

Mahitahi Hauora

Mahitahi Hauora

Annual Report 2018/19



According to legend Tāne-māhuta – the god of the forest – prised apart Ranginui, the father of the sky, and Papatūānuku, the mother of the earth, to let in light and allow for growth in life and wellbeing.

Contents

Message from the Chair	4
Message from the CEO	5
Our Board.....	8
The launch of the new Primary Health Entity Mahitahi Hauora	14
Te Whakamahere/The Annual Plan.....	13
Improving Mental Health Wellbeing.....	20
Supporting Health Providers	21
Our Planning Framework.....	22
Mahitahi Hauora Improvement Framework	23
Financial Report & Audit	25
Entity Information.....	26
Audit Report.....	27
Approval of Financial Report.....	29
Statement of Service Performance	30
Statement of Financial Performance	31
Statement of Financial Position	34
Statement of Cash Flows	35
Statement of Accounting Policies	36
Notes to the Performance Report.....	38



Message from the Chair



The first months of Mahitahi Hauora have been an exciting and encouraging time and I am proud to be part of a wide team working to transform primary health care in Northland. Our launch on Friday 28 June 2018, at Waitangi, was particularly special. Te Whare Rūnanga was chosen to reflect our commitment to Te Tiriti o Waitangi, to acknowledge our partnership with iwi and our many other providers, and to working for all Northlanders. We were privileged and grateful to those who were able to attend and support us in our first steps as Mahitahi Hauora.

I have been heartened by the level of support shown for the vision and the willingness by many to take a new approach. Some early progress has been made, much of which has involved engaging with communities, primary health care and other service providers, all who are vital to the success of the transformation agenda. There have been many highlights so far. One significant step forward is the establishment of the first locality clusters, which will allow us to take a collaborative, place-based approach. We have also held a series of hui to connect with the primary health workforce and better understand the challenges that they face. As a result, the feedback received at these hui now underpins a detailed plan to face these challenges.

The 2019-20 Annual Plan further defines our path for taking a truly community-focused approach, and to supporting the primary care workforce into the future. It is the continued support of all service providers from a variety of sectors, alongside Northland communities, that will enable us to address the broader determinants of health to close the equity gap for Māori, and to shape a health system that is driven by what matters to whānau.

Progress is achieved through the commitment and determination of our many staff and partners. I wish to acknowledge Chief Executive Phillip Balmer for his dedication to the Mahitahi Hauora vision, and his drive to achieve change for Northland. I also acknowledge the Mahitahi Hauora staff and their commitment to the kaupapa, having navigated the early stages of establishing the organisation.

My thanks also go to the primary health care providers for their continued work to provide quality care to their patients. I acknowledge their willingness to engage with our team and to provide valuable input into the transformation plan.

I acknowledge the support of Te Kahu o Taonui, Terenga Paraoa, Whangārei Healthcare Ltd, the Manaia Health and Te Tai Tokerau PHO boards, and Northland DHB. My appreciation also goes to our Board members, who have maintained a sharp focus on the kaupapa and our journey towards achieving the Mahitahi Hauora vision.

I look forward to the coming year and making further progress towards our shared vision.

Ngā manaakitanga,

A handwritten signature in dark ink, appearing to read 'Eru Lyndon'. The signature is fluid and cursive, with a prominent flourish at the end.

Eru Lyndon

Chairman
Mahitahi Hauora

Message from the CEO



I would like to take the opportunity to thank the PHO teams, primary care and Māori health providers, who have supported, challenged and advised me in the establishment phase of Mahitahi Hauora. It has been greatly encouraging to see the overwhelming support and widespread recognition that there is a need for a new organisation, and a way of working to both deliver on commitments made in Te Tiriti o Waitangi to improve health outcomes for Māori in Northland and for the wider population who live in Northland. I would also like to acknowledge the detailed consideration given to the planning documents provided and the high calibre feedback provided which was very helpful in shaping future direction and in deciding on the optimal organisational structure to deliver this strategy.

I acknowledge the ambition of the former PHO Boards (Manaia Health and Te Tai Tokerau PHO), Northland DHB, Māori health providers, general practice teams, and Northland iwi leaders in determining that the current status quo is not acceptable, and a transformation agenda is required. There has been an openness to taking bold steps to address many of the challenges we face in improving primary care services, and to strengthen the valuable partnerships that exist between the wider health and social care team. There has also been support to develop a new model of care based on what matters to whānau, hapū and iwi, in which the community has a stronger role in setting and achieving priorities.

My thanks go to the Mahitahi Hauora Board members who have been constantly available for advice, guidance and direction and have supported Mahitahi Hauora to lead a transformation agenda. I am grateful that the Board have set clear direction for the priorities of this organisation through the Board Charter. Without this clarity of thinking the planning process would have been much more difficult. I would also like to acknowledge the detailed consideration given by everyone to the planning documents and the high calibre feedback provided which was very helpful in shaping future direction and in deciding on the optimal organisational structure to deliver the strategy.

Development of the Strategy and Action Plan has required a different way of thinking and engaging with consumers, whānau, iwi, tertiary providers, and representatives from across primary, community and secondary care. This approach will be maintained through implementation and extended to include engagement with social and private sectors. What we have found is that while there is a strong commitment to working in partnership aligned to Te Tiriti o Waitangi, and recognition that all are working to improve outcomes; there are tensions in relationships between many providers, and the focus at times can be more service than consumer centric. There was also acknowledgment that if we are to close the Māori health equity gap and improve the overall health and wellbeing for everyone living in our region, we need to work more effectively with a broader agenda, and through stronger and more effective partnerships.

There has also been good support for navigator roles (health coach, whānau ora worker, kaiawhina) and for wherever possible, providing a broader and more coordinated range of services closer to home. The barrier described by providers that has been identified repeatedly is in the way services are planned, funded and contracted. There was also strong support for the segmentation of the locality planning for age cohorts so that the implementation can have a more age specific and age appropriate intervention focus.

Part of the analysis highlighted that Northland is experiencing rapid and significant changes in its demographic profile, and providers are experiencing significant demand pressures associated with a rise in age and disease prevalence. This is placing a strain on workforce capacity in primary and community care which if left unaddressed may potentially result in gaps in the availability of primary care services. It is clear that we need to grow and support the GP workforce and reduce the workload pressures through establishing a broader team to support primary and Māori healthcare providers. The goal of our locality focus is to grow a nexus of community care providers aligned to and to strengthen the level and effectiveness of interaction between them. We also need to expand the roles of the wider team as the demands cannot be met by the GP workforce alone.

The developed strategy is aligned with the Government's priorities and policies, particularly centred around wellbeing and making Northland the best place in the world for children to grow up. It has been developed to address the unique needs and challenges faced by those living in Northland with high levels of deprivation, significant equity gaps for Māori, and a widely dispersed population with over 43% of its population living rurally.

The Action Plan is strongly evidence-based, building upon key national and international evidence of system development for the integration of primary and community health and social care in New Zealand. It has also drawn from research into effective interventions to improve equity of outcomes for Māori, rural and remote populations. Evidence in selecting the initial age cohorts for each locality focus is also based on where they will have the biggest impact on wellbeing. The goal of our locality focus is to grow a nexus of community care providers aligned to primary care and to strengthen the level and effectiveness of interaction between them.

I look forward to working with the many providers and communities across Northland to continue to deliver our ambitious change agenda, to make Northland the healthiest place to live and work.



Phillip Balmer

Chief Executive Officer

Mahitahi Hauora



Our Board



Eru Lyndon (Chair)

Eru is of Ngāpuhi, Ngāti Hine, Ngāti Whatua, Ngāti Wai, Ngāti Kahu and Ngāti Toa descent.

He is the Regional Commissioner for Social Development, Northland, at the Ministry of Social Development, and has held executive management and governance roles in Māori development, health, tertiary education, sport and recreation, and private sectors. Since 2013, Eru has overseen many programmes and initiatives that have contributed to improvements in the wellbeing of people and communities. One of these initiatives, He

Poutama Taitamariki, was a finalist in the Better Outcomes category of the inaugural Spirit of Service Awards 2019 for the Public Service.

Eru holds a Bachelor of Laws and an MBA (dist), and has completed executive education programmes at IMD, Stanford and MIT.



Te Ropu Poa

Ngāpuhi, Ngāti Hine, Ngāti Kahu & Ngāti Wai

Representative on behalf of Te Kahu O Taonui

I am currently the General Manager for Te Hau Ora O Ngāpuhi – the Iwi health provider delivering primary care and early intervention programmes to whānau-based in Kaikohe and the surrounding area. I have been working for the organisation for 10 years.

My mission is to reduce the health and social inequities that exist by collaborating with like-minded partners who want to make a difference. I am not afraid to roll my sleeves up and do the mahi when it is required.

I am purpose driven and committed to improving the health and wellbeing outcomes of the people with a particular focus on Māori.

Key strategic priorities

1. Purpose driven leadership - A strategic and tactical approach to problems by building, leading and inspiring a high-performance culture and strong succession planning.
2. Sustainability – Having a global presence through marketing and disruptive innovation. Actively manage financial performance through regular reviewing of KPI's and financial reporting.
3. Leadership - by ensuring there is a caring culture that encourages inspire high performance and leads by example.

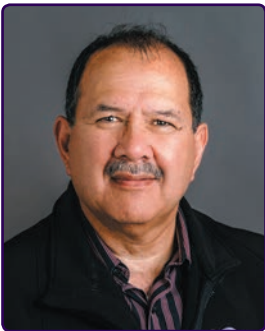


Dr Andrew Miller

GP Partner at Bush Road Medical Centre, Clinical Lead Neighbour Healthcare Homes Northland DHB, Clinical Director of Information Services Northland DHB

I've been a GP at Bush Road Medical Centre, Kamo for the last 25 years. The long-term relationships and continuity of care with my patients is what makes my job gratifying. In my view, the future of general practice will be about building a team and providing coordinated services that responds to the stories we hear that are impacting on people's wellbeing.

I was a member of the Manaia Health PHO Board since its inception and was the Chair for the last eight years. I lead the PHO through the transition and wind-up process. The existing organisation structures in Northland were hampering achieving acceptable health and wellbeing outcomes for Northlanders. The Mahitahi vision of self-determined wellbeing and whānau-centred care give us all a chance to take local leadership and responsibility for each other's wellbeing, which is exciting.



Errol Murray

Te Aupouri, Ngāti Kuri, Te Rarawa, Ngāti Kahu ki Whangaroa, Ngai Takoto

Employed as the General Manager for Whakawhiti Ora Pai, representative for the Māori Health Providers.

Personal Vision: Improved access to health and social services for rural Māori whānau

I moved from Auckland to Te Kao, where my parents are from, in March of 1985 with my wife and our young family. My working life has been varied; however, I have worked in the fields of health and social work for over 25 years. Living in Te Kao has also given me an intimate knowledge of the struggles and complex challenges our Māori whānau in rural communities' face on a day to day basis.

My first governance experience was in the 1980's as a School Board of Trustee member. Since then I have sat on a numerous boards and committees, all pertaining to education, social services and health. It's with this experience and knowledge I accepted a governance role on Mahitahi Hauora, as I totally support the Objectives and Purposes of the Trust as a way forward to address inequality and improve the health status, in particular, of our rural Māori whānau and community.

Our Board



Dr Suzanne Phillips

General Practitioner at The Bayview Medical Centre in Paihia

I arrived in New Zealand as an immigrant from Texas, USA in 1989 and began working as a General Practitioner at Wellsford Medical Centre where I stayed until 1993. I moved North after working in Wellsford and spent a year as a Hospital Doctor at the Bay of Islands Hospital in Kawakawa. In 1994, my business partner, Dr Bronwyn Price, and I opened our General Practice clinic at The Bayview Medical Centre in Paihia and we have continued to work there ever since.

I served on the Te Tai Tokerau PHO Board from 2016 until its ending in 2019 and I have served on the Mahitahi Board since its beginning. I have great hope in the vision of Mahitahi to be innovative in developing a more integrated and responsive approach to health service so that our communities become healthier as well as the individuals in it.



Dr Melissa Gilbert-Smith

Representative for Primary Care/General Practice

I have lived and worked in Northland most of my life and first became a member of Northland's health workforce as a registered nurse at Whangārei Hospital in the early 90's. I went on to do my medical training at Auckland University and returned to Whangārei Hospital as a first year house officer and remained in Northland to complete my GP training.

I became a board member for Manaia Health PHO as the Collaboration Kaupapa was beginning and am now a Mahitahi Trust Board member. I am passionate about the health and wellbeing of Northlanders and to achieve this, health inequities have to be addressed in a meaningful way and our health workforce has to be appropriately supported. My position on the board will be informed by these core tenets.



Geoff Milner

CA MBA (with distinction) BBS

Ngāti Porou/Ngāti Kahungunu

Chief Executive Officer, Ngāti Hine Health Trust

It is an honour to serve as a Trustee as part of the Mahitahi Hauora Board on the single Primary Health Entity for Northland where collaboration with whānau, iwi, community, health and social service providers underpins our aspiration to make Northland the healthiest place to live.

I am also excited about the possibilities and opportunities for Mahitahi Hauora to demonstrate practically what our commitment to Te Tiriti O Waitangi might be for Northlanders (the home of Te Tiriti) if we adopt Te Tiriti O Waitangi as our foundation model of practice. Simply put, would we deliver primary health services in Northland in the way they are currently structured if we were to measure these services against Partnership, Protection and Participation!



Lynette Merle Stewart CNZM

Ngātiwai-Patuharakeke-Tainui

Chief Executive, Ki A Ora Ngātiwai

Significant executive experience at both Governance and Operational levels. Recent Chair of the Te Tai Tokerau Primary Health Organization (TTTPHO). Board member of Te Kaupapa Mahitahi Hauora and I Have a Dream Trust.

Formally, Chief Executive of Te Tai Tokerau MAPO Trust, with strategic co-funding management and co-monitoring of health and disability services in Te Tai Tokerau for Māori health gain, in partnership with Māori, Ministry of Health, and Northland District Health Board.

Chair, Northland District Health Board, (NDHB), 2001 to 2009, National District Health Boards, New Zealand, NZ National Health and Public Health Advisory Boards, Member, Institute of Directors, New Zealand.

University of Auckland Business School, Dame Mira Szazy Māori Business Leadership Award (Inaugural – 2003), and the Distinguished Alumni Award in 2008, Lynette continues to champion education for students from Tai Tokerau.

Mahitahi Hauora is pivotal, to the strategic consolidation of Primary Health across Te Tai Tokerau, in partnership with communities, iwi, and Northland DHB.



Dr Nick Chamberlain

Chief Executive, Northland District Health Board

I have been the CE of Northland District Health Board for eight years. My previous roles have been in both clinical and senior leadership positions in a range of health services covering primary, secondary and tertiary services.

I was born in Whangārei and following medical school graduation chose to work as a GP in Northland for 11 years before transferring those skills to the Northland DHB in the dual role as GP Liaison and as the Primary Care Advisor for six years. I also worked in Addiction and Sports Medicine for many years including supporting Commonwealth, Olympic and New Zealand Rugby Sevens teams. In 2006 I was appointed to the role of General Manager, Planning and Funding at Capital & Coast DHB and then in 2008 returned to Northland as General Manager, Clinical Services. In 2011 I was appointed to my current role and have a number of national responsibilities including Lead DHB CEO for Primary Care and Public Health.

I am passionate about Northland, its people and understand the challenges we all face every day. My interests lie in achieving the Quadruple Aim of eliminating inequity, improving population health, enhancing patient experience with a strengthened primary care and hospital system which continually improves the safety and quality care.

Financial and environmental sustainability is important but the only way we can achieve these is to support our staff and all healthcare workers health, safety and wellbeing.

MAHITAHI H

Working together to be the healthiest

COMMUNITY EMPOWERMENT

COLLABORATION

EQUITY FOR ALL

WELLBEING FOR ALL



Whanau
Relationships



Whanau
Knowledge



Whanau
Health



Connect
People, Places
Processes

Whanaungatanga

Action
Competent
intervention

Hauora

Share
Access for
Whole of family to
Whole of services

Whanau ora

Te Hononga

Connecting Care, Leading Change, Adding Value

SOCIOECONOMIC & P

IAUORA

at people in New Zealand



Whanau
ships



Whanau
a



Whanau
Participation in
Community



Whanau
Living Standards



Whanau Built
Natural Environment



Whanau
Engagement with
Te Ao Maori

POLITICAL DRIVERS

STRUCTURAL INEQUITIES & BIASES

The Launch of New Primary Health Entity Mahitahi Hauora

On Friday 28 June, Mahitahi Hauora launched a significant transformational change agenda on Te Tiriti o Waitangi grounds, symbolising a renewed commitment to partnership between General Practice, Māori Health Providers, Iwi and Northland District Health Board.

A ground-breaking collaborative endeavour, Mahitahi Hauora is the new primary care entity replacing Te Tai Tokerau and Manaia Health Primary Health Organisations.

The establishment of Mahitahi Hauora marks a significant mind-set change, to deliver on commitments made in Te Tiriti o Waitangi, including improving Māori health outcomes.

The shift acknowledges that to achieve a broader population health strategy for all in Northland, and to close the equity gap for Māori it is important to recognise that change is required on not just one but multiple levels within the health and social system if we are to impact social determinants of health.

The significant change also includes a broader focus on addressing the wider determinants of wellbeing, including social, economic, and environmental factors. The purpose of Mahitahi Hauora is to support a primary healthcare system that sustains equitable, self-determined wellbeing and ensures every person has an opportunity to live a long healthy life.



Chief Executive of Mahitahi Hauora, Phillip Balmer

Mahitahi Hauora has four key goals in the summary strategy:

I. Realising wellbeing for all who live in Northland

The vision for Mahitahi Hauora is: “to create by 2026 a Northland healthcare system that sustains equitable self-determined wellbeing.”

Our aspiration is to make Northland the exemplar of best practice for improving the wellbeing of its people. Wellbeing describes a positive state of being or Māori Ora. The term is synonymous with terms such as happiness, quality-of-life, life-satisfaction, or contentment. A key component of this term is its application to all stages and facets of a person’s life, but more importantly a goal that is sustained from both a single moment in time through to one’s life trajectory. Wellbeing is an important aspiration because it correlates with a variety of life success indicators, across multiple life domains, including for example, school achievement, employment, relationships, parenting, physical and mental health, and constructive contributions to the wider community.

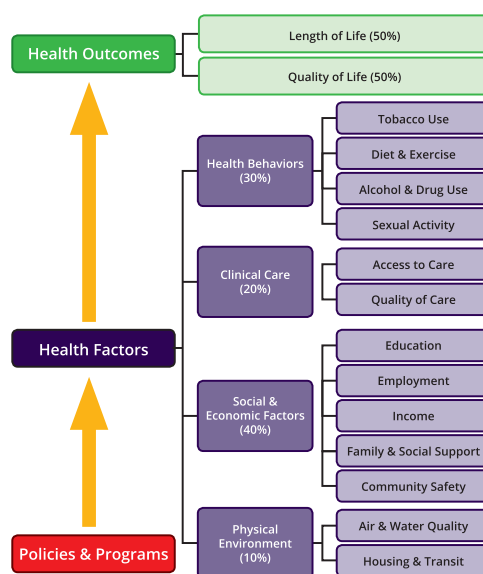
II. Making equity a priority for all

Several recent reports highlight that the goal of wellbeing is being realised unequally and that while there is progress, inequities for Māori persist. These reports include:

- The Waitangi Tribunal’s Hauora: Report on Stage One the Health Services and Outcomes Kaupapa Inquiry (Wai 2575),
- The Ministry of Health’s response to Te Tiriti o Waitangi obligations in health and the developing Māori Health Action Plan (under consultation), in response to Wai 2575
- The Health and Disability System Review Interim Report key directions for change in relation to Hauora Māori, Te Tiriti O Waitangi and equity.

III. Growing multiagency collaboration

There is no single organisation or strategy that can ensure everyone in the Northland community can achieve wellbeing. The leadership within Mahitahi Hauora recognise this and that if we are to address the persistent inequities that exist for Māori we need to work in partnership to address the wider determinants of wellbeing as shown. To be successful we need to widen our approach from the reductionist mindset to a more holistic, and whānau-centred approach. We need to grow effective working relationships with hapū and iwi, to develop a multiagency response and align our efforts with the efforts of health and social care partners e.g., Hapū and iwi providers, DHB, local and regional councils, Oranga Tamariki, Treasury, NZ Stats, SIA, MSD, MoH, MoE, MoJ, DPMC, as well as in related areas including MBIE, HNZC, NZ Transport).



This plan defines our part in contributing to the wellbeing of Northlanders, aligned to agreed outcomes frameworks including the child wellbeing, whānau ora, and the universal living standards. We need to be effective partners in order to operationalise our efforts to address the multiple antecedents and constituents that can realise wellbeing.

IV. Community empowerment

As shown in the diagram (p.12-13), as we paddle our waka in our life journey, we encounter different size waves or barriers to realising wellbeing due to structural inequities, socioeconomic and political drivers. To be effective in improving the wellbeing of Northlanders we need to not only influence individual behaviours and healthy lifestyle choices but also address community-wide problems such as poverty, unemployment, low educational attainment, inadequate housing, lack of public transportation, exposure to violence, and neighbourhood deterioration (social or physical). This needs to be achieved through both central and local solutions.

Local solutions or a place-based approach understands and works to improve the norms, and demographic and geographic patterns within each community that shape the lives of every individual living in that community that may have persisted over multiple generations. Mahitahi Hauora, in its ambitious agenda, believes that many of these factors are not intractable, and such inequities can be mitigated by community action, supported by multi-sectoral efforts. We need to grow the local voice in order to identify and support community and whānau-driven solutions in order to address the broader determinants of health and the causes of inequity for Māori.

In our plan, we have placed an emphasis on empowering the community to prioritise and realise their own solutions and as Mahitahi Hauora we will maintain a commitment to identify and address what matters to whānau, hapū and iwi, as well as the wider population.

By doing this we will be able to achieve the Mahitahi Hauora vision: healthier, more equitable communities in which the wider definition of wellbeing is realised.






Mahitahi Hauora staff with service providers at a community hui held by the team for Locality 3: Complex care management, at Marist Sports Club, Whangārei

Te Whakamahere/The Annual Plan

The way we will work

Te Hononga is a framework of Māori concepts that guide the way we work. These concepts include:

-  **Whanaungatanga**, or connecting with people, their place and current reality
-  **Hauora** - providing clinically and culturally competent care
-  **Whānau Ora** - providing access and support for the wider family and a more accessible and integrated range of health and social services.

Mahitahi Hauora's annual plan will focus tactically on the most significant age cohorts and communities that will be likely to realise the biggest impact on equitable self-determined wellbeing.

Locality 1 and 2: Mama,Pēpi ,Tamariki Ora and Taitamariki

The best starting point for protecting and promoting wellbeing is now firmly established by science. Wellbeing research, in particular developmental neuroscience, has highlighted the critical role played by early brain development for subsequent wellbeing through to childhood and adulthood. This research has demonstrated that adverse experiences early in life can be amplified and can accumulate across the life-course. Similarly, good experiences early in life can help to build resilience and help people deal effectively with life challenges.

The two key priority areas for intervention, are from pregnancy through the first five years of life, and the adolescent years. This is because of the heightened malleability and adaptive capacity of the brain at these times. For this reason, we have chosen to focus our intervention strategies within our first two localities on mama, pēpi, tamariki ora, and taitamariki. While we are focusing on these age cohorts, we are also focusing more broadly on whānau ora because we recognise that to be effective, we need to focus on both the children and the parents or caregivers. We are actively engaging with key locality partners who are working with the respective age-cohort. The goal is to learn from what works for the individuals and whānau in each locality and apply this for the wider population. As we make gains in wellbeing within the locality population and confirm that benefits are persisting and strengthening over time, we can apply the interventions more broadly across Te Tai Tokerau to improve the wellbeing of the wider population.

We have narrowed the focus of each locality to develop evidence-based interventions, matched according to the age of the child and its their context. In order to apply the evidence of the importance of intervening as early as possible means we need to develop skills and capacity in identifying and addressing wellbeing challenges within health and social care providers, in primary care and within Māori providers, teachers, and other agencies. Mahitahi Hauora is well positioned in working alongside primary care and the DHB to rollout the National Child Health Information Programme (NCHIP) for newborn enrolment, and the associated monitoring program and the next key milestone check that occurs as part of the B4School Check screening programme. We are also well placed to repsond effectively to identified wellbeing issues early through our ongoing complex case management review where sentinels such as Plunket, Tamariki ora, midwives and other community workers can refer for whānau ora case review.

Our goal is to develop an effective multiagency approach so that children can be born well and start well.

All children should have:

- i. good physical and mental health;
- ii. intact and well-functioning language and cognition;
- iii. an age-appropriate social-emotional skillset
- iv. friendships and social connection;
- v. a robust cultural/self-identity;
- vi. a supportive, loving family environment;
- vii. living in a safe and healthy community



Locality Three: Complex Case Management of Older Adults

We recognise the considerable growth pressure faced by Northland DHB services over the next 20 years. With no new hospital build imminent, Northland DHB will have little choice than to “bend” those demand curves as much as is possible by acting in concert with primary care and other community providers. To achieve this integration, Northland DHB has committed to supporting the development of six localities, each with a population of 20-30k and each with unique needs and challenges that will require a slightly different approach to service development.

Each of these localities is organised around a network of primary care, community care providers and a hospital (rural or main). Primary care is under considerable pressure both in terms of gaps in availability and increased demand. If the strategy aligned to the Northern Region Long term Investment Plan (NRLTIP) is to be achieved, we need to ensure that the Northland health delivery system is ready to meet the demand and maximise the value from available resources. We need work with primary care to address some of the capacity and demand growth challenges they face so that they can be a key part of the solution.

All stakeholders agree on the strategy of place-based care, supporting the role of primary care as the health care home for patients, and organising community services around primary care in the first instance and hospital in the second. Mahitahi Hauora is working in each locality to grow and strengthen integration between the primary and community teams through locality hubs through an incremental approach in order to grow community-oriented capacity to expand and complement the role of primary care.

Design Thinking and Analytics

It is recognised that to be effective it is not just about having the right ideas. It is about expert design, effective implementation and realistic expectations about potential benefits. The improvement process needs to be built on a solid platform of community engagement and data and analytics. To be successful this will require sophisticated data collection, analysis and interpretation systems. In practice this means starting with evidence-based approaches when possible, and/or rigorously trialling novel approaches matched appropriately to our unique social and cultural context.

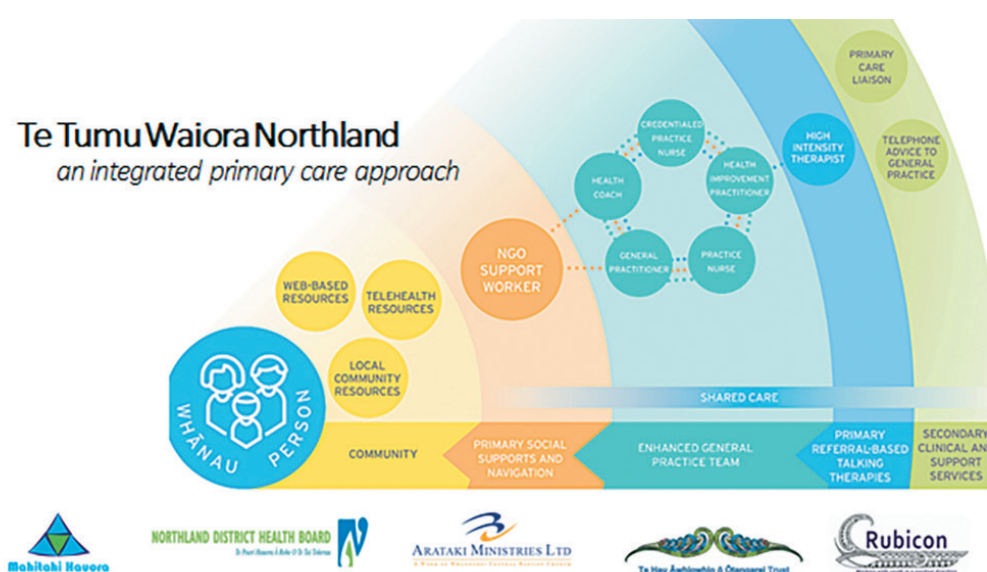
We also need to continue to grow our capacity to design and redesign provisions for wellbeing based on ‘best fit’ for each local context or locality. What works in the Mid North may not work in Whangārei and vice versa.

Our goal is to develop a learning system within an ethos of continuous improvement in service content and delivery. Our goal is also to grow and develop change capability so that we can be effective in implementation to find out what works best for communities and whānau Māori within the local context. We want to develop a culture of evaluation and innovation in achieving health and social gains through effective intervention capable of rivalling any in the world. To be effective, we will need to reinforce whānau and community strengths with improvement science, innovation, analytics, research and evaluation to develop and apply a range of evidenced-based intervention options available, to be delivered at different ages, which in combination should result in the greatest impact on wellbeing. Ultimately the goal is to develop a comprehensive programme of joined-up evidence-based interventions in partnership with whānau (across sector and life-stages) beginning at (or even before) conception and delivered according to proportionate universalism principles.

Our locality planning model while described in a logic model, which is linear and progresses neatly from inputs to outputs and outcomes, in fact is more circular to reflect the complexity of dynamics between individuals, whānau, the local community and the potential synergies realised between the hapū /Iwi providers and multiagency community health and social care providers.

Improving Mental Health Wellbeing

A key component of supporting primary care in addressing the broader determinants of wellbeing is ensuring there is access to an effective model of care to address mild to moderate mental health conditions. Northland's Te Tumu Waiora pilot programme has already demonstrated its effectiveness to support general practice to address the needs of their patients on the day of presentation. We look forward to expanding this programme in primary care and Māori providers across Northland in 2020-21. We are confident this will help to address the recommendations contained in He Ara Oranga, the report on the Government enquiry into mental health. The report recommended changes to improve New Zealand's approach to mental health, with a particular focus on equity of access, community confidence in the mental health system and better outcomes, particularly for Māori and other groups with disproportionately poorer outcomes. Te Tumu Waiora (TTW) as depicted below is an evidence-based model which provides an integrated primary care approach to address patient and whānau priorities.



The existing TTW collaborative includes representation from Northland DHB, Mahitahi Hauora, general practice, iwi, consumers, and a Northland NGO Collective.

The integrated model of care includes three key roles: a Health Improvement Practitioner (HIP), Health Coach (HC)/Kaiarahi/Peer, and a Community Support Worker (CSW). The model also recognises the importance of a confident and competent general practice with a continuum of care which is also integrated with secondary services. Currently, the appointment of HIP roles will be through Mahitahi Hauora. We will also work collaboratively with Northland DHB and community NGO providers such as Arataki Ministries, Te Hau Awhiowhio, Rubicon, and hapu and iwi providers, to ensure the Health Coach or CSW roles are well embedded within each Neighbourhood Network and that synergies are realised.

The RFP outcome will be announced in December and places a strong emphasis in its selection criteria on effective DHB, PHE and NGO collaboration, with an equity lens to deliver prescribed services to the enrolled population of selected general practices, specifically practices with a high enrolled population of Māori, youth and Pacific.

As the primary care partner for other providers, Mahitahi Hauora has promoted a collaborative approach and committed resources to complete the RFP alongside the Northland DHB team. After several meetings with Māori providers, a consensus has also been reached that Mahitahi Hauora would also develop the RFP response for the Kaupapa Māori mental health model.

Supporting Health Providers

We will also work to ensure Northland is a great place to work for all involved in community and primary care and grow the contributions Māori Providers can make. Our goal is to improve the wellbeing of all who work in health and social care, and to grow confidence that if we work together we can achieve what seems impossible.

To achieve this outcome, we have the following goals:

1. To make Mahitahi Hauora a high performing organisation and an employer of choice by having shared values and goals, development and support to grow the capabilities of people and teams to accelerate the transformation and integration agenda at pace.
2. To address the workforce challenges in primary care associated with an aging workforce, to address the ethnicity gap, to increase training numbers particularly for NPs, GPs, allied health and mental health workers, and to improve workforce retention;
3. To provide access for the primary care team to a wider community team so that they can deliver care that is more people-centred, and they are better able to respond to the health needs of patients and the wider community.

Many have recognised Northland is a great place to live work and play and as a result we have one of the fastest growing populations in New Zealand. This rapid population growth is placing significant demand on the healthcare services, both in terms of numbers and complexity. Mahitahi Hauora is working urgently to address this challenge by bolstering primary care services across the region. We have developed short, medium and long-term plans with a multi-pronged and intensive approach to address the GP and medical workforce shortage in our region.

The short-term approach includes expanding the locum recruiting agency to include permanent GP placement, to improve the outcome and reduce the cost of individual practices recruiting GPs. We are also partnering with local economic development agency Northland Inc to promote Northland as a great place to work and live well, in order to attract a range of health professionals.

Our longer-term approach is to scope the potential of developing a science academy to establish a local pipeline for the healthcare workforce. Alongside this initiative we would establish a rural immersion training hub, increasing capacity to grow and develop an interprofessional primary care and community workforce. The goal is to build a non-professional workforce (e.g. kaimahi, health coach, Whānau Ora workers).

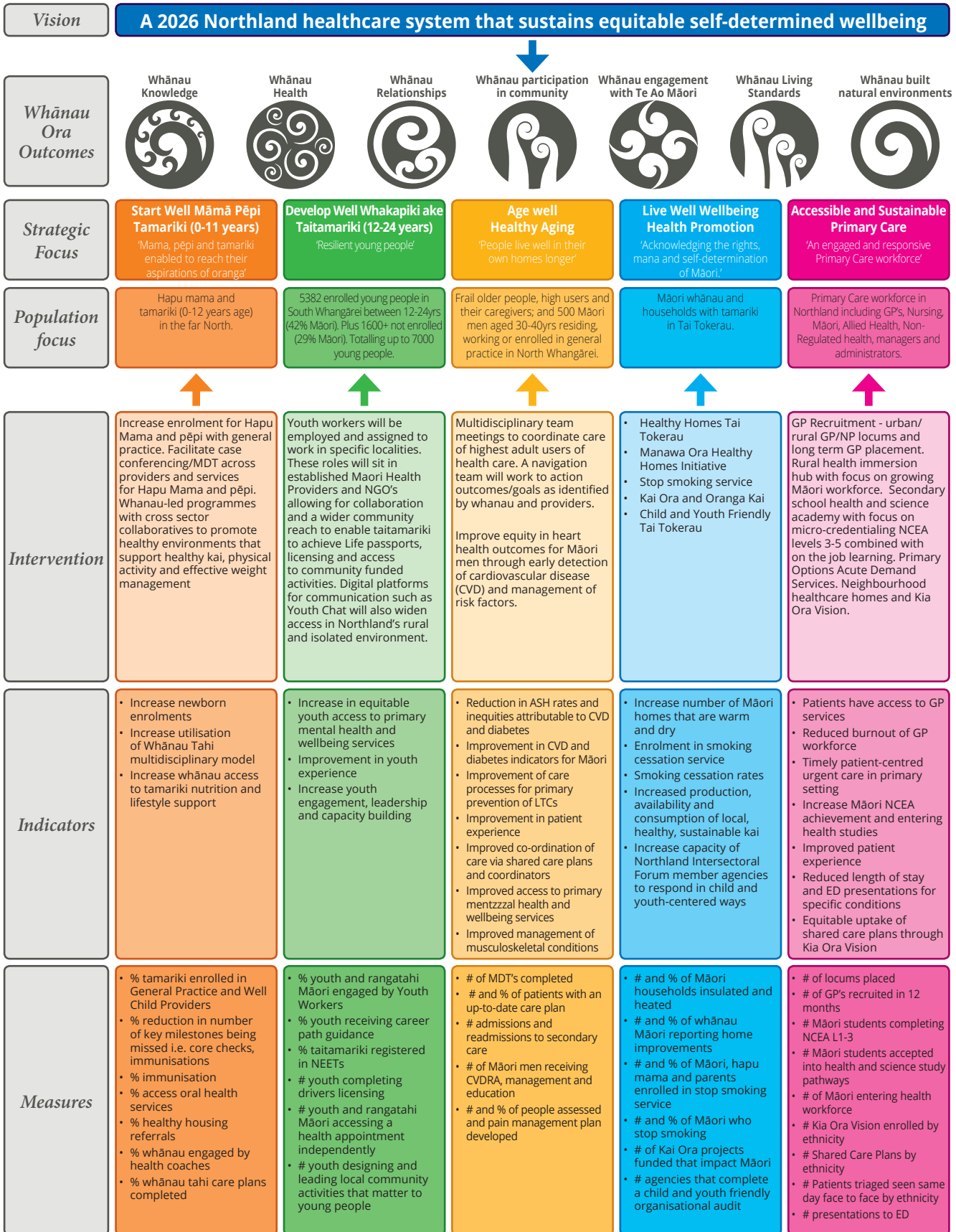
Our Planning Framework



What matters to whānau: Ongoing engagement

This will be ongoing throughout the process at key points, with a representative Board, Advisory Groups, a leadership team, Locality co-design teams, Focus area Working Groups, community engagement with consumers, and primary, community, and secondary care provider stakeholders

Mahitahi Hauora Improvement Framework





E ngā mana, e ngā reo, e ngā waka, e ngā hau e wha, tēnā koutou, tēnā koutou

The flag on the left is the flag of the four winds, representing the people who came in their waka from the four winds. The flag was the first shipping flag of NZ.

Financial Report & Audit

Te Kaupapa Mahitahi Hauora-Papa O Te Raki

For the period 18 December 2018 to 30 June 2019

Entity Information.....	26
Audit Report.....	27
Approval of Financial Report.....	29
Statement of Service Performance	30
Statement of Financial Performance	31
Statement of Financial Position	34
Statement of Cash Flows	35
Statement of Accounting Policies.....	36
Notes to the Performance Report.....	38

Entity Information

Te Kaupapa Mahitahi Hauora-Papa O Te Raki

For the period 18 December 2018 to 30 June 2019

Legal Name of Entity

Te Kaupapa Mahitahi Hauora-Papa O Te Raki

Entity Type and Legal Basis

Charitable Trust

Registration Number

2725832

Entity's Purpose or Mission

Funding and Provision of essential primary health care services

Main Sources of Entity's Cash and Resources

Gifting from Manaia Health PHO Limited and Te Tai Tokerau PHO Limited

Main Methods Used by Entity to Raise Funds

Provision of services

Entity's Reliance on Volunteers and Donated Goods or Services

No reliance on volunteers or donated goods or services

Physical Address

28 Rust Avenue,
Whangārei,
Northland,
New Zealand, 0110

Postal Address

P O Box 1878,
Whangārei,
Northland,
New Zealand, 0140

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

Report on the Financial Information

Opinion

We have audited the financial information contained in the performance report of Te Kaupapa Mahitahi Hauora-Papa O Te Raki ("the Trust") on pages 8 to 15 which comprises the statement of financial performance and statement of cash flows for the period ended 30 June 2019, the statement of financial position as at 30 June 2019, and the statement of accounting policies and notes to the performance report ("the financial information").

In our opinion the financial information presents fairly, in all material respects, the financial position of the Trust as at 30 June 2019, and its financial performance and cash flows for the period then ended in accordance with Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit).

Basis for Opinion

We conducted our audit of the financial information 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 Information* section of our report. We are independent of the Trust in accordance with Professional and Ethical Standard 1 (Revised) *Code of Ethics for Assurance Practitioners* 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 other information. The other information at the date of this auditor's report includes the entity information and the statement of service performance contained in the performance report, but does not include the financial information and our auditor's report thereon.

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

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

The Responsibility of the Trustees for the Performance Report

The Trustees are responsible on behalf of the Trust for:

- (a) Identifying outcomes and outputs, and quantifying the outputs to the extent practicable, that are relevant, reliable, comparable and understandable, to report in the statement of service performance;
- (b) the preparation and fair presentation of the performance report which comprises:
 - the entity information;
 - the statement of service performance; and
 - the statement of financial performance, statement of financial position, statement of cash flows, statement of accounting policies and notes to the performance report in accordance with Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit) issued in New Zealand by the New Zealand Accounting Standards Board, and
- (c) for such internal control as the Trustees determine is necessary to enable the preparation of the performance report that is free from material misstatement, whether due to fraud or error.

In preparing the performance report, 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 intends to liquidate the Trust or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibility for the Audit of the Financial Information

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

As part of an audit in accordance with ISAs (NZ), we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial information contained in the performance report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of the use of the going concern basis of accounting by the Trustees and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial information contained in the performance report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Trust to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial information contained in the performance report, including the disclosures, and whether the financial information contained in the performance report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Trustees regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Who we Report to

This report is made solely to the Trustees, as a body, in accordance with the trust deed of the Trust and the Charities Act 2005. Our audit has been undertaken so that we might state to the Trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trustees as a body, for our audit work, for this report, or for the opinion we have formed.

BDO Auckland

BDO Auckland
Auckland
New Zealand
15 November 2019

Approval of Financial Report

Te Kaupapa Mahitahi Hauora-Papa O Te Raki

For the period 18 December 2018 to 30 June 2019

The Board are pleased to present the approved financial report of Te Kaupapa Mahitahi Hauora-Papa O Te Raki for period ended 30 June 2019.

APPROVED



Date12/11/2019.....



Date12/11/2019.....

Statement of Service Performance

Te Kaupapa Mahitahi Hauora-Papa O Te Raki

For the period 18 December 2018 to 30 June 2019

Description of Entity's Outcomes

The primary charitable purpose is to support a primary healthcare system in the Community that sustains equitable, self-determined wellbeing of the people in the community, and ensures that every person in the community has a fair opportunity to live a long, healthy life.

In addition to:

- a. Target inequality in health outcomes for Māori, rurally domiciled, and high needs members of the Community;
- b. Improve health status and outcomes of the Community;
- c. Provide and promote health and health related services for the benefit of the community;

The objectives of the Trust for the year ended 30 June 2019 was to facilitate the transition of Manaia Health PHO Limited and Te Tai Tokerau PHO Limited assets and services into a single Primary Health Entity. A PHO services level agreement has been signed with the DHB and staff from both PHO's have been employed to deliver services from the 1 July 2019.

The outcomes and measures in respect to delivery of the objectives:

Donations of Assets and Cash received from PHO's \$1,592,906

Services were provided to enable the further transfer of assets and services from the PHO's in the following year.

Statement of Financial Performance

Te Kaupapa Mahitahi Hauora-Papa O Te Raki

For the period 18 December 2018 to 30 June 2019

	NOTES	18 DEC 2018 - 30 JUN 2019
Revenue		
Donations and other similar revenue	1	1,592,906
Interest, dividends and other investment revenue	1	16
Total Revenue		1,592,922
Expenses		
Employee related costs	2	142,442
Administrative costs	2	67,179
Total Expenses		209,621
Surplus/(Deficit) for the Year		1,383,302

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



Whakareanga - 4th to 5th century

Whakareanga is a large, ornate wooden building that was built by the Māori people of the Whakareanga area. It was used as a meeting place and a place of worship. The building is made of dark wood and has a steep, gabled roof. The roof is decorated with intricate carvings and a central figure of a person standing on top. The building is surrounded by trees and greenery.



Te Wharekōwhiri - The House of the Spirits

Te Wharekōwhiri is a large, ornate wooden building that was built by the Māori people of the Whakareanga area. It was used as a meeting place and a place of worship. The building is made of dark wood and has a steep, gabled roof. The roof is decorated with intricate carvings and a central figure of a person standing on top. The building is surrounded by trees and greenery.

Te Whare Rūnanga will be open from 10.00am to 4.00pm for 15 minutes prior to and 30 minutes after the Cultural Performance during the Cultural Performance.

Next scheduled performance: 4.00pm

**GUIDED TOURS
MEETING POINT**

4.00pm



Statement of Financial Position

Te Kaupapa Mahitahi Hauora-Papa O Te Raki

As at 30 June 2019

	NOTES	30 JUN 2019
Assets		
Current Assets		
Bank accounts and cash	3	1,070,196
Debtors and prepayments	3	20,379
Other Current Assets	3	5
Total Current Assets		1,090,580
Non-Current Assets		
Property, Plant and Equipment	5	342,906
Total Non-Current Assets	3	342,906
Total Assets		1,433,486
Liabilities		
Current Liabilities		
Creditors and accrued expenses	4	41,073
Employee costs payable	4	9,112
Total Current Liabilities		50,185
Total Liabilities		50,185
Total Assets less Total Liabilities (Net Assets)		1,383,302
Accumulated Funds		
Accumulated surpluses or (deficits)	6	1,383,302
Total Accumulated Funds		1,383,302

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

Statement of Cash Flows

Te Kaupapa Mahitahi Hauora-Papa O Te Raki

For the period 18 December 2018 to 30 June 2019

18 DEC 2018
- 30 JUN 2019

Cash Flows from Operating Activities

Cash donations, and other similar receipts	1,250,000
Interest, dividends and other investment receipt	16
GST	(4,892)
Payments to suppliers and employees	(174,923)
Total Cash Flows from Operating Activities	1,070,201

Cash Flows from Investing and Financing Activities

Cash Flows from Other Investing and Financing Activities	(5)
Total Cash Flows from Investing and Financing Activities	(5)

Net Increase/ (Decrease) in Cash **1,070,196**

Cash Balances

Cash and cash equivalents at end of period	1,070,196
Net change in cash for period	1,070,196

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

Statement of Accounting Policies

Te Kaupapa Mahitahi Hauora-Papa O Te Raki

For the period 18 December 2018 to 30 June 2019

Basis of Preparation

The entity has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit) on the basis that it does not have public accountability and has total annual expenses equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

Changes in Accounting Policies

As these are the first financial statements prepared for the Trust, there are no accounting policies previously employed which could have changed.

Accounting Period

The Trust was registered on the 18th December 2018 and therefore the current reporting period is for six and a half months and there are no comparatives.

Goods and Services Tax (GST)

The entity is registered for GST. All amounts are stated exclusive of goods and services tax (GST) except for accounts payable and accounts receivable which are stated inclusive of GST.

Bank Accounts and Cash

Bank accounts and cash in the Statement of Cash Flows comprise cash balances and bank balances (including short term deposits) with original maturities of 90 days or less.

Income Tax

Te Kaupapa Mahitahi Hauora-Papa O Te Raki is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

Debtors and Prepayments

Debtors are stated at estimated realisable value. Amounts not considered recoverable have been written off during the year.

Property, Plant & Equipment

Items of property plant and equipment are initially measured at cost, except those acquired through non-exchange transactions which are instead measured at fair value as their deemed cost at initial recognition.

There was no depreciation in the period ended 30 June 2019 as all fixed assets were acquired on the 30 June 2019.

Donations, Fundraising and Other Similar Revenue

Donations, Fundraising and Other Similar Revenue is recorded on receipt provided there is no “use or return” conditions attached. Where “use or return” conditions are attached the revenue is initially recorded as a liability, with revenue recognised as the conditions are met.

Where significant donated assets are received with useful lives of 12 months or more, and the fair value of the asset is readily obtainable, the donation is recorded at the value of the asset obtained. Where the fair value of the asset is not readily obtainable, the donation is not recorded. Donated assets with useful lives less than 12 months are not recorded.

Creditors and Accrued Expenses

Creditors and Accrued Expenses are recorded when an invoice has been received. Where goods have been received by the entity or services performed for the entity but no invoice has yet been received, an estimate of the amount to be paid has been accrued.

Interest Income

Interest income is recognised on an accruals basis.

Notes to the Performance Report

Te Kaupapa Mahitahi Hauora-Papa O Te Raki

For the period 18 December 2018 to 30 June 2019

2019

1. Analysis of Revenue

Donations, and other similar revenue

Assets Gifted from PHO's	342,906
Donations from PHO's	1,250,000
Total Donations, and other similar revenue	1,592,906

Interest, dividends and other investment revenue

Interest Received	16
Total Interest, dividends and other investment revenue	16

2. Analysis of Expenses

Employee related costs

Salaries and Wages	102,639
Governance Costs	38,750
Employment Related Expenses	1,053
Total Employee related costs	142,442

Administrative costs

Audit Fees	4,000
Other Operating Expenses	63,179
Total Administrative costs	67,179

3. Analysis of Assets

Bank accounts and cash

ANZ - Current Account	1,070,196
Total Bank accounts and cash	1,070,196

Debtors and prepayments

Accounts Receivable	1,724
GST	5,694
Prepayments	12,961
Total Debtors and prepayments	20,379

Other current assets

RWT tax paid	5
Total Other current assets	5

4. Analysis of Liabilities

Creditors and accrued expenses

Accounts Payable	25,207
Sundry Accruals	15,867
Total Creditors and accrued expenses	41,073

Employee costs payable

PAYE	7,255
Wages Payable	1,857
Total Employee costs payable	9,112

5. Property, Plant and Equipment

Computer Software	59,926
Computer Equipment	33,157
Furniture & Fittings	29,705
Leasehold Improvements	104,239
Motor Vehicles	77,500
Office Equipment	25,918
Plant & Equipment	12,461
Total Property, Plant and Equipment	342,906

6. Accumulated Funds

Accumulated Funds

Accumulated surpluses or (deficits)	1,383,302
Total Accumulated Funds	1,383,302

7. Commitments

There are no commitments as at 30 June 2019.

8. Contingent Liabilities and Guarantees

There are no contingent liabilities or guarantees as at 30 June 2019.

9. Related Parties

Receivables

Mania Health PHO Limited - Settlor	1,724
Total Receivables	1,724

Payables

Mania Health PHO Limited - Settlor	1,226
Total Payables	1,226

9. Related Parties Continued

Donations

Manaia Health PHO Limited - Settlor	700,000
Te Tai Tokerau PHO Limited - Settlor	550,000
Total Donations	1,250,000

Payables

Manaia Health PHO Limited - Settlor	-
Te Tai Tokerau PHO Limited - Settlor	342,906
Total Assets Gifted	342,906

10. Related Parties

The Trust was formed by Manaia Health PHO Limited and Te Tai Tokerau PHO Limited to establish a single contracting entity to provide Primary Healthcare in the Northland region. In the period ended 30 June 2019 there were transactions between the entities to facilitate the future transfer of assets and services.

A number of the Trustees are also directors of Manaia Health PHO Limited and Te Tai Tokerau PHO Limited.

11. Events After the Balance Date

It was resolved by both Manaia Health PHO Limited and Te Tai Tokerau PHO Limited to transfer both their assets and services to the Trust. There were donations received by the Trust from both PHO's during the period ended 30 June 2019. An estimate of further donations to be received from the PHO's of cash and assets for the year ended 30 June 2020 are:

Manaia Health PHO Limited - Assets	\$3,067,366
Manaia Health PHO Limited - Cash	\$4,688,000
Te Tai Tokerau PHO Limited - Cash	\$1,460,000

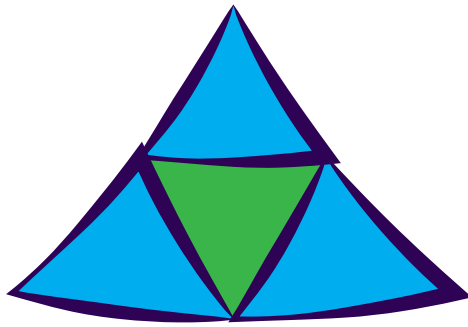
From the 1 July 2019 the Trust has employed staff from the PHO's and has taken over the PHO's service agreements with the District Health Boards.

12. Ability to Continue Operating

The entity will continue to operate for the foreseeable future.







Mahitahi Hauora

The Mahitahi Hauora logo was designed by tohu design expert, Allen Wihongi. It is inspired by the kakahu, the Māori cape: the value of which lies in those who make the cape and the purpose for which the cape is made.

Historically, the cape was used for shelter, to give warmth, to acquire co-operation, for recognition, status, advantage in adversary, and spiritual and physical protection.

In construction, the cape was woven from the bottom up and when feathers were woven into the cloak, they were secured so firmly you couldn't pull them out.

The design of the logo is inspired by the decorative pattern at the bottom of the cape in which you will often find triangular shaped patterns, interpreted to represent knowledge of the physical world.

The logo has 5 triangles. The grouping is 4 smaller triangles which together form a larger, fifth, triangle – a visual metaphor.