



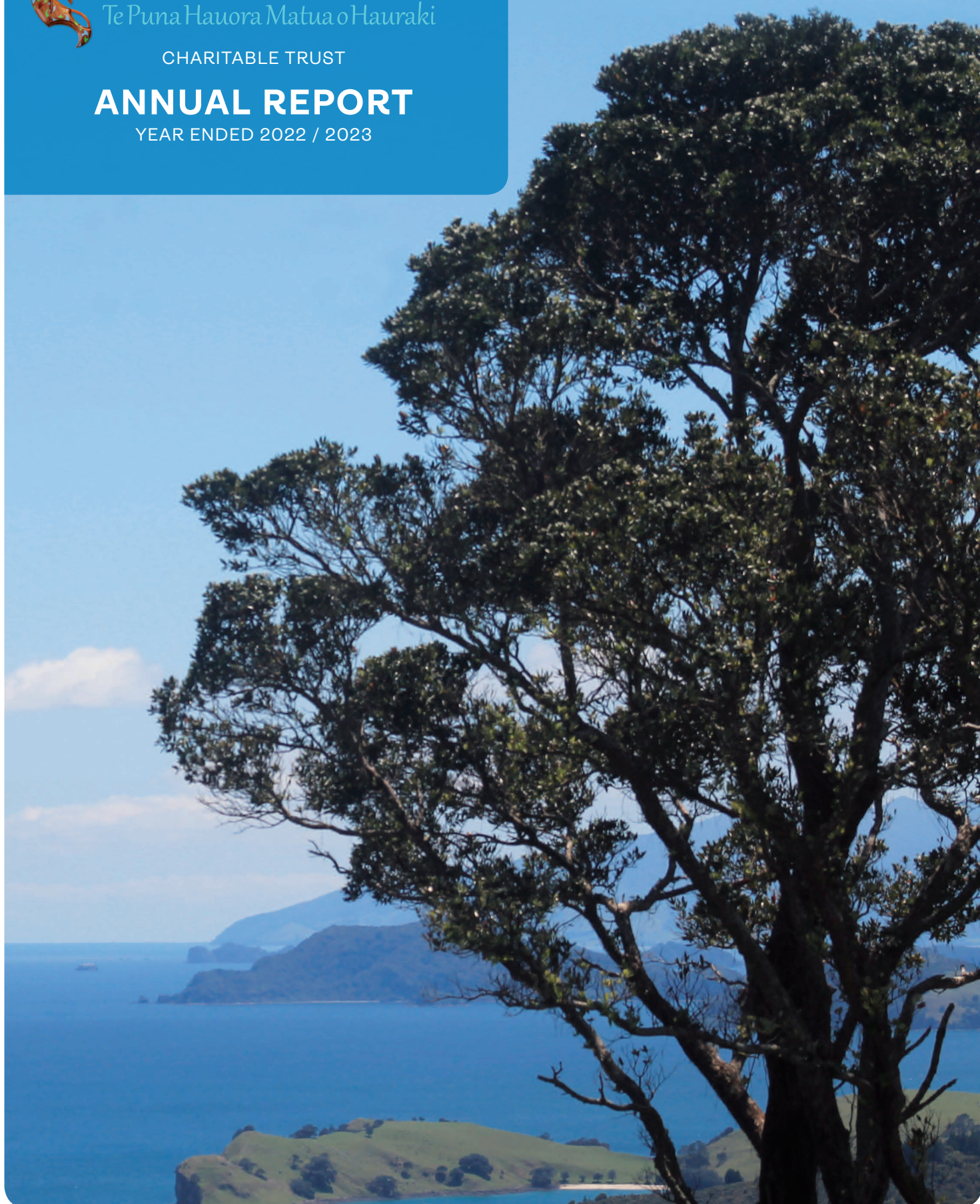
HAURAKI PHO

Te Puna Hauora Matua o Hauraki

CHARITABLE TRUST

ANNUAL REPORT

YEAR ENDED 2022 / 2023



Hauraki Primary Health Organisation

Board of Trustees

Harry Mikaere	Hauraki Māori Trust Board (Chairperson)
Dr Korohere Ngapo	Te Korowai Hauora o Hauraki appointed Feb 2022
Glen Tupuhi	Māori Community for the greater Hauraki region
David Taipari	Te Korowai Hauora o Hauraki
Dr Navin Rajan	General Practice
Tureiti Moxon	General Practice
Korina Burne – Vaughn	General Practice

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RARANGI



TE RĪPOATA O TE TIAMANA



Whakataka te hau ki te uru
Whakataka te hau ki te tonga

Kia makinakina ki uta
Kia mataratara ki tai

E hi ake ana te ata kura - he tio, he huka, he hauhu
Tūturu whakamaua kia tina, tina
Haumi e! Hui e! Taiki e!

E kore e wareware ngā kura pounamu kua ngaro i
te tirohanga kanohi
Moe mai rā e kui mā, e koro mā, haere atu ki te
wharenuī i roto i te ao wairua o Hinenui-te-po. Āpiti
hono tatai hono, rātou ano kia rātou. Āpiti hono
tatai hono tātou te hunga ora kia tātou katoa.

Ngā mihi nui ki a rātou a Kiingi Tuheitia me tona hoa
rangatira Te Atawhai a rāua tamariki mokopuna me
te kāhui arikinui tonu - paimārire hou.

Tena koutou katoa e rau rangatira mā.

2023 has been a year of significant health sector
change for Te Puna Hauora Matua o Hauraki |
Hauraki Primary Health Organisation (HPHO). This
is nothing new as we look back over the past twenty
years since the HPHO was formed as a Kaupapa
Māori Primary Health Organisation in 2003 –
where we have experienced the many ‘piki me ngā
heke’ of policy changes.

We have seen the establishment of Te Whatu Ora
(Health New Zealand) and Te Aka Whai Ora (the
Māori Health Authority) in this year and we look
forward to Iwi-Māori Partnership Boards (IMPB’s)
becoming part of the health sector infrastructure.
These developments will have a significant part to
play in terms of our organisation and the population
we serve in the future.

Covid-19 has raised our awareness of what is
required to maintain an ongoing watch on the most
vulnerable whānau in our community. We need to
ensure they are not victims of future health policy
ramifications where Māori are likely to be more
seriously affected than the rest of the New Zealand
population. This is an important issue that we all
should be aware of going forward.

It is my pleasure to present the twentieth Hauraki
Primary Health Organisation Annual Report for the
year ending 30th June 2023. The board can report
that the Hauraki PHO meets the solvency test as
set out in this Annual Auditors 2023 Report.

This is a strong testament to our Chief Executive
Officer Taima Campbell and our staff that the
operations and services have been carried through
this year in a highly professional manner and as the
Chair and on behalf of our Board of Trustees we
thank you all very much.

To my fellow Trustees thank you all for your
support and loyalty. Mauri ora,

Harry Haerengarangi Mikaere, CNZM.

KO NGĀ KUPU WHAKATAKI A TE
MANUKURA HAUORA



Kaua e mate wheke - mate ururoa.
Don’t die like an octopus,
die like a hammerhead shark!

I hear my mokos use this whakataukī often.
It is a whakataukī that encourages people to keep
going - to not give up no matter how hard the
struggle is. This is a good description of the year
we have had and a reminder that we are resilient,
innovative and creative people.

This year has been a time of recovery. We are
optimistic we have seen the last of COVID-19 with
the lifting of restrictions in Aotearoa. We now face
the need to catch up on planned and preventative
health care postponed as a result
of the global pandemic. The impact of these delays
and chronic workforce shortages is evident in our
service performance measures.

In Hauraki, we are still recovering from the impact
of Cyclone Hale and Gabrielle which hit the
Coromandel in January and February 2023, the
latter resulting in a national state of emergency.
These weather events and those that followed have
given us many opportunities to test our emergency
responsiveness and business continuity planning.
They have tested our resolve and determination
to redesign emergency and after-hours services,
particularly in the northern Coromandel area.
Challenged by communication and transport
disruption, our rural communities have become
necessary adopters of telehealth services and have
come up with creative solutions to get medicines,
laboratory samples and other essentials where
they were needed.

Last year was also a time of transition. The
passing of the Pae Ora Act 2022 embedded the
health sector reforms and paved the way for the
formal establishment of Te Whatu Ora and Te Aka
Whai Ora. Navigating these changes has meant
understanding new funding and commissioning
functions, establishing new relationships across
the sector, advocating for our communities and
remaining optimistic that there is a role for primary
health organisations such as ours in the new health
and disability infrastructure.

As the ‘backbone entity’ or as I like to say, the
organisation holding the ‘tea towel’ for Te Tara
o Te Whai we have enjoyed our engagement with
whānau, community groups, district councils and
providers in the establishment of the Hauraki
locality. We have identified the priorities that
reflect the voices of our whānau and discovered
organisations and partners who share the same
goals and purpose during our journey. As a
prototype, we hope that the lessons learned in
Hauraki will add value as other localities across our
district are established.

So while it is early days for our new health system,
our vision and commitment for the next 3 years
is clear. Our refreshed strategic plan builds on
past achievements and sets out a direction for the
future. However, none of this would be possible
without the support of a lean, innovative, ‘of course
we can – my job title is just a guideline – where’s
the tea towel’ team of people. It has been a great
year, and we have more to do...*kaua e mate wheke!*

Taima Campbell, Manukura Hauora, CE.

TE RAUTAKI - STRATEGIC PLAN 2023 - 2025

Moemoea: Te whakatutuki i te whāinga kia mana taurite ā-hauora mā te whakamana i ō mātou whānau kia ahu ai rātou ki te mana motuhake

Achieving health equity by empowering our whānau toward mana motuhake.

Kaupapa: Te mahi ngātahi me ō mātou wāhi mahi, me ō mātou hapori, me ō mātou tāngata e matatika ai ngā hua

To work in partnership with our practices, our communities and our people to achieve equitable outcomes.

GOALS	MEASURING SUCCESS	OUTPUTS
1. Engage with whānau and communities to understand their needs and aspirations.	Whānau feel respected, understood and heard	a) Whānau voice and community insights influence local service planning and delivery b) Whānau are involved in service redesign and development of models of care c) Improved experience of care and better outcomes due to health services being tailored to whānau needs.
2. Build and maintain strategic relationships, partnerships and alliances to deliver locality priorities	Collaboration with purpose	a) Collaboration results in a common agenda, shared effort and investment in health and social change b) Lead and/or contribute to the development and implementation of 3yr locality plans c) Coordination and/or delivery of key work programmes and commissioned activities.
3. Upskill, retain and develop a skilled health workforce.	Our workforce feel valued and supported	a) Develop and implement a 3 yr workforce development plan for the network b) Participate in key workforce committees, regulatory forums and regional workforce planning to deliver workforce plan c) Grow the capacity and capability of the kaiawhina workforce.
4. Build a provider network capable of delivering safe, effective and accessible services for whānau.	Kotahitanga – work as a collective	a) Strengthen clinical and cultural leadership within network to support quality improvement and system change b) Design services, care pathways and processes that enable integration across the network c) Utilise digital tools and technology to enable whānau to access and navigate health services.
5. Data informed decision making and performance improvement.	Measure what matters	a) Data used to drive decisions, opportunities and performance b) Advocacy for change/improvement based on quantitative and qualitative data and service evaluation c) Invest in development of wellbeing measures and data collection methods.
6. A managed approach to growth.	Delivering more services to whānau	a) Increased service contracts and longer term funding secured b) Increased number of hauora partners aligned to our kaupapa c) Increased service coverage to whānau in high needs communities.

Ngā mātāpono: Whānaungatanga – Rangatiratanga - Pukengatanga - Tika - Pono - Aroha

HE WHAKARĀPOPOTO PAERewa Ā-MAHI

This Annual Report has been prepared in accordance with Tier 2 Public Benefit Entities FRS 48 service performance reporting standard. This standard requires information to be appropriate and meaningful regarding how we explain our performance for this financial year.

The measures included in this year’s annual report describe the performance of provider’s in our network as well as the performance of the services that the PHO delivers. Many of these are national measures of health system performance as well as measures required for contract compliance.

We have also selected measures which align to our investment in keeping whānau well – such as improving screening rates as well as our continued focus on diabetes management. We have included a detailed narrative regarding the revenue and expenditure in this financial year which compliments the audited financial statements.

Purpose

The Hauraki Primary Health Organisation (HPHO) was established as a Trust in 2003 in response to policy changes introduced by the government at that time. The organisation was established for the purpose of:

- Securing funding for the provision of primary health and disability support services
- Providing accessible primary health care services to the Hauraki region and communities
- Working with iwi and communities of Hauraki, community-based providers, Thames Hospital and Health Boards and/or their successors and the Ministry of Health to plan and provide effective, high-quality integrated health services for the people of the greater Hauraki region.

Over time the kaupapa of the Hauraki PHO has expanded to include primary care providers in the Waikato/ Tainui region. We also sub-contract hauora providers without general practice services as well as providers outside of our network.

In 2019, changes were made at a governance and management level to reclaim the mana of being a kaupapa Māori organisation. This change resulted in many general practices leaving the network. These changes had an impact on our resources – but also enabled the organisation to re-focus on its core purpose – achieving health equity for whānau.

Timeline

- 2001:**
PHO’s established as part of Labour-led Primary Care Strategy
- July 2003:**
HPHO established by Te Korowai Hauora o Hauraki supported by the Hauraki Māori Trust Board starting with 2 practices:
– Te Korowai Hauora o Hauraki
– Whitianga Doctors Surgery
- 2012:**
Co-management of HPHO and Te Korowai Hauora o Hauraki ceased
- 2018:**
24 practices are members of HPHO
- 2019:**
Changes in governance and management implemented with 19 practices leaving
- 2020:**
5 providers over Hauraki/Kirikiri-roa and North Waikato remain under the network
- 2023:**
Localities introduced – Hauraki PHO ‘back bone’ organisation for Te Tara o te Whai prototype
- 2023:**
6 providers over Hauraki/Kirikiri-roa and North Waikato with an enrolled population of 72,000...and growing.

KO NGĀ TARAHITĪ O TE POARI

KO TE TIRA HĀPAI

What is a Primary Health Organisation (PHO)?

A PHO is an entity that receives funding from the government via Te Whatu Ora or Te Aka Whai Ora to fund a range of health services. Funding is passed to the PHO via a service agreement based on the number and characteristics of the population enrolled. This funding is passed through to general practices via an agreement commonly known as a 'back to back' agreement.

As a PHO we provide primary health care services either directly or indirectly through our general practices and other hauora partners.

Role of the Board

The Te Puna Hauora Matua o Hauraki Board is responsible for setting the strategic direction and ensuring the goals of the organisation are met. The Board has oversight of the activities carried out by the management team and ensuring that the interests of whānau – remain our priority.

The Board is focussed on the organisation's role of supporting the development and sustainability of current and future providers and fostering collaboration not competition. This is reflected in the allocation and distribution of funding – with 90% of income in this financial year being distributed across our provider network. Lastly, the Board delegates these and the day to day responsibilities of running the organisation to the Manukura Hauora (CEO).

Te Puna Hauora Matua o Hauraki | Hauraki PHO has a modest workforce of approximately 25 staff (employees and contractors) with over 50% of our kaimahi identifying as Māori. It will come as no surprise that the majority of our kaimahi are wāhine.

Most of our kaimahi are involved the delivery of service contracts including:

- Breast and Cervical Screening
- Outreach Immunisation Service (OIS)
- Primary Mental Health service

Some of our kaimahi are also working with our providers to delivery services funded via the flexible funding pool such as the Ngā Kaitiaki Manawanui Whai Ora team.

This year we were able to pass on funding to address the pay gap between nurses and kaiāwhina working in the community and their hospital-based counterparts. The funding was intended to provide some relief for hauora providers affected by the higher Te Whatu Ora pay rates.

The pay gap remains significant with many of our providers struggling with workforce shortages. In response to these challenges we have included the development of a workforce plan as one of our strategic objectives.

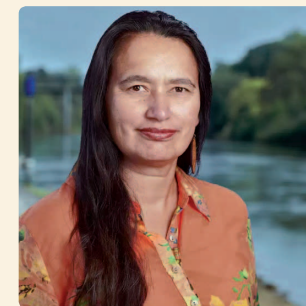
Ahakoā he iti – he pounamu. Although the Practice Support team is small – they are a great resource for our practices. They are supported by a small team of clinicians who combined with our finance team collectively make up the management team for the organisation.



Harry Mikaere CNZM
Chair and Hauraki Māori Trust
Board Representative



Lady Tureiti Moxon
General Practice
Representative



Korina Burne-Vaughn
General Practice
Representative



Dr Korohere Ngapo
Te Korowai Hauora o Hauraki
Representative



David Taipari
Te Korowai Hauora o Hauraki
Representative



Glen Tupuhi
Māori Community Representative
for the greater Hauraki Region



Dr Navin Rajan
General Practice Representative

The name 'Te Puna Hauora Matua o Hauraki' was gifted to the organisation by Dr Korohere Ngapo. The name describes the organisation as a 'well spring of hauora' for Hauraki.

TAUPORI

There are significantly higher concentrations of patients with chronic conditions enrolled with Te Puna Hauora Matua O Hauraki as compared to the national average. This high level of clinical need is compounded by a higher-than-average proportion of patients residing in low socio-economic areas. 36% of enrolled patients reside in our poorest neighbourhoods (Quintile 5). Primary Care funding has not yet been adjusted to account for such disparities in need, with capitation funding continuing to be purely based on Age / Gender. This continues to place significant pressure on our primary care partners.

PREVENTATIVE SERVICES DELIVERED

209,106	GP Encounters
22,390	Immunisations given
2,170	Podiatry visits funded for High Risk Feet
17,382	Extended consultations for High Needs whanau
1,223	Dental services funded
5,480	After Hours Consults for Tamariki

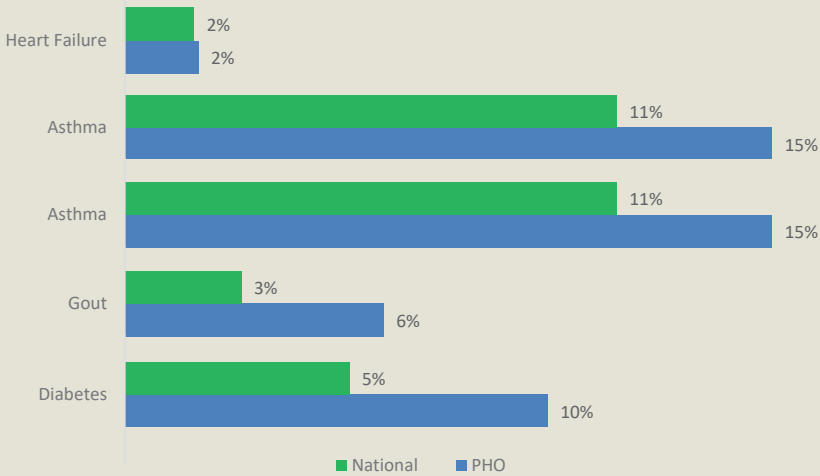
ACUTE SERVICES DELIVERED

744	patients with Cellulitis treated
560	patients with Acute Chest Pain treated
204	patient with Deep Vein Thrombosis treated
441	Dehydrated patients treated
446	Ambulances redirected from the Emergency Department

SCREENING SERVICES DELIVERED

Volume Completed	Eligible Completed
3,872	Cervical Screenings 54%
4,780	Cardiovascular Risk Assessments 50%

Prevalence of Long Term Conditions
As at 30 June 2023
National Data from NZ Health Survey 21/22



As at 30 June 2023

6 practice partners

19 GP clinics

79 GP's

99 Nurses

RATONGA HAUORA

THAMES – COROMANDEL AND HAURAKI REGION

TE KOROWAI HAUORA O HAURAKI – THAMES
610 Mackay St, Thames
Patient Numbers 4,038

TE KOROWAI HAUORA O HAURAKI - WHITIANGA
58 Albert St, Whitianga
Patient Numbers 1,980

TE KOROWAI HAUORA O HAURAKI - COROMANDEL
225 Kapanga Rd, Coromandel
Patient Numbers 1,016

COLVILLE COMMUNITY HEALTH CENTRE
2299 Colville Rd, RD4, Colville, Coromandel
Patient Numbers 512

TE KOROWAI HAUORA O HAURAKI - PAEROA
24 Belmont Rd, Paeroa
Patient Numbers 2,004

TE KOROWAI HAUORA O HAURAKI - TE AROHA
221 Whitaker St, Te Aroha
Patient Numbers 1,575

TOTAL 11,125

NORTH WAIKATO

RAUKURA HAUORA O TAINUI – WAAHI
Parry St, Huntly
Patient Numbers 698

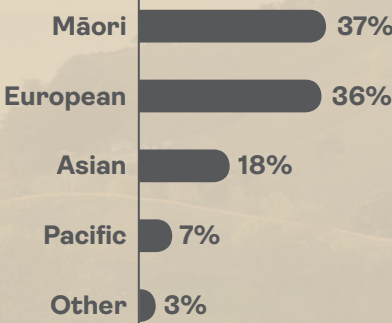
TUI MEDICAL - HUNTLY
183 Main St, Huntly
Patient Numbers 2,862

RAUKURA HAUORA O TAINUI – NGĀ MIRO
29A River Rd, Ngaruawahia
Patient Numbers 1,174

TOTAL 4,734

Enrolled patients

72,712 up 7%



Māori are our largest ethnic group

54%

of patients classified as 'High Need'

HAMILTON

TUI MEDICAL – TE RAPA
26 Bryant Rd, Te Rapa
Patient Numbers 11,715

TUI MEDICAL – BORMAN
1/60 Hare Puke Drive, Flagstaff, Hamilton
Patient Numbers 3,527

TE KŌHAO HEALTH
931 Wairere Dr, Hamilton
Patient Numbers 6,056

TU TONU HEALTH
18 Karewa Place, Hamilton
Patient Numbers 495

RAUKURA HAUORA O TAINUI – TE RENGARENGA
341 Whatawhata Rd, Dinsdale, Hamilton
Patient Numbers 3,675

TUI MEDICAL – DAVIS CORNER
31 Hukanui Rd, Chartwell
Patient Numbers 8,023

TUI MEDICAL – ROTOTUNA
Rototuna Shopping Centre
Patient Numbers 10,588

TUI MEDICAL – PARKWOOD
6 Gordonton Rd, Huntington
Patient Numbers 5,501

RAUKURA HAUORA O TAINUI – TE PAPANUI
274 Peachgrove Road, Fairfield
Patient Numbers 910

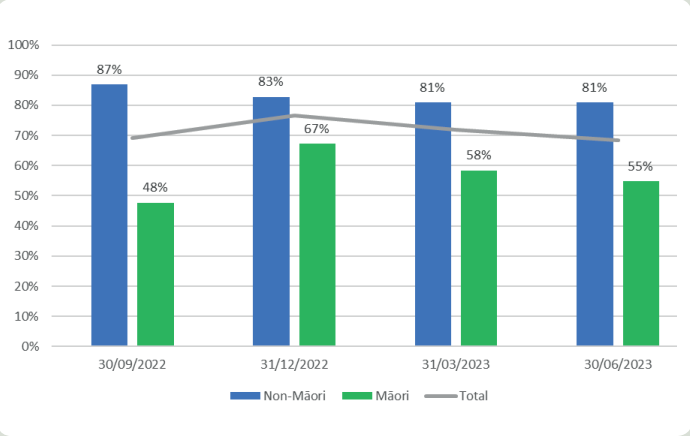
TUI MEDICAL – CENTRAL
960 Victoria St, Chartwell
Patient Numbers 6,363

TOTAL 56,853

KO NGĀ RATONGA WHAKAHAERE

Immunisation

New Zealand has a low child immunisation rate compared with other countries. This results in regular outbreaks of vaccine-preventable diseases. The Ministry of Health’s target is that 95 percent of infants will have completed their primary course of immunisation on time (at six weeks, three months and five months of age).

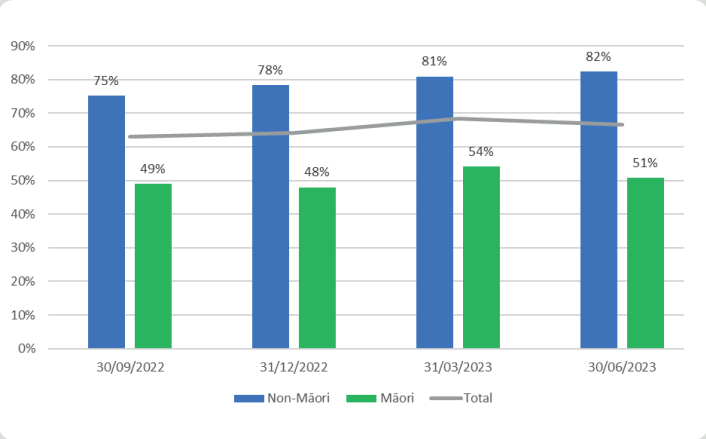


Tamariki fully immunised at 8 months by ethnicity for the period 1 July 2022 – June 2023

The percentage of Hauraki PHO enrolled tamariki fully immunised at 8 and 24 months of age has remained below the national target of 95% over the past 12 months. Key factors influencing immunisation rates include; illness among whānau leading to delayed immunisations and primary care nursing workforce shortages. On a positive note, rates of whānau declining immunisation for their tamariki have decreased to less than 10%.

Immunisation rates for tamariki Māori remain significantly lower than non-Māori. This equity gap is being addressed in a number of ways including implementation of a prioritisation matrix, and increasing the availability of immunisation providers so whānau can access immunisations in a variety of spaces.

The Childhood Prioritisation Matrix identifies the highest priority vaccination activity to receive the immunisation sector’s priority efforts, and wherever possible additional vaccination resource



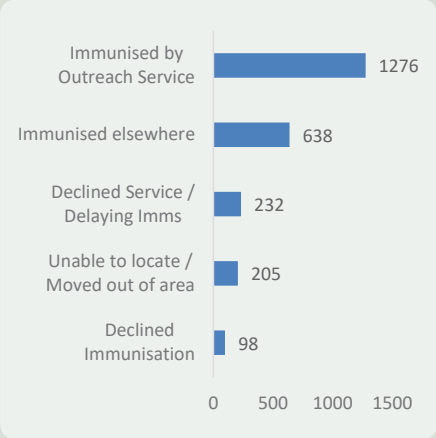
Tamariki fully immunised at 24 months by ethnicity for the period 1 July 2022 – June 2023

Outreach Immunisation Service

The Hauraki PHO Outreach Immunisation Service (OIS) provides immunisations to children aged from 0-5 years in a range of settings including the home. In particular, we help tamariki who have fallen behind with scheduled vaccinations and make a significant effort to trace and follow up referrals from GP’s and practice nurses.

During the 2022-23 year:

- 2500 tamariki were referred to the service
- 1,914 pēpi and tamariki (Over 75% of referrals) were successfully immunised
- 75% of those immunised were of Māori ethnicity



Outcomes of tamariki engaged by the Outreach Immunisation Service 1 July 2022 – June 2023

For each tamati referred to us for immunisation follow up there is an immense amount work required. Over the course of the year:

- Over 3000 phone calls were made
- 1200 ‘cold call’ home visits were conducted

We continue to closely collaborate and support other providers, both directly with General Practice and local Hauora Māori providers and as part of the Waikato Immunisation Network.

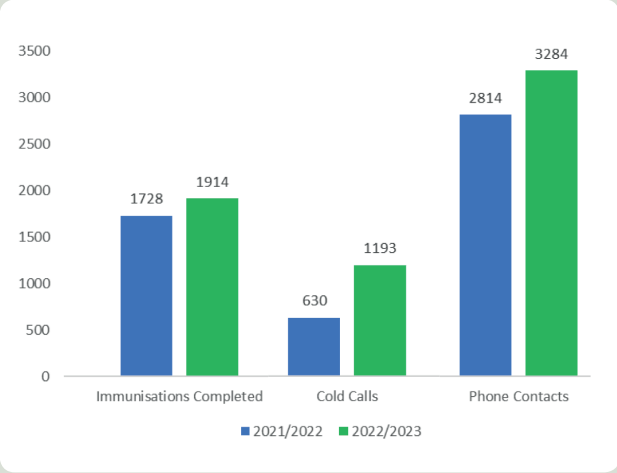
A key success of this has been supporting an increase in the outreach immunisation workforce, both nursing vaccinator and kaiāwhina.

Time to Screen

This year has been a time of significant transformation for the breast and cervical screening programme, and we have worked nationally, locally, and collaboratively to serve our whānau and have their voices heard.

We have worked with the National Screening Unit in preparation for the introduction of HPV primary screening; “a game changer” due for release in September 2023. The aim to reduce barriers and improve screening rates in keeping with the World Health Organisation elimination strategy.

We have had input to the educational resources, insights to how support to screening services work with whānau in the community, what we need from IT systems to do our mahi effectively, the need for robust data collection, and how a shared national platform might work for whānau and kaimahi.



Outreach Immunisation Activity: July 2021-June 2022 vs July 2022-June 2023

The introduction of HPV screening is a game-changer .

Of the 180 people who get cervical cancer in Aotearoa New Zealand every year, 85% have either never been screened or have not had regular screening.

HPV screening will be the new method for cervical screening and looks for the human papillomavirus (HPV) which causes cell changes that may lead to cervical cancer.

In May 2022, a permanent screening mammography service was opened in Thames. Based within Pito Hauora, the screening mammography service is the first example in Aotearoa New Zealand of a public mammography machine, operating from within a Kaupapa Māori Hauora provider.

Pito Hauora operates using an integrated service delivery model supported by Te Tara o Te Whai – Hauraki Locality in partnership with Te Korowai Hauora o Hauraki, Te Puna Hauora Matua o Hauraki (Hauraki PHO), BreastScreen Midland and Te Whatu Ora Waikato.

The opening of Pito Hauora has had a positive impact on access to, and participation in, screening mammography for the women of the Hauraki region. Screening coverage is now recovering following disruption due to the COVID-19 pandemic. The Pito Hauora service has ensured those who were unable to be screened during the pandemic, have now had opportunity to do so.

There are some parts of the Hauraki locality where mammography coverage rates are meeting or exceeding national targets of 70%, and there is adequate capacity within Pito Hauora to meet local need, with appointments generally available within a week.

For Te Puna Hauora Matua o Hauraki (Hauraki PHO), there has been a clear increase in screening mammography coverage over time, with the proportion of women considered up to date now at or slightly above pre-pandemic coverage levels. The greatest increase in screening coverage rates has been seen for wāhine Māori.

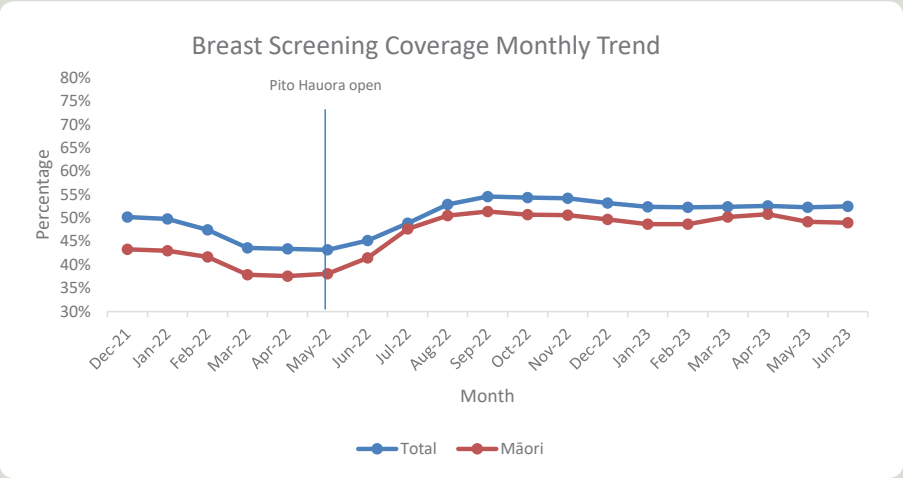
Community engagement is both effective and enjoyable and a chance to mingle with whānau, listen to concerns, provide education and screen. We have been at many events including Waka Ama, Paeroa Whānau Day Out, Ride for Talei (Smear you Mea Trust), Meremere Hauora Day and Te Kuiti mini Hauora Day. Continued collaboration with Te Whatu Ora, Pinnacle Midlands, and our Māori Hauora partners helps us offer as many services in the community as possible.

We have supported practices by offering cervical screening clinics, providing education and extra assistance with recalls for wāhine for mammography with the breast screening bus is in their community. We also support practices with Cervical and Breast Screening Awareness Months, with competition for both practices and wāhine.

Our team will be expanding to improve access to screening next year and we believe our new screening test will address barriers to screening. So watch this space...



Breast and Cervical Screening Team



Breast Screening Coverage December 2021 – June 2023.
Source: Hauraki PHO Practice Management System June 2023

PRIMARY MENTAL HEALTH

The Primary Mental Health (PMH) service assists all whānau who are presenting with mild to moderate mental health, through assessment and therapy. Whānau receive up to six sessions of therapy every six months.

Providers are all registered practitioners and address any risks presented during these sessions. They provide whānau with strategies to manage presenting behaviours and make appropriate recommendations if required. Whānau are referred to the service via their General Practice provider.

We currently have two practitioners working with Te Kohao Health and one practitioner working with Raukura Hauora O Tainui. Hauraki PHO's team leader triages all referrals as well as participates with the ICMAHS triage team. Our administrator collates all data, carries out induction of all providers and allocates and monitors packages of care to providers.

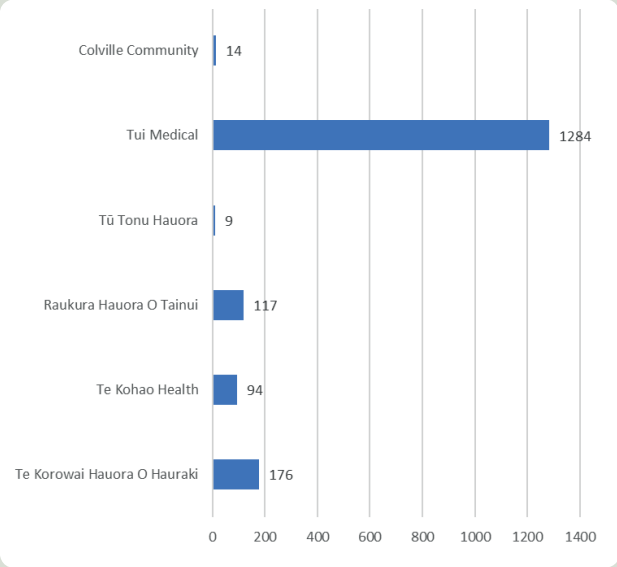
The team also supports referred clients in the interim while they are awaiting an appointment.

Referral volumes and rates

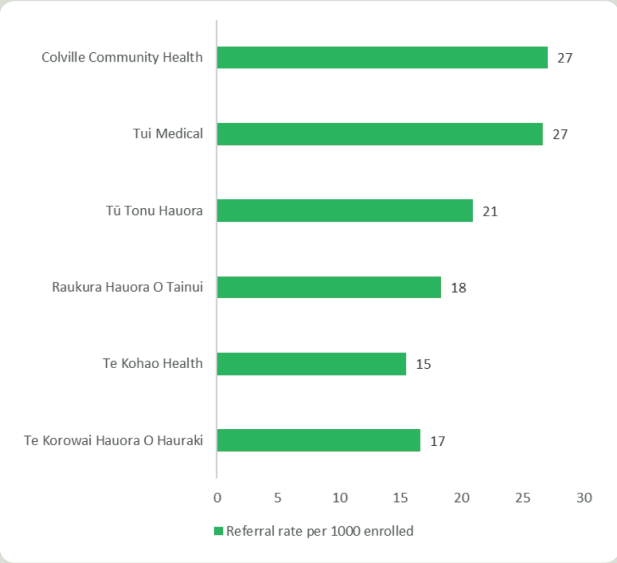
- 1701 Referrals were received in 2022/2023
- This is a slight reduction (down 8%) compared to the previous year
- This likely reflects the expanding mental health options available to support whānau

Tui Medical was the most prolific referrer to the Primary Mental Health Service with nearly 1300 referrals over the course of the year.

Taking into account enrolled population sizes, Tui Medical's referral rate was still significantly higher than our Hauora Māori Providers utilisation. This suggests that these Hauora Māori clinics were making good use of internal hinengaro practitioners.

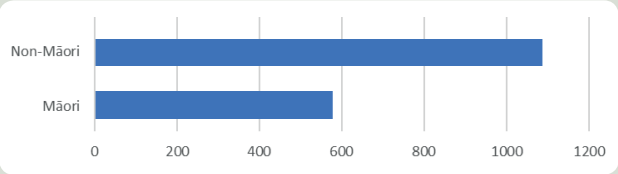


Referral Volumes to Primary Mental Health Service by Provider July 2022 to June 2023

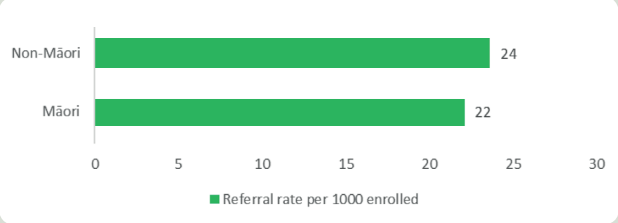


Referral Rates to Primary Mental Health Service by Provider July 2022 to June 2023

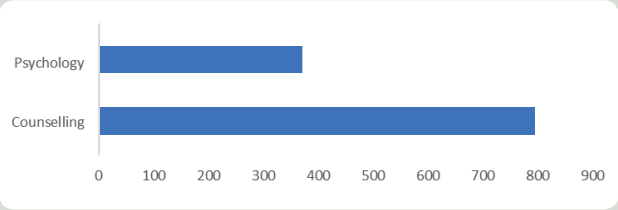
Māori accessed the Primary Mental Health Service at a similar rate to non-Māori. Counselling was the most provided service, double the volume of psychology packages of care.



Referral volumes to Primary Mental Health Service by Ethnicity July 2022 to June 2023



Referral rates to Primary Mental Health Service by Ethnicity July 2022 to June 2023



Packages of Care delivered between July 2022 to June 2023

Supporting the Hauraki Child and Adolescent Mental Health service (CAMHS)

In collaboration with Te Korowai Hauora o Hauraki and the Te Whatu Ora - Hauraki CAMHS service, we participate in the matataki or triage of all Hauraki-based CAMHS referrals. Within the Matataki or triage team we can identify whānau presenting with symptoms that would be better supported at a primary level through our providers or network of suppliers.

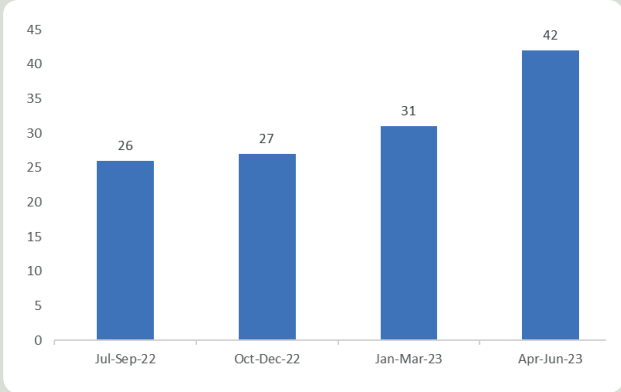
This process facilitates a smooth hand over and aims to reduce the time whānau will have to wait to be seen. The team also provides strategies to assist the whānau while waiting for CAMHS availability. Building on this relationship, we have now secured an agreement to manage package of care funding on behalf of the Hauraki CAMHS service.

The new agreement includes support for tamariki/rangatahi to receive up to 8 therapy sessions funded by Te Whatu Ora Mental Health Services. Practitioners skilled in working with tamariki and young people have been secured by the Hauraki PHO to deliver these sessions. Our providers are all skilled in assessment and can complete appropriate referrals if risk is identified.

Practitioners are required to submit a report on their assessment, therapy plan and the recommendations made to support the whānau. This report goes back to the CAMHS service so that the service has more up-to-date information should further intervention from the multi-disciplinary be required.

Psychiatry Service

Specialist Psychiatrist advice continues to be provided on a regular basis to General Practitioners requiring support with complex patients.



Requests for Psychiatrist advice from Primary Care

Pharmacist joins the team

In August 2022 Pharmacist Corina Young joined the PHO team. Her role involves working with providers to improve systems, processes and policies relating to prescribing and medicines management. Corina has also reviewed and developed policies for Cornerstone accreditation, supported quality health initiatives, and resolved electronic prescribing issues.

In addition to providing advice, Corina also delivers care directly to patients and their whānau to enable them to manage acute and long-term conditions. Her clinic-based role also includes responding to repeat prescription requests, medicine reconciliation for patients discharged from hospital, sharing information on the safe and appropriate use of medicines and facilitating education and training to clinicians.

Corina is a big advocate for the role and the many benefits of having a pharmacist in general practice and the wider primary care team. We have had great feedback on having a pharmacist in the team and we look forward to expanding the pharmacist role under the PHO network in the future.



Corina Young, pharmacist, talking to a patient about how to safely use her medicine.

“It’s a good idea [to have a pharmacist on the team] and has been a help to understand my medicines”

from a patient

“It was five stars”

from a patient on his interaction with the pharmacist

“You’re worth your weight in gold and have made my job so much easier”

a general practitioner

“You make patients feel comfortable and are very reassuring. You make their medicines make sense in a non-medical way. You try and find the best medicines for them as a person and what suits their needs”

a kaiāwhina

“It’s invaluable [having a pharmacist on the team] and I’m a safer prescriber because of the support”

a nurse practitioner



NGĀ KAITIAKI MANAWANUI WHAI ORA

Our team works alongside whānau living with complex long-term conditions. Their goal is to bring to life our organisation vision which is to “Achieve health equity by empowering our whānau toward mana motuhake”.

Funded from the flexible funding pool, the team consists of nurses (2) and kaiāwhina (2) working together under the leadership of our diabetes nurse Suzanne Moorhouse who took up the team leader role from Sarina Ponga in April 2023. Both leaders have been critical to ensuring that this essential resource is targeted at whānau who have the greatest need. An additional nurse and kaiāwhina are based in Tui Medical and in north Waikato –v funded by the Pinnacle Network.

Our work is led by whānau themselves. This means the goals or priorities for whanau, diabetes management may be different to our own. We acknowledge that social determinants of health are a powerful driver of health inequities and addressing this is as important as clinical health measures.

The strengths of the team include their ability to tailor solutions for each whānau; their ability to listen, respond and most importantly build relationships. This is paramount in being able to weave whānau into their wider support networks and their communities ensuring that any gains are sustainable.

Without the help of the NKMWO team I would be worse off than I am. They have helped me get my health in order. They supported me at my doctor’s appointments, they explained things to me in a way that I could understand and they took the time to listen to me.

Whānau feedback

I appreciate all the mahi that my nurse and kaiāwhina have done for me. In the short amount of time with their support I have achieved so much. My diabetes is now under control, I have lost some weight, I know how to make better choices with kai. My nurse and kaiāwhina made sure I got seen by the right people. I feel more confident in whānau and social settings. I am now ready to get back into the workforce again.

Whānau feedback

A highlight of the year was coordinating a hauora day for the village of Meremere. On this day the community could access immunisations, iwi registration, dental care, cervical screening, dog licensing, medication review, whare ora, diabetes testing, Hepatitis C testing and many more providers. We enjoy an ongoing working relationship with the Te Kauwhata Medical Centre, supported by the Pinnacle Health network. This is one example of working collaboratively across PHO’s in this region.

We continue to value the relationship with Waikato University and the research conducted in partnership with us and other providers. In particular, the new diabetes technologies that ensure whānau understand their own diabetes. It enables them to make decisions regarding their diabetes based on the knowledge they have gained from the technologies and from working alongside a kaiāwhina.

The nurse and kaiāwhina made me feel valued. They never gave up on me, which made me work even harder. And when they told me to do it for myself and my whānau, I said No I want to do it for them too because they helped me be a better person.

Whānau feedback

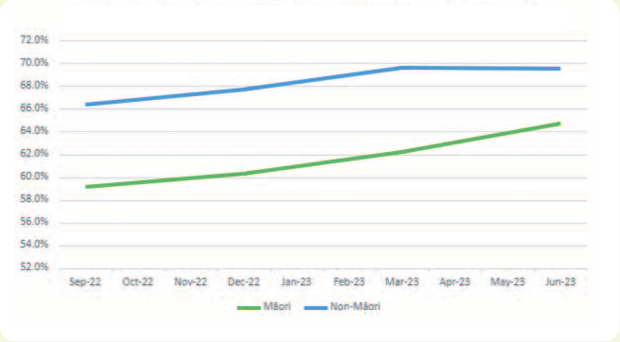
Improving diabetes management for whānau by accessing and early utilisation of newer generation medications is a key focus for us. These newer medications ensure better diabetes outcomes, improve cardiac health and reduce renal disease. We are delighted with how many whānau are now enjoying the benefits of these newer medications and the potential for better long-term health outcomes.

Accessing and early utilisation of newer generation medications is a key focus

Percentage of eligible patients on new diabetes medication



HbA1c is a measure of diabetes control. The lower the HbA1c, the better the outcomes for whānau living with diabetes. This graph shows two things. The control of diabetes overall is improving (which means better health outcomes long term) and it shows that the gap between Māori achieving an HbA1c under 65 and Non-Māori is reducing.



Percentage of patients with Type 2 Diabetes with HbA1c under 65 mmol/L



The long term complications of diabetes include eye problems (diabetes remains the leading cause of blindness in Aotearoa), foot problems (which can lead to amputation) or kidney disease (resulting in dialysis). Reducing the HbA1c even by just a very small margin, reduces the rates of heart attacks and strokes for whānau living with diabetes.

This reduction in HbA1c seen in the graphs is a success. Our aim is for every whānau to have access to excellent diabetes care at every touch point in their health journey. From diagnosis to yearly checks, from simple diabetes to complex comorbidities. Better outcomes is a team effort with GP’s, nurses, pharmacist’s and kaiāwhina all working together to provide consistent diabetes care, education and management.

TE TARA O TE WHAI – THE HAURAKI LOCALITY

Mō tātou o Hauraki – Hauraki a healthy nation

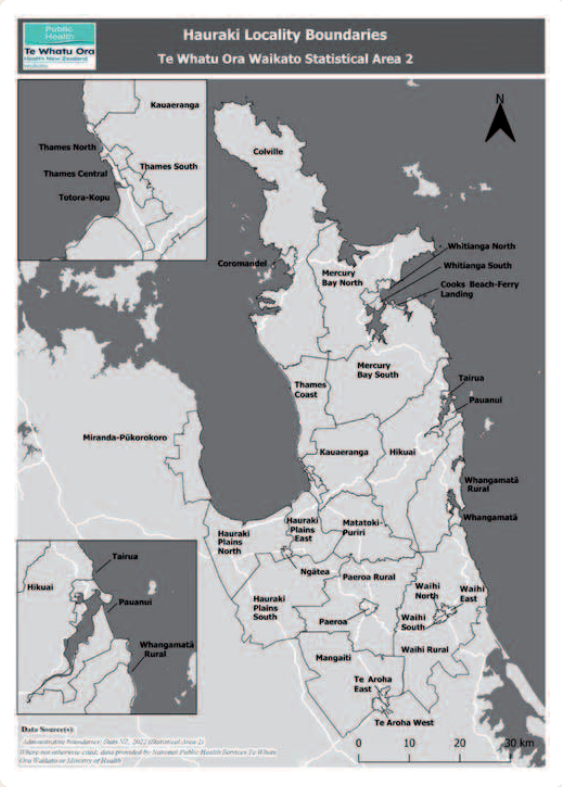
Localities are about place-based planning for health and well-being services within a defined geographical area. Localities are about focusing on helping whānau stay well, giving iwi and communities a strong voice in deciding what’s needed in their community and bringing health and social service providers, district councils and government agencies together to improve the well-being of the population.

Localities is about place-based planning for health and wellbeing services.

The establishment of Te Tara o Te Whai – the Hauraki locality prototype preceded the passing of the Pae Ora – Health Futures Act in July 2022, which formally introduced localities into the new health system. As one of the twelve localities, we have been involved in the building and testing of new ways of working to inform how the locality approach can be rolled out across Aotearoa.

What is a locality?

The purpose of localities is to enable local communities and whanau to influence the design, funding and delivery of their local healthcare services. This will be done by creating a locality plan that determines hauora priorities for those communities which influences how health dollars are spent.



The Hauraki locality covers all of the Thames-Coromandel and Hauraki District Council boundaries and part of the Matamata-Piako District Council including Te Aroha. Te Tiratū is the name of the Iwi-Māori Partnership Board (IMPB) for the Waikato-Tainui region.

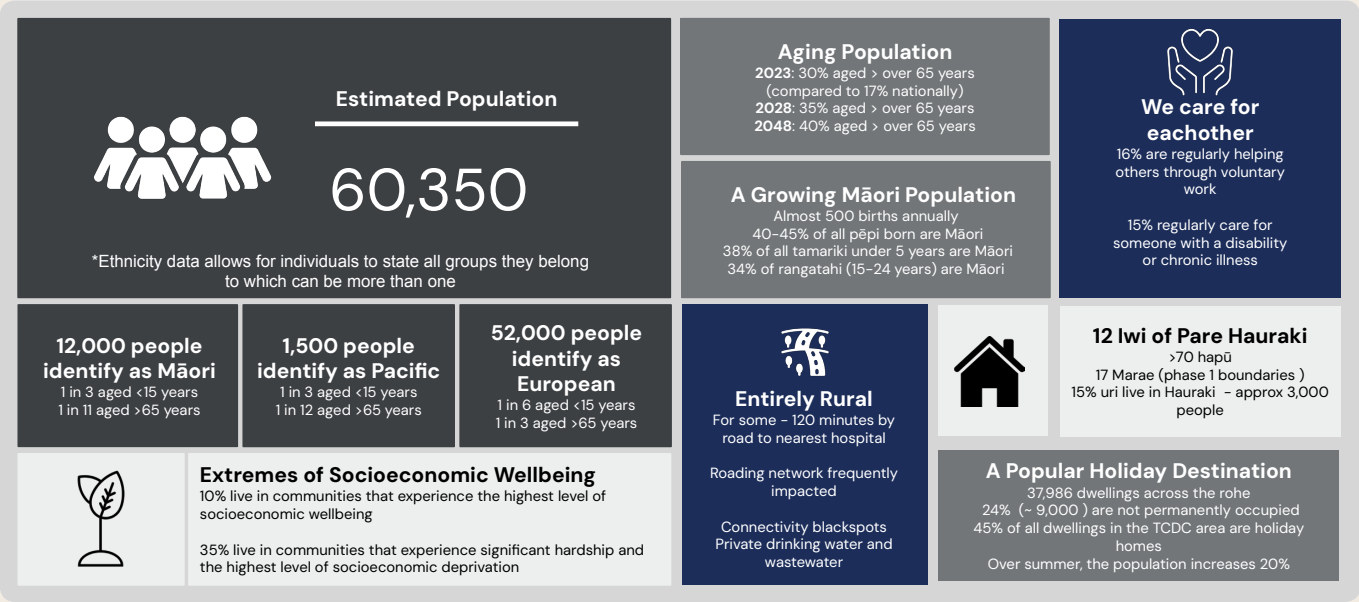


A big mihi to Kyle Ratana (Pare Hauraki) for designing our tohu. The tapa toru design on the back of the whai (stingray) represents the hapū and iwi within Hauraki with the kikorangi (blue) palette representing the strong connections to Tikapa Moana (Hauraki Gulf).

What does Te Tara o Te Whai mean?

Te Tara o te Whai describes the Hauraki locality geographical boundary. The whai (stingray) refers to the ika/ fish of Maui (the North Island) and the ‘tara’ describes the barb or tail of the fish. The tara makes reference to Te Paeroa-o-Toitehuatahi the ridgeline that symbolises the Coromandel Peninsula. The whai is a kaitiaki (guardian) of Pare Hauraki caring for our community and our environment – as well as responding to challenges or risks when these arise.

Did you know local government is responsible for developing a long-term plan in consultation with the community. These plans outline the social, economic, environmental, and cultural well-being priorities and how they will be funded. (Local Government Act, 2002)



Snapshot of Hauraki

Hauraki is a predominantly rural area with the Coromandel – Colville area being the most remote part of the locality. The whenua supports many unique and dispersed towns, that are dependent on infrastructure such as roads and telecommunications to maintain the health and wellbeing of residents. A number of residents live off tank water and septic systems – some live completely off grid. In the more urban areas, utilities and water supply are supplied by the council.

The Thames - Coromandel district is a popular holiday destination catering for a large number of tourists and holidaymakers over the summer and on weekends. A significant part of the local economy is based on tourism and primary industries such as farming, forestry and aquaculture.

- The Coromandel is also subject to the effects of climate change and storm events resulting in road closures, slips and coastal erosion. This diverse community faces a number of key challenges such as:
- A high level of socio-economic deprivation (35% Dep 9 and 10, 47% for Māori)
 - An ageing population (26% aged over 65 years compared to 15% nationally)
 - A high level of rurality (impacting on access to services and chronic workforce shortages)
 - Being a popular holiday destination with the associated impact on housing affordability and increased demand for services over the peak summer period when the number of people increases.

A charter is a voluntary partnership agreement between a community, the local authority and other service providers. It outlines commitments from service providers, local groups and whānau/ residents to help meet local community priorities.

Te Tara o Te Whai Locality Charter and Alliance

The purpose of the Locality Charter is to develop effective and enduring working relationships between mana whenua, community organisations, councils and government agencies (the Alliance) in Hauraki that will be mutually beneficial to the aspirations we share to improve the hauora (health and wellbeing) of the people of Hauraki.

Our first Locality Alliance hui took place in November 2022, for parties wishing to commit to the charter and the Hauraki locality prototype development. The charter was endorsed by Te Whatu Ora in May 2023. The Charter can be viewed on our website.

An Alliance is not a legal entity and the Charter is not legally binding. The Alliance has no responsibility for the commissioning, contracting or allocation of funding to any service provider or organisation for the delivery of services. This remains the responsibility of Te Whatu Ora.

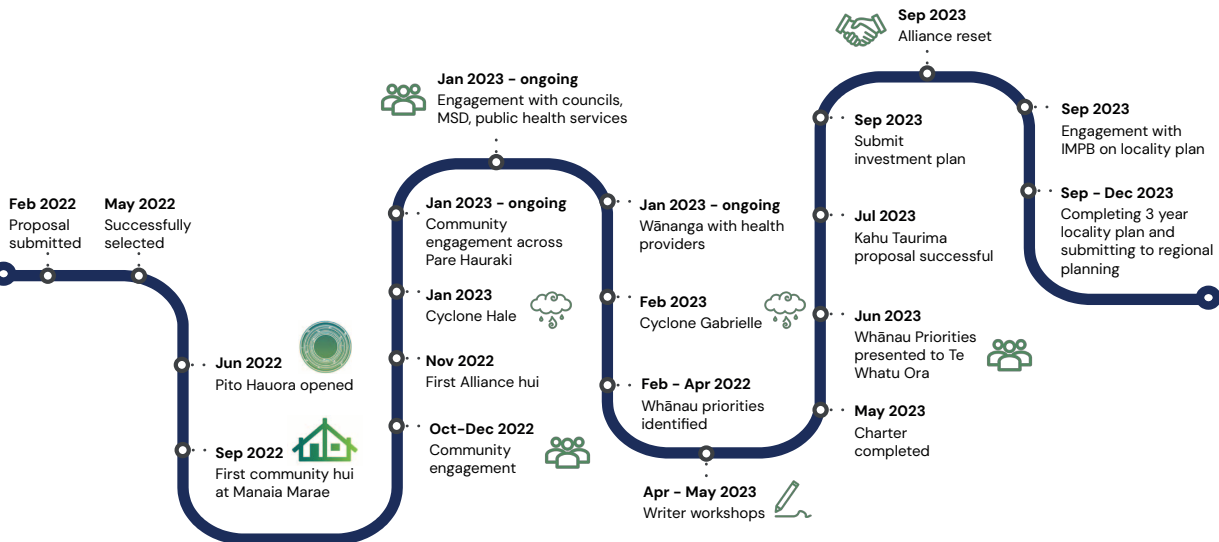


Toby Adams, Mayor, Hauraki District Council signing Charter with Taima Campbell.

Te Puna Hauora Matua o Hauraki, Hauraki PHO was nominated by Hauraki iwi to be the backbone entity aka 'holder of the tea towel' for Te Tara o Te Whai.

Our journey so far....

Our journey over the past year has been impacted by COVID-19 restrictions and weather events. These challenges have also fostered community collaboration and generated ideas to improve the way we work together to deliver services.

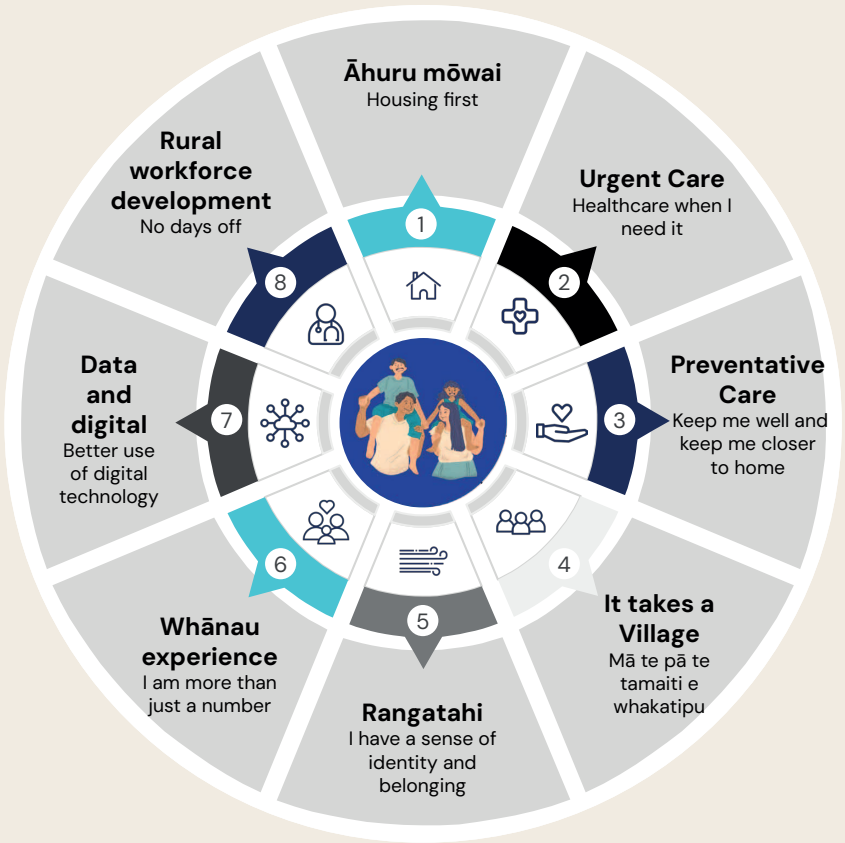


What matters to you?

Whānau having a voice is fundamental to understanding what matters to them. We had our first community hui in Manaia in September 2022 which was attended by over 100 people. Since then we have gathered whānau voices from many community wānanga and events using a range of approaches including surveys, social media, hauora events and embracing negative feedback such as complaints from whānau. Our community engagement has attracted a range of whānau participants across all ages, ethnicities and people.

Identifying whānau priorities

Insights from our community engagement were collated and summarised under 8 key priorities. We have used whānau voices to describe each priority. These priorities are the foundation of our locality plan. Our whānau priorities document can be found on our website.



National Commissioner Abbe Anderson visits Hauraki

In June, Te Tara o Te Whai Alliance members presented the locality whānau priorities to National Commissioner Abbe Anderson, the national Localities team and Dr Joe Bourne, Chief Medical Officer, Manatū Hauora.



Te Tara o Te Whai Alliance meeting with National Locality team, June 2023, Thames.

"I want a home that is warm, dry and safe for me and my whānau to live and thrive".

Whānau voice

"I want to feel heard when I'm talking with a health service".

Whānau voice



Manaia Marae September 2022.



Whitianga Community Hui 2022.

In a media release, Kylie Ormrod, National Localities Co-Director from Te Whatu Ora stated *"We are thrilled to witness the commitment and engagement of Te Tara o Te Whai in shaping the future of healthcare. This momentous step aligns with our collective impact approach, which emphasises collaboration among partners to drive transformative change."*

In April, Te Whatu Ora announced that all locality prototypes were to be allocated additional funding for service development. Each locality will receive \$350,000 in FY 22/23. It is anticipated that this funding be used flexibly to fund project resources, community engagement, provider networking and coordination. \$1,218,994 was allocated to Te Tara o Te Whai for service development/ service delivery based on our draft locality plan.

"All new māmā shouldn't need a referral for services - services need to become a standard part of maternity care"

Whānau voice

Locality Project: Mā te Pā Harakeke (the Pā service). In early 2023, funding from Te Aka Whai Ora, from the Kahu Taurima investment stream, was secured for an integrated maternity and early years' service. We proposed the development and delivery of a wraparound service designed to empower and engage whānau from conception until their tamariki turns 5 years old. Based on the concept of a village of services and practitioners who wrap around a whānau, the purpose is to make services accessible and navigable for all whānau across the Thames-Coromandel, Hauraki, Northern Waikato, and Hamilton/Kirikiri areas.

Locality Project: Pito Hauora – Hauora Hub, Te Korowai Hauora o Hauraki. Opened in June 2022, the hub hosts the Te Whatu Ora mammography service a first with a Māori hauora provider. Coordination of the service, funded by locality programme funding also provides cervical screening as well as all age, all vaccine and all-week vaccination services.

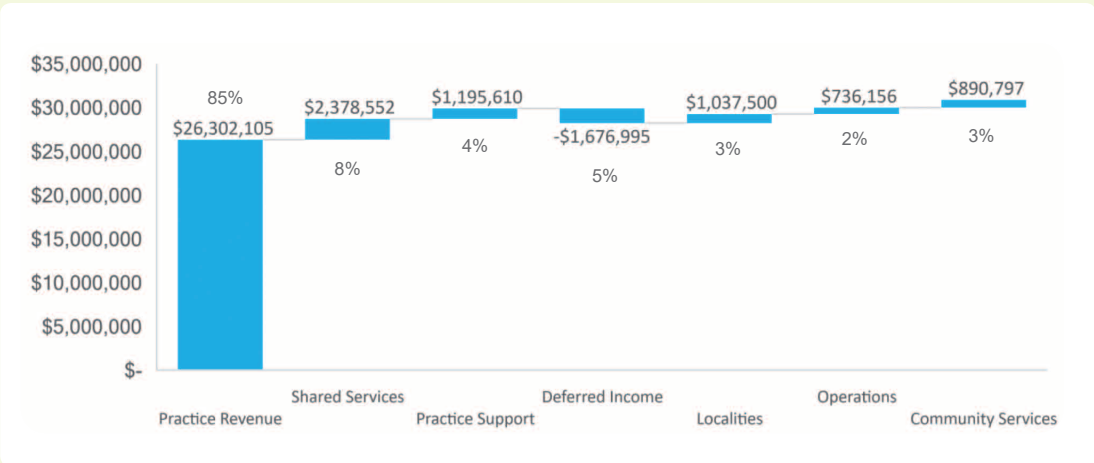


Pito Hauora
Mō Tātou o Hauraki

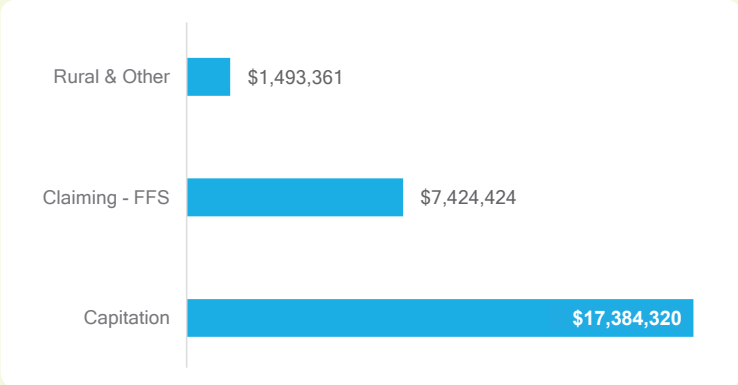


Locality Project: Kahu Kōrero as a ten-week school-based programme funded by Te Aka Whai Ora and delivered by the Ngā Tūmanako Whitianga Trust. He Kahu Kōrero is for taura to learn through, and connect to, the ancient Māori practice of whatu or weaving. This kaupapa works with taura to share mātauranga while guiding their ringaringa as they whatu.

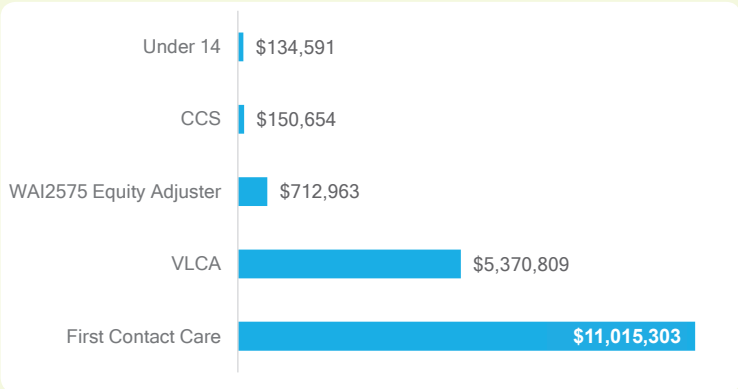
PŪRONGO PUTEA



Summary of total income received in 2022-23 financial year



Practice Revenue for the 2022-23 FY



Breakdown of 17m capitation funding for 2022-23 FY

This report presents the total income received in this financial year, and how the funding is allocated to providers, or applied to services delivered by the Hauraki PHO. The report also outlines what is retained to support the organisation’s service functions. Further detail is provided in the audited statement of accounts.

Hauraki PHO income for the 2022-23 financial year was \$30,863,724. This is a 9% decrease on the 2021-22 year income of \$33,644m. This decrease reflects the decrease in COVID-19 pandemic funding.

Revenue to practices

From the total income 85% or 26m is allocated to our general practice providers. This income is made up of capitation, claiming or fees for service (FFS), rural funding and other funding.

Capitation

Capitation makes up **66%** or 17m of the revenue passed on to practices. Capitation-based funding pays providers a fixed amount per registered patient monthly, regardless of the services provided. This approach intends to encourage preventive care, support practice sustainability, and align with integrated care models. Per patient payments are adjusted based on age and gender to account for patient health variations. See below for a breakdown of total capitation funding received.

POAC Claiming COVID Testing	\$4,745,811
FFP- Claiming SIA	\$1,534,673
Before School Check	\$138,797
Primary Options For Acute Care	\$217,365
COVID 19 Vaccine	\$147,771
LARC - Access to Contraception	\$119,586
Zero Fees for Under 14 - After Hours	\$105,612
Cervical Screening	\$95,680
Quality Podiatry	\$91,840
Pharmac Accuretic	\$64,261
Alcohol Brief Interventions in Primary Care	\$44,362
Sore Throat	\$43,151
Heart Health	\$34,686
MMR Flu Vaccine	\$19,830
Bowel Screening	\$7,920
Primary Care Service - Skin Lesion	\$6,432
Free Contraception U25	\$6,005
Secondary Care Iron Infusion	\$642
	\$7,424,424

This year, as we have seen in previous years, the funding allocated under the Community Podiatry Service contract is not enough to meet the need.

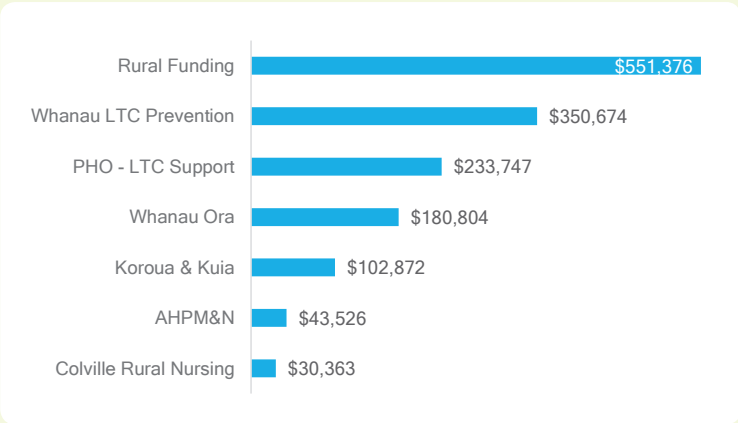
Hauraki PHO’s contract allows for 1111 funded consultations – or 278 patients to attend the recommended 4 podiatry sessions per year. With over 4800 patients with diabetes enrolled, this funding assumes a 6% (278 out of 4800) prevalence of High-Risk Foot Disease. However, our Foot Risk data shows that for Annual Reviews undertaken over the past 12 months, the prevalence of High-Risk Foot Disease is 50%.

As a result, our expenditure has significantly exceeded income. We will continue to look internally at other possible avenues where we can re-direct funds, however, would appreciate (another) wider discussion to ensure that podiatry services are sustainable. Correspondence with Te Whatu Ora, March 2023.

Claiming

Funding that is able to be claimed under various fees for service (FFS) contracts makes up **28%** or 7.4m of revenue passed on to practices. The fee and the criteria for these services is defined by Te Whatu Ora. There is limited tailoring of the service volumes to the needs of our population with some services capped.

It should be noted that funding for Services to Improve Access (SIA) which is part of the flexible funding pool makes up 1.5m of this revenue. In negotiation with the Funder underspend from some of these FFS contract lines is able to be re-directed to areas of overspend.



Rural and Other funding for 2022-23 FY

Rural and other

Rural and other funding make up **6%** or almost 1.5m of practice revenue. The calculation and allocation of rural funding is complex. The funding is an adjuster paid in recognition of the barriers and issues of maintaining rural providers. Within the Hauraki PHO network, the Colville Community Health Centre and the Coromandel and Whitianga Whānau Health Centres under Te Korowai Hauora o Hauraki are allocated most of this funding. The remaining funding includes contracts we subcontract out to some of our providers to deliver, such as Whanau Ora or Koroua & Kuia support contracts. The PHO Long Term Condition support is funded from PHO profits remaining at year-end.

Shared services

The Hauraki PHO share the delivery of some service contracts with our providers. This funding is 8% or \$2,378m of total revenue. These services include the Primary Mental Health contract, the Outreach Immunisation Service (OIS), and services funding under the Flexible Funding Pool (FFP).

Flexible Funding Pool

Under the Hauraki PHO, the Flexible Funding Pool (FFP) is made up of Health Promotion and Care Plus funding. Across the country, PHO's use the Flexible Funding Pool (FFP) in a variety of ways to meet the needs of their enrolled population. The HPHO had used this funding pool to invest in:

- The Ngā Kaitiaki Manawanui Whai Ora – Long Term Conditions Management team
- Practice and clinical support roles including a nurse educator, pharmacist and diabetes nurses.
- Software purchased to support practices including Health link, Karo, Data Craft, Medtech, Vensa, Telesmart to name a few.

Community Services

Community services funding is 3% or \$890,797 of total revenue. It is a mixture of funding that provides services to our practices, community, and unenrolled population across Hauraki & Waikato.

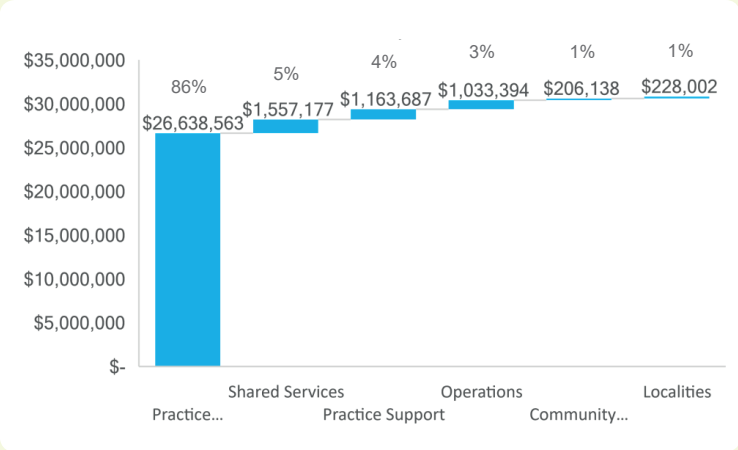


Figure 5: Summary of expenditure for 2022-23 FY

Hauraki Locality Development

Te Tara o Te Whai | Hauraki Locality prototype proposal was approved in May 2022. Funding to support locality establishment is 3% or just over 1m of our total revenue in this financial year. This funding supports the Hauraki PHO as the nominated ‘backbone’ entity to set up a programme office, invest in community engagement activity and develop a 3-year locality plan based on community priorities.

PHO Operational

Funding to support the operational functions of the Hauraki PHO is 2% or \$736k which is a combination of the PHO management fee, contract overhead deductions (these usually range from 0 to 15%) and other income sources.

This funding pays the leases, keeps the power on and makes sure we have an administrative and finance team who make sure everyone gets paid.

The 2022/23 FY resulted in a profit of \$36k and is a portion of the total actual profit of \$396k. As agreed with our Board, some of these profits are distributed back to our providers to support whānau with long-term conditions. In this year, \$260k was reallocated to Practice Support and investment in organisational infrastructure. For further information refer to the audited statement of accounts.

Deferred income

Deferred income is -5% or 1.6m for this FY and is the balance of funds unspent or paid in advance at balance date. These funds are carried forward into the next financial year and added to the opening balance from the previous year. For more information refer to the audited financial accounts.

Almost 90% of all revenue received is distributed to our providers.

HE PŪRONGO KŌHINGA PŪTEA

Statement of Comprehensive Revenue and Expense

HAURAKI PRIMARY HEALTH ORGANISATION
FOR THE YEAR ENDED 30 JUNE 2023

	NOTES	2023	2022
Revenue			
Income from Exchange Transactions	1	27,071,686	29,686,008
Income from Non-Exchange Transactions	1	3,734,090	3,954,742
Finance Income	1	57,948	4,029
Total Revenue		30,863,724	33,644,779
Expenses			
Practice Payments	2	26,601,814	30,451,463
PHO Operations	2	1,261,396	884,493
PHO Contracts	2	2,963,752	2,282,593
Total Expenses		30,826,961	33,618,549
Surplus/(Deficit) for the Year		36,763	26,230

Statement of Changes in Net Assets/Equity

HAURAKI PRIMARY HEALTH ORGANISATION
FOR THE YEAR ENDED 30 JUNE 2023

	2023	2022
Equity		
Opening Balance	1,039,088	1,012,857
Increases		
Profit for the Period	36,763	26,230
Total Increases	36,763	26,230
Total Equity	1,075,851	1,039,088

COLLINS / JAMES
ACCOUNTING, SYSTEMS + BUSINESS ADVISORS



Statement of Financial Position

HAURAKI PRIMARY HEALTH ORGANISATION
FOR THE YEAR ENDED 30 JUNE 2023

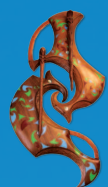
'What the entity owns?' and 'What the entity owes?'

	NOTES	30 JUN 2023	30 JUN 2022
Assets			
Current Assets			
Bank accounts and cash	3	4,513,367	2,679,233
Debtors and prepayments	3	2,503,713	2,449,356
Total Current Assets		7,017,080	5,128,589
Non-Current Assets			
Property, Plant and Equipment	6	50,905	69,169
Total Non-Current Assets		50,905	69,169
Total Assets		7,067,985	5,197,759
Liabilities			
Current Liabilities			
Trade payables	5	2,288,417	2,156,637
Deferred Revenue	5	3,557,067	1,880,072
Total Current Liabilities		5,845,484	4,036,709
Current Liabilities			
Holiday Pay Accrual		146,651	121,962
Total Current Liabilities		146,651	121,962
Total Liabilities		5,992,135	4,158,671
Total Assets less Total Liabilities (Net Assets)		1,075,851	1,039,088
Accumulated Funds			
Accumulated surpluses or (deficits)	7	1,075,851	1,039,088
Total Accumulated Funds		1,075,851	1,039,088

COLLINS / JAMES
ACCOUNTING, SYSTEMS + BUSINESS ADVISORS







HAURAKI PHO

Te Puna Hauora Matua o Hauraki

CHARITABLE TRUST