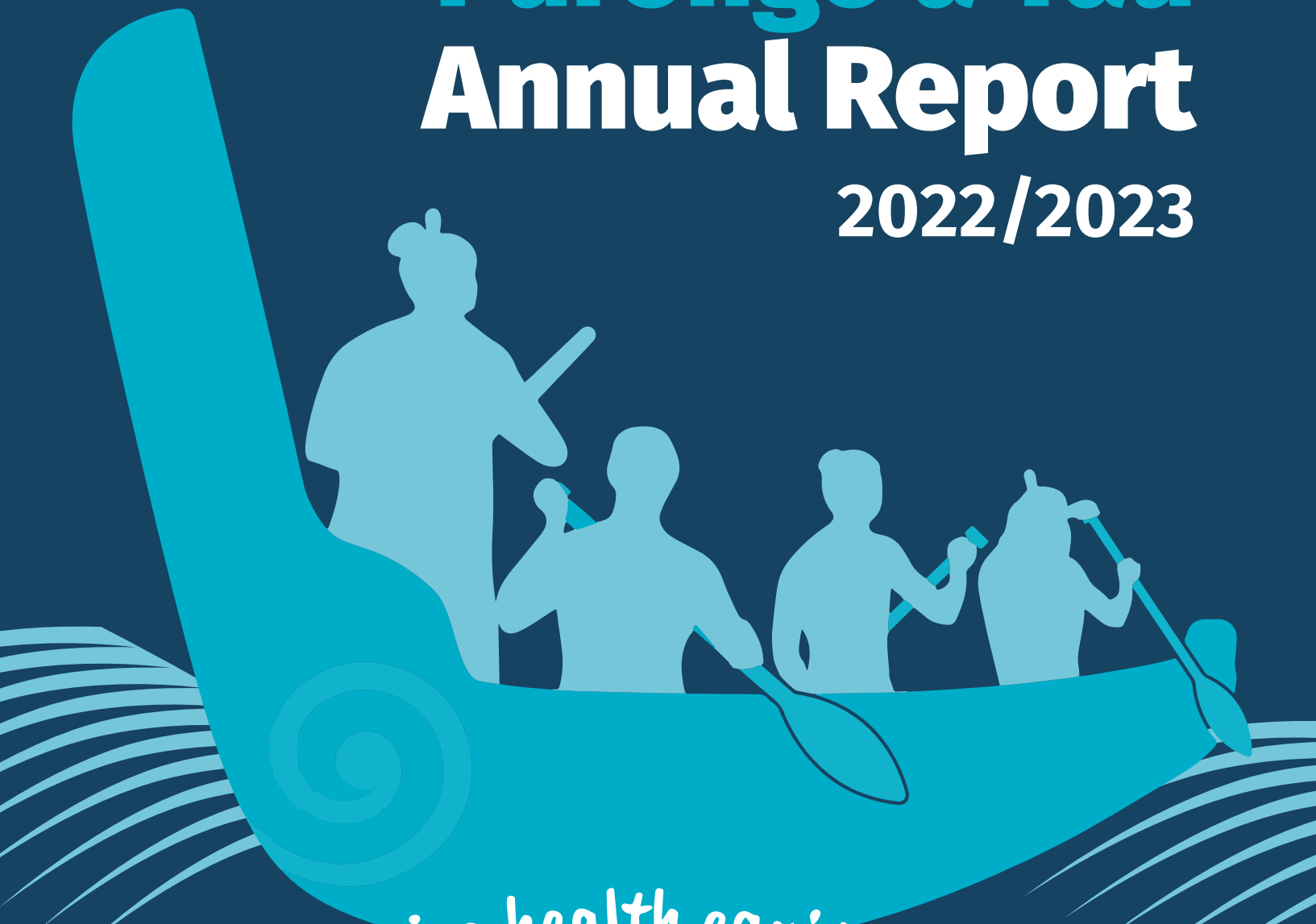




Mahitahi  
Hauora

# Pūrongo ā Tau Annual Report

2022/2023



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

Karanga karanga ki a Ranginui e tū  
nei

Karanga karanga ki a Papatūanuku e  
takoto nei

Kia horo pai ai te ara matua

Nā Rongo te ara

Nā Tāne te ara

Tāne te Waiora

Tāne te Wānanga

Tāne te Pūkenga

Tāne te Whakaputa

Te whakaputa ki te whei ao, ki te ao  
mārama

Ka whakaoti nuku, ka whakaoti  
rangī

Tō manawa ki tāku manawa ka irihia

Uhi! Wero!

Tau mai te mauri!

Hui e! Taiki e!

Call upon Ranginui

Call upon Papatūanuku

To lay forth the pathway

Of Rongo

Of Tāne

Tāne the life giver

Tāne the learning

Tāne the skilled

Tāne the progenitor

To enter the emerging world, the  
world of light

To be complete

Our hearts bound and uplifted

Let the energy be settled here

To gather

And be bound together

# 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.

improving health equity Taonga tuku iho Whiria te tangata  
aroha tamariki Health Te ao Māori caring for our communities connect  
self-determined wellbeing care Whānau wellness collabora  
Mauri tū mauri ora working together Northland

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Whiria te tangata Whānau working together  
caring for our communities aroha He hauora to  
Health whānaungatanga Tai Tokerau • Northland  
improving health equity Mahitahi H

# He aumihi nā te Heamana

## Message from our Chair



Our approach this year has remained aspirational and we have worked hard to implement a very different way of working with primary healthcare providers.

We've done this while continuing to deliver care to the population of Northland, despite the huge uncertainties brought by the much-needed health reforms. These have had a major impact on us as an organisation, which we have only been able to navigate successfully through the commitment of our incredible staff and front line partners.

As an organisation, we have adapted dynamically to be "fit for purpose" and to more closely align with health reforms as they unfold. As a result, we have found ourselves ahead of the game in preparing to support a better primary healthcare system in Northland.

The Board and staff team have been proactive in leadership and decision-making. We have worked courageously to enable whānau and communities to get better access to services that suit their needs.

It has been rewarding to see the commitments we have made coming to fruition. I would like to acknowledge the hard mahi that has been done this year as we traverse the challenges of major health reforms.

Of course, Mahitahi Hauora has not been alone in supporting primary healthcare across Northland. I would like to thank our General Practice teams, Māori Health Providers, NGOs, After Hours care providers, Doctors, Nurses and the Allied workforce who continue to turn up every day to care for our whānau.

I would like to acknowledge the establishment of the Taikorihī Locality in the Far North region. This is shaping up to be a strong advocate for our communities in the region which Mahitahi has supported with passion and determination. It is gratifying that the Taikorihī Locality has also become an inspiration to other Localities in Northland, paving the way for a new era of healthcare in the region.

I would like to thank my fellow Board members for their dedication throughout the year. Our AGM in November saw both Moe Milne - Independent

Community Representative Trustee, and Suzanne Phillips - GP Representative Trustee, stand down from their three-year tenure. Both were nominated to stand a further term and they were re-elected in February 2023. I thank them for their continued and valuable contribution to our Board.

I would also like to acknowledge the resignation of Paula Savage (Kearns) (CA) - Audit Risk and Finance (ARF) Committee Chair and Board Trustee, in April 2023. Paula made an immense contribution to our ARF Committee and Board.

Lastly, I want to acknowledge and thank the Mahitahi Hauora team. Their unwavering determination and dedication have a huge impact on improving the health and well-being of Northland's whānau and communities.

Ngā mihi,

**Geoff Milner**  
Chair

# He aumihi nā te Tumu Whakarae

## Message from our CEO



It's been a challenging but rewarding year. So much has been achieved but there is still so much to do.

I feel absolutely privileged to be not only a part of the Mahitahi team but also the broader primary care community here in Te Tai Tokerau. I spend so much of my time with so many good people, who all work tremendously hard to make a difference.

Northland is at the forefront of change. It is leading the way with local solutions and collaborative approaches, but its needs are so heavy that it is only through everyone sharing the load that we will prevail. It's critically important for our whānau that we work collectively to make the most of every opportunity and to support each other when times are challenging.

Much of the groundwork for the health reforms was completed last year and so this year has been

a period of consolidation. We have focused on providing innovative solutions to the more complex issues and challenges that we face. Through this approach, we have seen the evolution of some important and impactful work, for example in virtual consulting, in-reach support, inbox and recall management, and supporting unenrolled patients.

In response to the health reforms, we have seen a shift towards local voices being included directly in planning healthcare provision. Mahitahi are at the forefront of this work, supporting the Taikorihī Locality to create real change while also developing an approach that can be used to support other Localities in the region, and beyond.

I am particularly proud of the progress made through our Equity for Whānau Agreement. This has improved our understanding of equity and how to bridge the gaps. Our membership practices will benefit greatly from this shared learning, enabling them to better serve the most vulnerable people in our communities.

All these initiatives have evolved out of necessity. They are dynamic, creative and practical responses which reduce pressure on a profoundly strained health system.

I want to thank our membership practices who work tirelessly and often selflessly. My ambition is that the Mahitahi team can

support you as you continue to care for our communities, despite chronic workforce shortages and extremely challenging conditions.

I want to thank the Community Voice Advisory Committee without whose life experiences and insights our work would not have as much impact, and in many cases would miss the mark entirely.

I want to thank the Mahitahi team. Your sheer determination to bring better health and well-being outcomes to all Northlanders is exceptional. I am in awe of the professionalism and commitment I see every day. Thank you for your blood, sweat and tears in fulfilling the ambition of Pae Ora, the Healthy Futures Strategy.

Finally, I want to thank the Mahitahi Hauora Board. Your leadership continues to inspire me. The past year has been one of strategy, evolution, and rapid change. The Mahitahi Board leads by example. They have been courageous, disciplined and, above all else, focused on what matters to whānau.

Ngā mihi,

**Jensen Webber**  
Chief Executive Officer

# Te Kāhui Whakamarumarū

## 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. Board members for the year ended 30 June 2023.

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



**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 Savage (Kearns)**

Ngāti Pakeha, Chair – Audit and  
 Risk Committee, Independent  
 Director (resigned 14/4/23)



**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



**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



**Dr Taco Kistemaker**

General Practitioner and Director  
 – Broadway Health

# Tō mātou hikoi i tenei tau

## Our journey this year

Much of the groundwork for the health reforms was completed last year and so this year has been a period of consolidation for the Mahitahi team.

We have focused on providing creative, practical solutions to the more complex issues and challenges facing primary healthcare. Through this focus, we have seen the development of some important and impactful work.

Our ground-breaking Clinical Hub continues to provide a comprehensive response to COVID-19 in the region. This includes registering and assessing new cases, providing immediate clinical care, and prescribing anti-viral medication to those most at risk of serious illness from their infection. The service is free and available 7 days a week for anyone living in Northland.

Alongside its COVID-19 response work, the Hub provides virtual consulting services in response to the chronic shortfall in doctors and nurses. This ensures the continuation of patient care, especially in remote rural areas. The Hub also delivers inbox and

recall management services on-demand to general practices. These alleviate the huge administrative load on primary healthcare providers, which frees them up to focus on their patients.

While most people are enrolled with a primary healthcare provider in the region, some can't or don't want to enrol. Being unenrolled means they cannot receive follow-up care at home in their community if they have to attend a hospital. This excludes them from a range of services, like access to a pharmacy, and often leads to a return to the hospital. The Clinical Hub team help these patients to get enrolled and coordinates any immediate primary health and social care needs in the meantime. The service is free to the patient and centred entirely on their specific needs and circumstances. It provides comprehensive wrap-around support for anyone who isn't or cannot get enrolled - and greatly reduces hospital admissions.

Our Primary Mental Health services have continued to grow and adapt to ensure maximum benefit to whānau as they navigate rapidly changing circumstances.

The health reforms have evolved largely in ways that we had anticipated, for example with the introduction of the 'Localities' approach to organising health and social care delivery. These enable whānau within their own communities to determine what health and social support they need to improve and maintain their health and well-being. It's the first time truly local voices have been heard when planning and evaluating healthcare in Aotearoa. We have been at the cutting edge of this new approach through our work with the Taikorihī Locality, where we have prototyped new ways of working collaboratively. This has enabled funds, knowledge, skills and services to flow into the communities that most need them. We hope to continue our work with Taikorihī and to share our ground-breaking approach with other Localities in the region, and beyond.

Our Equity for Whānau Agreement is in its second year and is leading the way nationally. We are proud of this initiative which helps those most in need and contributes to the difficult work of trying to repair the devastating legacies of colonisation.



^ Mahitahi Hauora Leadership Team, 2022/23 Back row, from left: Sandra Wilkinson, Partnership Services Manager; Warren Moetara, Director of Equity\*; Jensen Webber, Chief Executive Officer; Conrad Malotū, 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 & Innovation Manager; Ian Hartley-Dade, GM Operations\*; Tammy Vette, EA to CEO and GMO. Absent: Dr Libby Prenton, Clinical Director; Juliet Espiner, Human Resources Manager; Angelika Thorn, Business Partner\*; Gay Cook, Finance Operations Partner. \* Ian, Warren and Angelika all left Mahitahi Hauora during the year.

Opportunities to explore health and well-being issues from a regional perspective have vastly improved this year. This has exposed differences which have enabled a fairer distribution of resources. We welcome this transparency, which is essential to meeting our commitment to healthcare equity.

The Primary Options Acute Demand Management service (POADMs) relieves pressure on hospitals by paying for healthcare in the community rather than at the hospital. The service makes care more accessible to patients and is free for those

who otherwise can't afford it. Hospital care is more expensive than primary care and the service therefore increases efficiency by reducing admissions.

Our Winter Wellness programme is a preventative approach which funds nurse-led consultations in General Practice. It provides a comprehensive review and onward referral of patients suffering from Chronic Obstructive Pulmonary Disease (COPD). The programme is another example of how we relieve pressure on hospital care, which increases efficiency while also improving the lives of our whānau.

For Northland, as in many other rural communities throughout Aotearoa, new pay parity investment in the healthcare sector has had a transformative impact, especially in helping to retain staff in the caring professions. There has also been significant investment in developing a Te Ao Māori framework for healthcare, which is exciting and welcome, if overdue.

The following section of our report provides more detail on some of our achievements over the 2022/23 financial year.

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

"I acknowledge the dedication of my leadership team in serving the needs of whānau. I commend their resilience and their perseverance as they work to solve the many complex issues we face."

- Jensen Webber, Chief Executive Officer

# He Titiro Whakamuri

## Year in a Snapshot

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

**175**

unenrolled patients received care from our clinical hub

**260,585**

GP and nurse consultations with priority populations

**58**

healthy eating projects funded

KAITAIA  
WHANGĀREI  
KERIKERI

**392**

Healthy Homes referrals for a warmer, drier whare

**566**

bowel screening referrals for people aged 60-74 years

**2496**

cervical screens for priority group women

**1016**

Mental health triage consultations

**1259**

participants attended one or more of our 62 training events

**9528**

health improvement practitioner sessions

**4734**

patients received interventions from the clinical hub (excluding COVID-19)

**69%**

immunisation rate for Māori and Pacific 8 month old tamariki

**3+3**

Mahitahi youth mental health clinicians and youth workers funded

**89%**

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

**76%**

of patients\* satisfied with waiting time for a GP appointment

**15,462**

patients referred and managed in primary instead of secondary care

**26**

GP practices

**61**

FTE GPs

**83**

FTE Practice Nurses

**6**

FTE Nurse Practitioners

**0%**

care equity gap between Māori & Non-Māori from 2022 to 2023 through NHH practices triage

# Ō mātou kaupapa

## Our projects

Here's a taster of just some of the projects we've delivered this year.

### Improved access to community spirometry

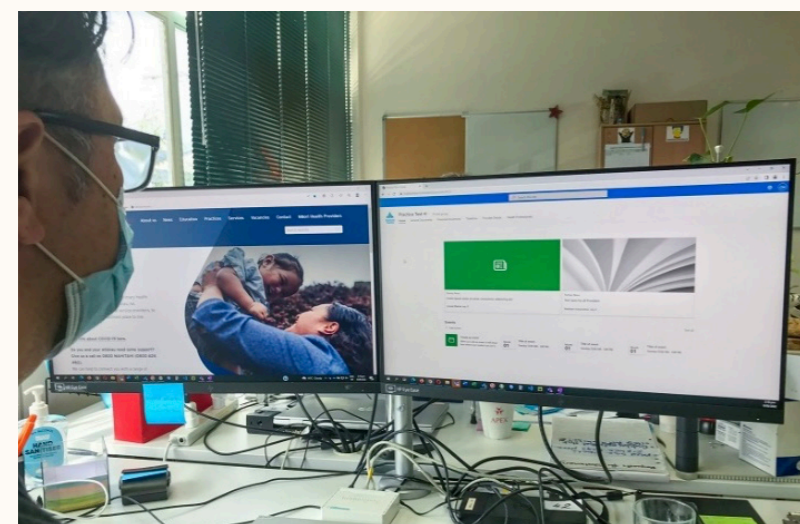
We've developed a new community-based spirometry service to clear the waiting list and provide for future referrals in a community setting. The project includes a kaimanaaki/administrator to support engagement and follow-up, and an outreach service to ensure patients living in remote rural areas have equitable access to spirometry services.



"Mahitahi are also supporting the capability of practices by funding workforce spirometry accreditation to help with ongoing provision of spirometry services."

- Dr Sue Ward

^ The new community spirometry service



^ GM Data & Digital, Conrad Malotā, developing the Partner Portals

### Making it easy to find and use information through Partner Portals

We developed and rolled out Partner Portals which pull important sources of information and reporting together into one place.

Portals can be customised to make it easier for practices to find files, links, data, and to update their details.

### Disability Services Directory launched

We added a new directory to the Mahitahi Hauora website to make it easier for people with disabilities in Northland to find the services, support, information and resources they need – all in one place.

Content for the directory was compiled by Elinor Niha and Anaru Ruka, who have lived experience of disability and serve as members of our Community Voice Advisory Group.

"The Disability Services Directory provides another support tool to help with access to disability resources."

- Jensen Webber

Wellbeing  
Caring for our  
communities  
He hauora te  
tikanga taonga

^ Elinor Niha (left) and Anaru Ruka







^ Taikorihī Programme Manager JJ Ripikoi (left) with Te Whatu Ora CEO Fepulea'i Margie Apa

### Supporting locality development

We worked closely with Kotui Hauora to support the development of the Taikorihī locality in Muriwhenua, one of 12 prototype localities across Aotearoa.

As part of that, we held funds, provided administrative support and supported the recruitment of JJ Ripikoi as a programme manager, on the locality's behalf.

*"It has been a pleasure to work with Taikorihī who in a relatively short period are an exemplar for a locality prototype and we are looking forward to the next year with the realisation of their aspirations."*

– Jensen Webber

### Taking immunisation to the community with an outreach bus

We worked with Te Whatu Ora and participating general practices to send a childhood immunisation outreach bus to sites in the Mid and Far North in May 2023. The bus offered all scheduled immunisations, including flu, and was free for the whole whānau, with no appointment needed.

The Clinical Hub team contacted whānau with tamariki up to the age of six who had immunisations due to invite them to attend, and the Data & Digital team supported by identifying 'hotspots' of unimmunised tamariki, which informed where the bus should go. A great team effort!



^ The Immunisation Outreach Bus

### Discharge support for unenrolled hospital patients

We worked with Te Whatu Ora to arrange for unenrolled patients discharged from Northland hospitals to be referred to the Mahitahi Hauora Clinical Hub. We triage the referrals and contact patients who may need further support to check on their recovery, whether their medications and pain relief are working, and answer any questions. If the patient's needs are complex, we coordinate care with other agencies and do everything we can to get them enrolled with a GP.



^ Support for unenrolled patients discharged from Te Whatu Ora, Northland Hospital

*"We provide patients with an initial health check and then facilitate them into enrolment with a General Practice in their community. We have supported over 200 patients through our unenrolled programme."*

– Gay Sinclair

### Shining a light on care for our elderly

Aged care is a hot-button issue in Northland. In June, Mahitahi Hauora and the Office of the Health and Disability Commissioner jointly hosted a hui on Hauora and Disability Services for Older People.

The event provided aged care sector stakeholders in our region with an opportunity to have their say on the future of aged care services in Aotearoa.



^ Representatives from across the sector attended the hui

### Equitable immunisation

We led a raft of initiatives to improve equitable uptake of immunisation

- Free influenza immunisation for Māori and Pacific people of all ages.
- Free consultations for Māori and Pacific whānau to discuss questions or concerns about immunisation with a GP.
- Nursing support from the Mahitahi Hauora Clinical Hub with immunisation recalls for practices.
- Support for practices with planning complex catch-up schedules for tamariki who have missed multiple immunisations.



^ Enabling the needs of whānau to be better supported

### Equity for Whānau Agreement review

In line with the national health reforms, we took the initiative in 2022 to review the way we work towards equity in primary care. This led to the Equity for Whānau Service Agreement, which gives direction to General Practices on how to reduce the equity gap for Māori and other high-risk populations.

Every year the Mahitahi team come together to identify areas of need. These are added to the Agreement to expose equity gaps in the community which can then be prioritised for action. This stimulates creative responses and drives change, which improves the health of our Maori and Pacific populations in Tai Tokerau.

Removing barriers to accessing healthcare for long-term conditions is central to the approach taken by the Equity for Whānau Agreement. Each year

these are made clear to help primary healthcare providers develop their annual plans.

Since we began, we have developed the Agreement to include more indicators of serious conditions like diabetes and cardiovascular disease, which have been shown to have a major impact on our Māori communities. We have also added direction on screening, immunisation, proactive and preventative care, and on gathering data for the National Patient Experience Survey.

Our data analysis team worked closely with General Practice leaders to develop a dashboard which identifies patients who most need support. This gives clear overall patient information and improves targeting to reduce the equity gap.

In August 2023, General Practice services team lead Mary-Ann Clueard shared our equity

achievements and goals with attendees at a workshop held at the Collaborative Aotearoa Symposium in Wellington. Many were impressed with the work we are doing and with our clear commitment and sense of purpose in striving for equity in the region. Our efforts also aligned strongly with calls from other speakers at the event. These were to support government strategies that are locally focused, and which create change through whānau engagement and collaboration.

Through the Equity for Whānau Service Agreement, we are improving health equity across the region and leading the way nationally.

**"We are excited to be able to support practices to address equity gaps for their enrolled population through planning and data tools that enable them to identify those most in need."**

– Mary-Ann Clueard

### Improving gout care

Tai Tokerau has a high incidence of gout compared with the national average. It's a painful condition that affects people's quality of life, and Māori and Pacific people are the worst affected for genetic reasons.

We reinvigorated the Gout Stop programme to improve the original pathway for patients who suffer two acute flares of gout within 12 months.

The improved programme includes medication to lower uric acid levels, three months of free support from the Clinical Hub's dedicated gout nurse, and a free follow-up check by a GP.

**"Gout Stop Nurse-Kaiawhina provides follow up, education, advocacy and care coordination to patients with unmanaged gout, and liaises with practices."**

– Cristina Ross



^ Gout Stop Nurse Theresa Chapman



^ Clinical Hub Lead Nurse Gaelyn Sinclair calls whānau whose tamariki are due for immunisation.

### Pre-calling whānau to immunise on time

Immunisation is one of the best ways to protect our pēpi. We are pre-calling Māori whānau whose infants are due for scheduled immunisations to encourage them to immunise on time.

We started with pēpi coming up to six weeks old, followed by those due the 12-month MMR immunisation. Whānau whose tamariki are immunised on time received a \$50 Prezzy card as a 'thank you' for protecting the next generation.



^ Clinical Director Dr Sue Ward sets up for a virtual consult

### Freeing up GP time at overstretched practices

We worked with two overstretched Far North general practices to free up clinician time.

With Te Hiku Hauora, we reduced the administrative burden on clinicians by managing the Medtech inboxes of three GPs, as well as doing patient recalls for cervical smears and immunisations.

The feedback was very positive, with one GP's administrative workload reducing from 24 hours in a two-week period to just three hours.

With Hauora Hokianga, we offered short-term virtual consulting support.

"It's been great to have an alternative way to access primary care appointments in our currently very challenging situation"

- Dr Mark Larkshear

### Continuing Care for COVID-19 patients

Our Clinical Hub has supported over 30,000 vulnerable COVID-19 patients in the community since January 2021. Everyday we triage all new cases to identify any patients who are high acuity and who would benefit from antiviral medication.

Currently, the Clinical Hub supports 13 practices full-time with all their COVID-19 patients. It also continues to look after all unenrolled patients in the community who register their COVID-19 test results.



^ Some of our staff with the Minister's Award for our response to COVID-19

"Mahitahi, as an organisation, received a COVID-19 recognition award for their continued contribution to the COVID-19 response, and for the support the Clinical Hub provided for general practice in responding to patients with COVID-19"

- Jensen Webber

### Providing nutritious local food through the Kai Ora Fund

The purpose of the Kai Ora Fund is to enable Northlanders to grow and eat nutritious and sustainably grown local food.

Through a small community grants process, it supports innovative projects that address food security, benefit the wider community and encourage employment and economic development in the region.

The fund enables communities to have an accessible, affordable and safe food supply for current and future generations. It helps them to be resilient to future disruption or unavailability of food due to various risk factors including droughts, fuel shortages and economic instability.

To date the fund has,

- disbursed \$141,195 from a total funding pool of \$160,000.
- received 61 applications seeking a total of \$255,000.\*
- delivered three Kai Ora Fund workshops (Whangārei, Kaikohe, and Kaitaia) connecting with 78 project members.

### Our tamariki learning to plant in our community garden



- funded 42 projects: 22 in Far North, 14 in Whangārei, 2 in Kaipara, and 2 across Tai Tokerau.

PHE, Far North District Council, Whangārei District Council, Te Puni Kōkiri, Ngā Tai Ora (Te Whatu Ora), Healthy Families Far North, The Ministry of Social Development and Kaipara District Council.

The fund was established in 2015 by Te Tai Tokerau PHO and Far North District Council. Over the years the partnership has grown to include Mahitahi Hauora

\*Decrease from last year due to COVID-19 and severe weather.

"Te Hōkai Nuku held 12 wānanga, enriching younger generations with mātauranga around growing kai. By bringing our tamariki and our mokopuna along for the ride, they are more likely to grow a natural affinity for the environment and continue the good work."

- Jared Hiakita

### Focusing on Primary Health Care – acknowledging the work of General Practice

The challenges of general practice across Aotearoa and our local region have largely continued this year.

Primary and community care providers are yet to see an approach that more fully supports them, rather than focussing resources on hospitals and secondary care.

We acknowledge the workforce challenges that persist across our general practices, and the continuation of a funding model that is not fit for purpose. While some funding to support pay disparity for primary care Nurses was implemented, there was little to no additional funding to support GP's or general practice as a whole, with an uplift of only 5% on capitation this year, less than the inflation rate.

With more of our GP workforce retiring and our inability to fill vacancies on a permanent basis, the patient appointment waiting times extend out to six weeks in some practices. This is unacceptable. It deprives our Tai Tokerau population of the level of care they are entitled to. We see closed books, extended patient wait times, and reduced after hours care clinics. The situation is not unique to Tai Tokerau, as we know the whole of Aotearoa grapples with primary care workforce shortages.

As a PHO, we strive to be a strong advocate for sustainable general practice and community healthcare in Tai Tokerau, we work closely with GPNZ, Te Whatu Ora, Te Aka Whai Ora, and Health NZ to achieve better funding and outcomes for our region.

# Tō mātou tauāki mō ngā mahi

## Statement of service performance

For the Year Ended 30 June 2023

### Our Vision

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

### Our Mission

We work with others to find solutions to complex challenges by focusing on the needs of the whānau and communities to achieve equity.

### Our Equity Statement

We focus on making a positive difference for whānau and communities by giving action to Te Tiriti o Waitangi and challenging ourselves and others to achieve equity and improve outcomes across Tai Tokerau.

### Our Strategic Focus

Our strategic focus has a life cycle approach of starting well, living well, ageing well, mentally well, and accessible and sustainable primary health care.

Our long-term organisational outcomes reflect Northlanders access service that enable whānau and communities to thrive, receive care that achieves what matters to them, experience seamless service provision and have confidence that resources are used appropriately and sustainably.

## Our Outcomes

### Outcome ONE

Northlanders access services that enable whānau and communities to thrive.

Objectives	How	2023	2022 (UNAUDITED)
Enabling access to care interventions	Number of unenrolled patients that receive care from the clinical hub (excl COVID-19). New initiative started Sept 22, hence comparative information not available.	175	n/a
Promote services in the community	Number of healthy eating projects funded	58	48
	Number of Healthy Homes referrals	392	589
	Number of mental health triage consultations	1,016	1,628

### Outcome TWO

Northlanders receive care that achieves what matters to them.

Objectives	How	2023	2022 (UNAUDITED)
Enabling patients and whānau to make informed decisions about their health and the care they receive	Percentage of patients that responded "Yes" to: <i>"Did the clinician involve you as much as you wanted to be in making decisions about your treatment and care"</i>  This data is taken from the National Patient Experience Survey, implemented by the Health Quality Safety Commission, which is available online.	89%	88%

### Outcome THREE

Northlanders experience seamless service provision.

Objectives	How	2023	2022 (UNAUDITED)
Enabling the system to wrap around patients' needs	Number of bowel screening referrals (for people 60-74 years)	566	270
	Number of cervical screens for priority group women	2,496	2,403

Ensuring that patients receive medical care when they need it	Percentage of patients satisfied with a waiting time for GP appointment  This data is taken from the National Patient Experience Survey, implemented by the Health Quality Safety Commission, which is available online.	76%	77%
Promote non-GP services available in the community	Number of Health Improvement Practitioners funded by Mahitahi	10	9
	Number of actual youth mental health clinicians funded by Mahitahi as at 30 June 2023	3	3
	Number of actual youth workers funded by Mahitahi as at 30 June 2023	3	3

**Outcome FOUR**

**Northlanders have confidence that resources are used appropriately and sustainably.**

Objectives	How	2023	2022 (UNAUDITED)
Enabling patients to receive care in primary care that otherwise would be provided in secondary care settings	Number of early discharges coordinated through primary options	62	24
	Number of referrals coordinated by Primary Options team	15,462	10,950

**Outcome FIVE**

**Mahitahi Hauora is a great place to work.**

Objectives	How	2023	2022 (UNAUDITED)
Mahitahi staff feel valued and understand how their mahi contributes to achieving objectives, outcomes and vision	Annual staff turnover rates	28%	73%
	Annual staff sick leave rates	3%	3%

# Tō mātou pūtea tauaki

## Our financial statements

### Te Kaupapa Mahitahi Hauora – Papa o te Raki Trust Financial Statements for the Year Ended

**30 JUNE 2023**

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## Directory

### Date of Incorporation

18 December 2018

### Status

Charitable Trust

### Charities

#### Registration Number

CC56633

#### Trust Registration Number

2725832

#### IRD Number

128-121-218

#### Registered Office

28-30 Rust Avenue  
Whāngarei

#### Physical Address

28-30 Rust Avenue  
Whāngarei

### Bank

ANZ Bank  
Corner Bank Street  
and Rust Avenue  
Whāngarei

### Solicitor

Megan Bawden  
WMRK  
9 Hunt Street  
Whāngarei

### Auditor

BDO Auckland  
Level 4  
4 Graham Street  
PO Box 2219  
Auckland

### Entities Purpose or Mission

Funding and provision  
of essential primary  
healthcare services

### Resources

Primary Healthcare Funding  
through Te Whatu Ora.

### Trustees

**Boyd Broughton**

**Errol Murray**

**Geoffrey Milner**

**Lynette Stewart**

**Marihi Langford**

**Moe Milne**

**Paula Savage (Kearns)**

(resigned 14/4/2023)

**Suzanne Phillips**

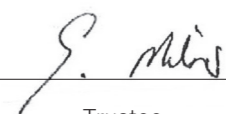
**Taco Kistemaker**

## Trustees' Responsibility Statement

### For the Year Ended 30 June 2023

The Board of Trustees present their Annual Report including the financial statements of the Trust for the year ended 30 June 2023 and the auditor's report thereon.

For and on behalf of the Board:



Trustee  
Date: 20 October 2023



Trustee  
Date: 20 October 2023

## Statement of Comprehensive Revenue and Expenses

### For the Year Ended 30 June 2023

		2023	2022
	Note	\$	\$
<b>Revenue – non-exchange transactions</b>			
Health services contracts	6	54,531,858	72,336,223
Other revenue		542,497	520,961
<b>Total revenue</b>		<b>55,074,355</b>	<b>72,857,184</b>
<b>Expenses</b>			
Clinical programme costs	7	(54,124,555)	(71,449,284)
Administrative costs	7	(2,381,992)	(2,894,823)
<b>Total expenses</b>		<b>(56,506,547)</b>	<b>(74,344,107)</b>
<b>Deficit before net finance income</b>		<b>(1,432,192)</b>	<b>(1,486,923)</b>
Interest income – amortised cost		144,037	32,871
Interest expense – amortised cost		(3)	(66)
<b>Net finance income</b>		<b>144,034</b>	<b>32,805</b>
<b>Deficit for the year from trading</b>		<b>(1,288,158)</b>	<b>(1,454,118)</b>
Other income		2,590	2,196
Net Assets transferred from PHO's		-	40,736
		<b>2,590</b>	<b>42,932</b>
<b>(Deficit)/Surplus for the year</b>		<b>(1,285,568)</b>	<b>(1,411,186)</b>
Other comprehensive revenue and expenses		-	-
<b>Total comprehensive revenue and expenses for the year</b>		<b>(1,285,568)</b>	<b>(1,411,186)</b>

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 2023

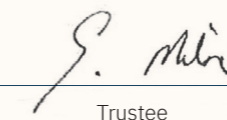
	Accumulated Revenue and Expense	Total
	\$	\$
<b>2023</b>		
<b>Balance at 1 July 2022</b>	6,842,809	6,842,809
Total comprehensive revenue and expenses for the year	(1,285,568)	(1,285,568)
<b>Balance at 30 June 2023</b>	<b>5,557,241</b>	<b>5,557,241</b>
<b>2022</b>		
<b>Balance at 1 July 2021</b>	8,253,995	8,253,995
Total comprehensive revenue and expenses for the year	(1,411,186)	(1,411,186)
<b>Balance at 30 June 2022</b>	<b>6,842,809</b>	<b>6,842,809</b>

# Statement of Financial Position

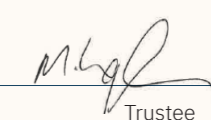
## As at 30 June 2023

		2023	2022
	Note	\$	\$
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents	8	5,113,868	3,173,011
Receivables	10	2,679,399	4,044,864
Prepayments		75,577	61,495
GST Receivable		33,610	-
Investments - short term deposits	9	1,047,873	2,512,122
		<b>8,950,327</b>	<b>9,791,492</b>
<b>Non Current Assets</b>			
Property, plant and equipment	11	3,400,372	3,618,033
		<b>3,400,372</b>	<b>3,618,033</b>
<b>Total Assets</b>		<b>12,350,699</b>	<b>13,409,525</b>
<b>LIABILITIES AND EQUITY</b>			
<b>Current Liabilities</b>			
Payables	12	2,177,455	4,101,112
GST Payable		-	36,905
Finance lease liabilities		-	1,881
Funds held on behalf of other parties	15	1,072,973	569,543
Employee benefit liability		322,735	317,357
Deferred revenue	16	3,220,295	1,539,918
		<b>6,793,458</b>	<b>6,566,716</b>
<b>Equity</b>			
Accumulated Revenue and Expense		5,557,241	6,842,809
		<b>5,557,241</b>	<b>6,842,809</b>
<b>Total Liabilities and Equity</b>		<b>12,350,699</b>	<b>13,409,525</b>

For and on behalf of the Board on 20 October 2023.



Trustee



Trustee

# Statement of Cash Flows

## For the Year Ended 30 June 2023

		2023	2022
	Note	\$	\$
<b>Cash flows from operating activities</b>			
Receipts from customers and funders		58,217,998	72,425,889
Donation from PHO's		-	40,736
Payments to suppliers		(53,483,014)	(66,259,457)
Payments to employees		(4,954,528)	(6,200,696)
Interest paid on finance lease		(3)	(66)
Interest received		121,194	22,558
<b>Net Cash flows (to)/from Operating Activities</b>	20	<b>(98,353)</b>	<b>28,964</b>
<b>Cash flows from investing activities</b>			
(Purchase) of property, plant and equipment		(19,713)	(310,551)
Sale of property, plant and equipment		70,282	7,533
Proceeds from short term deposits		1,487,092	560,466
<b>Net Cash flows (to)/from Investing Activities</b>		<b>1,537,661</b>	<b>257,448</b>
<b>Cash flows from financing activities</b>			
Payments to finance lease principal		(1,881)	(1,998)
Cash paid on behalf of third parties		764,454	69,366
Cash received on behalf of third parties		(261,024)	-
<b>Net Cash flows (to)/from Financing Activities</b>		<b>501,549</b>	<b>67,368</b>
Net increase (decrease) in cash and cash equivalents		1,940,857	353,780
Cash and cash equivalents – opening balance		3,173,011	2,819,231
<b>Cash and cash equivalents at closing balance</b>	8	<b>5,113,868</b>	<b>3,173,011</b>

# Notes to the Financial Statements

## For the Year Ended 30 June 2023

### 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 Te Whatu Ora/Health NZ.

The financial statements have been approved and were authorised for issue by the Board of Trustees on 20 October 2023.

### 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

The following new accounting standards were adopted by the Trust during the year. There were no other changes to the Trust's accounting policies.

#### PBE IPSAS 41 Financial Instruments

PBE IPSAS 41 Financial Instruments was effective from 1 January 2022 and was adopted by the Trust on 1 July 2022.

PBE IPSAS 41 introduces new recognition and measurement requirements for financial assets and restricts the ability to measure financial assets at amortised cost to only those assets that are held within a management model whose objective is to hold financial assets in order to collect contractual cash flows and the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding. In addition, measurement of financial assets at fair value through other comprehensive revenue and expense is also restricted.

PBE IPSAS 41 has not had a material impact on the Trust's

measurement and recognition of financial instruments because all its financial assets meet the new definition of financial assets as amortised cost.

The new expected credit loss impairment model has been introduced; however, due to the nature of the Trust's receivables it has not materially changed the Trust's impairment provisioning.

#### PBE FRS 48 Service Performance Reporting

PBE FRS 48 Service Performance Reporting was effective for periods from 1 January 2022 and was adopted by the Trust on 1 July 2022.

PBE FRS 48 requires specific disclosures for the reporting of service performance information which have been provided in the statement of service performance.

### 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 2023.

(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.

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.

Note 6 Income from General Practices this revenue is considered as non-exchange, it is an agreed amount charged to the general practices based on their patient numbers at a certain date to cover only a portion of their costs.

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

*i. Recognition and initial measurement*

Trade receivables issued are initially recognised when they are originated. All other financial assets and financial liabilities are initially recognised when the Trust becomes a party to the contractual provisions of the instrument.

A financial asset or financial liability is initially measured at fair value plus transaction costs that are directly attributable to its acquisition or issue. At initial recognition, an entity may measure short-term receivables and payables at the original invoice amount if the effect of discounting is immaterial.

The Trust derecognises a financial asset when the contractual rights to the cash flows from the financial asset expire, or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all of the risks and rewards of ownership of the financial asset are transferred or in which the Trust neither transfers nor retains substantially all of the risks and rewards of ownership and it does not retain control of the financial asset.

*ii) Classification and subsequent measurement*

**Financial assets**

On initial recognition, a financial asset is classified as measured at: amortised cost.

Financial assets are not reclassified subsequent to their initial recognition unless the Trust changes its management model for managing financial assets, in which case all affected financial assets are reclassified on the first day of the first reporting period following the change in the management model.

A financial asset is measured at amortised cost if it meets both of the following conditions:

- it is held within a management model whose objective is to hold assets to collect contractual cash flows; and

- its contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

**Financial assets – Management model assessment**

The Trust's cash and cash equivalents, short term deposits, and receivables are classified as financial assets at amortised cost. GST is not included.

Cash and cash equivalents represent highly liquid investments that are readily convertible into a known amount of cash with an insignificant risk of changes in value, with original maturities of 3 months or less. Short term deposits are those with an original maturity of more than 3 months.

**Financial assets – Subsequent measurement and gains and losses**

Financial assets at amortised cost - These assets are subsequently measured at amortised cost using the effective interest method. The amortised cost is reduced by impairment losses. Interest income and impairment are recognised in surplus or deficit. Any gain or loss on derecognition is recognised in surplus or deficit.

**Financial liabilities – Classification, subsequent measurement and gains and losses**

All of the Trust's financial liabilities meet the criteria to be classified as measured at amortised cost. These financial liabilities are subsequently measured at amortised cost using the effective interest method. Interest expense and foreign exchange gains and losses are recognised in surplus or deficit. Any gain or loss on derecognition is also recognised in surplus or deficit.

*(iii) Derecognition*

**Financial assets**

The Trust derecognises a financial asset when the contractual rights to the cash flows from the financial asset expire, or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all of the risks and rewards of ownership of the financial asset are transferred or in which the Trust neither transfers nor retains substantially all of the risks and rewards of ownership

and it does not retain control of the financial asset.

**Financial liabilities**

The Trust derecognises a financial liability when its contractual obligations are discharged or cancelled or expire. The Trust also derecognises a financial liability when its terms are modified and the cash flows of the modified liability are substantially different, in which case a new financial liability based on the modified terms is recognised at fair value.

On derecognition of a financial liability, the difference between the carrying amount extinguished and the consideration paid (including any non-cash assets transferred or liabilities assumed) is recognised in surplus or deficit.

*(iv) Offsetting*

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

*(v) Impairment of financial assets*

The Trust recognises loss allowances for expected credit losses (ECLs) on financial assets measured at amortised cost.

Loss allowances for trade receivables are always measured at an amount equal to lifetime ECLs. When determining whether the credit risk of a financial asset has increased significantly since initial recognition and when estimating ECLs, the Trust considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the Trust's historical experience and informed credit assessment and including forward-looking information.

The Trust assumes that the credit risk on a financial asset has increased significantly if it is more than 30 days past due

The Trust considers a financial

asset to be in default when:

- the borrower is unlikely to pay its credit obligations to the Trust in full, without recourse by the Trust to actions such as realising security (if any is held); or

- the financial asset is more than 90 days past due.

**Measurement of ECLs**

ECLs are a probability-weighted estimate of credit losses. Credit losses are measured as the present value of all cash shortfalls (i.e., the difference between the cash flows due to the entity in accordance with the contract and the cash flows that the Trust expects to receive). ECLs are discounted at the effective interest rate of the financial asset.

(e) 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%
Computer Equipment & Software	10% to 67%
Motor Vehicles	6% to 36%
Furniture & Fittings and Plant & Equipment (incl Medical)	4% to 67%

(f) 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.

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.

#### (g) Leases

##### 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.

#### (h) Goods and Services Tax (GST)

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

#### (i) 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 2023.

- PBE IPSAS 1 Disclosure of Fee for Audit Firms' Services.

## 6. Revenue

	2023	2022
	\$	\$
<b>Revenue (non-exchange) consists of the following:</b>		
PHO Capitation: First Contract Care, SIA, CarePlus, HP	37,268,501	45,075,103
PHO Capitation: Management Services	849,834	1,091,719
Mental Health Funding	2,799,565	3,408,911
Health Promotion Funding	220,074	275,255
Rural Funding	1,419,003	1,044,416
Other Primary Health Contracts	11,216,775	21,440,819
Income from General Practices	758,106	-
	<b>54,531,858</b>	<b>72,336,223</b>

## 7. Expenses

	2023	2022
	\$	\$
<b>Clinical programme costs consist of the following:</b>		
Capitation payments to General Practices (incl SIA, CarePlus, HP)	(37,255,385)	(44,648,041)
Mental Health	(2,537,176)	(3,784,468)
Health Promotion	(244,973)	(459,514)
Rural Funding	(1,419,004)	(1,044,416)
Other Primary Health Contracts	(11,624,971)	(20,323,382)
IT and Register Management Support Management	(1,043,046)	(1,189,463)
	<b>(54,124,555)</b>	<b>(71,449,284)</b>

The above includes employee costs of \$3,415,619 this includes kiwisaver contributions of \$192,436. (2022: \$4,519,292 kiwisaver \$256,532) and depreciation of \$40,779 included in total depreciation of \$209,540 (tied to note 11) (2022: \$244,185).

	2023	2022
	\$	\$
<b>Administrative costs consist of the following:</b>		
Employee remuneration	(1,433,806)	(1,489,719)
Employee kiwisaver	(110,482)	(122,903)
Repairs and maintenance	(23,006)	(51,047)
Depreciation	(168,761)	(244,185)
	Note 11	

Net gain/loss on sales of property, plant and equipment		(919)	(14,289)
Trustee's fees	Note 17	(186,653)	(200,413)
Audit fees - for audit of financial statements		(42,360)	(36,560)
Other operating expenses		(416,005)	(735,707)
		<b>(2,381,992)</b>	<b>(2,894,823)</b>

## 8. Cash and Cash Equivalents

	2023	2022
	\$	\$
<b>This account consists of the following:</b>		
Cash in bank	5,113,769	3,172,960
Cash on hand	99	51
	<b>5,113,868</b>	<b>3,173,011</b>

Funds totalling \$1,072,973 (2022: \$569,543) 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% - 3.90% (2022: 0.05% - 0.20%)

## 9. Investments - Short Term Deposits

	2023	2022
	\$	\$
ANZ Commercial Term Deposits	1,047,873	2,512,122
	<b>1,047,873</b>	<b>2,512,122</b>

Per annum interest rate ranges applicable to components of investments:	1.70% - 5.55%	0.85% - 2.85%
Per annum terms ranges applicable to components of investments:	90 to 182 days	120 to 270 days

## 10. Receivables

	2023	2022
	\$	\$
Receivables from non-exchange transactions	2,657,929	4,002,490
Receivables from related parties	Note 17 21,470	42,374
<b>Net receivables</b>	<b>2,679,399</b>	<b>4,044,864</b>

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

## 11. Property, Plant and Equipment

Cost	Land	Buildings & Leasehold Improvement	Computer Equipment & Software	Motor Vehicles	Furniture & Fittings and Plant & Equip (incl Medical)	Total
	\$	\$	\$	\$	\$	\$
Balance as at 1 July 2022	993,025	2,000,375	592,807	447,218	230,080	4,263,505
Additions	-	-	17,371	-	2,342	19,713
Disposals	-	-	(11,905)	(74,000)	(91)	(85,996)
<b>Balance as at 30 June 2023</b>	<b>993,025</b>	<b>2,000,375</b>	<b>598,273</b>	<b>373,218</b>	<b>232,331</b>	<b>4,197,222</b>

### Accumulated depreciation

Balance as at 1 July 2022	-	191,334	280,070	88,779	85,290	645,473
Depreciation	-	59,293	88,876	38,696	22,675	209,540
Disposals	-	-	(7,510)	(50,601)	(52)	(58,163)
<b>Balance as at 30 June 2023</b>	<b>-</b>	<b>250,627</b>	<b>361,436</b>	<b>76,874</b>	<b>107,913</b>	<b>796,850</b>

### Net book value

30 June 2021	993,025	1,868,003	312,538	242,821	154,904	3,571,291
30 June 2022	993,025	1,809,041	312,737	358,439	144,790	3,618,032
30 June 2023	993,025	1,749,748	236,837	296,344	124,418	3,400,372

## 12. Payables

	2023	2022
	\$	\$
<b>This account includes:</b>		
Health service claims	1,652,049	3,813,423
Health service claims from related parties	Note 17 453,304	223,910
Sundry accruals	72,102	63,779
<b>Payables</b>	<b>2,177,455</b>	<b>4,101,112</b>

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

### 13. Financial Risk Management

#### (i) Overall risk management framework

The Trust's activities expose it to a variety of financial instrument risks, including credit risk, 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 contractual obligations. The Trust is mainly exposed to credit risk from its financial assets, including cash and cash equivalents, term deposits and receivables.

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

Cash and cash equivalents and term deposits with maturities between 4 to 12 months are held with ANZ which has an S&P credit rating of AA- (2022: AA-). This rating is considered investment grade and thus credit risk is low.

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, Te Whatu Ora/NZ Health and the Ministry of Health make up 94% (2022:96%) of the trade receivables balance as at 30 June 2023. However, they are assessed as low-risk, high quality entities due to them being government funded purchasers of health and disability services. All material receivables are current.

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

	2023	2022
	\$	\$
Neither past due nor impaired	2,408,694	2,725,207
1 - 90 days past due	142,106	286,952
Over 90 days past due	104,962	7,827
	<b>2,655,762</b>	<b>3,019,986</b>
Allowance for impairment	-	-
	<b>2,655,762</b>	<b>3,019,986</b>
Trade receivables not past due and not impaired	2,408,694	2,725,207
Trade receivables past due but not impaired	247,068	294,779
	<b>2,655,762</b>	<b>3,019,986</b>

#### (iii) Liquidity Risk

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

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

The Trust is able to manage its liquidity risk by holding surplus cash. The Trust holds \$3,592,261 of cash and cash equivalents and term deposits of \$2,569,480 as at 30 June 2023 (2022: \$3,173,011 and \$2,512,122 respectively). This compares to payables of \$2,177,455, funds held on behalf of \$1,072,973 and deferred revenue of \$3,220,295 (2022: \$4,138,017, \$569,543 and \$1,539,918 respectively). Trade payables are typically settled within 30 days as per their standard trade terms.

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

Note	Carrying amount	Total contractual cash	On Demand	6 months - 1 year	More than 1 year
	\$	\$	\$	\$	\$

#### As at 30 June 2023

Payables	12	2,177,455	2,177,455	2,177,455	-	-
Funds held on behalf of other parties	15	1,072,973	1,072,973	1,072,973	-	-
		<b>3,250,428</b>	<b>3,250,428</b>	<b>3,250,428</b>	<b>-</b>	<b>-</b>

#### As at 30 June 2022

Payables	12	4,101,112	4,101,112	4,101,112	-	-
Finance Leases	14	1,881	1,881	1,881	-	-
Funds held on behalf of other parties	15	569,543	569,543	569,543	-	-
		<b>4,672,536</b>	<b>4,672,536</b>	<b>4,672,536</b>	<b>-</b>	<b>-</b>

#### (iv) Interest Rate Risk

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

	2023	2022
	\$	\$
Bank - Cash and cash equivalents	5,113,868	3,173,011
Investments - short term deposits with maturities 4 - 12 months	1,047,873	2,512,122
	<b>6,161,741</b>	<b>5,685,133</b>

3.27% was the average interest rate earned on cash deposits and short term deposits (2022:1.62%) 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 \$61,617 on the Trust's investment portfolio exposed to floating rates at reporting date (2022: 100 basis point decrease of \$56,851)

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 \$61,617 (2022: \$56,851).

#### (v) 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 and funds held on behalf of, accordingly the carrying amount is a reasonable approximation of their values.

#### (vi) Other Risks

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 Maori, 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 on July 2022.

In July 2022 the Trust re-shaped and implemented their funding model and reduced infrastructure costs.

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 is represented by net assets. The Trust looks to break even each year and contracts its health service providers at values similar to the funding it receives. Management administration fees are

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 \$0.00 (2022: \$1,881).

#### 15. 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:

	2023	2022
	\$	\$
Healthy Homes Tai Tokerau	-	19,899
Asthma Society Northland	32,759	35,229
GPSWI Funds	157,683	205,148
Kai Ora Funds	103,809	243,883
Child Friendly Cities Funds	34,577	20,996
Northland Youth Health Fund	2,262	2,262
Northern Community Pharmacy Strategic Development Fund	21,107	42,126
Taikorihia Locality	720,776	-
	<b>1,072,973</b>	<b>569,543</b>

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

#### 16. 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.

	2023	2022
	\$	\$
<b>Deferred revenue relates to funding received for:</b>		
Other Primary Health Programmes	3,220,295	1,539,918
	<b>3,220,295</b>	<b>1,539,918</b>
Funding budgeted for utilisation in the next financial year (current liability)	3,220,295	1,539,918
<b>Total Deferred Revenue</b>	<b>3,220,295</b>	<b>1,539,918</b>

#### 17. 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.

	2023 Payments	2023 Payables	2022 Payments	2022 Payables
	\$	\$	\$	\$
<b>Payments by the Trust</b>				
Payments (excluding COVID-19) to GP practices	9,927,286	390,559	8,476,309	117,987
COVID-19 Payments to GP practices	752,730	-	1,053,056	-
Payments to other providers	519,787	62,745	1,216,263	105,923
	<b>11,199,803</b>	<b>453,304</b>	<b>10,745,628</b>	<b>223,910</b>

	2023 Receipts	2023 Receivables	2022 Receipts	2022 Receivables
	\$	\$	\$	\$
<b>Receipts by the Trust</b>				
Receipts for services from GP practices	203,104	21,470	42,374	-
	<b>203,104</b>	<b>21,470</b>	<b>42,374</b>	<b>-</b>

#### Nature of the relationship and transactions

Broadway Health Centre and Broadway Health Kaitia - Taco Kistemaker is a trustee of the Trust is also Director/Shareholder of the related parties. The related party provides goods and services to the Trust.

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

Ki A Ora Ngatiwai - Lynette Stewart is a trustee of the Trust is also the CEO of the related party. The related party provides goods

and services to the Trust.

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

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

Whakawhiti Ora Pai - Errol Murray is a trustee of the Trust 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 Ngati Whatua - Boyd Broughton is a trustee of the Trust is also 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 Te Whatu Ora/Health NZ and are based on registers of enrolled patients submitted by the doctors to the Te Whatu Ora/Health NZ. The payments to GP practices for programme claims are made to all GP Practices at the same rate within their PHO area regardless of their status as a Trustee or non-Trustee. The payments for performance management are based on algorithms that reflect the contribution of doctors an/or practices to PHO performance management targets. The algorithms are applied consistently in calculating and making payments to doctors' practices regardless of whether the doctor is a Trustee or not.

#### Key management personnel remuneration

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

- Board of Trustees
- Executive Management Team

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

	2023		2022	
	Remuneration	Number of individuals	Remuneration	Number of individuals
	\$		\$	
Board of Trustees - trustee fees	186,318	9	200,413	10
Executive Management Team	1,873,915	14	2,048,995	26
	<b>2,060,233</b>		<b>2,249,408</b>	

## 18. Financial Instruments

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

2023	Financial assets Amortised cost	Financial liabilities Amortised cost	Total
	\$	\$	\$
<i>Subsequently not measured at fair value</i>			
Cash and cash equivalents	5,113,868	-	5,113,868
Short-term deposits	1,047,873	-	1,047,873
Receivables	2,679,399	-	2,679,399
Payables	-	(2,177,455)	(2,177,455)
Funds held on behalf of other parties	-	(1,072,973)	(1,072,973)
	<b>8,841,140</b>	<b>(3,250,428)</b>	<b>5,590,712</b>

2022	Financial assets Amortised cost	Financial liabilities Amortised cost	Total
	\$	\$	\$
<i>Subsequently not measured at fair value</i>			
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)
	<b>9,729,997</b>	<b>(4,672,536)</b>	<b>5,057,461</b>

## 19. Commitments

There are no operating leases or capital commitments at reporting date (2022: Nil).

**20. Reconciliation of operating cashflows to net surplus**

	2023	2022
	\$	\$
Total comprehensive revenue and expenses	(1,285,568)	(1,411,186)
<i>adjustments for non-cash items</i>		
Depreciation	168,761	244,185
Loss on disposal of property, plant and equipment	919	14,289
Profit on disposal of property, plant and equipment	(2,590)	(2,196)
Previous year adjustment to Project funding	-	(119,228)
<i>adjustments for movements in:</i>		
Increase (Decrease) in Receivables	1,365,465	(1,249,595)
Increase (Decrease) in Prepayments	(14,082)	-
Increase (Decrease) in GST	(70,515)	-
Increase in Payables	(1,923,657)	1,813,489
Increase (Decrease) in Employee Benefits	5,378	(68,782)
Increase in Deferred Revenue	1,680,377	818,301
Increase (Decrease) in Accrued Interest	(22,843)	(10,313)
Net Operating Cash (Outflow) Inflow	<b>(98,355)</b>	<b>28,965</b>

**21. Contingent Liabilities**

There are no contingent liabilities at the reporting date (2022: Nil).

**22. Events After the Reporting Date**

2023: 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.



BDO Auckland

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

**Opinion**

We have audited the general purpose financial report of Te Kaupapa Mahitahi Hauora-Papa O Te Raki ("the Trust"), which comprise the financial statements on pages 27 to 44, and the statement of service performance on pages 22 to 24. The complete set of financial statements comprise the statement of financial position as at 30 June 2023 and the statement of comprehensive revenue and expense, statement of changes in net assets/equity and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying general purpose financial report presents fairly, in all material respects:

- the financial position of the Trust as at 30 June 2023, and of its financial performance, and its cash flows for the year then ended;
- the service performance for the year ended 30 June 2023, in accordance with the entity's service performance criteria,

in accordance with Public Benefit Entity Standards issued by the New Zealand Accounting Standards Board.

**Basis for Opinion**

We conducted our audit of the financial statements in accordance with International Standards on Auditing (New Zealand) ("ISAs (NZ)") and the audit of the statement of service performance in accordance with the ISAs and New Zealand Auditing Standard (NZ AS) 1 *The Audit of Service Performance Information (NZ)*. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the General Purpose Financial Report* 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 Matter**

The statement of service performance for the corresponding year 30 June 2022 is unaudited.

**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 statement of service performance and the financial statements and our auditor's report thereon.

Our opinion on the statement of service performance and 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 statement of service performance and financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the statement of service performance and 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.

#### Trustees' Responsibilities for the General Purpose Financial Report

Those charged with governance are responsible on behalf of the Trust for:

- (a) the preparation and fair presentation of the financial statements and statement of service performance in accordance with Public Benefit Entity Standards issued by the New Zealand Accounting Standards Board;
- (b) service performance criteria that are suitable in order to prepare statement of service performance in accordance with Public Benefit Entity Standards; and
- (c) such internal control as those charged with governance determine is necessary to enable the preparation of the financial statements and statement of service performance that are free from material misstatement, whether due to fraud or error.

In preparing the general purpose financial report, the Trustees are responsible on behalf of the Trust for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Trust to cease operations, or have no realistic alternative but to do so.

#### Auditor's Responsibilities for the Audit of the General Purpose Financial Report

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole, and the statement of service performance are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) and NZ AS 1 will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of this general purpose financial report.

A further description of the auditor's responsibilities for the audit of the general purpose financial report is located at the XRB's website at <https://www.xrb.govt.nz/standards/assurance-standards/auditors-responsibilities/audit-report-14/>

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 Trust's 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  
20 October 2023

te tangata Whānau working together  
our communities aroha He hauora te  
roving health equity Tokerau. Northland  
Mahitahi Hauora

## Mahitahi Hauora

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#### Kaitiāia Office

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Kaitiāia





**Mahitahi  
Hauora**