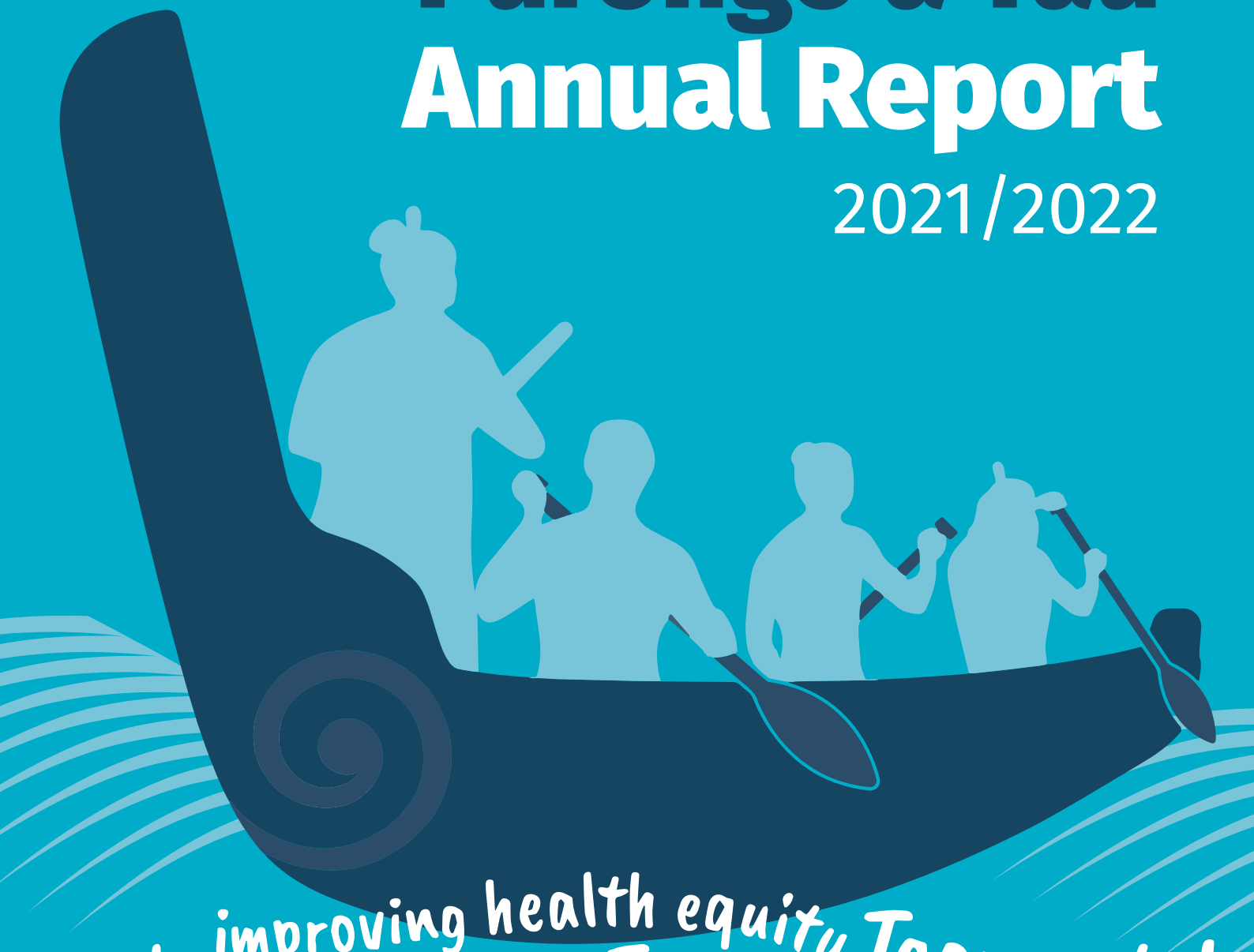
Mahitahi Hauora

Pūrongo ā Tau Annual Report

2021/2022



improving health equity Taonga tuku
aroha tamariki Health Te ao Māori caring for o
self-determined wellbeing care Whānau
Mauri tū mauri ora working toge

Karanga karanga ki a Ranginui e tū nei	Call upon Ranginui
Karanga karanga ki a Paptūanuku e takoto nei	Call upon Papatūanuku
Kia horo pai ai te ara matua	To lay forth the pathway
Nā Rongo te ara	Of Rongo
Nā Tāne te ara	Of Tāne
Tāne te Waiora	Tāne the life giver
Tāne te Wānanga	Tāne the learning
Tāne te Pūkenga	Tāne the skilled
Tāne te Whakaputa	Tāne the progenitor
Te whakaputa ki te whei ao, ki te ao mārama	To enter the emerging world, the world of light
Ka whakaoti nuku, ka whakaoti rangi	To be complete
Tō manawa ki tāku manawa ka irihia	Now bound together, uplifted
Whano! Whano! Haramai te toki! Haumi e!	We are unified and move forward as one!
Hui e! Taiki e!	

aroha improving
tamariki Hea
self-determine
Mauri tū

Tō Mātou Tirohanga Whakamua

Our Vision

A 2026 Northland healthcare system that sustains equitable, self-determined wellbeing for the people of Northland.

Our Trust Purpose

1. Target inequality in health outcomes for Māori, rurally domiciled and high-needs members of the community.
2. Connect and promote health and health-related services for the benefit of the community.
3. Establish and maintain an aspirational organisation to enable an optimal health and wellbeing primary and community system for the benefit of the community.
4. Support optimal coordination and facilitation of an environment that enables virtual integration of health and community services.
5. Advocate advancement of health outcomes in the community.
6. Acknowledge and respond to the composition of the community in the provision of health and health-related services for the community.
7. Collaborate with other organisations and community groups to deliver the objectives of the Trust for the community.

Te Rārangi Kaupapa
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He Aumihi Nā Te Heamana

Message from our Chair

This has been a year of change and challenge for Mahitahi Hauora and our primary care partners.

Our frontline providers once again stepped up to the challenge of Covid-19 as Omicron cases surged in Northland. I am proud of the leading role Mahitahi Hauora played in supporting primary care providers to manage Covid-19 patients effectively in the community.

As this year progressed it became clearer that the Pae Ora Bill would have a fundamental impact on how our health system is organised and funded. The Board set Mahitahi Hauora a challenge to ensure the organisation would be fit for purpose under the new healthcare system.

In addition to the reforms proposed for the national healthcare system, the local environment in Tai Tokerau changed significantly, with Mahitahi Hauora no longer the sole primary health organisation serving general practices in our region. This gave even greater weight to the need for Mahitahi Hauora's operational functions to evolve to meet the objectives of our Trust.

The team at Mahitahi Hauora faced much change as a result, and I acknowledge and thank them for their unwavering commitment to support primary care providers and improve equity and outcomes for our whānau and communities.

I would like to thank my fellow Board members for their dedication throughout the year and recognise those who finished their tenure. The Board farewelled Dr Justine Woodcock, GP Director of Broadway Health, following many years of service. This year also saw the resignation of Nick Chamberlain, formerly Chief Executive Officer of Northland District Board, from the position of observer on the Mahitahi Hauora Board. The Board also welcomed a new trustee this year - independent director Paula Kearns.

I also acknowledge those who support the governance of Mahitahi Hauora through serving on the Audit, Risk and Finance Committee, and on our Community Voice Rōpu.

Community Voice Rōpu member Anaru Ruka deserves a special mention. In addition to his contribution alongside other rōpu members, this year saw the installation of an artwork created by Anaru at Mahitahi Hauora's Whangārei premises. This thought-provoking taonga, which explores how Māori stay true to tikanga in changing times, has been recognised with a national award.

Ngā mihi,

Geoff Milner
Chair

He Aumihi Nā Te Tumu Whakarae

Message from our CEO

The Mahitahi Hauora that ended the 2021-2022 year looked very different from the one that began it.

This year, our Board laid down a wero to us to respond to changes in our environment and reshape how we serve Tai Tokerau. This wero drove a restructure of our organisation and a change in our approach to enable us to better achieve our vision.

Before carrying out the restructure, we consulted with our partners in primary care, our staff, and other stakeholders. The feedback we received informed our reorientation.

We re-examined how Mahitahi Hauora engages with our primary care partners, how we serve the population of Tai Tokerau in line with our Trust purpose, and how we could best add value to the system rather than competing with it. We also renewed our commitment to transparency and accountability.

As a result, Mahitahi Hauora is moving out of direct service provision. Recognising that general practices have faced financial under-resourcing for too long, we also prepared to invest discretionary funding directly into frontline providers and replace complex funding arrangements with a single contract, the Equity for Whānau Agreement. After these changes come into effect on 1 July 2022, our practices will be better placed to respond to the equity needs of their populations and to manage financial pressures.

This reorientation has been exciting and challenging. I acknowledge the resilience of the Mahitahi Hauora team, their hard work, and continued commitment to support our whānau and communities. Although we were saddened by the departure of those who left the team during the restructure, it was exciting to welcome new talent and see others step into leadership roles. I was delighted to welcome Ian Hartley-Dade as Chief Operating Officer, Conrad Malotā as GM Digital & Data, and Warren Moetara as Director of Equity, among others.

Despite the changes, our team has delivered some impressive results this year:

- We stood up a Clinical Hub to support the primary care response to managing Covid-19 in the community.
- We funded over 1,100 people to have a free GP consultation to make an informed decision about the Covid-19 vaccination.
- We provided scholarships for six General Practice Education Programme Year 2 registrars to further their training in Northland.
- Working with Te Tātai Hauora o Hine – National Centre for Women's Health Research and the Health Research Council, we funded and rolled out an implementation study of an innovative new self-test for human papillomavirus.
- We continued to play a leading role in the Kai Ora Fund, funding community-led healthy and sustainable kai projects across Northland.
- We supported Oranga Niho, an innovative project to improve the dental health of preschool tamariki in Muriwhenua.
- We worked with Kōtui Hauora to support the development of a locality in Muriwhenua.

Having done the groundwork this year to better support the health and wellbeing of our whānau and communities, I am excited about the future as we look forward to the next financial year.

Ngā mihi,

Jensen Webber
Chief Executive Officer

Te Kāhui Whakamarumaru

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, and the voices 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

Paula Kearns
Ngāti Pakeha, Chair – Audit and Risk Committee, Independent Director

Errol Murray
Te Aupouri, Ngāti Kuri, Te Rarawa, Ngāti Kahu ki Whangaroa, Ngāi Takoto, General Manager for Whakawhiti Ora Pai, Representative for Māori health providers

Lynette Merle Stewart CNZM
Ngātiwai, Patuharakeke, Tainui, Chief Executive – Ki A Ora Ngātiwai

Dr Suzanne Phillips
General Practitioner – Bayview Medical Centre

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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

General Practitioner and Director – Broadway Health

Te Whakawhitinga Hei Whakawhanake Mō Āpōpō

Our Transition: Becoming Fit for the Future

The 2021-2022 financial year presented an exciting opportunity for Mahitahi Hauora to pursue our vision of supporting a Northland healthcare system that sustains equitable, self-determined wellbeing for the people of Tai Tokerau in a new and different way.

A change in District Health Board policy saw some general practices in urban Whangārei transfer to other PHOs. Although we remained by far the largest PHO in Northland, the demographics of our patient population changed. We now serve among the highest proportion of Māori, rural, and high-needs patients of any of the PHOs across Aotearoa, and we needed an even greater emphasis on equity. The change in policy also meant the resources that supported us to act as a direct provider of healthcare services, in line with our strategy at the time, were no longer viable.

Our Board challenged us to find a new way of working.

The reform of New Zealand's health system gave us an unprecedented opportunity to do that. The primary purpose of transforming New Zealand's health system is to ensure a more equitable, accessible, cohesive and people-centred system to improve the health and wellbeing of all New Zealanders. It offered an exciting opportunity for Mahitahi Hauora to realign itself to support the new system to achieve its vision.

The reforms also posed risks to our region: Northland would be absorbed into a mega north region along with Auckland, with the risk that the voice of Northlanders would be drowned out. As the only PHO with whakapapa to Tai Tokerau, we have a duty to ensure that the voice of Northlanders is represented and heard.

These opportunities required a significant pivot towards a new operating model, and an entirely refreshed approach to our operations. The implementation of this approach has had a material impact on the original annual plan that was adopted. However, the realities of our strategic and operating environment required Mahitahi Hauora to undertake a shift in focus to strengthen our relevance in the new system being introduced on 1 July 2022.

Mahitahi Hauora has crucial skills and experience to offer that could benefit the new health system. Localities and locality plans are a key component of the new system, and collaboration has always been central to our kaupapa. Until December 2021, Mahitahi Hauora organised funding and delivered services across six localities identified by Mahitahi Hauora. These were used to deliver our population health strategy spanning different key life stages.

Our experience with localities gave us a good understanding of what would be needed to bring localities to life under the new health system. We worked with Kōtui Hauora to support a submission to the Transition Unit for a prototype locality in Muriwhenua.

At the same time, we reoriented our mahi to ensure Mahitahi Hauora could continue its work to deliver our vision and meet our Trust's purposes, while effectively serving the new system. We moved away from being a direct provider of patient services and focused on:

- enabling and supporting networks
- working with general practices and other partner organisations to deliver high-quality services that would improve equity
- collaborative improvement projects to support the health

^ Mahitahi Hauora Leadership Team, 2022. Back row, from left: Sandra Wilkinson, Partnership Services Manager; Warren Moetara, Director of Equity; Jensen Webber, Chief Executive Officer; Conrad Malotā, GM Digital & Data; Rhoena Davis, Director of Nursing. Front row, from left: Bernie Hetaraka, Mental Health Manager; Trish Hayward, Communications Manager; Cilla Tofilau, Strategic Programme Manager; Cristina Ross, Network Support Manager; Ian Hartley-Dade, GM Operations; Tammy Vette, EA to CEO and GMO. Absent: Dr Libby Prenton, Clinical Leader Population Health; Juliet Espiner, Human Resources Manager; Angelika Thorn, Business Partner; Gay Cook, Finance Operations Partner.

and social sector and improve outcomes for patients and communities

- data intelligence to inform and measure activities.

This meant many of our own delivery-based contracts ceased and services were returned to Northland District Health Board, or transferred to other providers, during 2021-2022. As a result, many of the activities and measures set down in our Annual Plan wrapped up during the year. Staff numbers were also affected, with our team reducing from 81 FTE as at 1 July 2021 to 59 FTE at 30 June 2022.

In Quarter 3 and 4 our focus was on fine-tuning our strategy to be fit for the future, and to seek appropriate support from funders and stakeholders. Work done in these quarters included:

- creating a single contract with general practices, the Equity for Whānau Agreement, that emphasises equity through access, delivery and experience of care
- creating 'buy-back' services packages, enabling $2.3 million extra funding to be directed to general practices
- establishing five outcome statements and a mission statement
- preparing a 90-day plan of action to deliver our transition quickly and efficiently
- regular engagement with our funder, Northland District Health Board, to negotiate agreements and funding levels.

We have prepared a statement of service performance for 2022-2023 that takes account of existing measures that we can carry forward for comparison, as well as accurately reflecting our new approach and the guiding documents we have created during this reporting year.

Dr John Hayter,
Bream Bay Medical Centre

Tō Mātou Tauāki Mō Ngā Mahi Our Statement of Performance

2021/2022

Our Annual Plan 2021-2022 acknowledges our commitment to Te Tiriti o Waitangi, The New Zealand Health Strategy, He Korowai Oranga and Whakamaua 2020-2025, the Healthy Ageing Strategy, the UN Convention on the Rights of Persons with Disabilities and the Disability Strategy, and Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025.

The Annual Plan 2021-2022 contained six key workstreams organised into locality delivery models:

1. Start Well
2. Develop Well
3. Live Well
4. Stay Well/Age Well
5. Accessible and Sustainable Primary Care
6. Primary and Community Care Workforce

Each workstream specifies activities and measures. This section reports our performance against the measures in our Annual Plan.

He Titiro Whakamuri

Year in a Snapshot

2132
priority group women received cervical screening

217
women participated in HPV self-screening study

219
bowel screening referrals for people aged 60-74 years

6
GPEP (General Practice Education Programme) registrars sponsored to complete GP training in Northland

2754
people accessed mental health brief interventions and packages of care

6526
health improvement practitioner sessions

88%
of patients* satisfied with their involvement in decision-making about their care

77%
of patients* satisfied with waiting time for a GP appointment

158
clinical updates published on Medinz

Thank you to our primary care partners. We couldn't have done it without you!

587
Healthy Homes referrals for a warmer, drier whare

Over
100,000
Rapid Antigen Tests distributed across Tai Tokerau

Over
14,000
estimated patient contacts by Covid-19 Clinical Hub

10,654
referrals to provide safe, appropriate acute care in the community rather than in hospital

Neighbourhood Healthcare Homes (NHH)
52%
of patients who requested a same-day appointment had their needs triaged and resolved over the phone

68%
of Māori and
85% of non-Māori children immunised at 8 months

33
GP practices

88
FTE GPs

110
FTE Practice Nurses

7.5
FTE Nurse Practitioners

256,732
GP or nurse consultations for priority populations

*Percentage of patients who responded to the Patient Experience Survey.

Ngā Mahi Whakahirahira

Our Highlights

Supporting Covid-19 Care in the Community

Mahitahi Hauora established the innovative Covid-19 Community Clinical Hub in January 2022 to support the primary care response to managing Covid-19 in the community.

The Covid-19 Community Clinical Hub ensures people isolating at home with Covid-19 in Northland receive the clinical care they need. In addition to providing care to the unenrolled, the hub works closely with general practices across Northland to provide care to people unwell with Covid-19 in their own home. In addition, the Hub provides weekend cover and overflow capacity by helping overstretched practices to manage their Covid-19 patients.

The Covid-19 Community Clinical Hub is part of a wider district multi-agency response that includes a coordination hub and welfare services offered by Māori and iwi manaaki hubs. This collaborative response delivers seamless support for people isolating in the community with Covid-19.

"I couldn't have wished for better care. They were so loving, so caring, asking me not only how I was physically, but emotionally, and whether we needed kai or any other extra support. I'm so proud of our Clinical Hub. I can't thank them enough."

– Waipapakauri resident, Connie Hassan

^ Mahitahi Hauora Network Support Manager Cristina Ross (left) and Clinical Leader Population Health Dr Libby Prenton calling patients in the Clinical Hub.

As well as managing thousands of Covid-19 patients, the Hub has played an important leadership role in Covid-19 care in the community since the beginning of the Omicron surge. The Hub team developed clinical protocols for the safe virtual management of Covid-19 patients, created an acuity tool to identify vulnerable patients, supported practices to access and use nationally consistent Covid-19 patient management software, and organised regular online information-sharing forums.

Having shown the way forward in how to safely and effectively manage large numbers of people at home in 2021-2022, we are exploring opportunities for the Hub to evolve into a long-term virtual solution as we move into a new financial year.

"It allowed the hospital to keep going and not be overwhelmed. We had the same numbers of patients coming in with other conditions, so it really did save a lot of lives."

– Dr Lucille Wilkinson, Associate Chief Medical Officer and Clinical Lead for the Covid-19 Incident Management Team, Te Whatu Ora Te Tai Tokerau

Preventing cervical cancer with an innovative self-screening test

An innovative screening test that enables women to screen themselves for human papillomavirus (HPV), which can be an early indicator of risk of developing cervical cancer, is now available at seven Northland general practices as part of a two-year research study.

The study is exploring the challenges of implementing the test and investigating its ability to increase uptake of cervical screening in Northland, particularly among Māori wahine and rural populations.

Significant numbers of wahine Māori are reluctant to have cervical smears because of the physical nature of the examination. For rural populations, cost, lack of transport, and lack of understanding about the need for screening also pose barriers to access.

The self-test enables women to safely screen themselves in a more discreet and less invasive way. Wahine can do the test at home or privately at their GP clinic.

Mahitahi Hauora is working with Te Herenga Waka – Victoria University of Wellington's Te Tātai Hauora or Hine – National Centre for Women's Health Research Aotearoa to carry out the study, which is funded by Mahitahi Hauora and the Health Research Council.

The results look promising. The study began at three Northland general practices in February 2022. By June, when four more practices came on board, 217 women had already taken part.

Study findings will be used to inform the National Screening Unit as it works towards its anticipated roll out of HPV screening as a replacement for traditional cervical smears in 2023.

"Māori and Pacific populations have higher rates of cervical cancer than other populations. If self-testing increases their uptake of screening, then we're going to reduce the incidence of cervical cancer in those populations."

– Dr Grahame Jelley, Clinical Director, Mahitahi Hauora

^ Te Tātai Hauora o Hine – National Centre for Women's Health Research Aotearoa Founder and Director Professor Beverley Lawton with the HPV self-test.

"When I heard about this and how it's a self-swabbing procedure I saw the benefits, particularly for Māori and Pacific people, because it's less intrusive. It can be done in a home environment that feels safe for the patient, and that's a win-win."

– Joseph Mihaka, Practice Manager, Te Whareora o Tikipunga

Using data to support the Covid-19 response

Data analysis is a powerful tool. In 2021-2022, our Covid-19 Community Clinical Hub offered a powerful example of how expert analysis turns data into knowledge that can enable us to make a difference for the people who need it most.

The Clinical Hub team needed to be able to assign an acuity rating for Covid-19 cases to rank how urgently they needed care. The team knew workloads would be high as the Omicron pandemic peaked and many of the clinicians contacting Covid-19 cases would be speaking to patients they didn't know, lacking background knowledge of their health status.

Using pre-existing data about the demographics, vaccination status, and comorbidities of patients enrolled with Mahitahi Hauora, we created an acuity tool that assigned a score to each person.

If someone in the community became Covid positive, this tool meant the Hub team knew immediately if their care needed to be prioritised. The team could effectively focus their limited resources where they were most needed.

Later, the acuity tool was further adapted to pre-calculate eligibility for therapeutics once these became available, saving clinicians valuable time and ensuring eligible patients would be offered the medication they needed.

In addition to the acuity tool, we created a dashboard in Thalamus in September 2021 to help general practices identify patients who should be prioritised for the Covid-19 vaccine.

^ Raumanga Tongan Church Community Gardens, a community project supported by the Kai Ora Fund.

Supporting healthy kai and community wellbeing

The 2022 Kai Ora Fund supported 42 community projects across Tai Tokerau, including 22 projects in the Far North, 18 in Whangārei and Kaipara, and two across the region. A total of $141,195 was distributed.

Grants from the Fund support innovative projects that address food security, benefit the wider community and encourage employment and economic development in Tai Tokerau. This year's funding round included support for education and capacity building workshops, māra kai for marae and communities, and projects on whenua Māori.

Workshops were held for recipients to share their projects, build networks, and learn about the whakapapa of the Kai Ora Fund.

A true collaborative approach between multiple sectors, the Kai Ora Fund 2022 partnership comprised of Mahitahi Hauora, Northland District Health Board, Te Puni Kōkiri, Far North District Council, Whangārei District Council, Kaipara District Council, the Ministry of Social Development, Foundation North and Healthy Families Far North.

Since starting in 2015 the Fund has gone from strength to strength each year, and has now supported over 200 grassroots projects and community-led activities, each providing holistic and social benefits for the community.

"With the ongoing impacts of Covid, unpredictable weather, and rising costs, sustainable growing practices are key to the wellbeing of our whānau and whenua, and to kai sufficiency."

– Daniela Johnson, Innovation and Engagement Leader, Mahitahi Hauora

Improving the oral health of Muriwhenua tamariki

Innovative locally-created toothbrushing project Oranga Niho brightened the smiles of preschool-aged tamariki in Muriwhenua this year.

Kicking off in February 2022, Oranga Niho is an exciting new collaborative project initiated by Hauora Muriwhenua and supported by Mahitahi Hauora. The project is delivered by the Aupouri, Ngāti Kahu and Te Rarawa Trust, and it aims to reduce or eliminate inequities and barriers to access to dental health for Muriwhenua tamariki under the age of five.

Tamariki in Northland have the worst oral health statistics in New Zealand, especially in deprived areas, communities without water fluoridation, and Māori and Pacific children. Dental issues are the leading cause of avoidable hospitalisations among children in Tai Tokerau.

Oranga Niho covers 46 kohanga, early childhood education centres, and home-based preschool facilities, reaching over 1,100 Muriwhenua tamariki.

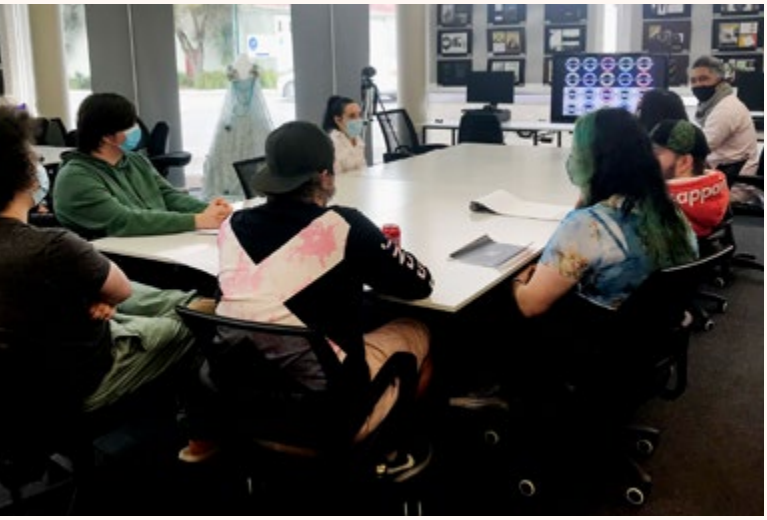
Each kohanga gets a visit from the Oranga Niho 'tooth fairies' with a unique suite of resources designed to teach children how to take care of their teeth in a fun and engaging way. The team provide full ongoing support to kohanga, including follow-up assessments and supply of toothbrushes, toothpaste, charts and toothbrush holders.

Feedback on the project from kids and teachers alike has been overwhelmingly positive.

"Kohanga absolutely love it. They're surprised and amazed by how well our kaiawhina deliver the programme and by all the resources. They told us they've had people visit to show the kids how to brush their teeth before, but they've never seen anything like this!"

– Ariana Smith, Project Manager, Oranga Niho

^ The Oranga Niho tooth fairies visit Kaitaia kohanga Nau Mai Mokopuna.



^ The Design School students pitch their brand concepts for the new platform.

Raising the voices of young people in Tai Tokerau

Mahitahi Hauora worked with partners in local government and the health and social sectors this year to develop a new digital platform to raise the voices of young people in Tai Tokerau.

The platform will allow for rapid crowd-sourcing of young people's voices on child and youth needs and aspirations, as well as advice and co-design consultation on proposed youth projects. Information collected will be used to support the development and delivery of youth-centred services in Northland.

Rangatahi are involved in developing the platform to ensure it is engaging for young people, with students of The Design School in Whangārei creating the branding and marketing.

A four-month pilot is expected in 2022-2023.

"The rapid crowdsourcing of youth voice will allow us to build a deeper understanding of young people's aspirations, strengths, barriers and how they experience being taitamariki in Tai Tokerau. The more understanding we have, the more effectively we can address the challenges and provide responsive and targeted services."

– Maddie Drewery, Project Manager, Mahitahi Hauora

Enabling informed decision-making on vaccination

Covid-19 mandatory vaccinations created anxiety amongst Northlanders. Many individuals were at risk of losing their employment, and with the vaccines being rapidly developed and distributed, many people were unsure over the risks and benefits of vaccination.

In response, Mahitahi Hauora wanted to create opportunities for informed discussions with clinicians to provide people with unbiased, medical information to support individuals to make informed decisions.

1,116 people took up the opportunity to have a free consultation with a GP about whether to have the Covid-19 vaccination. Of these, 701 were Māori, and 385 (34.5%) had the vaccine within 28 days of the consult.

Mahitahi Hauora funded the consultations to enable people to have an in-depth conversation with a trusted healthcare professional about the benefits and side-effects of the vaccine.

The free consultations were available from early November 2021, originally until mid-November. They were so popular they were extended several times until the end of February 2022.

The free consultations were available to everyone living in Tai Tokerau, including those not enrolled with a general practice.

"We're making sure cost and access to healthcare professionals are not barriers to informed decision-making."

– Jensen Webber, Chief Executive Officer, Mahitahi Hauora

^ A patient receives a Covid-19 vaccination.

Tackling the GP shortage

Six GPEP (General Practice Education Programme) registrars each received a $10,000 scholarship to support them to undertake their GPEP 2 year in Northland as part of the Medical Workforce Pipeline project.

Each registrar spent the year working in one or more Northland practices as part of their training.

Many of the registrars whakapapa to Northland, although some came from as far away as England.

Scholarship recipient Hugh McKenzie, who grew up in Tutukaka before moving to Dunedin and Gisborne for his medical training and junior doctor years, said he is "glad to be home".

"I have chosen Te Tai Tokerau to complete my GPEP and rural hospital training as it is my tūrangawaewae and the region that needs us the most," he said.

The Tai Tokerau Medical Workforce Pipeline was a one-year programme that aimed to increase the proportion of medical graduates entering the primary care workforce in Northland by creating a sustained supportive environment.

"The scholarship this year has supported me with my study-related expenses and supports me to stay in the region for training."

– Amanda Smith, GPEP scholarship recipient

Wellbeing Caring for our communities He hauora te tikanga taonga

˅ GPEP Year 1 registrars attend a workshop at Mahitahi Hauora.

Te Tīmatanga Pai Mō Te Whānau

Start Well: Māmā, Pēpi, Tamariki

Māmā, pēpi and tamariki enabled to reach their aspirations of oranga

Immunisation Initiative

Outcome, activities and indicative measures	Performance and commentary
Develop support processes to identify pēpi who have not had a nominated GP or have an expired pre-enrolment: • 80% of pre-enrolled result in full enrolment within 6 weeks of birth.	Not achieved. Completed identification support process. 68% of all pēpi were enrolled or pre-enrolled within 6 weeks of birth. Of these, 16% were fully enrolled. Notifications of birth are passed on to the GP to initiate enrolment. The timeframe of 6 weeks is identified as being too short a measure as most pēpi are under the care of the LMC (lead maternity carer) until 6 weeks and would complete enrolment when attending for first vaccination. Pre-enrolment means that the pēpi is enrolled at the practice but requires the parent's signature to complete and become fully enrolled.
Engage all stakeholders to increase immunisation of all pēpi: • 80% of enrolled, pre-enrolled or expired pēpi immunised by 8 months.	Partially achieved. 75% of enrolled, pre-enrolled or expired enrolment pēpi were immunised by 8 months.
Map pēpi immunisation pathways.	Achieved.

Women's Health

Outcome, activities and indicative measures	Performance and commentary
Work with key stakeholders to achieve increased cervical screening for priority women in Te Tai Tokerau: • 70% of eligible priority wahine will receive their cervical smear on time.	Not achieved. Screening programme remains impacted by Covid-19 and staff shortages. National Cervical Screening Programme contract was repatriated to Te Whatu Ora on 31 March 2022. Priority ethnicities are Māori, Pacific and Asian women. Of these, 56.6% received their cervical smear up to 31 March 2022.
Support participation for HPV screening for cervical cancer trial alongside research partners: 1. Confirm participation and measures. 2. 3,000 wahine will receive their HPV screening for cervical cancer.	1. Achieved. 2. Partially achieved; ongoing. This is a two-year implementation study that continued past 30 June 2022. At 30 June 2022, 217 women had received HPV screening.

E Tipū, E Rea

Develop Well: Tuia Mai

Leading the way to a healthier community

Improve Access – For Timely and Effective Care

Outcome, activities and indicative measures	Performance and commentary
Engage Northland Youth Health Service and GPs to increase access to health and social services for taitamariki: • Increased access to services through youth workers, nurses, social workers.	Partially achieved. A new service, He Kakano Ahau, was developed. 674 young people accessed this service. Young people accessed Northland Youth Health Services 3,632 times in 2021-2022 compared with 6,606 times in 2020-2021. The reduction is due to Covid-19 restrictions, healthcare staff being diverted to support the Covid-19 vaccination programme, and changes in the provider team as we developed the primary mental health model of care.
Recruit clinicians: 1. Roll out Tranche 3 of Te Tumu Waiora: Recruit additional 5 FTE Health Improvement Practitioners and 3 FTE Mental Health Clinicians 2. Increased access to GP for taitamariki and adults through HIP roles.	1. Tranche 3 HIP recruitment achieved. Mental health clinician recruitment (He Kakano Ahau) achieved. 2. Achieved. Age ranges captured in the Enigma portal changed this year. In 2021-2022, 1,513 patients aged 15-24 accessed HIP services. In 2020-2021, 596 patients aged 12-24 accessed HIP services.
Recruit Youth Workers to improve access opportunities: • Recruit 3.4 FTE Youth Workers (Te Hā Oranga, Te Hiku Hauora, Ki A Ora Ngātiwai and Hauora Hokianga).	Achieved as part of the He Kakano Ahau programme.
Refine, improve and implement referral pathways – brief interventions (BI), packages of care (POC): 1. Increase in numbers accessing POC & BI. 2. Increased choice of BI – POC. 3. Numbers of reduced DNAs (did not attends). 4. Introduce mechanisms to monitor service delivery preference – online / face-to-face under the 'pandemic new normal.'	An improved referral pathway model of care is under development. 1. Achieved. 2,754 people accessed BI and POC in 2021-2022 versus 2,418 people in 2020-2021. 2. Partially achieved. In 2021-2022 there were 3,389 BI sessions and 1,661 POC. In 2020-2021 there were 3,241 BI sessions and 1,308 POC. The reduction was due to changes in staffing as we redeveloped the model of care. 3. Achieved. 2021-2022 DNAs: BI 2-4%; Group work 2-27%; POC less than 1%. 2020-2021 DNAs: BI 4-7%; Group work 13-64%; POC 1-8%. 4. Achieved. New online mechanisms introduced.
Provide a Community Care Management mechanism to coordinate expanded access to a range of specialist services in a timely and coordinated manner.	Achieved. We have developed an improved model of care with a triage nurse coordinating referrals.

Quality – Improve Quality of Care

Outcome, activities and indicative measures	Performance and commentary
Multi-level networking across sector for solutions and interventions to address social determinants of well-being: 1. Demonstrate closing gaps between social and health services. 2. Narrative reports highlight insights on collaboration efforts to address wider determinants of health issues impacting on wellbeing.	1. Partially achieved. Meetings have been held throughout the year to support the 'One Team Approach' across Tai Tokerau. The Covid-19 Clinical Hub worked closely with iwi-based manaaki providers for wrap-around health and social care of those isolating at home. 2. Partially achieved. Reports highlight insights to support the 'One Team Approach'. Work to develop the One Team Approach improved our knowledge and connections with health and social services in the community. For example, in Bream Bay, family violence prevention workers, school counsellors, and school nurses were brought together for the first time.
Develop services directory for improved collaboration: • Improved awareness and access to community resources.	Achieved. Mahitahi Hauora compiled extensive information for a services directory. This was transferred to the Hearts & Minds agency who subsequently published the Tai Tokerau Support Services Directory. Further, our Community Voice Ropu challenged us to develop a disabled services directory for Mahitahi Hauora website. This was started and will be concluded next financial year.
Implement expanded Whanau Ora model of care (MOC) – He Kakano Ahau/Tuia Mai approach to self-management and support for taitamariki, whanau and communities: • 100% team members and community partners receive training in the updated MOC in Tuia Mai.	Achieved.
Youth Workers are appropriately trained: 1. Youth Workers are trained in code of ethics, mental health 101 and other related training for young people. 2. Taitamariki receive youth friendly / strengths-based care that matters most to them.	1. Achieved. Four youth workers received training to prepare for He Kakano Ahau. All youth workers are supported onto a youth worker career pathway towards a diploma in youth work. 2. Achieved. These youth workers are the first line of contact for young people accessing He Kakano Ahau (HKA). 674 young people accessed HKA.
Improve collective strategy for reducing self-harm and suicide: • Identify activities and opportunities to improve collective responses to prevent suicide and self-harm.	Achieved. Collective strategy improved with the introduction of youth clinicians and youth workers (He Kakano Ahau) and Northland Youth Health Service across Northland working with existing primary mental health services to improve connection to health and social services, increasing access to interventions to build resilience for taitamariki.
Co-design all programmes with whānau participation: 1. To enhance 'whānau-fit' service delivery. 2. Improve service uptake. 3. Improve whānau leadership. 4. Narrative demonstrates partnership with Māori / whānau to progress equity strategies meeting whānau needs.	1. Achieved. Roll out of all programmes and services for young people incorporates active involvement of youth and whānau. The development of He Kakano Ahau involved engagement with young people, whānau and communities through community hui and co-design of a social media plan. 2. Partially achieved. 674 young people accessed He Kakano Ahau. This is a new service that was not operating last year. 3. Partially achieved. Community representatives are invited to One Team meetings. 4. Partially achieved. He Kakano Ahau kaimahi have partnered with stakeholders to develop a strategy focused on youth mental wellbeing.

Resilience and Self-Management

Outcome, activities and indicative measures	Performance and commentary
Work with guidance/personal coaches/career services in implementing personal plans, goal setting etc: • Number of taitamariki who have Personal Life Passport Plans.	Achieved. Over 60 taitamariki have participated in activities under the Personal Life Passport mahi supported by Community Think (Dargaville) and Patuharakeke te Iwi Trust (Whakapiki ake Taitamariki Youth Worker Contracts).
Tamariki focused – Scope Northland-wide Drivers Licencing Operators – Attain MOU with key stakeholders – Co-design a taitamariki friendly programme: • Have a Northland-wide MOU with those interested operations.	Partially achieved. Due to Covid-19 restrictions and workforce demands, local arrangements were made between providers and operations, rather than Northland-wide MOU.
Increase interventions to build taitamariki, whānau and community: 1. Increase range of self-help tools and activities 2. Introduction of Manaaki Ora App – tool for self-directed learning, planning, monitoring, self-management of stress, problem solving and resilience development.	1. Achieved. A youth chat tool is being integrated into He Kakano Ahau. In 2021-2022 this tool was co-designed with youth and a communication plan was developed in consultation with taitamariki. Plans are in place to roll this tool out in the 2022-2023 year. The Manaaki Ora App for self-directed learning and building resilience was introduced in the Mid-North. 2. Achieved. Tool introduced in Mid-North. We have distributed 27 mobile devices to support young people to access this app.

^ Youth workers, Whangārei Youth Space.

Te Puāwaitanga Ō Te Oranga

Live Well: Wellbeing Health Promotion

Building on whānau and community strengths to improve health equity

Manawa Ora

Outcome, activities and indicative measures	Performance and commentary
Coordinate Manawa Ora programme to deliver a quality and timely service with an equity orientation to increase the number of houses for at risk whānau that are warmer and drier: 1. Percentage of Manawa Ora referrals for tamariki identified as Māori. 2. Number of comprehensive housing assessments completed. 3. Percentage of whānau referred to Manawa Ora who report their home is warmer and drier.	1. 504 (86%) of referrals for tamariki identified as Māori. 2. 389 housing assessments completed. 3. 64% of whānau referred to Manawa Ora report their home felt warmer and drier and healthier.

Healthy Homes Tai Tokerau

Outcome, activities and indicative measures	Performance and commentary
Provide governance on Healthy Homes Tai Tokerau steering group. Hold funds for Healthy Homes Tai Tokerau to ensure leverage of investment is maximised: • Additional funding gained.	Achieved. Lottery COVID-19 Community Wellbeing Funding of $50,000 for 2021-2022 was received and used towards interventions. During 2021-2022 Mahitahi Hauora provided governance on the Healthy Homes Tai Tokerau Steering Group and held funds for the programme.

Oranga Kai

Oranga Kai supports people to make healthy meals on a budget. The contract to provide this service transferred to Te Runanga Whaingaroa in Quarter 4. The results below reflect performance up to the end of the final quarter that Mahitahi Hauora delivered the services (31 March 2022).

Outcome, activities and indicative measures	Performance and commentary
Fulfil MoH Oranga Kai contract requirements: • Number of groups held and agencies partnered with.	Achieved. 12 classes and one special workshop for individuals living with diabetes were held. **Hiwa I Te Rangi – Education Sessions for Parenting Team Unit Mid North.** Six classes held. Students learnt to make healthy meals and snacks for their tamariki. They learnt how to budget, do meal plans, and use seasonal vegetables. Lessons contributed to NCEA. **Family Start – Kaikohe** Six classes. Budgeting group. Participants plan what they want over the six weeks. Toddlers' meals and snacks are discussed so two sessions are dedicated to healthy meals for tamariki. Learning to make soup from leftovers and providing a healthy meal. **Whangaroa Health Services. One-off workshop, working with the Diabetic Team** – teaching easy Healthy Meals and discussing healthy, budget friendly ways to enhance their wellbeing through kai. Twenty whānau attended and everyone went home with seedlings to plant their own garden.
Work with Communications team to post regular content on social media platforms: • Number of Oranga Kai social media posts.	Achieved. 25 posts.
Explore options to extend the programme in Far North, Kaipara, Hokianga and Whangārei: • Percentage of Māori participants.	Achieved. Hiwa I Te Rangi: 80% Māori, 10% European, 10% Asian. Family Start: 100% Māori. Whangaroa Health Services: 50% Māori, 50% European.

Support to Stop Smoking

Outcome, activities and indicative measures	Performance and commentary
Supply nicotine replacement therapy (NRT) to all practices as required.	Achieved.

Kai Ora Fund

Outcome, activities and indicative measures	Performance and commentary
Continue to engage with and strengthen the Kai Ora network and work with other national networks to increase food security in Northland: 1. Regularly update social media group and online information around Kai Ora. 2. Four capacity building events to strengthen the Kai Ora network held by June 2022. 3. At least three media releases on Kai Ora or associated projects completed by June 2022.	1. Achieved. Kai Ora Fund page on Mahitahi Hauora website. 2. Partially achieved. Due to Covid-19 and capacity issues, it has been difficult to organise events to take place face-to-face. However, a capacity building online hui was held. Participation was good and the group asked for more events in the future. 3. Partially achieved. One media release. One further story on a Kai Ora Fund recipient was published in Mahi Matters newsletter.
Continue to negotiate with new and existing partners and seek philanthropic funding to deliver the programme: 1. Plan, promote and fund a new round of projects in 2022. 2. 75% of Kai Ora projects funded have a higher impact for Māori.	1. Achieved. Kai Ora Fund 2022 opened in April and 42 projects were funded. A new partner, Healthy Families Far North, signed onto the Kaupapa in 2022. 2. Achieved. Around 80% of projects led by Māori or high impact for Māori communities.

^ The Kai Ora Fund supports communities to develop sustainable healthy kai initiatives.

Child and Youth Friendly Tai Tokerau

Outcome, activities and indicative measures	Performance and commentary
Employ a project manager to carry out 'capacity, capability and youth engagement' project: • Project manager employed.	Achieved.
Regularly attend Northland Intersectoral Forum (NIF) Operational Leadership group meeting: • NIF Operational leadership group attended.	Achieved.
Undertake needs assessment with youth workers and plan training calendar based on results: 1. Needs assessment complete, training plan developed and training provided. 2. Youth networks in Mid and Far North developed.	1. Achieved. Ara Taiohi and Te Rau Ora consulted for training options; local groups consulted for keynote talks on youth sector work, best practice and new developments. Training packages for youth networkers are being designed by NIF. Te Puni Kōkiri and Whangārei District Council are leading this project. 2. Achieved. Coordinator roles for Mid and Far North successfully funded, staff employed in Mid and Far North.
Support NIF agencies to undertake an audit and develop an agency plan: 1. At least five agency audits completed, and plans made.	Partially achieved. Quarterly reporting template designed by Mahitahi Hauora and Te Puni Kōkiri. Approved by NIF in February 2022. Majority of agencies have completed reports for Q4. Plans will be developed, and audits undertaken, based on strengths and weaknesses in agency reports.
Engage with Firebrand to develop, trial and implement a digital platform for young people: 1. Youth-led marketing campaign. 2. Phase 1 roll out digital platform to 16 – 24-year-olds. 3. Phase 2 digital platform implemented: expanded to youths aged 15 and under.	1. Achieved. Youth co-design partnership in progress with Youth Space, WDC Youth Advisory Group and students from The Design School. Design School students working on branding and marketing. 2. Partially achieved. Website currently being built, pilot to be run in September 2022. 3. Not achieved. Delayed due to Covid-19.
Seek additional funding through Ministry of Youth Development and philanthropic sources.	Achieved. $51,750 for digital platform obtained through Department of Internal Affairs.

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Health Promotion Advocacy and Engagement

Outcome, activities and indicative measures	Performance and commentary
Engage with localities as they implement their work to provide health promotion advice and support with community engagement processes.	Not achieved. Formalisation of localities via the Transition Unit and the disestablishment of Mahitahi Hauora's localities impacted ability to deliver this objective.
Engage with community and intersectoral initiatives that improve wellbeing.	Partially achieved. Healthy Homes Steering Group, Kai Ora Fund and work engaging with outside community groups and organisations.
Submissions to local, regional and national government as required on relevant health and wellbeing policies and legislation: • Record of submissions sent.	Achieved. Submissions were made to: • Whangārei District Council opposing the proposed move of gaming machines to a family restaurant in Whangārei. • Transition Unit on localities.

Te Oranga Pūmau

Stay Well, Age Well: Long-term Conditions / Complex Management

Adults live healthy, happy, productive lives and age well in their own homes for longer

Cardiovascular / Diabetes

Outcome, activities and indicative measures	Performance and commentary
Support the roll out of shared medical appointments (SMA) in general practice: • Number of SMA with providers in high priority populations.	Achieved. 77.9% of Cardiovascular Risk Assessments and 47.5% of Diabetes Annual Reviews were shared medical appointments.
Develop a LTC indicators clinical dashboard for general practice to increase identification of patients needing increased support. This will include: • CVRA>15% on dual/triple therapy. • HbA1c>64. • Uric acid >0.36 not prescribed allopurinol. • Filterable by Māori / non-Māori: 1. Develop LTC indicators clinical dashboard. 2. 50% eligible population with CVRA >15% on triple therapy. 3. 70% of people classified with diabetes HbA1c <64. 4. Improvement in gout prophylaxis medication in last 12 months.	1. Partially achieved. There is a clinical indicators dashboard on Thalamus. We have yet to include gout measures on the dashboard. 2. Partially achieved. Of the eligible population, 46% received triple therapy. 3. Partially achieved. 5,178 (68%) people with diabetes had HbA1c <64. 4. Not achieved. This data was not tracked in 2021-2022 due to Covid-19 disruption and resources diverted to monitoring Covid-19.
Improve mortality risk of early death due to heart disease: 1. Number of men receiving cardiovascular risk assessment (CVRA) 30-74 age group. 2. Equitable prescribing dual/triple therapy for Māori men with CVRA >15%.	1. Partially achieved. 7,564 men aged 30-74 years had a CVRA. Of these, 2,461 were Māori. 2. Partially achieved. 1,314 men aged 30-74 years were prescribed triple therapy in total, with 496 (44%) Māori and 818 (48%) non-Māori.
Co-design with providers refreshed Manaaki Manawa (MM) model of care to ensure relevance and applicability to current need: 1. 100% Māori providers engaged and part of co-design process. 2. New MM model agreed and finalised.	1. Partially achieved. The MM model has been funded by SIA (Services to Improve Access). Mahitahi Hauora engaged in a consultation on the use of SIA and other flexible funding streams. 2. Achieved. During engagement process it was decided to terminate all SIA-funded programmes from the end of the financial year, and a new Equity for Whānau agreement was provided to all general practices. This resulted in the termination of the MM model funded by Mahitahi Hauora.
Work with primary care providers to provide education and support engagement for priority populations with a focus on heart disease, diabetes and gout: • Number of people provided education for: – Heart disease – Diabetes – Gout.	Achieved. Kia Ora Vision includes education and regular reviews. 8,664 patients are enrolled in Kia Ora Vision. Of these, 4,215 are Māori and 160 are Pacifica. Care plans are a vehicle to provide education regarding heart disease, diabetes, and gout. As of 30 June, 1,918 patients had up-to-date care plans.
Refine the Locality 3 MDT (multidisciplinary team) complex management process for long-term conditions (LTC) and phase in increased number of providers participating: • Reduced ambulatory sensitive hospitalisation (ASH) rate.	Partially achieved. The reorientation of Mahitahi Hauora and consultation on the use of PHOSA funding led to a new agreement being implemented from 1 July 2022. The ASH rate for the 45-64 year age group was 4,913 per 100,000 people in 2021-2022, compared with 4,811 per 100,000 people in 2020-2021.

Frail Older Population / Other LTCs

Outcome, activities and indicative measures	Performance and commentary
Improve the coordination of care for carers of those with long term conditions (LTC): • Number of carers seen by Tiakina Te Kaitiaki service. • Carer resilience survey improvement between pre and post.	Not achieved. This project was impacted by Covid-19 restrictions in the first half of the year and the contract was retracted by Northland District Health Board in February 2022.
Providers will be supported to manage LTCs based on best practice guidelines: 1. Number of specific LTC education sessions delivered across Northland e.g. respiratory, dietetics. 2. Number of participants attending education. 3. Number of spirometry tests completed.	1. Achieved. Three education sessions delivered. 2. Achieved. 19 participants attended education sessions. 3. Not achieved. Spirometry has been unable to be performed as it is clinically high risk for transmission of Covid.

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Whakamaua Te Pae Tawhiti Hei Oranga Mō Te Whānau

Accessible and Sustainable Primary Health Care

Putting whānau at the centre of their care

^ Members of our Community Voice Advisory Rōpu.
Back row, from left: Anahera Pickering, Jensen Webber (CEO, Mahitahi Hauora), Nola Sooner (Secretary), Erana Peita (Whānau Engagement & Innovation Partner, Mahitahi Hauora), Kahu Thompson.
Front row, from left: Elinor Niha, Anaru Ruka. Absent: Lee Mason, Shirleyanne Brown, Taane Thomas.

Whānau Engagement

Outcome, activities and indicative measures	Performance and commentary
Amplify whānau voice and leadership through infographics, whakapapa visualisation, whānau stories and resource development: • Six community networking groups engaged to increase reach of whānau voice.	Partially achieved. Supported one focus group attended by seven māmā with a combined total of 27 tamariki in their care as part of a qualitative research project to gather Māori māmā insights on views and experiences of vaccinating pēpi and tamariki. Achievement of this measure was impacted by Covid-19 restrictions.
Work with whānau as partners in maintaining their health and wellbeing: • At least 12 whānau stories/visual content identified and shared.	Partially achieved. Eight stories published across multiple channels: • Profiled the experience of one member of Community Voice Rōpu for Mahitahi Hauora and Northland DHB communication channels and in regional media to promote vaccination. • Profiled two members of Community Voice Rōpu in Mahi Matters newsletter. • Published two stories profiling Kai Ora Fund: one recipient profile and one media release. • One artwork developed for Whangārei office billboard by Community Voice Rōpu member. This was supported by a story in Mahi Matters newsletter and on social media. • Story published about youth voice online platform.
Influence leaders and practices to meet the future through orientation to Papa Tikanga What Matters to Whānau (WMTW): • At least six general practice providers engaged to prototype Papa Tikanga WMTW framework in practice.	Partially achieved. • Embedded Papa Tikanga in development of the Māori Health Plan for Foundation Standards and tested with two general practices (now available to all practices). • Whānau experience has been integrated into our Equity for Whānau Agreement with all practices.
Engage whānau in the development and delivery of locality plans/projects.	Partially achieved. Whānau were engaged in a review of locality work. However, this work was paused due to the impacts of Covid-19 and the reorientation of localities becoming part of the national Transition Unit work. Mahitahi Hauora partnered with Kōtui Hauora in a bid to be a locality prototype, with Kōtui Hauora leading the whānau engagement.
Work with Community Voice Advisory Rōpu as key champions in the community.	Achieved. • Partnered with Community Voice Rōpu to lead locality redesign engagement with whānau in Q1. • A member of our Community Voice Rōpu produced an artwork for the exterior of our building. • The Community Voice Rōpu was consulted about the website redevelopment and represented on the Website Working Group.

Care Improvement and Change

Outcome, activities and indicative measures	Performance and commentary
Support general practices to achieve accreditation: • 10 general practices achieve Foundation Standards.	Partially achieved. Seven practices achieved Foundation Standards with three awaiting assessment due to delays arising from Covid-19. Extensions are in place for these practices. It is anticipated that these three practices will pass.
Support general practices' health target achievement and system level measures: • 516 provider visits by Improvement Partners per year (at least once a month to 43 practices and Iwi / Māori providers).	Achieved. 1,032 practice visits over the year to general practice, including support over Covid-19 restrictions.
Support the roll out of primary care projects and programmes.	Achieved. Bowel Screening live from 2 November 2021. HPV screening project informing the transition to HPV becoming standard offering for cervical screening from July 2023 (2-year project). Covid Care in the Community preparation, claiming processes, ongoing support and development of Covid Clinical Hub to manage practice overflow, weekends and unregistered patients across Te Tai Tokerau. Screening for Bladder Cancer in primary care for patients with symptoms. Roll out of Triple A (abdominal aortic aneurysm) and AF (atrial fibrillation) screening project. Supporting the introduction of End of Life Choice Act with education and information. Development and implementation of Whānau Tahi project in conjunction with Northland DHB.

Neighbourhood Healthcare Homes

Outcome, activities and indicative measures	Performance and commentary
Deliver the three-year Neighbourhood Healthcare Homes (NHH) programme in primary care in Northland: 1. Two practices (Tranche 3) complete Year 2. 2. Two practices (Tranche 3) complete 90% of Year 2 (final report due Q1 22/23). 3. Launch new Tranche 4 (number of practices to be determined).	1. Achieved. Credentialling for all Tranche 1 and 2 practices has occurred. 2. Achieved. Two practices have completed Year 2. 3. Partially achieved. NHH Expression of Interest (EOI) for Tranche 4 developed and reviewed by sponsors. Pressures of Covid-19 have limited progress with these practices' current PHOs and the ability to implement the change programme.
Develop and implement the Year 4 NHH programme aligned with Pae Ora – with Tranche 1 and 2 practices: • Ten practices (Tranche 1, 2) commence Pae Ora enhanced Year 4 NHH programme.	Achieved. Ten practices (Tranche 1, 2) began Pae Ora enhanced Year 4 model.
Develop an NHH Lite model based on the Healthcare Home building blocks.	Partially achieved. NHH EOI for Building Blocks programme approved for rollout, and currently on hold.

Strategic Programme Management

Outcome, activities and indicative measures	Performance and commentary
Consolidate Daptiv project reporting system.	Partially achieved. Due to restructuring of organisation and Target Operating Model, the reporting system platform has changed from Daptiv to Smartsheet and is currently undergoing a migration.
Provide Daptiv project management training and support to organisation: • Two trainings in Daptiv or project management delivered.	Partially achieved. Delivered one Daptiv training session. Migration to Smartsheet underway.
Build project management capability.	Achieved. Providing project management support, guidance and templates.
Enable organisational level risk reporting: • 12 risk reports submitted to Audit Risk & Finance (monthly).	Achieved. Required level of risk reports submitted for Audit Risk & Finance committee meetings.
Ensure business continuity planning (BCP) is robust, maintained and has alignment with the wider primary care network: 1. One BCP delivered and maintained. 2. Number of scenario training sessions delivered as per best practice recommendations.	1. Achieved. Risk Logic (RL) consultants engaged to develop organisational Business Continuity Plan – completed initial engagement with ELT to complete Business Impact Analysis. 2. Achieved. Best practice for risk mitigation, health and safety, and operational requirements delivered through updating emergency plans and a staff training session.

Localities 4, 5 and 6

This workstream was superseded by the Locality Redesign project in Quarter 1. In Quarter 1, for the Locality Redesign project we completed 10 internal engagement hui attended by 68 Mahitahi Hauora kaimahi (75%) across all three office sites, and we developed and launched external engagement resources, including Locality Quick Guide, locality page on website and feedback survey.

Ngā Ringa Raupā

Primary and Community Care Workforce

Medical Pipeline

This project was a collaboration between Mahitahi Hauora and Northland DHB. Funding ceased in 2021-2022 and the project was closed.

GP Recruitment and Locum Support

Outcome, activities and indicative measures	Performance and commentary
Support implementation of strategic workforce plan through progressing the GP recruitment project plan: • Recruitment of 1-2 GPs to support locum work.	Achieved. 1 GP recruited as locum.
Coordinate locum FTE to improve ability to respond to locum requests: • 80% of monthly requests for locums are filled.	Partially achieved. Limited availability of locums and increasing demand from practice workforce shortages has made this difficult. GP locums often contract directly with practices. Where GPs are not able to work in practice, have offered work in the Clinical Hub to support Covid Care in the Community – relieving some of the pressure on general practice in another way.

Nurse Practitioner (NP) / Enrolled Nurse (EN) Supported Placement

Outcome, activities and indicative measures	Performance and commentary
First evaluation report presented.	Partially achieved. 12 nurses are on the nurse practitioner pathway. This contract was transitioned to the University of Auckland at the end of Q2. Mahitahi Hauora remained involved through membership of programme Governance Group.

Development and Education

Outcome, activities and indicative measures	Performance and commentary
Work with stakeholders to identify further training needs for education planning and approval: • Education plan is approved.	Achieved. Planning includes work with Mobile Health, Well Women and Family Trust (WONS), Te Whatu Ora specialists and programme leads, practice participants. Mandatory training topics included as well as elective topics.
Training requirements are scheduled and delivered: • 75% of scheduled training is delivered.	Achieved. 154 training events scheduled. Of these, 93% were delivered.
Education delivery is evaluated and key findings inform future planning: • 75% of responses indicated the training met their needs.	Achieved. 100% of respondents indicated that they were 'Quite satisfied' or 'Extremely satisfied'.
GP 'onsite' CME (continuing medical education) is agreed, scheduled and delivered: • 80% of onsite GP CME is delivered according to plan.	Not achieved. On-site CME has been a challenge with competing Covid-19 demands and restrictions in the sector.

^ Focussed Acceptance and Commitment Therapy workshop, April 2022.

Clinical Quality and Coordination of Referrals and Improved Access to Services

Outcome, activities and indicative measures	Performance and commentary
Evaluate access to services after hours: • Recommendation for service hours to improve timely access.	Partially achieved. Covid-19 Care in the Community and workforce shortages have impacted the ability of GPs to support rural after hours in the Mid and Far North. Mahitahi Hauora has participated in advocacy for funding and model changes.
Work with stakeholders and governance to continue expansion of service delivery and key projects: • Increased options for service delivery approved by governance.	Achieved. Several new initiatives have been implemented: • Excision biopsy. • Sub-acute chest x-ray. • Prescription fee claiming supporting access to medicines for those who cannot pay the fee, maintaining treatment and reducing decline in health resulting in hospital presentation/admission. • Immunotherapy fees supporting ongoing access to planned management. • Bladder screening for microhaematuria and macrohaematuria.
Engage all providers to increase access to the service: • 10% reduction in ED (Emergency Department) presentations and 10% reduction in ASH (ambulatory sensitive hospitalisation) rates.	Achieved. Of the referrals to POADMS, 47% indicated they were to prevent ED presentations, and 6.7% indicated they could potentially reduce ASH admissions.
Analyse and evaluate data for ongoing monitoring and improvement: 1. Unenrolled patient data presented by region/locality. 2. Options for further enrolment improvement are determined. 3. Bi-annual report.	Achieved. 1. Unenrolled data has been gathered from referrals through POADMS, DHB ED referrals, and patients phoning in seeking a GP. Data is expressed by region and is being continually updated as people present as unregistered seeking GPs. The data is limited by the fact that we can capture only those who present as unregistered and are unable to quantify those not actively seeking health care. Nationally it is estimated that 5% of Northland's population is unenrolled (10,000 people). 12% of the Māori population of Northland are unenrolled (8,613 people) (MOH 2022). 2. Patients are connected where possible with practices taking new patients, and in some cases Mahitahi Hauora has advocated with practices to make an exception. 3. Bi-annual report submitted.
Coordination of clinical referrals to promote access to care: • 85% of referrals are processed within agreed timeframes.	Achieved. Note the exception of spirometry. Spirometry referrals could not be processed due to Covid-19 risk.

Musculo-skeletal Programme

Outcome, activities and indicative measures	Performance and commentary
Evaluate pilot roll-out and identify key learnings: • Options for improvement and further development.	Achieved. Pathways and model established.
Work with key stakeholders to secure ongoing funding: • Funding opportunities confirmed.	Not achieved. Unable to progress programme due to lack of funding. Ministry of Social Development funded referrals only continue.

Clinical Quality

Outcome, activities and indicative measures	Performance and commentary
• Develop a process for effective management of complaints regarding GPs: • 100% of all complaints about GPs are managed through the process and meet deadlines. • Process is developed and approved.	Achieved.
Develop emergency crisis plans: • Emergency management plans are in place and able to be activated.	Partially achieved. The draft plan was updated following the organisational restructure. It was under ELT review as of 30 June 2022 and has subsequently been adopted.
Develop and implement Foundation Standards accreditation support programme: • 90% of practices achieve their Foundation Standards accreditation within one month of expiry.	Achieved. Extensions facilitated where required due to pressures in primary care.
Increase engagement of practices with the patient experience survey (PES) results: • 75% of practices will improve the bottom three responses over 12 months.	Not achieved. This has not been prioritised by general practice due to the Covid-19 response. A change in contracting accountabilities from July 2022 will include improvement in the PES as a reporting requirement and this aims to raise the priority and embed the PES as a key indicator of continuous quality improvement.

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Tauaki Pūtea
Our Financial Statements

Financial Statements for the Year Ended

30 JUNE 2022

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

Boyd Broughton

Errol Murray

Geoffrey Milner

Justine Woodcock
(resigned 12/11/2021)

Lynette Stewart

Marihi Langford

Moe Milne

Paula Kearns
(appointed 11/2/2022)

Suzanne Phillips

Taco Kistemaker

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 2022

The Board of Trustees present their Annual Report including the financial statements of the Trust for the year ended 30 June 2022 and the auditor's report thereon.

For and on behalf of the Board:

Trustee
Date: 14 October 2022

Trustee
Date: 14 October 2022

Statement of Comprehensive Revenue and Expenses

For the Year Ended 30 June 2022

	Note	2022 $	2021 $
Revenue – non-exchange transactions			
Health services contracts	6	72,336,223	65,759,859
Other revenue		520,961	474,517
Total revenue		**72,857,184**	**66,234,376**
Expenses			
Clinical programme costs	7	(71,449,284)	(64,116,864)
Administrative costs	7	(2,894,823)	(3,440,807)
Total expenses		**(74,344,107)**	**(67,557,671)**
Deficit before net finance income		(1,486,923)	(1,323,295)
Interest income – loans and receivables		32,871	53,094
Interest expense – financial liabilities at amortised cost		(66)	(5,281)
Net finance income		32,805	47,813
Deficit for the year from trading		(1,454,118)	(1,275,483)
Profit on sale of property, plant and equipment		2,196	-
Net Assets transferred from PHO's	23	40,736	-
Surplus (deficit) for the year		(1,411,186)	(1,275,483)
Other comprehensive revenue and expenses		-	-
Total comprehensive revenue and expenses for the year		**(1,411,186)**	**(1,275,483)**

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

Statement of Changes in Net Assets/Equity

For the Year Ended 30 June 2022

	Accumulated Revenue and Expense	Total
	$	$
2022		
Balance at 1 July 2021	8,253,995	8,253,995
Total comprehensive revenue and expenses for the year	(1,411,186)	(1,411,186)
Balance at 30 June 2022	**6,842,809**	**6,842,809**
2021		
Balance at 1 July 2020	9,529,478	9,529,478
Total comprehensive revenue and expenses for the year	(1,275,483)	(1,275,483)
Balance at 30 June 2021	**8,253,995**	**8,253,995**

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

Statement of Financial Position

As at 30 June 2022

	Note	2022 $	2021 $
ASSETS			
Current Assets			
Cash and cash equivalents	8	3,173,011	2,819,231
Receivables	10	4,106,359	2,856,764
Investments - short term deposits	9	2,512,122	3,062,275
		9,791,492	8,738,270
Non Current Assets			
Property, plant and equipment	11	3,618,033	3,571,292
		3,618,033	3,571,292
Total Assets		**13,409,525**	**12,309,562**
LIABILITIES AND EQUITY			
Current Liabilities			
Payables	12	4,138,017	2,324,528
Finance lease liabilities	15	1,881	3,879
Funds held on behalf of other parties	16	569,543	619,405
Employee benefit liability		317,357	386,138
Deferred revenue	17	1,539,918	721,617
		6,566,716	4,055,567
Non Current Liabilities			
Finance lease liabilities	15	-	-
		-	-
Equity			
Accumulated Revenue and Expense		6,842,809	8,253,995
		6,842,809	8,253,995
Total Liabilities and Equity		**13,409,525**	**12,309,562**

For and on behalf of the Board:

Trustee - 14 October 2022

Trustee - 14 October 2022

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 2022

	Note	2022 $	2021 $
Cash flows from operating activities			
Receipts from customers and funders		72,425,889	65,897,316
Donation from PHO's	23	40,736	-
Payments to suppliers		(66,259,457)	(60,075,965)
Payments to employees		(6,200,696)	(7,017,876)
Interest paid on finance lease		(66)	(5,281)
Interest received		22,558	33,072
Net Cash flows from Operating Activities	**21**	**28,964**	**(1,168,734)**
Cash flows from investing activities			
(Purchase) of property, plant and equipment		(310,551)	(434,903)
Sale of property, plant and equipment		7,533	1,889
Investments in short term deposits		560,466	483,186
Net Cash flows from Investing Activities		**257,448**	**50,182**
Cash flows from financing activities			
Payments to finance lease principal		(1,998)	(21,775)
Net cash managed on behalf of third parties		69,366	99,306
Net Cash flows from Financing Activities		**67,368**	**77,531**
Net increase (decrease) in cash and cash equivalents		353,780	(1,041,019)
Cash and cash equivalents – opening balance		2,819,231	3,860,250
Cash and cash equivalents at closing balance	**8**	**3,173,011**	**2,819,231**

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 2022

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 14 October 2022.

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 cover the year ended 30 June 2021. The current period covers the year ended 30 June 2022.

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)

(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 2022.

(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

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 as detailed in note 6, 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 wholly within 12 months of the reporting date, and is measured on an undiscounted basis and expensed in the period in which employment 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.

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 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	6% to 36%
Furniture & Fittings and Plant & Equipment (incls Medical)	4% to 67%

(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 for property, plant and equipment 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 2022.

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

	2022	2021
	$	$
Revenue (non-exchange) consists of the following:		
PHO Capitation: First Contract Care	37,360,218	40,572,538
PHO Capitation: Services to Improve Access	3,817,754	4,029,906
PHO Capitation: CarePlus	3,470,069	3,796,792
Health Promotion Funding (including Capitation)	702,317	893,197
Rural Funding	1,044,416	1,218,316
Other Primary Health Contracts	24,849,730	14,019,895
PHO Capitation: Management Services	1,091,719	1,229,215
	72,336,223	**65,759,859**

7. Expenses

	2022	2021
	$	$
Clinical programme costs consist of the following:		
Capitation payments to General Practices	(37,360,218)	(40,572,538)
Services to Improve Access	(3,817,754)	(4,029,906)
CarePlus	(3,470,069)	(3,796,792)
Health Promotion	(459,514)	(619,868)
Rural Funding	(1,044,416)	(1,200,887)
Other Primary Health Contracts	(24,107,850)	(13,220,256)
IT and Register Management Support Management	(1,189,463)	(676,617)
	(71,449,284)	**(64,116,864)**

The above includes employee costs of $4,519,292. This includes Kiwisaver contributions of $256,532. (2021: $5,133,150, Kiwisaver $281,626).

		2022	2021
		$	$
Administrative costs consist of the following:			
Employee remuneration		(1,489,719)	(1,598,862)
Employee Kiwisaver		(122,903)	(108,609)
Repairs and maintenance		(51,047)	(37,658)
Depreciation	Note 11	(244,185)	(206,851)
Loss on sale of property, plant and equipment		(14,289)	(4)
Lease operating expenses		-	(67,287)
Trustee's fees	Note 18	(200,413)	(178,990)
Audit fees – for audit of financial statements		(36,560)	(38,849)
Other operating expenses		(735,707)	(1,203,697)
		(2,894,823)	**(3,440,807)**

8. Cash and Cash Equivalents

	2022	2021
	$	$
This account consists of the following:		
Cash in bank	3,172,960	2,818,296
Cash on hand	51	935
	3,173,011	**2,819,231**

Funds totalling $569,543 (2021: $619,405) are held on behalf of other parties - see Note 16 and are thus not available for use by the Trust. 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% (2021: 0.05% - 0.20%)

9. Investments - Short Term Deposits

	2022	2021
	$	$
ANZ Commercial Term Deposits	2,512,122	3,062,275
	2,512,122	**3,062,275**
Per annum interest rate ranges applicable to components of investments:	0.85% - 2.85%	0.80% - 2.65%

10. Receivables

		2022	2021
		$	$
Receivables from non-exchange transactions		4,002,490	2,772,227
Receivables from related parties	Note 18	42,374	35,587
Prepayments		61,495	48,951
Net receivables		**4,106,359**	**2,856,765**

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 2021	993,025	2,000,106	490,015	289,554	215,797	3,988,497
Additions	-	16,814	108,145	169,664	15,928	310,551
Disposals	-	(16,545)	(5,353)	(12,000)	(1,645)	(35,543)
Balance as at 30 June 2022	**993,025**	**2,000,375**	**592,807**	**447,218**	**230,080**	**4,263,505**
Accumulated depreciation						
Balance as at 1 July 2021	-	132,103	177,477	46,733	60,893	417,206
Depreciation	-	62,847	106,710	49,744	24,884	244,185
Disposals	-	(3,616)	(4,117)	(7,698)	(487)	(15,918)
Balance as at 30 June 2022	-	**191,334**	**280,070**	**88,779**	**85,290**	**645,473**
Net book value						
30 June 2020	993,025	1,919,269	193,330	70,440	169,075	3,345,139
30 June 2021	993,025	1,868,003	312,538	242,821	154,904	3,571,292
30 June 2022	**993,025**	**1,809,041**	**312,737**	**358,439**	**144,790**	**3,618,033**

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 $1,881 (2021: $3,879).

12. Payables

This account includes:

	2022	2021
	$	$
Health service claims	3,813,423	1,959,269
Health service claims from related parties (Note 18)	223,910	257,772
Sundry accruals	63,779	50,533
GST payable	36,905	56,954
Payables	**4,138,017**	**2,324,528**

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, interest 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 contractural 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- (2021: 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 96% (2021: 88%) of the trade receivables balance as at 30 June 2022. However, they are assessed as low-risk, high quality entities due to them being goverment 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:

	2022	2021
	$	$
Neither past due nor impaired	2,725,207	2,261,444
1 - 90 days past due	286,952	186,381
Over 90 days past due	7,827	320,262
	3,019,986	**2,768,088**
Allowance for impairment	-	-
	3,019,986	**2,768,088**

Trade receivables not past due and not impaired	2,725,207	2,261,444
Trade receivables past due but not impaired	294,779	506,643
	3,019,986	**2,768,088**

(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 $3,173,011 of cash and cash equivalents and term deposits of $2,512,122 as at 30 June 2022 (2021: $2,819,231 and $3,062,275 respectively). This compares to payables of $4,138,017 and deferred revenue of $1,539,918 (2021: $2,324,528 and $721,617 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:

	2022	2021
	$	$
Bank - Cash and cash equivalents	3,173,011	2,819,231
Investments - short term deposits with maturities 4 - 12 months	2,512,122	3,062,275
	5,685,133	**5,881,506**

1.62% was the average interest rate earned on cash deposits and short term deposits (2021:1.30%)

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 $56,851 on the Trust's investment portfolio exposed to floating rates at balance date (2021: 100 basis point decrease of $58,815)

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 $56,851 (2021: $58,815).

(v) Financial Liability Maturity

The table below analyses the Trust's financial liabilities into relevent undisclosed maturity bands, based on the remaining period from reporting date to the contractural 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
As at 30 June 2022						
Payables	12	4,101,112	4,101,112	4,101,112	-	-
Finance Leases	15	1,881	1,881	1,881	-	-
Funds held on behalf of other parties	16	569,543	569,543	569,543	-	-
		4,672,536	**4,672,536**	**4,672,536**	**-**	**-**
As at 30 June 2021						
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	-	-
		2,905,588	**2,905,588**	**2,905,588**	**-**	**-**

(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.

(vii) 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.

In December 2021 the Trust reoriented their mahi to ensure Mahitahi Hauora could continue its work to deliver our vision and meet our Trust's purposes, while effectively serving the new system. The health reform required Mahitahi Hauora to undertake a further shift in focus to strengthen our relevance in the new system being introduced in July 2022.

The Trust Board and Management are continuously working on aligning their strategy with the direction of the Government's plan. 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 revenue and expense. Equity 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 utilised 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 $1,881 (2021: $3,879).

15. Finance Lease Liability

	Interest Rate	Year of Maturity	2022	2021
			$	$
Current	-	2023	1,881	3,879
Non-current	-	-	-	-
			1,881	**3,879**
Future minimum lease payments				
Less than one year			1,881	3,879
Between one and five years			-	-
Total finance leases payable			**1,881**	**3,879**

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 reporting date were as follows:

	2022	2021
	$	$
Healthy Homes Tai Tokerau	19,899	(14,730)
Asthma Society Northland	35,229	35,229
GPSWI Funds	205,148	213,902
Kai Ora Funds	243,883	257,438
Child Friendly Cities Funds	20,996	76,210
Northland Youth Health Fund	2,262	-
Northern Community Pharmacy Strategic Development Fund	42,126	51,355
	569,543	**619,405**

The funds managed on behalf of other organisations is interest-free and to be held until used or requested to return.

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.

Deferred revenue relates to funding received for:	2022	2021
	$	$
Other Primary Health Programmes	1,539,918	721,617
	1,539,918	**721,617**
Funding budgeted for utilisation in the next financial year (current liability)	1,539,918	721,617
Total Deferred Revenue	**1,539,918**	**721,617**

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	2022 Payments	2022 Payables	2021 Payments	2021 Payables
	$	$	$	$
Payments (excluding COVID) to GP practices	8,476,309	117,987	8,038,262	120,881
COVID Payments to GP practices	1,053,056	-	33,147	-
Payments to other providers	1,216,263	105,923	1,109,443	136,891
	10,745,628	**223,910**	**9,180,852**	**257,772**

Receipts by the Trust	2022 Receipts	2022 Receivables	2021 Receipts	2021 Receivables
	$	$	$	$
Receipts for services from GP practices	42,374	-	35,500	4,000
Receipts for services from other providers	-	-	87	-
	42,374	**-**	**35,587**	**4,000**

Nature of the relationship and transactions

Broadway Health Centre and Broadway Health Kaitaia – Taco Kistemaker is a trustee of the Trust and is also Director/ Shareholder of the related parties. The related parties provide goods and services to the Trust.

Bayview Medical Centre – Suzanne Phillips is a trustee of the Trust and is also Owner 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 and 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 and 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 and is also a member of the related party. The related party provides goods and services to the Trust.

Whakawhiti Ora Pai – Errol Murray is a trustee of the Trust and is also the General Manager of the related party. The related party provides goods and services to the Trust.

Te Ha Oranga/Te Runanga o Ngāti Whatua – Boyd Broughton is a trustee of the Trust and is also a member 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 and/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:

	2022 Remuneration	2022 Number of individuals	2021 Remuneration	2021 Number of individuals
	$		$	
Board of Trustees – Trustee's fees	200,413	10	178,990	12
Executive Management Team	2,048,995	26	2,146,971	17
	2,249,408		**2,325,961**	

19. Financial Instruments

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

2022	Financial assets Loans and receivables	Financial liabilities Amortised cost	Total
	$	$	$
Subsequently not measured at fair value			
Cash and cash equivalents	3,173,011	-	3,173,011
Short-term deposits	2,512,122	-	2,512,122
Receivables	4,044,864	-	4,044,864
Payables	-	(4,101,112)	(4,101,112)
Finance lease liabilities	-	(1,881)	(1,881)
Funds held on behalf of other parties	-	(569,543)	(569,543)
	9,729,997	**(4,672,536)**	**5,057,461**

2021	Financial assets Loans and receivables	Financial liabilities Amortised cost	Total
	$	$	$
Subsequently not measured at fair value			
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	-	(619,404)	(619,404)
	8,689,320	**(2,890,857)**	**5,798,463**

20. Commitments

Operating Leases

The Trust has entered into a number of operating leases for vehicles and IT equipment. At the 30th June 2022 these leases were discontinued.

The future non-cancellable minimum lease payments of operating leases as at 30 June 2022 are detailed in the table below:

	2022	2021
	$	$
Less than one year	-	32,501
Between one and five years	-	32,893
Total non-cancellable operating lease payments	**-**	**65,394**

21. Reconcilliation of operating cashflows to net surplus

	2022	2021
	$	$
Total comprehensive revenue and expenses	(1,411,186)	(1,275,483)
adjustments for non-cash items		
Depreciation	244,185	206,851
Loss on disposal of property, plant and equipment	14,289	4
Profit on disposal of property, plant and equipment	(2,196)	
Previous year adjustment to Project funding	(119,228)	-
adjustments for movements in:		
Increase in Receivables	(1,249,595)	(939,451)
Increase in Payables	1,813,489	434,235
Increase (Decrease) in Employee Benefits	(68,782)	(177,255)
Increase in Deferred Revenue	818,301	602,389
Increase (Decrease) in Accrued Interest	(10,313)	(20,023)
Net Operating Cash (Outflow) Inflow	**28,965**	**(1,168,733)**

22. Contingent Liabilities

There are no contingent liabilities at the reporting date (2021: 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.

	2022	2021
	$	$
Cash received	40,736	-
	40,736	**-**

24. Events After the Reporting Date

2022: 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 and 30 June 2022 years.

Mahitahi Hauora established the innovative Covid-19 Community Clinical Hub in January 2022 to support the primary care response to managing Covid-19 in the community.

Having shown the way forward in how to safely and effectively manage large numbers of people at home in 2021-2022, we are exploring opportunities for the Hub to evolve into a long-term virtual solution as we move into a new financial year.

BDO Auckland

INDEPENDENT AUDITOR'S REPORT
TO THE TRUSTEES OF TE KAUPAPA MAHITAHI 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 2022, and the statement of comprehensive revenue and expenses, statement of changes in net assets/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 2022, 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 other information. The other information obtained at the date of this auditor's report is information contained in the annual report, but does not include 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 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.

BDO Auckland

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.

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.

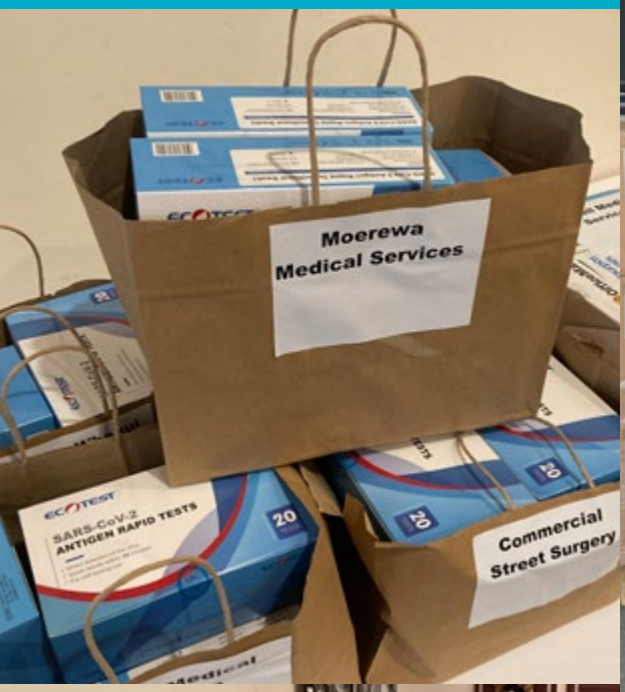
Who we Report to

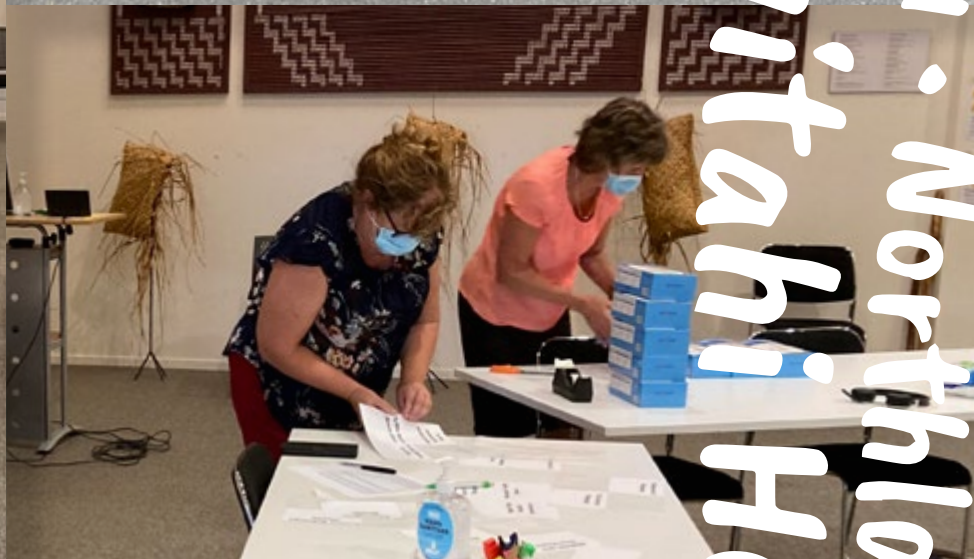
This report is made solely to the Trust's Trustees, as a body. Our audit work has been undertaken so that we might state those matters which we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trusts 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
14 October 2022

The Mahitahi Hauora team distributed over 100,000 Rapid Antigen Tests across Tai Tokerau in March 2022





Mahitahi Hauora - Northland

Whānau working together to improve our communities through Hauora Tai Tokerau

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Mahitahi
Hauora