

KIMI HAUORA WAIRAU

ANNUAL REPORT

2022

CONNECTING
COMMUNITIES FOR
WELLBEING



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CEO & Board Chair Report

2021/22 has been another memorable year, with the COVID-19 pandemic, vaccinations and RATs distribution continuing to impact significantly on our communities and the work of Marlborough Primary Health (MPH). Our strategic direction guides our decision making and ensures that we focus on prioritising actions that will result in the best and most equitable outcomes for our patients, our general practices and our partners.

Throughout the year, our practices continued to provide COVID-19 testing, and our COVID-19 team responded quickly and effectively, running pop-up testing sites whenever these were needed. Early in 2021, we began planning for the COVID-19 vaccination programme, so we were able to implement the first fixed site Community Vaccination Centre in the region in March 2021, followed by pop-up vaccination sites at various locations. The partnership relationships with our general practices, NMDHB, Te Piki Oranga, Social Services, and Pacific Health Services have enabled us all to establish effective and responsive COVID-19 and emergency responses to our Marlborough population.

The sustainability of general practices has continued to be challenging. In 2021/22, we continued our local work with the Health Care Home model, with seven practices now implementing this model. Through our participation in GPNZ, we advocated for increased investment and more equitable funding for general practice. We have also worked hard during the year in assisting practices to recruit overseas GPs. This work has paid off, with more practices now taking patient enrolments.

With the roll out of the new Access and Choice model across Marlborough, Health Improvement Practitioners, Health Coaches and Community Support Workers have been embedded into seven practices this year, and we are expecting more practices to join the model in 2022/23. This model complements the Primary Mental health Initiatives and our existing Wellbeing service.



Beth Tester
Chief Executive
Marlborough PHO



Alistair Sowman
Board Chair
Marlborough PHO

The Government's new health reforms are a major overhaul of New Zealand's health system. Marlborough Primary Health supports the direction of the changes and we are focused on the opportunities the reforms will bring for whānau, communities and providers across our rohe. We are excited to see how primary care can meaningfully contribute to designing a new system with health equity at its core. With our Health Equity Framework and Māori Health Action Plan, we will commit to using community co-design processes and a locality-based model of care, to bring mana and focus to improving health outcomes for all the people of Wairau.

"We are proud of the work that MPH has done towards achieving equity, for Māori and other priority populations, both within the COVID-19 response and in the usual delivery of services and programmes."

Thanks to all our Board members and staff for their commitment and effort to making a positive difference to health in Marlborough.

Clinical Governance Chair Report

The Marlborough Primary Health Clinical Governance Group (CGG) has had a disrupted year with the COVID-19 pandemic taking priority in primary care service delivery over “business as usual”. The group’s clinical expertise being needed in the long hours in their primary care roles to deliver the immunisation roll out and primary care to COVID-19 Patients.

The meeting formats have also been disrupted by illness and technology has helped provide some continuity to the important work the clinical governance group performs.

In the absence of the Top of the South Health Alliance meetings the groups focus has turned to local initiatives which make a difference to health care and health care providers in the Marlborough community.

The sustainability of General Practice has been a key priority for the CGG and this year have worked closely with Dr Jessica Sterenborg from the sustainability team in several areas:

- The clinical pharmacist pilot was established and is enhancing primary care and the practice environment.
- Work on reducing inbox messages to general practice. The CGG supported liaison with the District Health Board to filter unscreened lab and x-ray results landing in practice inboxes.
- Further enabling HealthOne so practices access results on “pull” basis to gather the most relevant patient lab results.
- A clearer and more consistent format for specialist letters has been agreed reducing GP’s non-clinical workloads.



Dr. Guy Gardiner

Board Chair
Clinical Governance Group

The CGG has also acted in the clinical oversight and advisory role on a number of emerging issues:

- Post Gestational Diabetes screening
- End of Life Act
- Updates to Health Care Home and System Level Measures
- Early access to MRI scanning program with the ACC and Pegasus Health
- Facilitating communications between Wairau SMOs and GPs

It is the end of a challenging but productive year and we look forward to continuing in the new year to improve the health and lives of patients and providers in Marlborough.

ABOUT US



Our Vision

Connecting communities for wellbeing

Our Principles



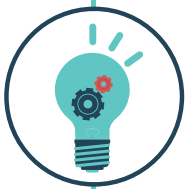
People will be able to access and navigate the health system with ease.



Services will reduce inequality and meet the needs of Māori.



Services will be clinically safe and of high quality.



Innovation and experimentation will underpin all we do.



Customers will be involved in the design of services.

OUR VALUES



TRUST

Whakapono/
Rangatiratanga

Maintaining open
and honest
relationships



RESPECT

Wharaaro nui/
Manaakitanga

Embracing diversity,
uniqueness and
ideas



UNITY

Kotahitanga

Valuing
strengths and
skills



ACCOUNTABILITY

He mana tō te kupu

Working in a
transparent
and responsible
manner



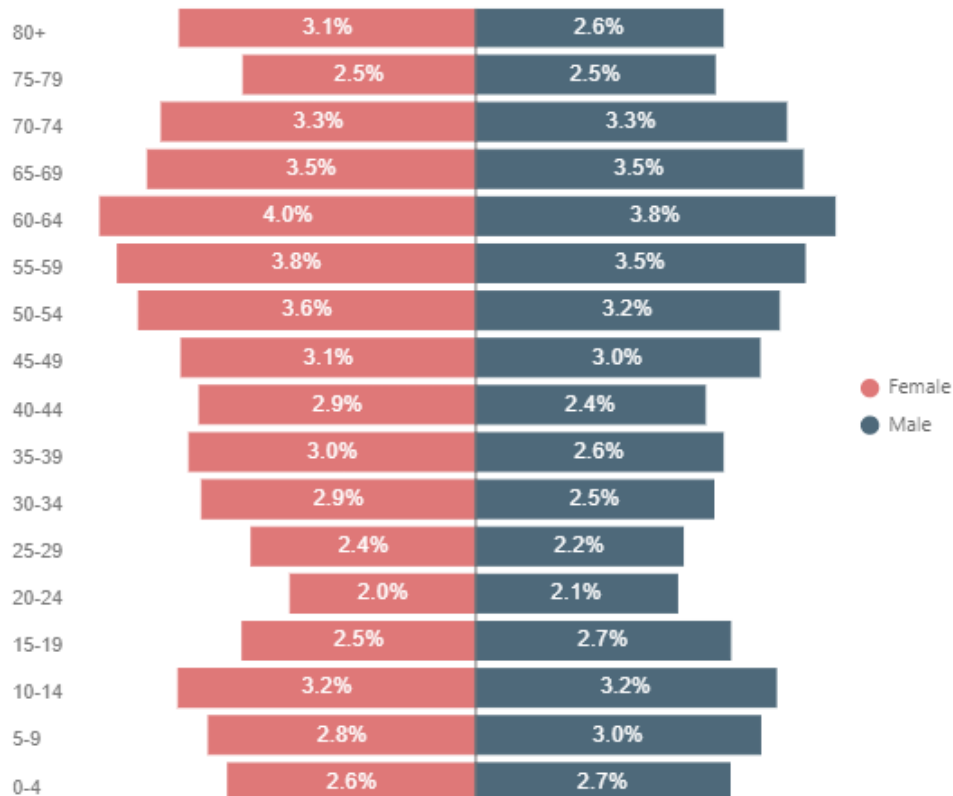
COURAGE

Ka tū te ihiihi/
Whakamanawanui/
Hautoa

Participating with
confidence and
enjoyment

OUR COMMUNITY

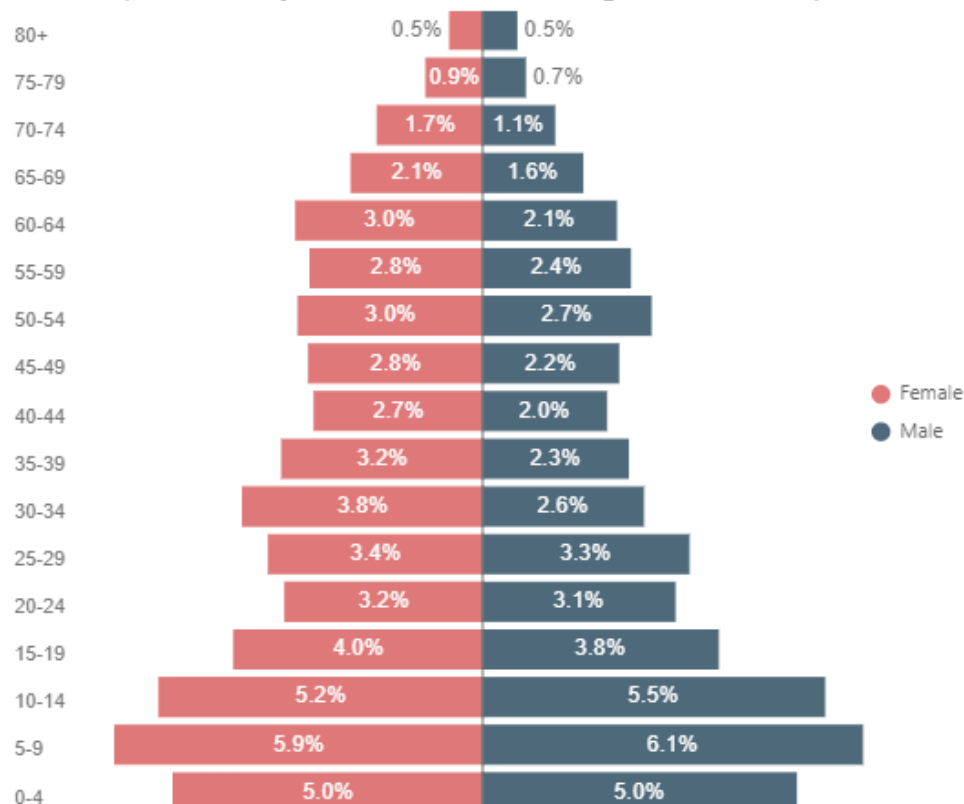
Population Pyramid of Marlborough - Total Population



Population pyramids are useful to show how our total population is distributed by age and gender. Marlborough has an older population when compared to the country as a whole.

The population over 65 makes up 24.4% of the Marlborough enrolled population. This is larger than the national proportion of 17.1%. The age band 25-44 makes up 26.6% nationally but only 21% in Marlborough.

Population Pyramid of Marlborough - Māori Population

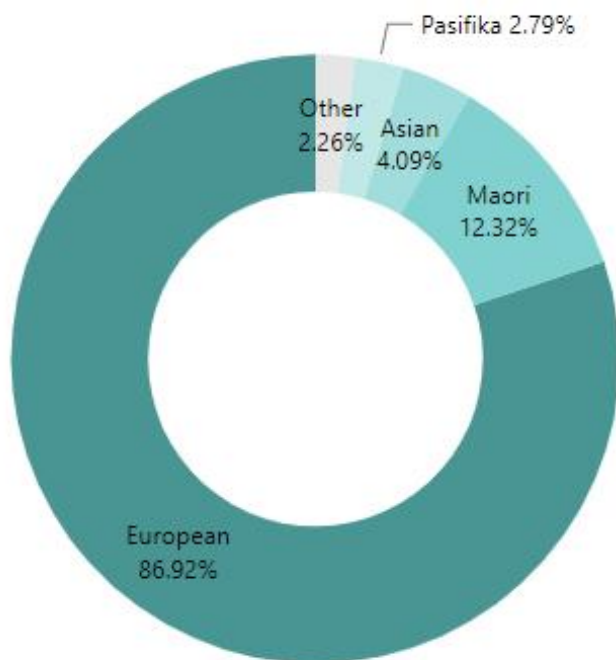


The Māori population of Marlborough is younger than the total population as a whole and as a result will have different health needs.

It is also important to be aware of these differing needs when considering equity in health service delivery.

OUR COMMUNITY

Ethnicities

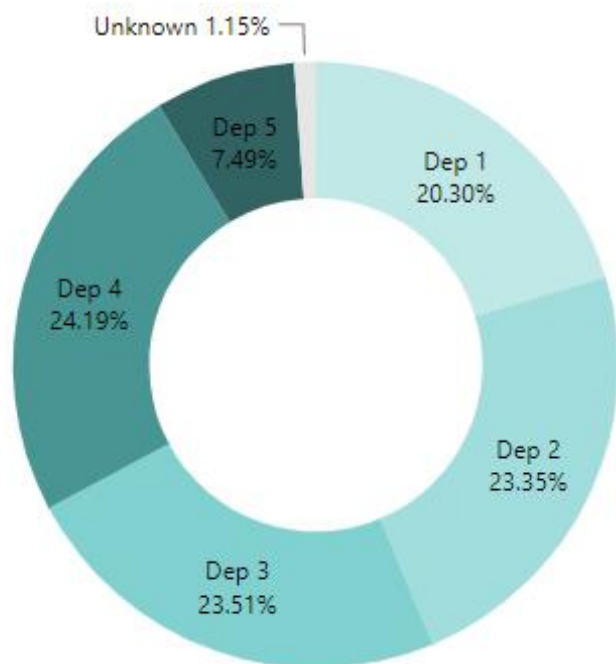


Ethnicity is the ethnic group or groups that people identify with or feel they belong to. Ethnicity is self-perceived, and people can belong to more than one ethnic group. The chart on the left shows the proportion of the enrolled population of Marlborough that identifies with five ethnic groupings. As people enrolled can identify with multiple ethnicities the total is greater than 100%.

The enrolled Population of Marlborough has a higher proportion of people of European ethnicity than the New Zealand enrolled population, 87% for Marlborough compared to 70% for New Zealand. There is a smaller proportion of people of Asian ethnicities in Marlborough 4.0% to 16% in the national enrolled population.

Marlborough PHO also provides healthcare for around 3000 workers from the Pacific Islands who are unable to be enrolled as they are employed under the recognized seasonal employer (RSE) scheme.

Deprivation Quintile



The deprivation index uses 9 variables from census data to measure the level of deprivation for people in small areas. People living in more deprived areas are more vulnerable to poor health outcomes. The most deprived areas are in quintile five, the least deprived in quintile 1.

Marlborough's enrolled population deprivation profile also differs to the country as a whole.

7.5% of Marlborough's enrolled population are in the fifth quintile for deprivation. The New Zealand enrolled population is at 18.6%.

Marlborough has a larger proportion in the second and third quintiles with 48% falling in these two categories versus 38% nationally. The top two quintiles are similar to the national averages.

THE COVID-19 RESPONSE

In primary health we are flexible and very good at adapting to change, but this year change came more rapid than we had ever experienced before. Policies and plans were made at a national level and we had to change direction to implement at short notice.

2021 was “the year of the vaccine” and to have the rollout succeed in a controlled fashion was a massive logistical challenge. We had no readymade central clinic in Marlborough to work out of, so we made it work in amazing places in the community: aged residential care, hospitals, schools, and Marae.

We kept close to the vulnerable people in our communities that would be worst affected and we ran outreach clinics specifically for Māori, and Pacific peoples.

Keeping our rural community protected was also at the core of our plan. Marlborough is a far flung region of the country spreading over 12,000 km². We journeyed up the Molesworth to set up a clinic at Muller station then travelled by boat to the further reaches of Kenepuru sound, and reached everyone in between.

At the centre of the vaccination effort was our people. We needed a massive recruitment drive to find vaccinators to deliver the vaccines to the community. The PHO staff were instrumental as an interim solution, supported by District and Public Health nurses to make a start. Having these staff to mobilise early allowed us to get ahead of the roll out.

We also had great support from the Marlborough health community with practice staff and many retired registered nurses stepping up to fill the gaps in delivery.



Vaccination drive at Stadium 2000

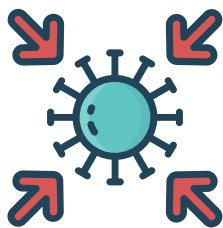


From left: Beth Tester, Sue Allen, Amaroa Katu

2022 brought a new word to our world, Omicron. We pivoted some of our vaccination sites to become RAT distribution centres delivering over 100,000 test kits to the community. The phrase “drive through” had taken on a whole new meaning. The focus was all on supporting our covid patients with their physical, social and welfare needs while they isolated and recovered.

We are incredibly proud of the huge amount of work done in preparing our community for this outbreak and then in supporting them through it. Amazing teams working tirelessly, working together, and working with wonderful attitude and purpose.

THE COVID-19 RESPONSE IN NUMBERS



7577

Assessments were made by primary care clinicians of potential COVID-19 patients



14,968

Follow up contacts were made by primary care clinicians.



4

In March the primary care workload peaked. In that month primary care clinicians on average performed a COVID assessment or follow up contact every 4 minutes.



24

Vaccinations sites were set up in Marlborough



90.4%

Māori 84.9% Pasifika 95+%

Of the 12+ Marlborough Population completed primary vaccination course against COVID-19

Clinical Pharmacist Project

A sustainable workforce: Spreading the load with pharmacy expertise in the practice

The demand on general practice doctors across New Zealand has been steadily increasing. A report 'GP future workforce' (GPNZ ref..) in 2021, stated that nearly one-third (31 per cent) of GP respondents rated themselves 'high' on the burn-out scale. To address this, Marlborough Primary Health Organisation established a team to address the sustainability of the general practice model, their first project has been the embedding of clinical pharmacists into general practice.

Three Clinical Pharmacists have been integrated across four Marlborough Practices: Civic Health, Wairau Community Clinic, Springlands Health, and Picton Medical Centre.

The main aim of this initiative was to address sustainability in general practice, reduce burnout and create a more manageable workload. An evaluation was recently conducted at the midway point of the 12-month program delivering encouraging results.

The evaluation found that the role of the Clinical Pharmacist was able to reduce GPs' workload by undertaking specific tasks such as medicine reconciliation post-discharge, medication optimisation, clinical medication reviews, providing recommendations to GPs, and education to clinical staff on new medications, updating policies and creating guidelines. The reallocation of these activities, previously undertaken by GPs created more equitable access for invaluable face-to-face patient time.

100%

of Clinical Pharmacists and practice staff surveyed would recommend the role be implemented in other practices.

The general practice team also benefited from having expert pharmaceutical advice on hand. This saved team members from having to research answers for patient medication questions and empowered them to move on to other patient activities.

An unanticipated benefit of integrated Clinical pharmacists was their ability to find new ways of working within the practice. Improving medication management guidelines, policies and procedures and providing formal education to the practice staff.

While the pilot still has six months to run the early feedback has prompted Marlborough PHO to begin considering how to expand the program.

"...we now have a dedicated medication problem solver"

TAPERING POLYPHARMACY

A new tool to assist prescribing clinicians.

Polypharmacy is the term used to describe taking a large number of medications at once, usually defined as more than five. Polypharmacy can be appropriate and beneficial for patients' health in dealing with complex conditions or for patients that have multiple morbidities. However, it can also be problematic when one or more of these medicines have potential harms that outweigh the potential benefits, the patient may no longer need the medication or the medicine may adversely interact with another medicine.

Balancing the potential benefits and harms of prescribing multiple medicines is a challenge that all prescribers face daily. Taper is an online portal that can provide guidance to prescribers in dealing with polypharmacy by screening for medications that can be switched, reduced in dose, or discontinued.

Training clinicians in the use of the Taper tool has been a key priority for this project. Ten General Practitioners and two Nurse Practitioners have been trained in primary care in addition to the three clinical pharmacists placed in general practice in Marlborough.

Outside of primary care a twelve Community Pharmacists have been trained. To get this level of coverage of clinicians in the community is a great success considering the extra demands in this space brought on by vaccination drives for COVID-19 and seasonal flu.

3050

patients in Marlborough are prescribed five or more medications.

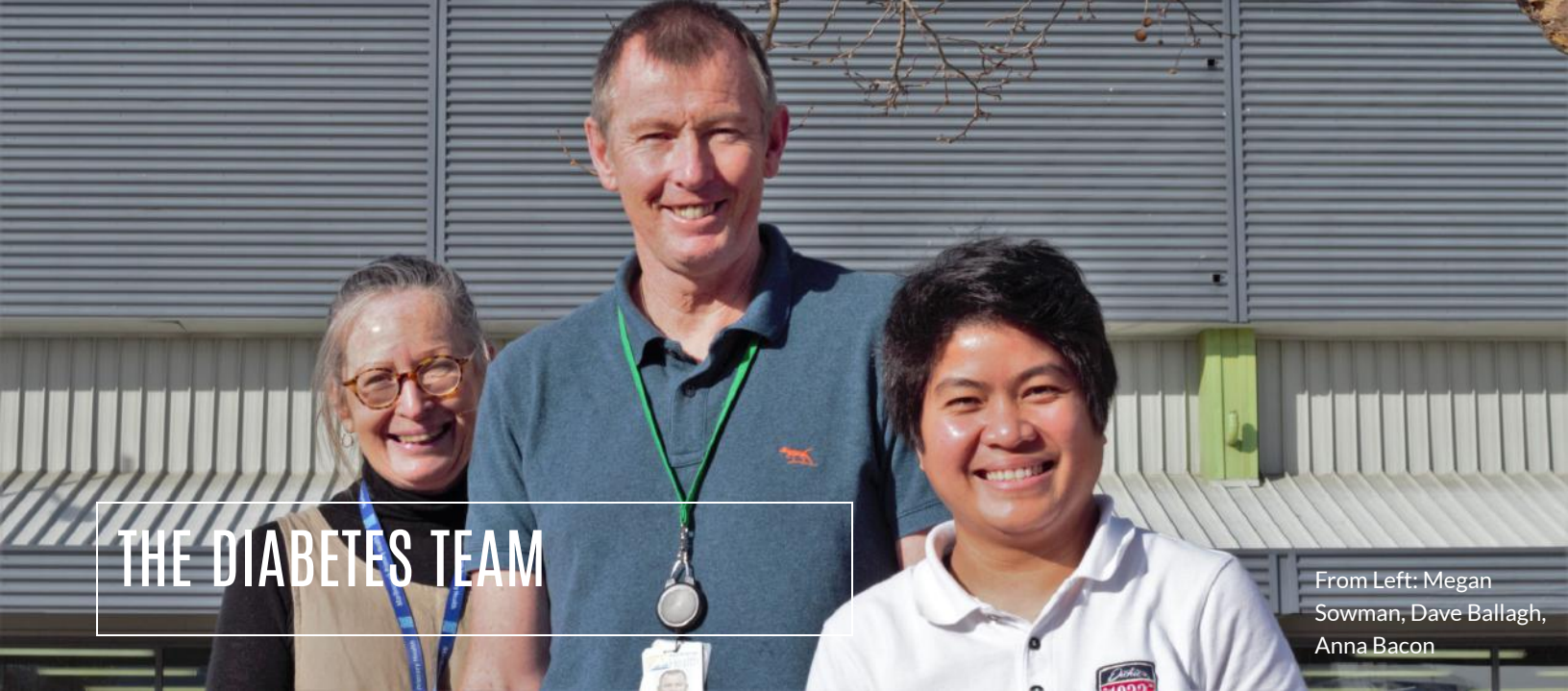
868

patients in Marlborough are prescribed ten or more medications.

So far 18 patients from Marlborough have been enrolled in Taper and the next stage of the project is focused on scaling up the use of the tool with trained practitioners using health promotion activities.

Information pamphlets have been developed and distributed to all pharmacies, general practices and most rest homes. A presentation on the benefits of the taper program was delivered to the Older Persons Forum of Marlborough and there is another planned for Eldercare.

In the digital channels a series of e-learn video clips providing information and training on the taper tool are available on the Marlborough Primary Health website. Finally, an article for the Grey Power newsletter is in development.



THE DIABETES TEAM

From Left: Megan Sowman, Dave Ballagh, Anna Bacon

Bridging the gap in the care of diabetes

Integrated care across primary, community and hospital care services has been an objective for the long-term conditions team at the Marlborough PHO. The past year has seen great progress to support integration and to bring a co-ordinated approach to care for patients living with diabetes.

General practices now have a weekly scheduled visit with the diabetes nursing team, facilitated by the long-term conditions team from Marlborough Primary Health. These sessions are informal lunch get-togethers and are an opportunity to discuss case studies, best practice guidelines, medications, technology, and questions brought by the practice team.

This less structured format allows the focus to be on the specific needs of that practice and their patients.

Another outcome of keeping the sessions informal is to organically strengthen relationships and pathways between general practice and the secondary diabetes team. These relationships support a more coordinated care approach to care for patients / whanau that aims to improve health outcomes and wellbeing (hauora). A practice can now connect with a quick phone call to the secondary diabetes team and get support for complex patient needs.

Putting the spotlight on medication

Medications are a frequent discussion topic at meetings with practices. Titration (the process of finding the correct dose for a patient) of diabetes medication can be complex for patients with existing co-morbidities. Navigating the criteria patients need to meet to be eligible for public funding of medications can also be challenging. The once-a-week sessions are a useful forum to think through these scenarios and collectively work towards the best patient outcome.

“By working directly together we can provide faster access to review and implementation of therapies in primary care”

Anna Bacon, Diabetes Nurse

TRANSITION TO NEW DIABETES MEDICATION

EMPAGLAFLOZIN & DULAGLUTIDE

In 2021 Pharmac began funding two new medications used for managing the blood sugar levels for type 2 diabetes patients. Empagliflozin and dulaglutide reduce the risk of cardiovascular and renal complications in people with type 2 diabetes; empagliflozin in particular reduces hospital admission with heart failure. Both classes of medicine also promote weight loss, especially dulaglutide.

Funding for these medications requires a special authority application to Pharmac and there are strict set of criteria patients need to meet to be eligible. This year has seen a significant increase in patients transitioned to these new medications.

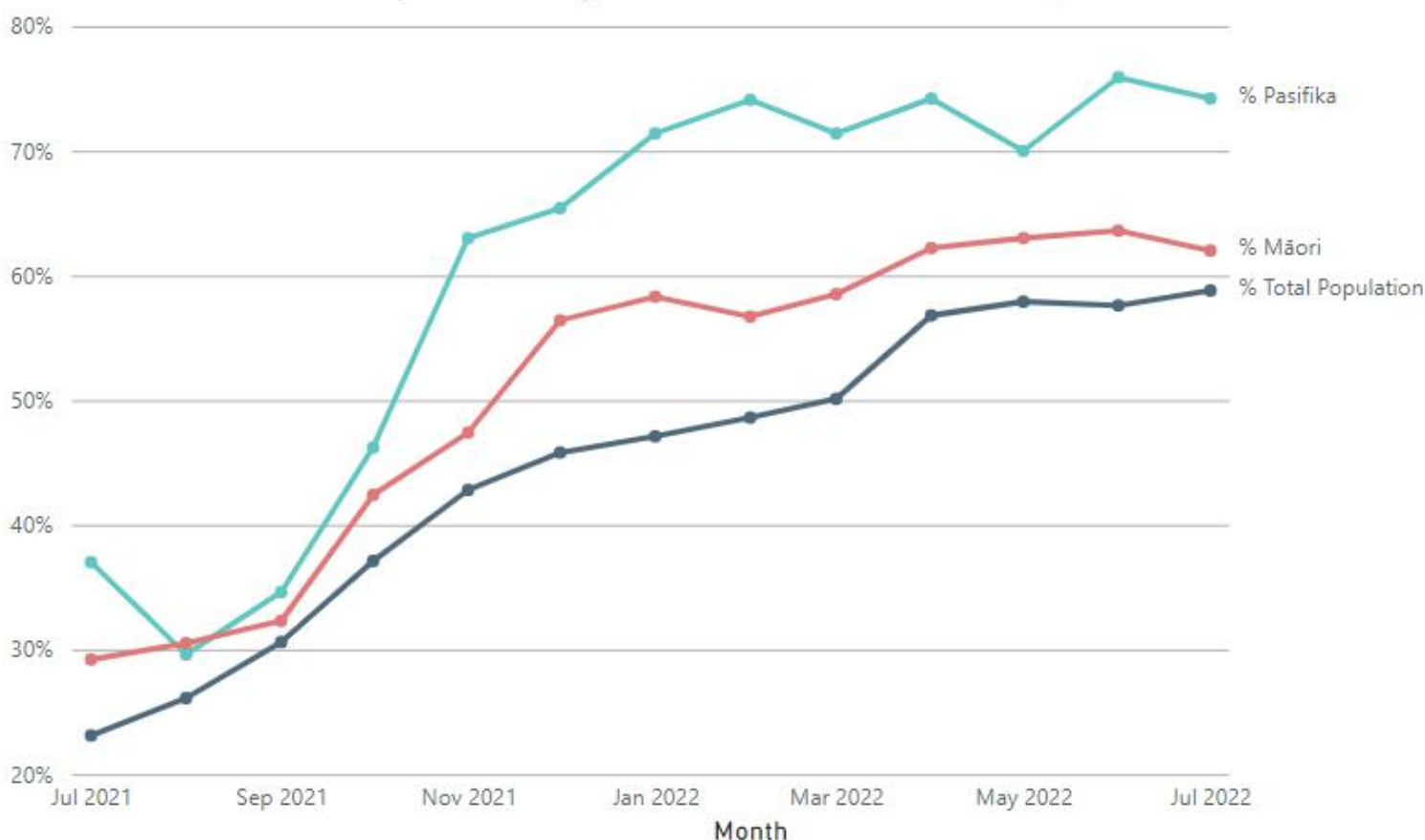
1,567

People in Marlborough have type 2 diabetes

654

People in Marlborough eligible for funding or already prescribed at least one of the new medications

Proportion Of Eligible Patients On New Medication(s)



Re-Launching the persistent pain service

Building a team of experts

This year saw the re-launch of the self-management course for chronic pain. Starting in May 2022 this program has been re-imagined after losing key facilitators from the Marlborough Region.

Joining the new pain program team is Dr Buzz Burrell. A GP who is currently involved in further study at The Auckland Regional Pain Service. As the medical pain specialist, he leads the team in approaching chronic pain with a biopsychosocial conceptual framework. Essentially viewing chronic pain as more than just result of disease or injury, but as an expression of complex interactions between biological, psychological and social factors.

To acknowledge and address the full range of factors involved in chronic pain the team needed a diversity of expertise. Gathering and building this team has been the focus of Pain Program co-ordinator Megan Slape this year.

*“Patients tell me that they feel truly **heard** about their pain for the first time. It’s really rewarding”*

Megan Slape – Program Co-ordinator

Dr Buzz Burrell starts off the 5 session programme by extending participants understanding of what is persistent/ chronic pain. In session 2 Megan Slape addresses the importance of developing a flare up plan to support self-management to reduce pain flare ups and what to do during a flare up. She also supports participants to explore the wellbeing cycle of pain.

Debbie Carter has also joined as a facilitator delivering session 3. Debbie is a community pharmacist with a deep understanding of current pain medication research and trends. In her sessions she gives an overview of available medications that can help with chronic pain and their limitations.

Session 4 is led by Leo Adendorff, a physiotherapist who has experience in treating patients with chronic pain through the ACC pain management service. He expands on the importance of exercise and the benefits this has on chronic pain.

The final member of the team is Jenny Owen a Mental Health practitioner. In session 5 Jenny explores the emotional reactions to pain and offers attendees a new focus on reducing suffering rather than reducing the pain itself.



Leo Adendorff facilitates a workshop

Marlborough PHO

ANNUAL REPORT 2022

Hikitia - Strengthening Family Practice

Extending Health Care Home to Strengthen Family Practice in Marlborough

The Health Care Home (HCH) is a model of care based around the general practice and designed to improve the quality and sustainability of services as well as the experience of both patients and staff.

The Health Care Home model shifts the traditional system of general practice from one that is mostly reactive, to a more proactive, team-based approach that focuses on the individual needs of the patient and their whānau.

“For the last three years, Health Care home has supported our team by focusing on problem solving, adapting to change, and building resilience through the changes Covid-19 had brought. We would have not got through these tough times if it wasn’t for our Health Care Home learnings”

Andrea Cuniffe
General Business Manager
Civic Family Health Care

Eight practices in Marlborough have been involved in implementing the health care home Model however the necessity of focusing on the COVID-19 response provided barriers to practices fully adopting the new model.

The Marlborough Primary Health’s Practice Engagement team as part of the Hikitia programme will work alongside practices to Celebrate the achievements practices have already made – especially those made during the COVID-19 lockdown and through the Healthcare Home journey. They will also provide guidance and value to practices to explore the elements of the programme yet to be implemented.

The Hikitia programme comprises eight of elements:

1. Implementing a patient portal, including bookings, open notes, prescription requests and test results functions.
2. Implementing / embedding Telehealth functions: phone consults, video consults and other alternatives to ‘in person consultations’.
3. Implementing clinical phone triage functions (this could vary between nursing triage through to GP triage depending on practices preference).
4. Implementing tools and ideas to support care planning.
5. Practice team members joining a continuous improvement peer group to share ideas, support each other in your change journeys, and provide inspiration to your teams.
6. Becoming flexible in your hours of operation to match your resources to your patients’ needs.
7. Implementing a continuous improvement structure that supports your practice management.
8. Nominating a change leader to bring these ideas to reality.

Hei Pa Harakeke

The first 1000 days project

The first 1,000 days of a child's life are critical in determining whether that child will be a healthy, mature and productive adult. International research shows how adversity in childhood can affect neurological and hormonal development, inflammation pathways, cognitive, social, and emotional competencies, and propensity for risky behaviours such as smoking or substance abuse.



More than half of participants in the Growing Up in New Zealand study had at least one adverse childhood experience by 4.5 years of age.

Hei pa harakeke, the First 1,000 Days, project is a wide-ranging multi-agency programme of work which aims to address many of the social and physical determinants of health that contribute to family dysfunction and poor health outcomes. The focus of the program is identifying and supporting new parents to develop healthy, nurturing, positive relationships with their babies.

The project team intend to create a program that “wraps” services from different organisations around hapu mothers and pepi to collaboratively provide the best support possible. Marlborough has many varied services that can provide support for children in their first 1000 days of life. So far twelve different services have joined the Hei Pa Harakeke project and that number will likely continue to grow.

In its developing stages the project has focused on holding multi-disciplinary team meetings to discuss case studies and begin designing the model of how the program will operate. These early meetings have already brought value by connecting GPs with services that previously were unknown or unable to access.

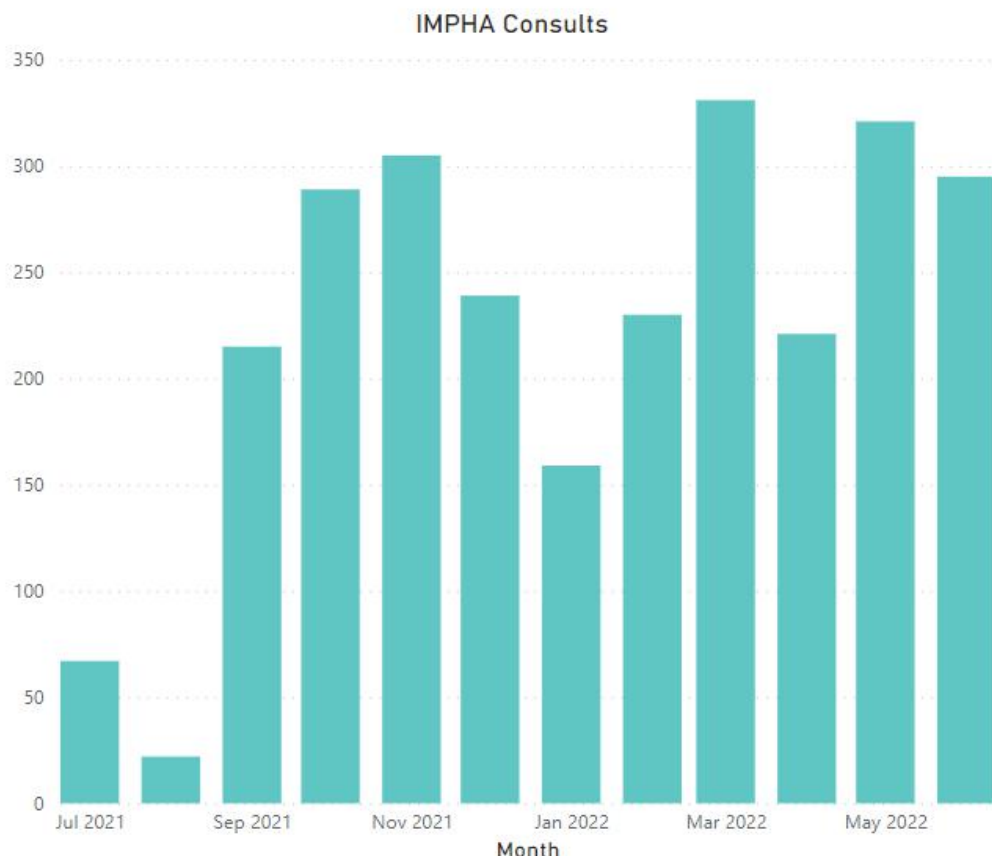
The next steps are to formalise the emerging referral pathways into the digital referral system ERMS (for Marlborough) and to finalise the operating model before the programme is officially launched in September.

INTEGRATED PRIMARY MENTAL HEALTH AND ADDICTION

A new model of integrated primary mental health and addiction (IPMHA) services are being funded by Te Whatu Ora (Health New Zealand) and the rollout in Marlborough began at the start of financial year 2020. The IPMHA model aims to address physical health, social and psychological/behavioural issues for general practice enrolled populations via one easy-to-access primary care team.

The aim of these new services is to:

- Increase access and equity of access
- Increase choice in addressing people's holistic concerns
- Reduce wait times for mental health, wellbeing and addictions support
- Improve population health and equity outcomes



70%

of Marlborough practices now have a HIP embedded in their practice.

1443

people in Marlborough have been supported by a HIP or Health Coach this year.

209

of people seen by a HIP or Health Coach were Maori, 14.5% of all clients.

New behavioural health staff have joined local practice teams and become integrated within them. The key components of the service include:

Health Improvement Practitioners (HIP)

An experienced and registered mental health and addictions clinician who will provide assessment and brief intervention therapy as needed.

Health Coaches/ Community Support Workers (HC/CSW)

A trained support, peer or cultural worker who will support the individual and whānau to manage their health through a range of personalised interventions and provide access to cultural and social supports within the local community.

What is a Health Coach?

A catalyst to better health outcomes

As part of the integrated mental health and addictions program a new type of health care practitioner role has been created, the health coach.

These new roles might be unfamiliar to the Marlborough community. We asked Chris Betts, our first Health Coach embedded into Marlborough practices, to describe the role in his own words.

Q: How would you describe the role of a health coach?

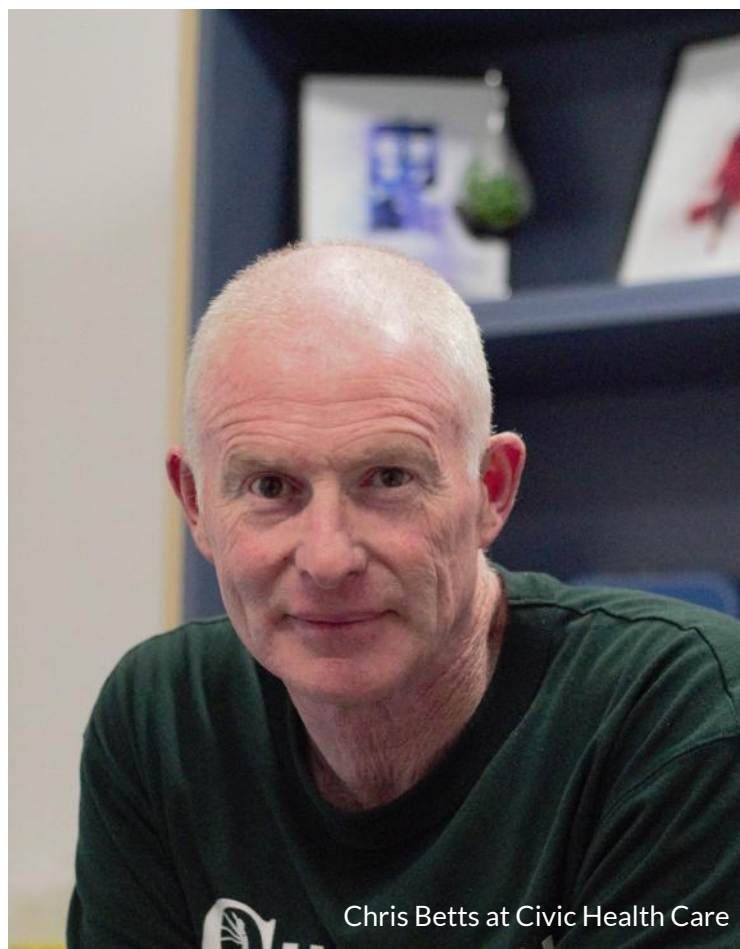
A: The Health Coach role is about recognising social and economic barriers stopping people coming in and getting the healthcare they're entitled to. These could be financial, physical or mental and my role is to help navigate all the options we have available to overcome these barriers.

Q: Why is it important to be based in the general practices themselves?

A: It's about striking while the irons hot. GPs have a lot of patients to see these days and a 15-minute appointment with a GP can go by quite quickly. The GP can give you a diagnosis and treatment and then give a "warm handover" to us to provide that extra layer of support. A warm handover means they will walk the patient down the hall to see me and say "here's Chris he can help you with your next steps".

In the past a patient might have left with just a pamphlet and now with our support they can go knowing all their options, understanding the plan and being empowered to manage their own health.

By being in the practice we can amplify the care given by GPs and health care practitioners.



Chris Betts at Civic Health Care

Q: Do you have any memorable moments from your first year?

A: I meet a client, a grandmother in her 70s, come to see me as she was looking to quit smoking. We were able to go through all the different options to support her and we settled on using the Quitline program. It was wonderful to see in our follow up sessions how her health had visibly improved, her mana had grown and that she was now acting as a role model in that quitting journey for her whanau. It was really rewarding to be a part of the process but then to be able to stand back and watch her flourish under her own momentum with the support of her daughter and her wider family.

OPERATIONAL SNAPSHOT



79%

of women are up to date with breast screening.

Māori 72.2%
Pasifika 71.2%



76%

of cardiovascular checks done for at risk patients.

Māori 76.7%
Pasifika 75.9%



67%

of diabetes patients have had an annual review.

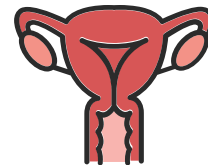
Māori 62.4%
Pasifika 64.3%



68%

of smokers have been offered advice how to quit

Māori 63.8%
Pasifika 64.7%



74%

of women are up to date with cervical screening.

Māori 70.6%
Pasifika 69.6%



91%

of 8 month old babies fully vaccinated.

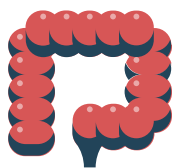
Māori 76.2%
Pasifika 100%



451

women provided emergency contraception.

Māori 75
Pasifika 15



64

positive FIT bowel cancer screening cases managed.

Māori 4
Pasifika 0



86

patients referred for locality care co-ordination.

Māori 16
Pasifika 1



1162

Extended practice consultations for mental health..

Māori 192
Pasifika 21



356

people referred to green prescription programme.

Māori 69
Pasifika 22



217

podiatry treatments funded.

Māori 20
Pasifika 4



504

patients had a skin lesion removed.

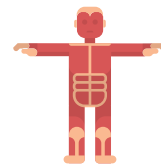
Māori 13
Pasifika 1



1019

consults with community dieticians.

Māori 123
Pasifika 21



117

physiotherapy treatments funded.

Māori 0
Pasifika 0

STATEMENT OF FINANCIAL PERFORMANCE

Summary Statement of Financial Performance

Kimi Hauora Wairau Marlborough Primary Health Organisation Trust

For the 12 months ended 30 June 2022

	Actual	Budget	Last Year
Funds Received			
Health NZ Funding	12,275,418	11,999,155	11,427,633
DHB Programme Funding	6,216,438	3,173,005	3,293,992
Other Income	1,564,564	1,790,859	35,845
Total Funds Received	20,056,420	16,963,019	14,757,469
Payments to Health Providers			
General Practice Payments	13,592,678	11,616,397	10,513,684
Provider Expenses	1,255,345	658,829	519,522
Health Care Homes	80,974	219,742	255,784
Total Payments to Health Providers	14,928,997	12,494,968	11,288,991
Net Income	5,127,423	4,468,051	3,468,479
Operating Expenses			
Staff Expenses	3,361,872	2,761,508	2,286,408
Charitable Donation Expense	509,475	0	22,704
IT, Software & Reporting	187,421	218,751	157,349
Programme Expenses/Resources	153,967	123,384	49,438
Contribution to Services	45,140	25,620	35,446
All Other Operating Expenses	869,547	1,338,788	646,829
Total Operating Expenses	5,127,423	4,468,051	3,198,174
Total Surplus/(Deficit)	0	0	270,305

At year end, unutilised funding is transferred out of the Income Statement, to be taken up in the following year.

As a result of the health reforms announced in 2021, the MPHO Board of Trustees resolved that the asset improvements for the Hub building on Queen St., held by MPHO would be gifted to the NMDHB. The book value of these assets at time of donation was \$487,647.

AUDITORS REPORT



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INDEPENDENT AUDITOR'S REPORT

To the Trustees of Kimi Hauora Wairau Marlborough Primary Health Organisation

Opinion

We have audited the financial statements of Kimi Hauora Wairau Marlborough Primary Health Organisation (the Trust) on pages 5 to 20, which comprise the statement of financial position as at 30 June 2022, and the statement of comprehensive revenue and expenses, statement of changes in net assets / equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Trust as at 30 June 2022, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Accounting Standards Reduced Disclosure Regime issued by the New Zealand Accounting Standards Board.

Basis for Opinion

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

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

Information Other Than the Financial Statements and Auditor's Report

The Trustees are responsible for the other information. The other information comprises the information included in the Entity Information on pages 3 to 4, but does not include the financial statements and our auditor's report thereon.

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

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

If, based on the work we have performed, 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.

AUDITORS REPORT



Trustees' Responsibilities for the Financial Statements

The Trustees are responsible on behalf of the entity for the preparation and fair presentation of the financial statements in accordance with Public Benefit Entity Accounting Standards Reduced Disclosure Regime issued by the New Zealand Accounting Standards Board, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the Charity'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 those charged with governance either intend to liquidate the Charity or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

AUDITORS REPORT



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

Restriction on Use

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

A handwritten signature in blue ink that reads "Crowe".

Crowe New Zealand Audit Partnership
CHARTERED ACCOUNTANTS

Dated at Nelson this 13th day of September 2022