442	-	3,525,442
Receivables	1,917,313	-	1,917,313
Payables	-	(1,790,505)	(1,790,505)
Finance lease liabilities	-	(25,654)	(25,654)
Funds held on behalf of other parties	-	(520,098)	(520,098)
	<b>9,303,005</b>	<b>(2,336,257)</b>	<b>6,966,748</b>



## 20. Commitments

### Operating Leases

The Trust has entered into a number of operating leases for vehicles and IT equipment.

The future non-cancellable minimum lease payments of operating leases as at 30 June 2021 are detailed in the table below:

	2021	2020
	\$	\$
Less than one year	32,501	44,937
Between one and five years	32,892	33,604
<b>Total non-cancellable operating lease payments</b>	<b>65,394</b>	<b>78,541</b>

## 21. Reconciliation of operating cashflows to net surplus

	2021	2020
	\$	\$
Total comprehensive revenue and expenses	(1,275,483)	8,146,177
<i>adjustments for non-cash items</i>		
Depreciation	206,851	213,750
Loss on disposal of assets	4	3,929
Gifting of property, plant and equipment	-	(3,090,371)
<i>adjustments for movements in:</i>		
Increase in Receivables	(939,451)	(1,919,922)
Increase in Payables	434,235	1,849,220
Increase (Decrease) in Employee Benefits	(177,255)	554,281
Increase in Deferred Revenue	602,389	119,228
Increase (Decrease) in Accrued Interest	(20,022)	-
<b>Net Operating Cash (Outflow) Inflow</b>	<b>(1,168,733)</b>	<b>5,876,291</b>

## 22. Contingent Liabilities

There are no contingent liabilities at the reporting date (2020: Nil).

### 23. Net Assets Transferred from the PHO's

In 2020 year the Trust received Net assets \$8,752,706 from both Manaia PHO and Te Tai Tokerau PHO.

	2021	2020
	\$	\$
Cash received	-	5,662,340
Assets transferred	-	3,090,366
	-	<b>8,752,706</b>

### 24. Events After the Reporting Date

**2021:** No matter or circumstances have arisen since the end of the reporting period which significantly affected or may significantly affect the operations of the Trust, the results of those operations, or the affairs of the Trust in the future.

### 25. Impact of COVID-19

The COVID-19 (also known as Coronavirus) pandemic affecting people, businesses and economies across the world arose in the early part of 2020. Beginning in late March, the New Zealand Government implemented various measures to prevent and contain the spread of the virus, resulting in significant disruptions to workplaces.

Mahitahi Hauora has been operating in conjunction with the Northland DHB and other Health services as an essential service during the COVID pandemic as it impacted member practice activities and Mahitahi Hauora's own activities from March 2020. Additional activities were undertaken at this time, some of which were funded that has contributed to Mahitahi Hauora's financial position in the 30 June 2020 year, as well as in the 30 June 2021 year.

The additional funded activities contributed positively to the financial position. Staff during periods of lockdown have moved from a work from home and in-office blended environment. Continuity of activities have been able to be maintained based on core infrastructure (including virtual meetings and collaboration tools) deployed prior to COVID.



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INDEPENDENT AUDITOR'S REPORT  
TO THE TRUSTEES OF TE KAUPAPA MAHITAHU HAUORA-PAPA O TE RAKI

**Opinion**

We have audited the financial statements of Te Kaupapa Mahitahi Hauora-Papa O Te Raki ("the Trust"), which comprise the statement of financial position as at 30 June 2021 and the statement of comprehensive revenue and expenses, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Trust as at 30 June 2021, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards ("PBE Standards") issued by the New Zealand Accounting Standards Board.

**Basis for Opinion**

We conducted our audit in accordance with International Standards on Auditing (New Zealand) ("ISAs (NZ)"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Trust in accordance with Professional and Ethical Standard 1 *International Code of Ethics for Assurance Practitioners (including International Independence Standards)* (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than in our capacity as auditor we have no relationship with, or interests in, the Trust.

**Other Information**

The Trustees are responsible for the Annual Report, which includes information other than the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, 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.

**Trustees' Responsibilities for the Financial Statements**

The Trustees are responsible on behalf of the Trust for the preparation and fair presentation of the financial statements in accordance with PBE Standards, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.





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In preparing the financial statements, the Trustees are responsible on behalf of the Trust for assessing the Trust'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 Trust or to cease operations, or have no realistic alternative but to do so.

#### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located at the External Reporting Board's website at: <https://www.xrb.govt.nz/assurance-standards/auditors-responsibilities/audit-report-8/>.

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.

*BDO Auckland*

BDO Auckland  
Auckland  
New Zealand  
2 November 2021

te tangata Whānau working together  
our communities aroha He hauora to  
h whānau tangata Tokerau a  
roving health

## Mahitahi Hauora

**Phone:** 09 438 1015

**Fax:** 09 438 3210

**Email:** [info@mahitahihauora.co.nz](mailto:info@mahitahihauora.co.nz)

**Postal address:**

Mahitahi Hauora,  
PO Box 1878,  
Whangārei 0140

**Whangārei Office**

28-30 Rust Avenue,  
Whangārei

**Kerikeri Office**

5 Hobson Avenue,  
Kerikeri

**Kaitaia Office**

182 Commerce Street,  
Kaitaia