



Hauora  
Hokianga

Hokianga  
Health

# Hokianga Health Enterprise Trust



## ANNUAL REPORT

FOR THE YEAR ENDING 30 JUNE 2022





# Annual Report

## for the year ending 30<sup>th</sup> June 2022.

The Hokianga Health Enterprise Trust is responsible for the preparation of this Annual Report.

The report was approved by the Chairman of the Trust on the 27 September 2022

It fairly reflects the Trust's financial position, operating results and performance for the year ending 30<sup>th</sup> June 2022.

### **Front cover photograph:**

The photo that adorns the front cover of this year's annual report is of a person that is well known to many in the Hokianga. Dr Clare Ward retired from full time clinical practice this year to pursue her journey of learning te reo Maori.

## Whakatauki

E tere e nga waka  
i nga tai o Tangaroa  
i roto i te awa tapu o Hokianga,  
ki a Niwa raua ko Arai-te-Uru,  
nga taniwha tiaki i te wahapu.  
Huri whakaripo ki a Pouahi raua ko Mapuna,  
nga toka whakaora o Hokianga Whakapau Karakia.

Whakarongo ki nga hau o te hauauru  
ki nga wai maturuturu o nga maunga whakahi  
ki a Papatuanuku, te herenga o te mana, te ihi, me te tapu o te tangata, te  
whakaritenga o nga wawata  
o te Hauora o Hokianga.

Tihei Mauri Ora!

The tides of Tangaroa carry the canoes  
swiftly on the sacred river of Hokianga,  
towards Niwa and Arai-te-Uru,  
the guardians of the river mouth.  
They turn to Pouahi and Mapuna,  
at the heart of Hokianga.

Listen to the wind from the West  
and to the trickling waters of the beloved mountains  
flowing through Papatuanuku, binding together the people  
for whom the aspirations of Hauora Hokianga are fulfilled.

Behold the sneeze of life!

**Joe Topia (Trust Chair: 1999-2008)**

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# Korero from the Chair and CEO

*Ha ki roto, Ha ki waho  
Kia tau te mauri e kokiri nei  
I nga piki me nga heke  
Ko to Rangimarie taku e rapu nei  
Tihei wa Mauri ora*

*Breathe in, Breathe out  
Settle the essence that sits within me  
Through the ups and the downs  
It is peace that I seek  
Let the essence of life continue*

Nau mai, haere mai ki te ripoata-a-tau o Hokianga Health Enterprise Trust. Nga mihi ki a koutou katoa. The whakatauki to lead out this year's report is in recognition of the mahi related to the impact of respiratory issues such as Covid-19 and Influenza over the past year. This whakatauki was used as part of our Manaaki Kainga – the Hauora Hokianga Covid-19 community isolation response plan.

## **Year in review and COVID-19**

Yet again we saw another year of Covid-19 dominating the health landscape, a year in which we saw Covid-19 enter into the community, where our Hauora Hokianga team responded with amazing teamwork, collaborating with local hāpori to ensure whanau in Hokianga were kept safe and well.

In July 2021 the team continued building on the Monday to Friday fortnightly vaccination clinics. Where there was a strict roll out of the national vaccination programme, Hokianga ensured the vaccination was available to **all of our whanau** across the rohe.

Hauora Hokianga's Pandemic team formally stood up in August in response to notified cases of a new Delta variant in Auckland and Wellington. The initial whanau welfare team was established to respond to the Covid-19 lockdown needs. Over the next few months we experienced a roller coaster ride with NZ moving between alert levels 2, 3 and 4.

Mask wearing became a regular feature of our lives including other Public Health measures of social distancing, hand hygiene, staying home when sick, vaccinating and testing.

We saw the implementation of the 3rd and 4th booster vaccinations, the MyVax pass became

available as well as mandatory vaccinations were initiated.

In October 2021 we launched the Manu Whakataki mobile vaccination initiative developed by Hayley Paul and Maryanne Connor. Funded by the Foundation North two campervans were initially hired to provide a mobile approach to vaccinating in the Hokianga.

We had the pleasure of the Prime Minister Jacinda Ardern visit Hauora Hokianga in November. However, the joy was short-lived when the upper Northland Alert Level 3 decision essentially split the Hokianga in two. By end of November this was reduced to level 2. November also marked the commencement of the roll out of the National Bowel Screening programme in Te Tai Tokerau. The National Bowel Screening Programme began in Northland on the 2 November offering free bowel screening to around 36,000 residents, potentially detecting 44 cancers in the first year.

On the 2<sup>nd</sup> December 2021 - all of New Zealand moved to the COVID-19 Protection Framework, also known as the traffic light system when the new Omicron variant was identified at the border. Omicron was subsequently detected in the community in January 2022. For the Hokianga – the anticipated community outbreak really commenced on Christmas eve then numbers progressed into the new year 2022. By March – there was an average of 18,000 cases per day across the country, with an average of 250 active cases per day in the Hokianga.

The Manaaki Kainga team had been set up at this stage which consisted of the manaaki tinana

(clinical team), manaaki whanau (welfare response), manaaki wairua (rongoa and karakia) and manaaki hinengaro (mental health and wellbeing) responders. The response from this team and the collaboration with local hapori was an honour to witness. We knew from the outset that responding to the needs of those in isolation during a pandemic could not be done alone. We needed to collaborate with others to support our Community. Working with our hapori was a unique experience, and as noted an honour to see each part of the Hokianga stepping up to look after their own. As was advised at our weekly zoom hui – ‘we have been preparing for this for the past 2 years’ and indeed our Community were prepared.

In early April the total number of people in Hokianga who had tested positive and released from isolation totalled 1,000. For our Hokianga whanau that meant 1 in 7 people had tested positive with Covid-19 since the Omicron outbreak. However, by late April case numbers had dropped to below 100 hopefully indicating a decline in overall numbers and by end of June the Hokianga case numbers had reduced to below 50 every day.

### **Our Kaimahi**

Fundamental to the success of our Covid-19 response was our people – our community and our Kaimahi, many of whom were celebrated at the Whakanuia Hokianga event in June 2022 that reflected on our Hokianga Covid19 response and honoured those heroes of Covid-19.

In terms of other heroes who were acknowledged over the past year that need to be mentioned are those who graduated from the Rongoa programme, and those who were honoured at the Whitiki Nga Punawai o Hokianga awards for their services to community safe drinking water systems in Hokianga. The awards ceremony acknowledged those involved in the initiative including the many graduates of a training programme aimed at increasing the capacity and capability of community teams responsible for safe drinking water and their respective community systems.

Dr Kati Blattner received the Eric Elder medal at the RNZCGP annual Conference. Congratulations to the Hospital team for receiving a ‘Above and Beyond Employer Award’ from Work Bridge. This is in recognition for the support provided to Talia Leach and her employment with Hauora Hokianga.

### **Farewell to some long term Kaimahi**

This is also an appropriate time to acknowledge those who left the whanau of Hauora Hokianga over the past year. In June 2021 we officially farewelled Jack and Rita Mocaraka and over the course of the year farewelled other long-term staff members: Adriana Saunders, Lyn Arona, Clare Ward, Puih Witihera, Mary Korewha and Tina Quitta.

### **New arrivals**

Where we farewelled some long service kaimahi, we also welcomed some new additions to the Hauora Hokianga whanau. On the 29th March Jeena Jose gave birth to a little boy Juan Jestin. Amitha Jacob welcomed Luka Varghese Tony, a baby boy on the 26<sup>th</sup> April. Then on the 2nd May Nyegen John Joseph also had a little boy who was named Arven Nyegen.

The celebrations continue from an organisational perspective with the new Hauora Hokianga website going live over the past year. There was a blessing of the new refurbished spaces for the physio, social worker, and Community Health Nurse offices in July, and the launch of the Manu Whakataki, mobile vaccination vans initially rented, then later a Ford Transit van purchased and fitted out. New additions to the vehicle fleet saw the roll out of a mix of petrol and hybrid as well as purchased and lease vehicles. The completion of the level 3 Social Sector Accreditation audit was another highlight for the year as this provides further opportunities and confidence in securing future MSD contracts.

The 5-year Strategic Plan 2022-2025 and beyond, Communications and Engagement Plan 2022, and the Information Technology and Information Management Plan 2022 submitted for final signoff at the June Trust meeting was a milestone for the Trust and organisation. For the first time a comms plan and IT plan have been approved to focus the organisation on some key organisational developments.

### **Thanks to our supporters**

The ongoing dedication of the Hospital Auxiliary Committee has again this year raised funds to support the replacement and purchase of new equipment for the hospital and the community services. For this we are truly grateful. The Auxiliary was formed in 1967 and in the years since its members have raised over \$600,000 to purchase equipment for the hospital, its clinics and its patients.

A thank you also goes to the Rawene Golf club for their fundraising efforts, raising over \$2,500 for the hospital this year. This annual event is growing in popularity and in fun, an event that all staff should make a point of attending. While I didn't get to play in the golf day this year, I attended the after-game function which was enjoyed by many.

### Health reforms

The health sector reforms announcement formally made in April 2021 included a restructure of DHBs, the establishment of regional entities, Health NZ and a Maori Health Authority. These new entities will come into effect on the 1<sup>st</sup> July 2022. There is still a level of uncertainty as to the future of health care as we enter a time of transition and discussions afoot regarding Iwi Maori Partnership Boards (IMPBs) and localities.

The development and formalisation of these new entities of the reformed health system will be important for Hauora Hokianga to be actively involved in. The Ahorangi / CEO will need to be

engaged in the process and will need to keep abreast of the changes and potential impact on health services in the Hokianga.

### 2021-2022 Financial results

This year the Trust achieved an operational surplus of \$1,919,913 against a budgeted \$171k loss. – This is largely due to additional funding the Trust received to support the ongoing COVID-19 pandemic response. As a result, our Cash reserves increased to almost \$4m which will assist greatly in future years where significant funding will be required for deferred capital works and operational losses.

All of the highlights in this annual report could not have been achieved without the individual dedication and collective efforts of our Trustees, kaimahi and volunteers. It is an honour to be part of the Trust and Hauora Hokianga. As the Chair of the Trust, and the Ahorangi/CEO, together we would like to thank you for all that you do for our place, our community, our people, and our services

Nga mihi mahana ki a koutou katoa,



**Margareth Broodkoorn,**  
Ahorangi | Chief Executive



**Kathrine Clarke,**  
Trust Chair



## Our place – Hokianga history and environment

The Hokianga river is a long estuarine drowned valley on the west coast of the North Island of New Zealand. Hokianga is in the Far North District, in the Northland region of Aotearoa. It is situated 85 kilometres north-west of Whangarei and 25 kilometres west of Kaikohe. It covers an area of 1,520 km<sup>2</sup>. The estuary extends inland for 40 kilometres from the Tasman Sea. It is navigable for small craft for much of its length but has its notorious sand bar at the mouth of the river.

Hokianga is a place of natural beauty, and has a calm and peaceful spirit. The magnificent kauri forests of Waipoua, Waima, Omahuta, Puketi, Mangamuka and Warawara completely surround the river. Niwa (north head) and Arai Te Uru (south head) in Maori tradition are taniwha; the guardians of the river mouth.

Hokianga is considered to be the oldest settlement in Aotearoa, and a heartland for all Maori people. The original name, Te Puna o Te Ao Marama ("The Spring of the World of Light"), is still used today, as is the later, Te Kohanga o Te Tai Tokerau ("The Cradle of the Northern People"). The great Pacific navigator and explorer Kupe settled here around 1000 years ago after his journey of discovery from Hawaiki. The area became known as Te Hokianga nui a Kupe. Thus, the origin of the name Hokianga was cemented in history from that time to the present day. Later generations returned on Kupe's path and settled in Hokianga and Aotearoa.

In the 14<sup>th</sup> century, the great chief Puhi landed just south of the Bay of Islands. The tribe of Puhi, Nga Puhi, extended westwards to reach the west coast and colonised Hokianga. Rahiri, the 17<sup>th</sup> century founder of the Ngapuhi iwi, was born at Whiria Pa near Pakanae, where a monument stands to his memory.

Within six days of the 1840 Waitangi signing, Governor Hobson, keen to secure Ngapuhi support, trekked across to the Mangungu Mission Station near Horeke where 3,000 were waiting. This was the second signing of Te Tiriti o Waitangi. With these signatories, Hobson went on to claim support from the biggest tribe in the country.

With the fate of the nation being signed into history, the axemen of Hokianga scarcely missed a beat. At any one time, as many as 20 ships could be loading Hokianga timber. Whole hillsides, suddenly bared of vegetation, began to slip into the harbour, choking its tributaries with mud.

Although relationships between Maori and Pakeha were frequently tense (never more so than in the Dog Tax War of 1898), a spirit of cooperation and partnership has prevailed through to current times.

Through the late nineteenth and early twentieth centuries the main commercial activity of Hokianga centred on forestry. At great cost to the forest, land, and river, the kauri industry significantly contributed to New Zealand's early economic boom and supplied timber for building construction in Sydney, San Francisco, Auckland and Wellington. After the forests were finally depleted in the 1920s, a dairy industry emerged with small-scale farming scattered throughout the whole of the Hokianga area. The small dairy farming unit well suited the lifestyle and the predominant tribal land tenure of the area. The harbour provided a means of transport for the cream cans from the farms to the dairy factory at Motukaraka.

Amalgamation of the dairy industry contributed to the closure of the Waimamaku Cheese Factory and the Motukaraka Dairy Cooperative in the 1950s and early 1960s. As a consequence, the small dairy farm unit became unviable, which caused an economic decline in Hokianga from which it did not recover. From 1960 onwards, many Hokianga Maori moved south to urban centres to take up new work opportunities in manufacturing and other industries, dislocating many Maori whanau from their turangawaewae and traditional way of life.

While Hokianga's population continued to decline through to the 1970s, it then began to slowly recover as Maori began to return home when job opportunities declined in Auckland. Alternative life-stylers, known as 'hippies' and mostly Pakeha, began to settle in Hokianga, attracted to the relatively cheap land and the simpler, land-based way of life.

New economic setbacks occurred in the late 1980s resulting from the Government's adoption of global, neoliberal economic policies. The relatively small scale of many rural services were considered to be 'uneconomic' and a devastating loss of local services followed. The most significant changes in Hokianga were the closure of post offices and banking services, followed by the amalgamation of the Hokianga County Council into the Far North District Council. In the early 1990s, it was widely expected that the Hokianga Special Medical Service would be the next service to go. This caused the community to rally and form Hokianga Health Enterprise Trust which eventually succeeded in defending against this threat and instead established a sound economic basis for the continuation and growth of the service.

The closure of the Northtec operated tertiary education facility at Rawene for young people and adults in 2016 was a significant setback for the slowly recovering local economy.

Hokianga's mostly clay loam soil has attributes that make road construction and maintenance difficult and expensive. This, in combination with the river and its multiple tributaries, and political indifference, has severely constrained investment in the development of the Hokianga road network which today is well behind the standards seen elsewhere in Northland and New Zealand. While the river was well suited as a medium for water transport in earlier years, the rise of the road as the most popular mode of transport now made it a physical barrier. The community heavily relies on the Far North District Council owned Hokianga ferry service to maintain its cross-river link. The ferry service is now operated by Fullers Great Sights under contract to the Council. The ferry fare, being effectively a road toll, is a significant barrier to access to services. In conjunction with the voluntary St. John Ambulance Service, the ferry provides a vital 'out of hours' emergency transport connection for isolated North Hokianga residents.

The rivers and tributaries of Hokianga suffer pollution from land erosion and mineral runoff resulting from forestry, agricultural and residential land use. This has severely compromised the health of the harbour and limits the traditional gathering of kaimoana (fish and shellfish).

Today, Hokianga's workforce is predominantly occupied in the service, construction, tourism, forestry and pastoral farming industries. It is generally accepted that Hokianga has its best opportunities for economic development in tourism, agriculture, service provision and horticulture.

**Below: the CEO with members of the Taumata Rongoa team**

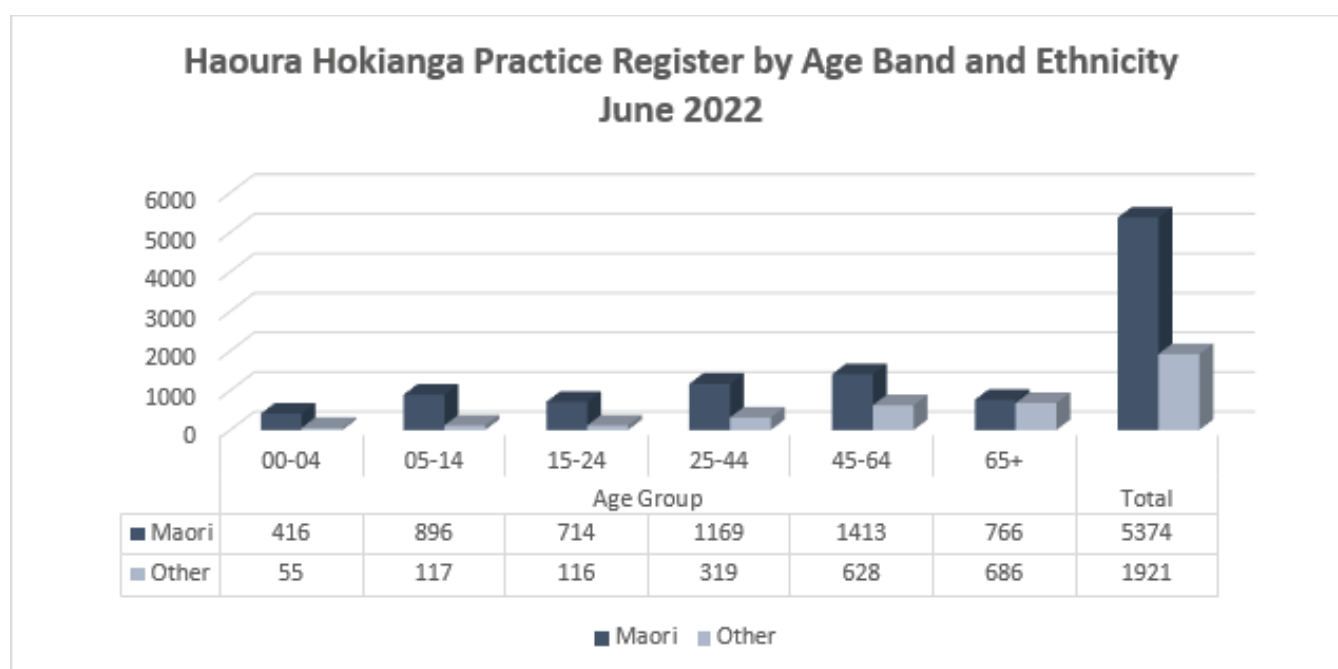


## Our Hokianga community

The Hauora Hokianga practice register at June 2022 was 7,295 (7,346 at June 2021, 7,287 at June 2020, and 6,935 at June 2019) This records only a very small growth over the last three years.

People who identify as tangata whenua Maori represent 74% of the total population (an increase from 67% at April 2005). The population has a significantly higher ratio of Maori in the younger age bands. For the age group younger than 25, 88% of the population is Maori, compared to 62% for over 45 year olds. The graph below represents the population and variations in ethnicity across the age bands.

On average the population is continuing to age: 34% were over the age of 45 in 2005, compared with 48% today.

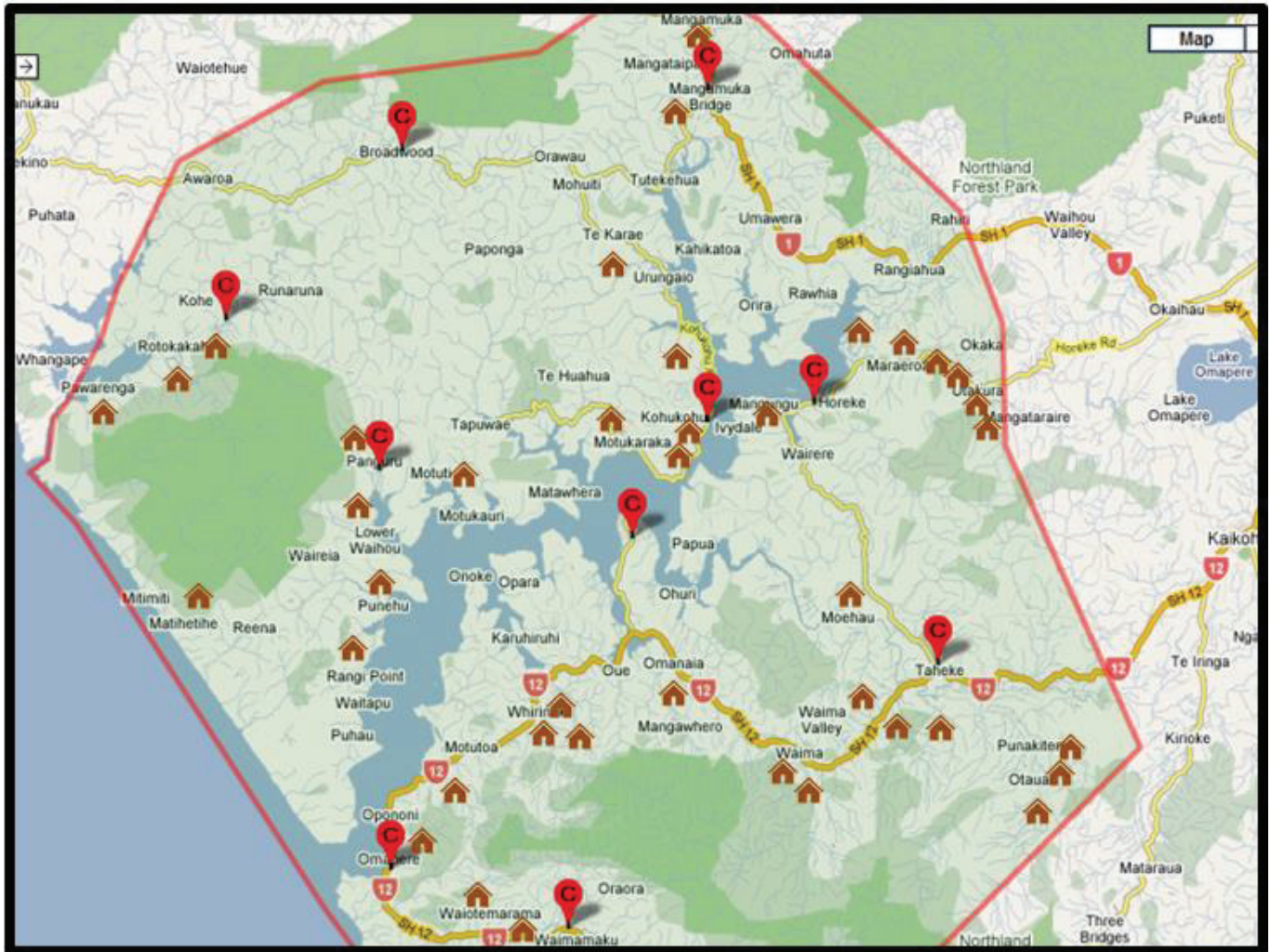


The population data broken down by gender shows a relatively equal split between female and male. Measuring deprivation of the Hokianga population indicates that 96% of the population (Maori 74%, Pacific 2%, quintile 5 non-Maori/Pacific 22%) are high needs, with only 2% of the population regarded as non-high needs.

The large majority of census mesh-block areas within the Hokianga are within NZ Deprivation Index 10, which represent the community as one of the most socio-economically deprived communities in New Zealand.

The community is widely dispersed throughout the Hokianga area with the population living in small settlements, some not much more than a cluster of houses. Opononi, Omapere, and Rawene are the largest townships, each being of around 350 people. Settlement clusters are typically built around whanau and hapu, often with an associated marae and church. The 40 Hokianga marae are important social and cultural centres of whanau and hapu activity, regularly hosting events such as wananga, weddings, birthdays, and tangi for whanau living elsewhere in New Zealand and overseas (map of marae and community clinics on page 10).

## Marae and community clinics across Hokianga



Below: our team out and about on the Maui Whakataki mobile vaccination vans



# Hokianga Health Enterprise Trust

Hokianga Health Enterprise Trust is a registered charitable trust formed in May 1992 after a widely attended public meeting held at the Rawene Town Hall that had been called by the Hokianga Health Action Group, responding to Government reforms that would see the loss of the Special Medical Areas<sup>1</sup> and the highly valued Hokianga Health model of care. The community action campaign that followed successfully persuaded Government to devolve the provision of the Hokianga health services to the Trust on 1st July 1993.

Hokianga Health Enterprise Trust provides a comprehensive range of integrated health services (via its health services organisation Hauora Hokianga) to a population that resides within an area specifically defined by the geographic boundaries of the former Hokianga County Council (refer to map – page 10). These boundaries are traditionally described in Maori society via proverbs (whakatauki) that link the mountains (nga maunga) around the Hokianga River;

*Puhanga tohora titiro ki Whakatere  
Whakatere titiro ki Te Ramaroa  
Te Ramaroa titiro ki Whiria, te paiaka o te riri, ko te kawa o Rahiri  
Whiria titiro ki Panguru, ki Papata  
Panguru, Papata titiro ki Maungataniwha  
Maungataniwha titiro ki Whakarongorua  
Whakarongorua titiro ki Puhanga tohora*

## Vision

To be a centre of excellence for rural health care that is responsive to the needs and aspirations of the people of Hokianga.

## Mission

Ma to tatou mahi tahi i runga i te maia, te tika me te pono,  
ka whiwhi tatou ki te taumatatanga o te ora mo te iwi o Hokianga.

By working as one with courage, respect and integrity, we pursue excellence in the realm of health for all the people of Hokianga.

## Philosophy

Hokianga Health Enterprise Trust:


- Acknowledges Te Tiriti o Waitangi as a founding document of Aotearoa, and seeks to work within its articles
- Provides services with a kaupapa Maori focus
- Emphasises the promotion of good health
- Acknowledges the importance of integrated health services in Hokianga
- Recognises one people (*te iwi o Hokianga*) but providing for the aspirations of Maori and other cultures and needs
- Seeks to offer a service with no payment at the point of need
- Seeks equity of funding
- Seeks autonomy and control of health services within and by the community, supporting Tino Rangatiratanga

On the 28<sup>th</sup> June 2022 the Hokianga Health Enterprise Trustees approved the new Strategic Plan for the Hokianga Health Enterprise Trust 2022 – 2025. As part of the development of the Strategic Plan a new vision and guiding principles were created. For the first time a set of values were developed for the organisation.

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<sup>1</sup> The most prominent experiment with government-owned primary health care commenced in 1941 with the setting up of 34 special medical areas in rural locations, to be serviced by publicly paid salaried GPs - Kemble Welsh G. Doctor Smith, Hokianga's 'King of The North'. Auckland: Blackwood and Janet Paul, 1965.

## Hokianga Health Enterprise Trust vision, guiding principles & values

 <p>Hauora Hokianga Hokianga Health</p>	<p><b>Hokianga Health Enterprise Trust</b>  <b>Whakapapa te Oranga 2022-2025 ki tua</b>          Strategic Plan 2022-2025 and beyond</p>	
<p><b>Tirohanga Matua – Vision</b></p> <p>Whānau Oranga - <i>Kia eke rawa te taumata manaaki tangata, manaaki whānau, manaaki kainga achieved through collaboration and service excellence.</i></p>		
<p><b>Ngā Pou Matua - Guiding Principles</b></p>	<p><b>Ngā Whaingā Matua - Values</b></p>	
<p style="text-align: center;">Te Tiriti o Waitangi</p> <p>Equitable health, social and wellbeing outcomes,</p> <p>Provision of high-quality, integrated, and holistic health and wellbeing services,</p> <p>Offering a service with no cost at the point of need.</p>	<p style="text-align: center;"><b>Rangatiratanga</b></p> <p>leadership role modelled at all levels that supports self-determination over one's health and wellbeing</p>	<p style="text-align: center;"><b>Manaakitanga</b></p> <p>expressed by extending respect, humility, kindness and honesty</p>
	<p style="text-align: center;"><b>Whanaungatanga</b></p> <p>created through shared experiences and working together, demonstrated by effective relationships and collaboration</p>	<p style="text-align: center;"><b>Wairuatanga</b></p> <p>enhanced by celebrating identity and uniqueness that promotes a culture of holistic wellbeing</p>



Above: a line up of Hokianga wahine toa with another wahine toa – Prime Minister Jacinda Ardern

## Our Board

The Trust operates under a Trust deed that outlines its charitable aims and rules. The governing committee of the Trust comprises the following membership:

- Twenty members elected by the community (two members from each of the ten clinic areas). These members are elected for a two-year term at the annual community meetings held in each clinic community
- Four iwi representatives. Two each representing Te Runanga a Iwi o Ngapuhi and Te Runanga o Te Rarawa and nominated by each iwi
- Two staff representatives elected by the staff
- Up to four additional members co-opted by the Trust to address ethnic, geographic or skill imbalance of the Trust Board

Currently, 17 of the Trust's current 24 members are of Maori descent. This represents a 71% Maori governorship. The Trust meets monthly.

The Chairman of the Trust is Kathrine Clarke, from Omapere.

The Deputy Chairman of the Trust is Dr Tony Birch, also from Omapere.

The Trust employs a Chief Executive Officer who leads and manages the operational activity of the health services arm – Hauora Hokianga.

### The Hokianga Health Enterprise Trustees as at 30 June 2022:

Clinic Area	Trustees
<b>Broadwood</b>	Peter McCraith Patricia Irvine
<b>Horeke</b>	Victoria Brown Charlie Nathan
<b>Kohukohu</b>	Richard Nahi Celia Henry
<b>Mangamuka</b>	Ngawai Tuson Betty Harris
<b>Omapere</b>	Gilda Hessell Kathrine Clarke, Chair
<b>Te Runanga a Iwi o Ngapuhi</b>	Helene Leaf QSM (Nga Ngaru Takiwa) Linda Pikari ((Hokianga ki te Raki Takiwa)
<b>Appointed</b>	Tony Birch Deputy Chair

Clinic Area	Trustees
<b>Panguru</b>	Tania Paikea David Mules
<b>Pawarenga</b>	Frank Herbert QSM (also Te Runanga o Te Rarawa Rep) Elizabeth Warr
<b>Rawene</b>	Jessie McVeagh Elisabeth Bowker
<b>Taheke</b>	Angeline Goodhew Ada Brown
<b>Waimamaku</b>	Hiku Cherrington QSM Ngairé Tihema
<b>Staff Representatives</b>	Norah Clausen

# Hauora Hokianga

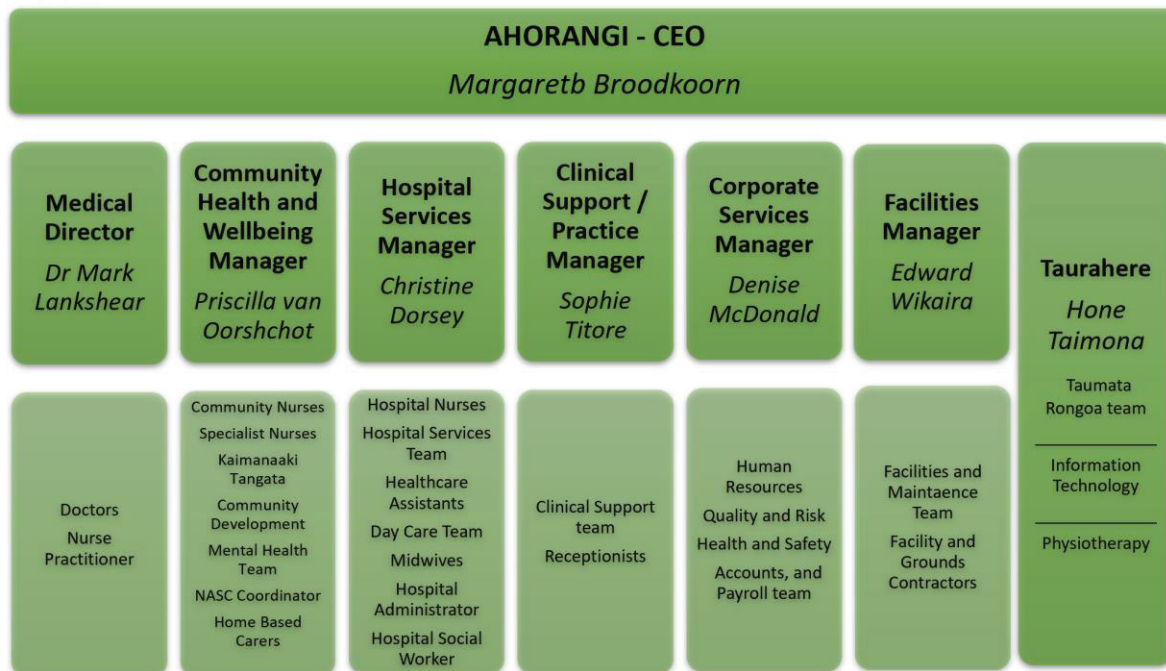
Hauora Hokianga delivers the health services provided by Hokianga Health Enterprise Trust. An evidence-based model of medicine and primary health care is provided by Hauora Hokianga within a holistic framework, informed by a Maori worldview, relating to the interconnectedness of organic life. A model that articulates this philosophy is Mason Durie's, *Te Whare Tapa Wha*. Thus:

Hauora Hokianga believes that health is a four-sided concept: the spiritual (*taha wairua*), the psychological (*taha hinengaro*), the physical (*taha tinana*), and the social (*taha whanau*). These components blend to form an integrated and comprehensive system which adapts purposefully to changing environments in order to maintain and enhance stability and well-being. These four dimensions are represented by the four walls of a house. Each wall necessary for the strength and symmetry of the whole building.

- Hauora Hokianga believes that Hokianga is a unique area of New Zealand, a mostly Maori community with a mix of cultures and lifestyles, and that the people of the Hokianga have the right to be responsible for their own health and lifestyle
- Hauora Hokianga believes that health care provision should be readily accessible, affordable and sensitive to the needs of the people of the Hokianga
- Hauora Hokianga believes that the people of the Hokianga have the right to a high-quality health service to assist them to achieve and maintain good health and to promote healthy living
- Hauora Hokianga believes that its role is to encourage the people of the Hokianga to be aware of their own health care needs and to be at the centre of the planning and provision of their health care service
- Hauora Hokianga believes that Hokianga Hospital is an integral component of health care provision for the people of the Hokianga – the presence of the hospital contributes intrinsically to the well-being of the people



## ORGANISATIONAL CHART 2022





## Our people, our workforce

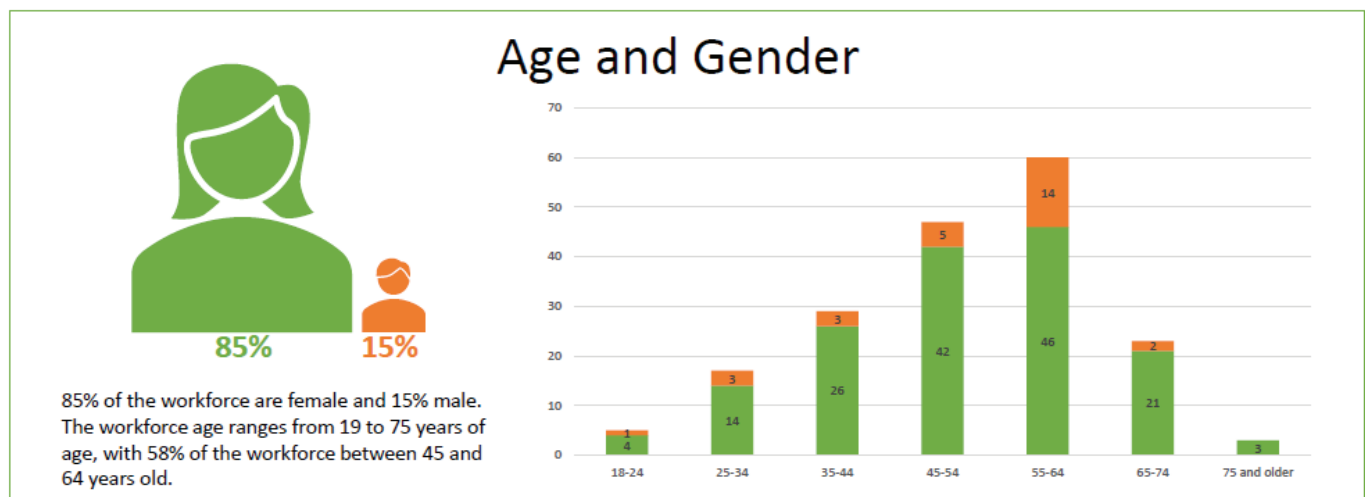
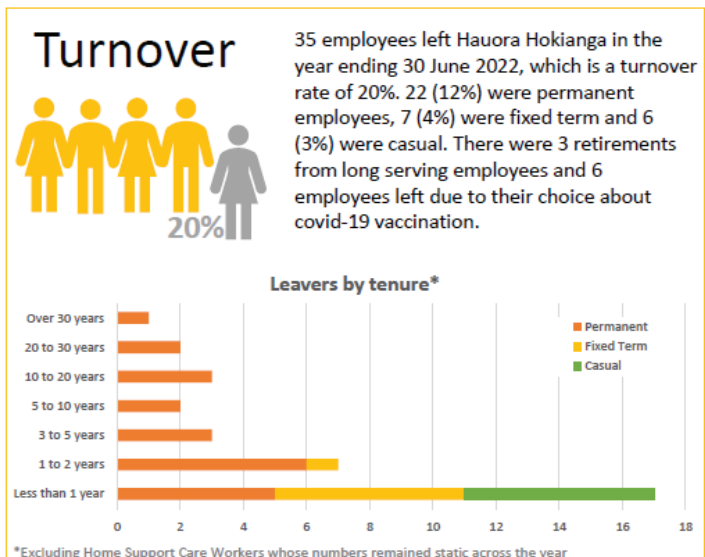
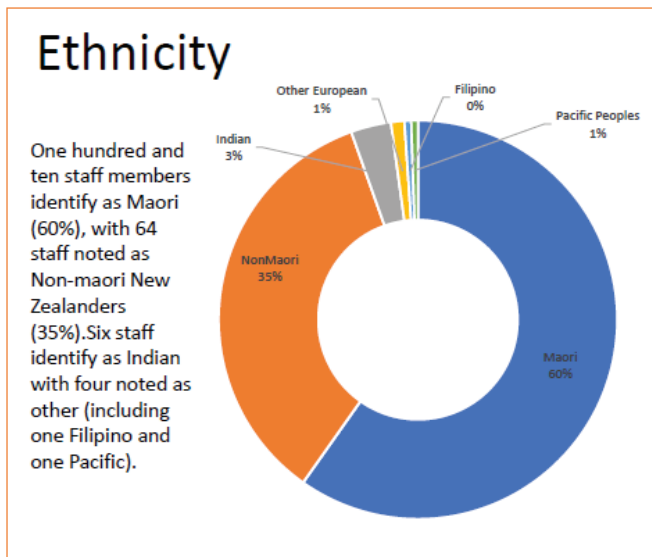
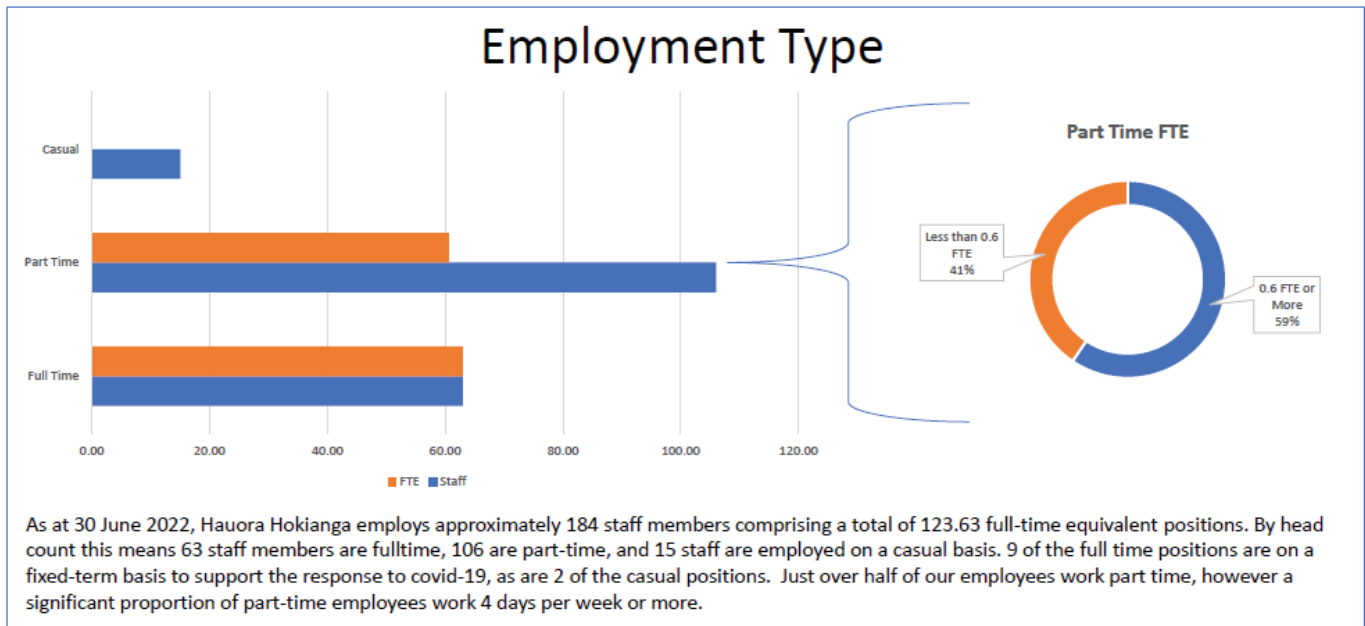
Hauora Hokianga's primary aim and function is to fulfil the aspirations of the Trust's vision statement: *"to be a centre of excellence for rural health care that is responsive to the needs and aspirations of the people of Hokianga"*.

Hauora Hokianga is a fully integrated, comprehensive health and disability support service. The service is made accessible to the community by being free at the point of need, offered at Hokianga Hospital, outlying clinics and supported by clinical and ancillary staff who also work in the community and visit homes.

Over the 2021 – 2022 period over 30 staff left the organisation – 7 were fixed term, 3 were long serving employees who retired, and 6 left due to their choice about Covid-19 vaccinations. There were over 60 new staff who commenced employment with Hauora Hokianga. Many of these were 'Covid-19' responders who were engaged on fixed term or casual contracts to assist with the Covid-19 response. These roles were critical to support existing staff and teams as well as the Covid-19 Manaaki Welfare response team.



# Our People



## Our services

Hauora Hokianga provides primary, community, inpatient, public health and social services under the governance of Hokianga Health Enterprise Trust. It is a comprehensive and fully integrated, Maori-focused health service, providing quality services for all residents of Hokianga in accessible locations and at no cost at the point of need.

It is an extended primary health care model, providing step-up and step-down support to and from secondary services. The Hokianga model of health care had its foundations and origins in the Hokianga Special Medical Area that was formed in 1941.

The Hokianga model is recognised not only for its integrated services but also for its responsiveness, innovation and collaborative partnerships with community, and with other service providers. Effective communication and interaction between the hospital and community staff enables timely assessments and better health outcomes. The transfer from one Hauora Hokianga service to another is seamless from the patient and whanau perspective.

The following sections outline each of our individual services, noting the sum of these parts make up our integrated and comprehensive service structure. Each section reflects on the highlights and outcomes achieved over the past year.

### Taumata Rongoa

Pou Kara Ariki marae is the base of Taumata Rongoa where the hospital provides a tikanga Rongoa service on Thursdays and Fridays. The service is inclusive of local Kaimirimiri and Kairongoa practitioners who provide an array of tikanga based approaches to health and well-being.

This service is integrated in a collaborative way, with other services within the hospital. We were successful in securing a business case to continue and extend the current developments under which Taumata Rongoa is moving into and also to increase the scope of the project.

#### Nga Pou Aronga Nui o Taumata Rongoa – Main Objectives:

- To extend our days of practice, from two days to five, both within and outside of the hospital
- To strengthen our standards of practice as developed by Te Kahui Rongoa
- To become ACC registered
- To strengthen and continue to develop our present Rongoa practitioners
- Implement the Rarangahia Mai Te Takapau Taonga initiative being the hospital's cultural enrichment pathway
- Provide resources and workshops to assist those wanting to learn about Rongoa
- Strengthen and enhance our hospital emergency response including covid, by ensuring we have Rongoa supplies "Kete Rongoa" ready.
- Strengthening the presence of Rongoa within the wards of the hospital
- To continue to support student Doctors and Nurses in wananga, to provide elective experiences
- To create or engage in any future research opportunities
- Support local marae and hapu health/wellbeing Rongoa initiatives
- To advance the Ara Rongoa Hikoi Whakaora project
- Work closely to assist mental health and addictions services
- To work inclusively with other local Hokianga Rongoa practitioners
- Work collectively with Te Taitokerau Rongoa movement
- Enhance Pou Kara Ariki marae with cultural designs that express Hokianga cultural narratives
- Identify, support, and develop Rongoa practitioners within whanau, marae, hapu and community

The Taumata Rongoa service provides a traditional natural well-being and healing approach using a multi-dimensional Tikanga framework enhancing, Wairua (spiritual, belief), Hinengaro (psychological, emotional), Tinana (physical), Whanau or Whanaungatanga (Importance of connections) and Whenua (Environment) are delivered through our local Hokianga knowledge of tikanga practices and experiences. Within the last year a number of achievements have occurred:

### **Key highlights and outcomes**

- *Secured Rongoa service contract to 2023*
- *Secured further external funding opportunities*
- *Progressive and enhancing developments of the Ara Rongoa Hikoi Whakaora initiative.*
- *Produced a cultural response "Kete Rongoa" to this year's COVID-19 emergencies*
- *Employment of Kaimirimiri and Kairongoa who provide an array of mirimiri services and Rongoa products*
- *Attended Raumati Marae and various marae events*
- *Attended multiple vaccination events*
- *Hosted student doctor placements and presented at various student wananga*
- *Supporting a marae tikanga based meth recovery pathway*
- *Participated in Whakauae Rongoa research project*
- *Presented at the national Tu Mai Rongoa Symposium*
- *Developed a video capturing the development and implementation of the Taumata Rongoa programme*
- *Our Learn – Teach – Serve model success, with those who have gone from service users to service providers*

Similar to last year's achievements, Taumata Rongoa was able to secure funding to continue to provide a cultural response to this year's covid crisis. Multiple kete "Tohu Rongoa" Rongoa collections were created and shared throughout Hokianga. Given to local marae, hapu and community response Covid emergency teams. These Kete Rongoa were given to vulnerable people, whanau and households in covid isolation, including tangihanga, hui, kura, kohanga, front line staff, and the many hohipere vaccination events. Over 7000 Rongoa items were produced on site at the hohipere marae facility.

Further funding was also secured for the Ara Rongoa Hikoi Whakaora project that continues today under the leadership of Jessie McVeagh.

### **Ara Rongoa Hikoi Whakaora**

The purpose of this walkway, rongoā plantings, maara kai and food forest is to serve the people of Hokianga. The project is about supporting health through caring for the tinana (body), hinengaro (emotional wellbeing), wairua (spiritual side), whanau (family), and whenua (land). The Ara Rongoā is a place of sharing knowledge, growing plants and people, of restoring nature and health for all generations, as we recognise the reciprocal relationship between people and our environment. It is an embodiment of the recognition that while the land has the ability to keep us well, we have a responsibility to keep the land well.

Over the past year Covid-19 has impacted our community with the lockdowns, sickness, isolation, loss of income and employment, schools being closed, the divisions created around response to vaccinations and mandates, and the increasing anxiety and stress that these all bring. The Ara Rongoā is one of our long-term strategies to build resilience in our community while also providing immediate access to good kai, rongoā resources, connection, and creating safe, peaceful spaces. Just as important to the project are the aspects of sharing knowledge to empower people to sustainably grow kai and make rongoā, to restore nature and create positive interactions across our community.

#### **Highlights and outcomes. We have :**

- *planted over 2000 native plants along the walkways surrounding the Hokianga Hospital, connecting the ngahere to the spaces where patients, staff and visitors can access.*
- *planted flowers, herbs and edible plants around the 3 'whare' or reflection spaces along the walkway, bringing beauty and abundance to these areas.*
- *planted a Rongoā section of around 350 rongoā rakau to enable the Taumata Rongoā, students and local practitioners to access clean, safe resources in the near future.*
- *established a maara, or vegetable garden which provides fresh organically grown herbs and vegetables for the patients and whanau under the care of the Hauora Hokianga Welfare Group. The maara produces around 6-8 large shopping bags of vegetables each week, all for the most vulnerable*

*in our community. That's over 300 shopping bags of vegetables in total!*

- *planted a food forest-orchard to provide fruit and vegetables for patients and whanau in the future.*
- *turned lawns into flower beds, gardens, food forests and the beginnings of native forest areas. Bird and insect life have increased dramatically as the use of toxic sprays has stopped. Kukupa, Kahu, tui, quail, lizards, butterflies and bees are now commonly seen on hospital grounds, delighting observers of all ages.*
- *Removed invasive plants without toxins, turning these spaces into native plantings.*
- *established a greenhouse, shade house and water tanks to sustainably propagate and care for our own plants.*
- *created opportunities for people from different walks of life to become involved through our volunteer days. We are very grateful for the amazing support we receive!*
- *set up compost bins to reduce the waste, pollution and greenhouse created by the hospital and community. We are demonstrating to others how to turn 'waste' into living soil while protecting the air, soil and waters.*
- *created and supported local employment through contracting people to work on the Ara Rongoā and buying local plants and resources.*
- *Held wananga to share knowledge growing kai, plants and making compost. The purpose of these are so that whanau can grow more of their own kai, build confidence and knowledge in organic practices while taking care of Papatūānuku.*
- *Created a space where people feel uplifted and refreshed- we receive feedback every day about how the Ara Rongoā increases wellbeing and gives hope.*

#### **Looking ahead we will:**

- *Establish a food forest with bananas, tamarillos, taro and other food sources.*
- *Continue to provide organically grown kai and spray-free rongoā resources to hospital patients and whanau in need.*
- *Expand the maara kai, food forest- orchards, rongoā plantings to increase production, extend the walkway and where plantings.*
- *Propagate vegetable, native, and other plants on site. Share the excess and teach others how to grow.*
- *Build resilience in our community through sharing knowledge on growing kai, rongoā tipu, sustainable practices and creating positive connections.*
- *Create more accessible, natural and beautiful outside spaces for our people with limited mobility.*
- *Be a part of the increasing the sustainability and carbon neutral actions that Hauora Hokianga is committed to.*

## **Community Development and Health Promotion**

The Community Development and Health Promotion team provide a wide range of services and support to the community. Their roles include promoting health and wellness through marae and community-based activity and community health initiatives, e.g. working with marae on safe drinking water initiatives, road safety activities, health expos, alcohol and drug information and education, smoking cessation, and drivers licencing. The team undertakes community action projects to promote healthy lifestyles for young people and supports communities to undertake projects such as healthy practices within sports teams and centres. This team includes Kaimanaaki Tangata staff who initiate health promotion activities such as health expos and healthy living seminars at marae and community halls. Health promotion also incorporates smoking cessation services.

**Kaimanaaki Tangata.** KMT support a number of other community service areas in disability support, ensuring access to community health and public health programmes, whanau support and health promotion, and are a key part of the Community Development team. The KMT team provided invaluable support during the ongoing response to the COVID-19 pandemic at the varying alert levels distributing food parcels and other necessities to kaumatua and kuia, ensuring contact was maintained with isolated and vulnerable patients, as well as supporting the COVID-19 testing centre and vaccination clinics. The team focuses on population health goals through supporting action at a community or population level with a specific focus on health outcomes in its widest sense. The team works closely with marae, hapu and community groups to build community capacity.

**Community Action for Youth Addressing Use of Drugs (CAYAD).** Under the Ministry of Health CAYAD contract the Community Development team facilitates community action to promote safer policies and practices related to drugs and alcohol, with a strong focus on the aspirations of whanau, hapu and iwi to advance health and well-being.

CAYAD promotes a sense of belonging and connectedness for tai tamariki. It utilises local knowledge and community relationships to develop opportunities for tai tamariki to advance through cultural and education pathways.

The CAYAD team supported the formation and ongoing activity of the Hokianga Sports Club. A great relationship has been formed with both this club and Te Kura Kaupapa o Hokianga who support the kaupapa, providing the use of their gymnasium. After school activities are run for the community with the support of the CAYAD facilitator. Exercise programs and sports such as basketball and turbo touch have been initiated, encouraging participation by local whanau.

The Hokianga Sports Club has also been a successful recipient of funding from Tu Manawa (through Sport Northland). This putea was used to source a play trailer - *The Koneke Waa Taakaro* -containing sports equipment and resources to encourage unstructured play and this will be used alongside other events in Hokianga.

In conjunction to the sports club activities The Safe Whanau Environments Policy, a smoke, drug, violence and alcohol-free policy, is now being adopted by many sports clubs in South Hokianga. This will continue to be promoted to sport clubs and marae to provide safe environments for all whanau.

#### **Key highlights and outcomes**

- *Implementation of the Safe Whanau Environments Policy in South Hokianga*
- *The Koneke Waa Taakaro (play trailer) resource encouraging unstructured play alongside the Hokianga Sports Club and community events*

#### **Road Safety.**

The Community Development team, in partnership with Far North REAP and in conjunction with the Community Health Nurses and Kaimanaaki Tangata provide a range of road safety education projects during the year. These include encouraging the use of seat belts, supplying child restraints, learner driver license courses and safe driver education. Most jobs require a driver's license, so it is crucial to support rangatahi to achieve their license. Our programme leader is also qualified to provide an endorsement certificate.

#### **Key Highlights:**

- *15 car restraint seats supplied to Hokianga whanau*
- *14 Hokianga rangatahi and whanau obtained their learners driver license and 8 their restricted driver's license during the year*

**Manawa Ora – Healthy Homes** - Cold and damp housing has been shown to be a significant contributor to causing Strep A infections that can lead to Rheumatic Fever. Hauora Hokianga provided the 'Manawa Ora' programme where the co-ordinator assessed referred houses and organised improvements to make the house warmer and drier.

#### **Key highlights and outcomes –**

- *For the period July 2021 - June 2022 there have been 22 referrals received and the housing assessments completed for these.*
- *This has resulted in assistance with Insulation and support to install heating systems.*
- *Curtains have also been provided.*
- *Promoting separate sleeping spaces for tamariki has resulted in beds and bedding being supplied.*

**Stop Smoking services** - While Hauora Hokianga again did not receive funding for this service over the 2021-22 year, in recognition of the importance of reducing the harm from smoking, the team continued with opportunistic support smoking cessation services with whanau. With the advent of Te Whatu Ora there may be a redistribution of resources and we are optimistic that Hauora Hokianga may again receive resourcing for a cessation support programme. Following an Auahi Kore workshop discussions are ongoing with Te Hiku Hauora, the lead provider for smoking cessation services within the Maori Health Providers about funding for Hauora Hokianga.

### **Health Promotion Activities**

**Breast screening** in Hokianga is facilitated by our KMTs in conjunction with the DHB. In May our Manu Whakataki van collaborated with Pink Breast screening Caravan at Rawene and Opononi sites. Breast Cancer Foundation NZ appreciate the effort, manaaki and response they get when they visit Hokianga.

Unfortunately Covid-19 restrictions on gathering numbers in early 2022 meant we were unable to have our usual vibrant presence at **Waitangi** celebrations. Similarly we were unable to provide health promotion at the **Waimamaku Wild West Festival**.

**Mental Health and Awareness Week** – this is an annual opportunity to provide community awareness and lessen any stigma that may exist. The theme this year was “Workplace Wellbeing”. With the outbreak of the Delta variant and subsequent restrictions, in the best interests of safety for both our community and staff, we decided to cancel our plans for our community day. Instead we created 50 hauora packs for the community reflecting Te Whare Tapa Wha and the way we can connect with each of the walls of the house of wellbeing. These packs comprised veggie seedlings and gardening gloves, rongoa packs, mindfulness activities and positive affirmations, korero conversation starters, first aid kits and mental health awareness stickers. Taha Tinana – Getting your hands into the whenua can be very soothing. Encouraging whanau to be in the garden, and get sunshine, fresh air and exercise.

Taha Hinengaro – Using Mindfulness activities focusing on the present, to achieve a calm meditative state for relief from stress and anxiety. Encouraging our whanau to slow down, and have some ‘quiet time’.

Taha Wairua – Reconnect to Te Ao Māori with rongoa.

Taha Whānau – Noho haumarū – keeping safe with our hygiene packs and First Aid Kits. Encouraging kōrero with others to nurture relationships that help us feel connected and secure.

The packs were distributed to tangata whaiora, and wider whanau through Te Whare Awhina and community clinics. Each engagement opened up for kōrero around mental health and an opportunity for check-ins. Some people mentioned that no one had asked them how they were for quite some time, and this enabled a sense of reciprocal kindness and gratitude.

**COVID-19** - key health messages regarding vaccinations. In 2022 we collaborated with other organisations and community groups from our Manuwhakataki van 2022, including a concentration of events;

- In April:
- *Karawhiua Hokianga / Vaccination and Health promotion at Tuhirangi Marae with Te Hau Ora o Ngapuhi and NDHB*
- *Matai Aranui Whirinaki Whanau day with vaccinations, alongside entertainment by Mahi Pai*
- *Ira te Pa Ira Ha / Vaccinations and other health promotion hosted Te Kura Taumata o Panguru, entertainment by Mahi Pai, and*
- *Manuwhakataki Kids Superhero Vaccination days at Tauteihiihi Marae, Kohukohu, and Whakarongotai Marae, Omapere*
- *In May the annual Rawene Golf Club again hosted the Hospital Golf Fun Day was held, promoting exercise, fun and health as well as raising funds for the hospital. .*
- *In June Vaccinations with Manuwhakataki in collaboration with the Lead Health Promoter for the Bowel Screening programme Te Taitokerau, at Opononi, Waimamaku and Kohukohu*
- *In June the Hokianga Covid 19 Response Hui was held, recognising the collective efforts of the communities alongside Hauora Hokianga.*

**Whitiki o Nga Punawai o Hokianga** Whitiki was a community development initiative funded by MBIE via the Provincial Growth Fund and TPK to upgrade and/or install six safe drinking water facilities across Hokianga. This project was undertaken in association with Hokianga Consultants and the Whitiki o Nga Punawai Collective. The collective includes representatives from the following communities: Motukaraka, Panguru/Motuti, Whirinaki, Waima, Pakanae and Mitimiti. The water schemes are at various levels of development, with the aim being to build the capacity and capability of these communities to initiate or continue to self-determine their safe drinking water needs.

In 2021 Te Puni Kokiri provided co-funding to assist with the rollout of the PGF (MBIE) fund for Whitiki Ngā Punawai o Hokianga. The funding kaupapa was "building sustainable and resilient communities". These funds allowed the "collective" to be sustained and be present and engage in the changing water reforms, as well as continue to support the sustainability of the kaupapa.

With these funds HC were able to awahi the collective with community engagement, governance hui and strategic planning which allowed all members to look forward to the future. Being able to identify the strengths and weakness of each individual collective membership and recognising the strength the collective, secured a connection between the small but diverse roopu. The availability of being able to communicate, seek advice and solutions from collective members is invaluable.

Covid-19 proved challenging with planned funds needing to be re-purposed to enable support for unexpected outcomes. Succession and training was a major focus for the collective, to ensure that our communities will continue to be provided with clean drinking water. Water is an essential resource. We must ensure the sustainability of not only our communities but also our wai for the future generations to come.

#### *Key highlights and outcomes*

- *The collective nature of the Whitiki o Nga Punawai team*
- *Development of training programme for community members to learn about managing local water schemes*
- *Graduation of the trainees and linking with other providers*

## **Primary Health Care Clinics**

Our primary health care community clinics provide General Practitioner services and nurse-led services (Nurse Practitioner and Registered Nurses) supported by Kaimanaaki Tangata (KMT - community health support workers) and clinical receptionists. These services are provided in the community, with ten clinics across the Hokianga – Rawene (at Hokianga Hospital) and nine outlying clinics – Omapere, Taheke, Horeke, Waimamaku, Kohukohu, Panguru, Pawarenga, Broadwood and Mangamuka). The locations of our clinics can be seen on our Hokianga map – page 10.

All the services are provided free at the point of need for all people who are registered with Hauora Hokianga. A koha or donation is encouraged for people who are able to pay. The Hauora Hokianga General Practice / community clinic service is accredited by the Royal NZ College of General Practice (RNZCGP) Cornerstone quality improvement and assurance accreditation programme.

**General Practitioners.** Our GPs have developed specialist interests including rural medicine, mental health, palliative care, emergency medicine, obstetrics, teaching, and minor surgery. General practice services include the diagnosis, management and treatment of health conditions, continuity of health care throughout the lifespan, health education, prevention, screening, and referral to hospital and specialists. Despite ongoing Covid-19 precautions our GP encounters were only slightly below those of the year before.



**Community Health Nurses.** Our CHNs practice as generalist primary health care nurses, while developing their post-graduate skills to enhance specialist competencies. The nurses provide a full range of public health nurse activities, well-childcare, services district nursing, and practice nursing during general practitioner clinics. School nurse and diabetes nurse specialists integrate with the community health nursing team. Our Nurse consultations increased compared to the 2020/21 year.

**Nurse Practitioner.** The Nurse Practitioner complements the integrated medical/nursing team and provides focus on management and support for patients with chronic conditions and cardiac rehabilitation. In 2021/22 another Nurse Practitioner starter with Hauora Hokianga however had to leave due to whanau commitments. We continue to recruit at least another two Nurse Practitioners.

**Kaimanaaki Tangata (community health support workers).** Kaimanaaki Tangata (KMT) work as part of a wider team, that supports the needs of our clients to maintain optimum health status. Kaimanaaki Tangata bring together expertise and community knowledge as they work to support whanau at risk in a culturally appropriate manner.

**Allied Health.** The clinic services are also supported by broader allied health services including physiotherapy, radiography, podiatry, outpatient specialist clinics, pharmacy, hospice care and counselling services.

#### **Key highlights and outcomes**

- 32,638 Doctor contacts; 30,655 Nurse contacts; 63,293 total encounters
- Average per capita consults – 4.5 Doctor consultations, 4.2 Nurse consultations

## **Community Health Nursing Services**

As an extension of the primary health care community clinics, the community health nurses with support from the kaimanaaki tangata provide a broader comprehensive service to the community ranging from well child services to palliative care.

**Tamariki Ora – Well Child (TOWC) Services** – start at birth and follow the Tamariki Ora schedule. Well Child checks are carried out on all babies and children, at milestone ages, up to five years.

**Before School Checks** – BSC are carried out on all four-year olds by the community nursing team, and this includes developmental progress, general health, and vision and hearing tests. Any concerns lead to a referral to appropriate services.

**'HEADSS' Assessment on Year 9 students** – monitors young people at a vulnerable age and focuses on any health issues which can be assessed in the first year of high school. These are carried out by the school nurse who is also involved in other school health initiatives such as weekly school clinics, sexual health education, as well as immunisations and health promotion programmes, and policy development. Unfortunately, no HEADSS assessments were conducted this period with nurses redeployed to priority COVID-19 commitments .

**Diabetes Services** - A diabetes service that provides opportunity for lifestyle education and management of diabetes. This is led by a team of Doctors, Nurse Practitioner, Clinical Nurse specialists and Community Health Nurses. A Diabetes working group is currently undertaking a diabetes quality improvement initiative, reviewing the service.

**Oral Health Services** – now solely provided by Northland DHB. Hauora Hokianga continues to provide a referral pathway to these services, undertakes oral health promotion, and provides a dental facility at Taheke Clinic for the NDHB dental team.

**Health Screening – cervical, breast screening** – see outcomes data in the health outcomes section for the cervical screening data. The CHNs promote and conduct cervical screening, and the Kaimanaaki Tangata work with the DHB to support the breast screening programme.

**Palliative Care** — working in partnership with Hospice, the mid-North and far-North teams have supported whanau in need towards their end of life.

**Asthma Management** – Hauora Hokianga works with the Northland Asthma Society by encouraging attendance at one-on-one asthma management education sessions. The school nurse gives advice to students suffering from asthma.

### **Key highlights and outcomes**

- *288 Well Child Tamariki Ora checks — 231 core visits and 57 follow up visits.*
- *30 Before School Checks were carried out on four year-olds*

## **Hauora Hokianga COVID-19 response**

In the 2021/22 year the ongoing global pandemic brought further challenges for Hauora Hokianga and the whole of New Zealand. After largely avoiding the disruption seen overseas for the first year of the pandemic, the emergence of the Delta variant in September 2021 resulted in another period of Alert Level 4 restrictions for New Zealand. Following that, a “Traffic Light” system was introduced, focusing mainly on mask usage and restrictions on size of gatherings aimed at containing community spread, whilst allowing social and economic life to continue. The first community-transmitted cases appeared in the Hokianga at the end of October, and following a visit from the Prime Minister in November 2021 resulted in a lockdown of North Hokianga from South Hokianga.

As part of the planning to respond to Covid-19 the Hauora Hokianga team developed the Manaaki Kainga response based on Te Whare Tapa Wha. The manaaki tinana team were our clinical team of nurses who made the initial assessments with the Drs available to determine medication, transfers or admissions. The manaaki whanau team provided the Covid-19 support packs and kai packs for those in isolation. The manaaki hinengaro team were available for any mental health and wellbeing concerns. The manaaki wairua team provided karakia when requested with the Taumata Rongoa team providing essential rongoa support.

Within its core services Hauora Hokianga had maintained precautionary practices over and above minimum requirements of lower alert levels, and this enabled a smoother transition into the higher alert. Essential services were provided, and maintained despite staffing shortages and absences for sickness. The Pandemic Action Team met daily to review the Hokianga situation and ensure that decisions were made to optimise arrangements, including equipment, staffing and infection control measures. Some clinic services were pulled back, and phone consultations were largely utilised. All Hokianga patients have been able to access their GP, nurse practitioner or community nurses.

Hauora Hokianga facilitated testing and concentrated on providing the necessary support for positive cases who were required to self-isolate. Vaccination of staff and most vulnerable had been completed in the 2020/21 year, but a wider rollout of vaccines in the community, alongside concentrated education and promotion campaigns, placed a lot of pressure on existing resources, particularly in the first half of the 2021/22 year.

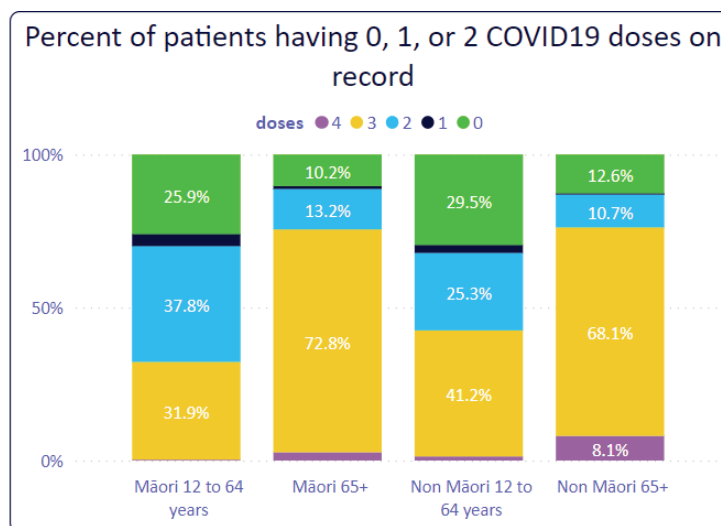
### **Covid-19 Testing Centres**

Over the period of 2020-2022, the Hauora Hokianga swabbing team carried out 2,794 COVID-19 PCR tests. Rapid Antigen Testing (RAT) tests were made widely available by February 2022, and up until 30 June 2022 our testing centres had carried out 3,752 of these tests and we supplied over 2,000 tests in packs for individual self testing. By 30 June 2022 most in the community were confident with the self-administered tests, and we continued to make the test packs freely available. The focus for our teams shifted to encouraging the take-up of booster vaccines to follow the two-jab programme.

## Vaccination Clinics

Vaccination clinics have run every week since commencement, and moved from Monday to Friday across five Hokianga clinic sites and reduced over time as demand decreased. The introduction of the specially commissioned Manu Whakataki van in March 2022 was invaluable in enabling us to reach as many people as we could to be vaccinated. Our teams worked hard to counteract a determined undercurrent of misinformation that sought to undermine the benefits of vaccination in reducing infection and lowering the severity of the Covid-19 illness. The COVID-19 vaccination programme has administered 6,092 doses from the start of the broader vaccination programme in April 2021 until 30 June 2022.

Ethnic Group	0 doses	1 dose	2+ doses	Total
<b>Māori</b>	996	149	3162	4307
12 to 64 years	917	141	2476	3534
65+	79	8	686	773
<b>Non Māori</b>	412	32	1341	1785
12 to 64 years	326	29	749	1104
65+	86	3	592	681
<b>Total</b>	1408	181	4503	6092



## Support for whanau in isolation

Whanau welfare and support continued through the alert level changes with the Community Development team via the Community Connector roles sourcing kai and delivering food and rongoa packages to vulnerable and at-risk families. The focus was on making sure no whanau were missed, and every whanau had their needs fully met to enable effective isolation. A focus of our community support response was to maintain communication within the community. The CEO hosted weekly Zoom meetings with community representatives, and we worked in collaboration with community groups to provide and deliver support packs of kai, medications and Rongoa.

## Te Whare Awhina – Emotional Well-being and Social Services

Our **Primary Mental Health Coordinator** (via the Te Pou Ora o Te Piringatahi contract) who provides care co-ordination and support for people with a wide range of common mental health issues (e.g. depression, anxiety, post-trauma) including access to a limited number of counselling packages.

Three **Mental Health Community Support Workers (CSWs)** work closely with Tangata Whaiora, supporting those with longer-term mental health challenges.

Our **Health Improvement Practitioner (HIP)** is part of the Te Tumu Waiora programme with MahiTahi Hauora and works as part of the General Practice Team to deliver brief support and intervention for all age groups. The HIP works with people to develop skills and strategies to support their own health and well-being needs.

The **Health Coach (HC)** is a non-clinical staff member who works alongside people and whanau to enhance lifestyle and well-being through links to community services, groups and classes. The HC provides links to local community resources that support well-being including community and peer support, marae, whanau ora services and churches.

The **Whanau Ora service** is supported by the Te Tai Tokerau whanau ora collective (coordinated by Ngati Hine Health Trust) which has enabled Hauora Hokianga to provide the Kaiarahi navigator service. The Kaiarahi assist whanau at risk, utilising the whanau ora planning model, to achieve their own aspirations for health and well-being. The role of a Kaiarahi supports Kaupapa Maori initiatives and ideals that support whanau moving forward with a PATH plan to overcome barriers.

The **NDHB Mid North Mental Health and Addictions team** provide the secondary mental health nursing services for Hokianga patients. This team also provides access to child and adolescent, alcohol and drug counselling, psychiatric, acute inpatient admissions and crisis response.

2021/22 was a busy year due to additional stress anxiety as a result of the pandemic. More people have presented seeking counselling and support as a result; multi-faceted & complex presentations have been a feature. We have a number of staff kept busy focusing on mental health. Our Hospital Social Worker provided providing a much-needed social work presence in the wards and in the wider Hokianga community. Noticeably more young people are presenting for support for a wide range of issues. A new Youth Community Mental Health worker engaged with at least 25 distressed young people since January.

A positive feature this year is the collaboration between all mental health teams, including our Taumata Rongoa and Te Kapehu Roopu, to provide wrap around support for whanau adversely affected by Methamphetamine. High levels of homelessness in Hokianga have also been impacting adversely on whanau wellbeing, especially during the winter months and we really need Hokianga specific responses. Addressing the drivers of Family Harm has been another focus over the last year for our registered social workers. The team is heartened to be able to offer a comprehensive Kaupapa Maori approach to the full range of health issues that impact on Hokianga whanau /families.

#### **Key highlights and outcomes**

- *41 contacts by mental health CSWs with people who have enduring mental illness*
- *401 referrals to Primary Mental Health Care Coordinator*
- *104 referrals to the Health Improvement Practitioner*
- *0 people with enduring mental health were admitted to Whangarei*
- *35 bed days required for mental health in Hokianga Hospital (for 8 individuals)*
- *Child welfare group meets at Hauora Hokianga*
- *Collaborative mahi with police/crisis team to support youth at risk within Hokianga*

## **Home-based Support Care and Disability Support Services**

Hauora Hokianga provides disability support care for elderly, eligible under 65-year olds, and ACC injury patients through home-based care services and in the hospital setting. The home and community services for over 65s are assessed and coordinated by a needs assessment coordinator (NASC) with the support of the community health nursing team. Community equipment may be available for use in homes where someone needs special care at home.

The objectives of the home support service are: to provide support for people with disabilities to live independently in their own homes, to maintain control over their own lives, and to address their own health needs. The disability support services provide quality care for Hokianga people with disabilities by providing home support and personal cares in the community for people over 65 who meet assessment criteria, some under 65s (as assessed by Northable), and rehabilitative ACC clients. The service works alongside the Hauora Hokianga NASC service, community health nursing team and Kaimanaaki Tangata KMT). Where a client is assessed at level 1, home support services are not provided, however the client is regularly monitored by our KMT staff.

## Home-based Support and Personal Care Plans

Most services provided by the home support service are to clients with an age-related disability often complicated by medical conditions. This service may include support for managing the home environment or personal care. Support is also provided to clients under the age of 65 with a disability, ACC clients as they rehabilitate, and palliative care patients. The home support service currently looks after around **100** clients with a team of **35** part time home support workers.

### Key highlights and outcomes

- 120 assessments
- 2.5 average assessment time (in hours)
- 59 receiving care plans

## Home Support Services

Home Based Support >65		Ministry of Health <65	
Home Help clients	98	Home Help clients	6
Home Help hours	5,774	Home Care hours	912
Personal Care clients	100	Personal Care clients	9
Personal Care hours	9,596	Personal Care hours	1,796
ACC:		Palliative Care:	
Home Help clients	2	Home Help clients	0
Home Care hours	594	Home Care hours	0
Personal Care clients	1	Personal Care clients	0
Personal Care hours	62	Personal Care hours	0
Total Home Care Services:			
	Home Help clients		106
	Home Care hours		7,280
	Personal Care clients		110
	Personal Care Hours		11,454
	<b>Total clients</b>		<b>216</b>
	<b>Total hours</b>		<b>18,734</b>

### Key highlights and outcomes

- 132 clients receiving personal care plans
- Provision of personal care hours – 9,596 for >65yrs, 1,796 for <65yrs, and 62 for ACC
- Care planning with the InterRai Needs Assessment and Care Coordination service
- Successful compliance audit by DAA group
- 30 Home Support Workers have attained Career force level 3 certificates: Caring for the Elderly
- CareCall (integrated client management system developed to simplify scheduling, workforce and financial management for the service) successfully implemented in the second half of the year.

## Te Ao Marama – Maternity Services

Hauora Hokianga provides an integrated maternity service including Lead Maternity Carer (LMC), Te Ao Marama birthing facility, homebirth, primary health care, and childhood health, including support for Hine Kopu wananga, breastfeeding, parenting support, well child tamariki ora, and immunisations. A team of two midwives and support staff provide our maternity service. 24hr midwifery cover to support hapu mama (pregnant mother) and whanau (family) throughout their Haputanga (pregnancy) to 5-6wks following the birth of pepi.

Hauora Hokianga's Lead Maternity Carer services are available at no charge for all NZ residents. A hapu mama doesn't have to be registered with Hauora Hokianga to receive care from our maternity service, and does need to live in the area in which we provide service. We are a primary service; this means that if there are any complications or problems, referral to the obstetric team in Whangarei is required. We don't provide midwifery services in Te Kotuku Whangarei. The service provides maternity care for approximately 120 women each year.

### **Hospital Certified and Baby Friendly Hospital Accredited**

Te Ao Marama is independently quality-accredited under the Health and Disability Sector Standards and the Baby Friendly Hospital Initiative. The hospital-level service is provided from the modern three-bed maternity facility for birthing and post-natal care.

Screening for smoking, drug and alcohol, mental health and family violence is done with all women at registration and revisited throughout their care. They are offered referral to appropriate support services and offered smoking cessation support and nicotine replacement.

Women are supported to exclusively breastfeed and Te Ao Marama is BFHI accredited. Te Ao Marama midwives provide care up to 4-6 weeks following the birth. Women and their pepi are then referred on to the well child service they have chosen. This can be Hauora Hokianga tamariki ora services or another service provider. A newborn screening service is provided by a Newborn Hearing Screener from Northland DHB.

In the 2021/22 year we had more women opting for homebirth – this was to allow them more whanau support during the birth than would have been otherwise available under Covid-19 restrictions.

We again were not able to provide any Hine Kopu wananga this year. We instead directed our mamas to the online version led from the Whangarei team, although only a few mamas joined these wananga. We look forward to being able to commence face to face wananga again in the coming year as these wananga are invaluable in helping prepare our whanau for birthing and parenthood.

We continue to have two employed midwives 1fte and 0.8fte – contracted combined caseload of 7 mama per month. We also have a casual part time midwife who has offered us great support.

Unfortunately, we were unable to provide any Hine Kopu wananga due to Covid-19

### **Key highlights and outcomes**

- *148 women booked for care, 111 women birthed in the care of Te Ao Marama midwives, 32 women birthed at Te Ao Marama, 15 women birthed at home, 59 women birthed in Whangarei and 5 women birthed elsewhere*
- *there were 2 stillbirths, our condolences to their whanau*
- *there were two sets of twins*
- *caseload for the 2 midwives employed is a total of 7 women a month*
- *911 antenatal (pregnant) visits (as well as some online consultations)*
- *566 postnatal (after birth) visits recorded, somewhat more provided*
- *All but one mama was breastfeeding on discharge from Te Ao Marama*

### **Allied Health Professionals – Patient Care Services**

Physiotherapy and mobility services are provided at the hospital campus in an integrated manner within the inpatient hospital, care of the older person, and community services. Radiography services are available during normal working hours and provide diagnostic support to both the inpatient and community services.

**Physiotherapy.** The physiotherapy service provides support to long stay residential clients, acute hospital clients, outpatients with musculo-skeletal conditions which includes both ACC and non-ACC clients, and rehabilitating patients. The service seeks to support optimum health of continuing care hospital residents through a programme of exercises, stretches and mobilising, with treatment intervention when appropriate. The service is covered by a two-day per week contract.

**Radiology.** Hauora Hokianga provides a digital radiography service at Hokianga Hospital, Rawene during normal working hours. Digital radiology technology allows electronic transfer of images through a 'data pipeline' to Northland DHB where they can be read by specialists and results quickly returned.

**Podiatry.** Services are somewhat reliant on the service from Mahitahi Hauora, delivered to diabetics who fit their service criteria. Hauora Hokianga supplements this to cover those who don't meet the criteria. The client pays \$20, and Hauora Hokianga pays \$20.

#### **Key highlights and outcomes**

- *824 physiotherapy consultations were made for 415 patients.*
- *1,361 radiology examinations were made for 1,107 separate patients.*
- *198 podiatry appointments were provided for 138 patients. 88 of these patients were diabetes patients.*

## **Hokianga Hospital – Acute Medical Inpatient and Urgent Care Services**

**Acute medical inpatient care.** The acute medical and emergency hospital care service provides an intermediate public hospital service for Hokianga residents. The services include rural hospital medicine, 24/7 emergency triage and stabilisation, and ACC acute care. The Hokianga Hospital service enables high-needs, rurally isolated patients to receive high quality assessment, treatment and care services close to their home. It is well integrated with the general practice and nursing services provided in the community. The hospital facility has 11 acute care beds (2 of which are isolation beds), which are used for paediatric, medical, acute, and convalescent patients, with medical cover being provided by salaried rural hospital practitioners employed by Hauora Hokianga, registered nurses who provide 24/7 triage and assessment alongside enrolled nurses and health care assistants.

Medical practitioners have developed a scope of practice under the Royal NZ College of General Practice's Rural Hospital Medicine and are actively leading the continuing development of this career pathway in New Zealand. Hospital care is enhanced by diagnostic facilities which are especially important in a remote rural hospital setting. Point-of-care diagnostic testing is used at Hokianga Hospital, greatly enhancing the quality of outcome for patient, leading to fewer admissions to Whangarei Hospital's acute care services and minimal duplication of diagnostics on arrival following transfer.

The use of clinician-performed ultrasound and digital radiography with electronic connection to Whangarei hospital also contributes to a continually improving diagnostic capability at the hospital. This year the hospital service was enhanced with the video medicine trolley which enables clinical decision-making to be shared at a distance with physicians and specialists able to provide immediate support when needed.

The service is provided alongside age-related hospital care, respite care, palliative care and maternity facility services provided in association with the urgent care services, the primary health care and community services and the local voluntary St Johns Ambulance service.

**Palliative Care.** Hauora Hokianga provides a community palliative care service and in the hospital setting. The hospital service includes the whanau marae facility, Pou Kara Ariki. Hokianga Hospital cared for 22 palliative inpatients during the 2021/22 year with an average length of stay of 11.5 days. Equipment and linen may be provided to support home-based palliative care. The service works collaboratively with mid-Northland Hospice and Far North Palliative & Cancer Care services. The Trust supports the Special Time programme run by a group of community volunteers to support people with terminal illness and their families.

**Hospital Social Worker.** The Hospital Social Worker(HSW) is available to provide advice, advocacy and support to whanau and individuals in within a wide range of areas. Whilst the HSW took a lead role in the whanau support role for isolating whanau, particularly between November 2021 and May 2022, she had 89 referrals during the year.

**Urgent Care Services.** Urgent care including emergency services is provided within the hospital campus which allows us to provide emergency care 24 hours a day. All patients that present to urgent care services are triaged directed to the appropriate clinician and intervention. A total of 12,686 presentations were seen at the Urgent Care services across 2021/22

**Specialist Clinics.** In the 2021/22 year specialist clinic services were provided at Rawene with two medical/cardio (19 patients), seven paediatric, (38), four gynaecology (23), three echocardiogram (32) clinics provided in the year. Eleven retinopathy screening days were also held on both sides of the harbour for patients with diabetes at the Rawene, Taheke and Kohukohu clinics (209 patients). While this level of specialist clinics is lower than ideal it has maintained the level of service to our patients as in the previous year.

#### **Key highlights and outcomes**

- *Hospital Social Worker engaged with 26 whanau*
- *112 specialist clinic consultations were made for 94 patients*
- *571 inpatient admissions, (no day patient admissions apart from acute life infusions), 1,624 patient bed days (not including maternity or palliative care patients)*
- *2.8 average length of stay (days)*
- *12,686 presentations were seen at the Urgent Care services*  
*22 palliative inpatients with an average length of stay of 11.2 days.*

## **Whare Whakaaronui – Hospital Residential and Rest Home Level Care**

Hauora Hokianga provides residential care under the Age-Related Residential Care (ARRC) service contract. The Ministry of Health pays differentiated levels for each bed day depending on the assessment of need (Level 4 and 5 hospital care, or Level 3 rest home care), and according to the client's ability to pay for their care. Clients are means-tested on entry to Hokianga Hospital residential unit. All our beds are flexible between hospital level and rest home level.

Continuing care residential services provides care for 12 patients at any one time during the year. In addition, there is one bed available for respite care for people with long-term disabilities and for assessment and rehabilitation. The hospital doctor oversees the management of the residents and provides appropriate care, which ensures that all residents receive regular doctor visits and the risk of avoidable admissions from residential care to emergency departments is very low. The facility cared for 19 residents during the year. This represented a mostly consistent residency. Nine of these were hospital level, nine were rest home level and one was under 65 LTS (chronic care condition). As there are no other rest home facilities available in the Hokianga area, demand suggests that there is a growing need for elderly residential care.

#### **Key highlights and outcomes**

- *number of residents during 2021/2022 – 19 residents, 3823 resident days*
- *20 admissions and 349 resident days for respite care and assessment, treatment and rehabilitation*

## **Whare Awatea – Day Care Service**

Our Day Care service Whare Awatea provides planned activity programmes of entertainment, crafts, games, companionship and outings for older adults and those with disabilities. The Day Care service is usually provided at five locations. Five days per week in Rawene, one day per week in Omapere, and one day per fortnight in Panguru, Mangamuka and Taheke/Horeke. Rehabilitation, social, and occupational activities are provided for people with long-term disabilities living in the community, and for continuing care hospital residents.



COVID-19 has had a big impact on the viability of the Day Care service as whanau made a conscious decision not to attend the day centres, which led to the closure to all Community Day Centres. The Day Care service has not yet re-started as we acknowledge the vulnerability of our older clients and do not want to encourage activities that could lead to infection in the Omicron environment.

## **Clinical Support Roles**

Hauora Hokianga would not be able to operate without the tautoko of the clinical support roles who provide important services to ensure the continuity of services. These important teams underpin the mahi of the clinical roles to ensure the environments

and day-to-day running of the services function effectively.

*Clinical and Clerical receptionists and administrators* – support the organisation and at times provide the first point of contact with our whanau. This customer services team are fundamental to the effective running of our services, welcoming the visitor and clients.

*Hospital support workers* – the kitchen staff are responsible for kai which is pivotal to recovery and health for the sustenance and nourishment of our patients and staff. The cleaners and porters have provided extra attention to ensure the safety and cleanliness of our hospital, especially in the pandemic.

## **Te Taumata o Hauora Hokianga**

Te Taumata o Hauora Hokianga (designated kaimahi Maori of Hauora Hokianga) is available to provide advice and support to staff and patients on issues pertaining to tikanga Maori. Interpretation services for te reo can be provided if required. The hospital marae, Pou Kara Ariki, provides a space for pastoral care, care of the dying, and tikanga practice, by providing a facility for whanau to be closer to their loved ones in a private and familiar setting, away from the busy activity of the hospital ward. The marae provides the centre for cultural learning and practice, including te reo Maori, rongoa, mirmiri, karakia and other traditional healing therapies. Turoro/patients and whanau/family can have access to spiritual, emotional and cultural care of their choice while they are being cared for in hospital.

## **Population Health Outcomes – What difference did we make?**

Following on from 2020 and 2021, the 2022 year continued to be very challenging, as we grappled with cases in our community of the Covid-19 Omicron variant, and subsequent mutations which were potentially more infectious. We are very aware of the ongoing effects that can follow a reduction of regular services, including recalls and screening, and our clinicians made every effort to continue with programmes alongside priorities of Covid-19 vaccination and testing and isolation support.

The focus of the 2021/22 year continued to align with the objectives of the previous period, in relation to our clinical governance committee and the national service level measures reported by Mahitahi Hauora. Essentially this is an outcomes-based model that asks the question, “What difference is being made?” or “What difference did we make?” in the identified priority areas. This section of the annual report provides an overview of all our services with respective achievements, followed by an analysis of key health outcome priorities.

### **Managing long-term conditions**

The most prevalent long-term ailments or conditions in Hokianga are diabetes, cardiovascular disease and cancer. In Northland each year around 35% of deaths are recorded as caused by cardiovascular disease (heart disease and stroke). A significant number of Hokianga adults have high blood pressure and/or high cholesterol, symptoms of this disease. Life-style factors, such as smoking, poor diet, and lack of exercise, can increase the risk of cardiovascular disease.

While diabetes is not a major killer in itself, it is also a primary cause of heart disease. A great deal of unnecessary illness and hospitalisations can result from poor control of diabetes. Each year, around 39% of Northland deaths are cancer related. The four most common types of cancer are, in order trachea-bronchus-lung, colorectal, prostate and breast.

The Kia Ora Vision (formerly Careplus) programme creates a good opportunity for patients to develop self-management skills. Patients are seen by a practitioner every three months to monitor progress, including review of medicines and life-style advice. Most diabetes patients are enrolled in Kia Ora Vision. The nurse practitioner regularly assesses the care and progress of the highest risk patients, with 582 patients being enrolled in Kia Ora Vision.

Hauora Hokianga's Nurse Practitioner has a strong focus on long-term condition management including post cardiac event rehabilitative care. The Nurse Practitioner provides a clinic-based and home visit approach to care to ensure that patients are well supported to develop self-management skills for their long-term conditions and receive the support and guidance they require to achieve optimal outcomes.

### **1. Reduction in Morbidity associated with Type 2 Diabetes**

Almost all of the registered diabetes patients have Type 2 (adult onset) diabetes. Healthy lifestyles education aimed at prevention of onset of Type 2 diabetes is prominent in the health promotion programme. For those identified with the condition, lifestyle changes are promoted to better manage the condition.

All patients with diabetes are on a care plan involving regular checks and monitoring, education and medication where appropriate. Hauora Hokianga provides free regular podiatry care visits for high-risk diabetes patients and subsidised care for others.

There were 607 diabetes patients on register, and 63% of these patients with HbA1c level below 65 mmol/mol. This measure has continued an improving trend over the years, and our diabetes working group provides focus.

#### **Key highlights and outcomes**

- 590 diabetes patients on register.
- 315 of these received an annual check and advice in the last year
- 181 of these patients (57%) had good glycaemic control, i.e. HbA1c < 65
- The average HbA1C was 66.
- we encourage people who have been identified at risk of diabetes to undertake positive lifestyle changes to avoid onset of diabetes
- 75% of diabetes registered patients were prescribed with anti-hypertensive, lipid lowering or anti-coagulant drugs
- 88 of our diabetes clients attended a podiatry appointment – while this fell short of the goal of 95% it is acknowledged that both Covid-19 and the unavailability of a podiatrist impacted on this outcome

### **2. Reduction in Cardiovascular Disease (CVD)**

Cardiovascular diseases are diseases affecting the heart and circulatory system. Of these, coronary heart disease (CHD), (also known as ischaemic heart disease (IHD)) is the major contributor to cardiovascular deaths. The next most common cause is stroke, and this is the greatest cause of disability in older people. The two most common causes of congestive cardiac failure are hypertension and IHD. Smoking and obesity are known to increase a person's risk.

The burden of cardiovascular disease falls disproportionately on Maori, with Maori death rates and disease rates being significantly higher than non-Maori. The earlier onset of IHD among Maori is also significant, with this being the leading cause of death for Maori from age 25 onwards compared with non-Maori from 65 years onwards.

Hauora Hokianga seeks to improve health of Maori, through the implementation of a comprehensive cardiovascular disease strategy integrating primary and secondary prevention, management of acute cardiac problems, in-hospital management and the secondary and tertiary interfaces. The primary focus is on identifying those in the target group with increased risk factors and implementing effective intervention.

The strategy has six components, as detailed in the following table. Opportunist screening is currently occurring. Indicators of success would be numbers on the monitoring programme and evidence of lifestyle changes.

Component and Strategy	Method
<b>Primary Prevention</b> - Identify presence of risk factors - Manage risk factors	- CVD risk assessment program in accord with cardiovascular screen guidelines - Baseline ECGs where indicated - Lifestyle changes – smoking, diet, exercise & recreation
<b>Secondary Prevention</b> - Cardiac rehab - Regular Review (up to date management of risk factors)	- Review & management of risk factors - Medication - Cardiac rehab
<b>Management of onset of acute cardiac problem</b> - Co-ordinate transport services, telephone triage - Increase public awareness	- Education - Phone triage - Education re chest pain - Communication – ambulance, transport issues
<b>In hospital management</b> - Education / training / staff development - Facility requirements - Equipment requirements	- Management of acute cardiac problems - Transfer – monitoring – discharge – interface secondary to tertiary
<b>Interface with Secondary &amp; Tertiary</b> - Improve links with Auckland, Whangarei,	- Participation in national database ANZAC-QI
<b>Research</b> - Regular audit of what is being done, thrombolysis, etc - Contact with professional bodies	

**Although Covid-19 restrictions curtailed our efforts to confirm diagnosis of 90% of our COPD patients with spirometry. We managed to hold five spirometry clinics, attended by twenty four patients.**

### Key highlights and outcomes

- management plans and interventions provided to all people with a risk assessment > 15%.
- 75% of diabetes registered patients prescribed with anti-hypertensive, lipid lowering or anti-coagulant drugs
- 777 people in the target population received a review of risk factors
- 109 (58%) people who were identified with a CVD risk  $\geq 15\%$  had a care plan for management of the risk
- 344 patients with identified CVD risk attending regular review with 100% care plans achieved
- 26 patients received follow-up after cardiac trauma (MI / TIA / CVA) (100% achieved)

### 3. Improvement in the Health of Children

Hokianga Health midwifery service endeavours to have breastfeeding fully established on leaving hospital following delivery and achieves close to 100% success rate in this. Encouragement and support to maintain breastfeeding post-discharge is an important component of ante-natal and post-natal visits. Mothers who discontinue are asked what different support may have brought a different outcome. Hauora Hokianga is accredited by the NZ Breastfeeding Alliance as a “Baby Friendly Hospital”.

### Key highlights and outcomes

- 111 Hokianga mothers supported to fully breastfeed
- All but one of the babies leaving the birthing facility this year were breast fed
- 87% of infants exclusively breast fed at six weeks

Neonatal hearing screening – all new-borns are referred to the neonatal screening service in Rawene or Kaikohe with most attending. Five babies were not screened during the period, two declined, one DNA and two could not be located.

### Key highlights and outcomes

- 12 (27%) infants screened for neonatal hearing within three months of birth

The immunisation programme is delivered as part of the Well Child and Tamariki Ora programme by the community health nurses who work both as practice nurses during GP clinic days at each of the outlying clinics, and as mobile community nurses. Using this methodology, Hauora Hokianga has consistently achieved very high immunisation rates in recent years for those children whose parents consent to immunisations. The number

of non-consents continues to be of concern as this has a significant impact on our ability to achieve a high coverage rate. Covid-19 has further compounded the uptake of childhood immunisations, however resetting the focus and implementing the use of the Manu Whakataki van, the mobile unit will be utilised to provide a range of vaccinations including those on the childhood immunisation schedule.

#### **Key highlights and outcomes**

- *82% of 8-month old infants were fully immunised*
- *71% of 2-year olds were fully immunised*
- *51% of children completed the Well Child check*
- *27% 4-year olds received Before School check*

#### **4. Reduced Incidence of Smoking Related Condition**

This contract was not renewed in 2019, so Hauora Hokianga no longer has resources to continue the Stop Smoking program. The smoke free/quit smoking message is still central to our public health promotion messaging. There were 1768 smokers in the total registered population. 32% of 15-74 year olds in our population are smokers (Maori male 39%, Maori female 37%, non-Maori male 21%, non-Maori female 16%).

#### **Key highlights and outcomes**

- *137 smokers were given brief advice on quitting*
- *there is an indication that funding via Mahitahi and Te Hiku Hauora (lead provider for smoking cessation) will be provided in the new year.*

#### **5. Lower Incidence of Heart Disease Resulting from Rheumatic Fever**

Due to response to COVID-19 pandemic our staff were limited in availability and access to schools to maintain this service during the year. It is pleasing to note a reasonable number of swabs done and follow-up treatment of positive swabs largely enabled. The community nursing team worked with the DHB where any notifications of rheumatic fever were reported. *1 new case of childhood rheumatic fever were recorded in Hokianga in 2021/22*

#### **6. Improved Women's Health**

Hauora Hokianga works closely with Breast Screening NZ to ensure that the uptake of screening for eligible women in Hokianga is as high as possible. The mobile screening unit visits Hokianga to enable the 2-yearly schedule.

#### **Key highlights and outcomes**

- *388 women were screened for breast cancer in two-year cycle*
- *29% of eligible women were screened for breast cancer*
- *Hauora Hokianga awareness programs assist to maintain a high number of eligible women being screened for breast cancer*

Cervical screening is carried out by certified smear takers in the nursing and medical teams in the community health clinics. We sought to increase the number of women participating in the cervical screening programme however this was impacted by Covid-19.

#### **Key highlights and outcomes**

- *226 women were screened for cervical cancer this year*
- *57% of eligible women in this part of the cycle were screened for cervical cancer*

#### **Human Papillomavirus - Implementing HPV primary testing to prevent cervical cancer in NZ: Te Tai Tokerau. HRC 20/960 study**

Te Tātai Hauora o Hine Centre for Women's Health Research, University of Wellington and Mahitahi Hauora, Northland PHE have partnered to undertake a trial implementing Human Papillomavirus (HPV) self-testing in Te Tai Tokerau. The aim of the trial is to demonstrate that the approach of the universal offer of HPV self-testing will screen as many women as the offer of cervical cytology in the current screening programme. 141 women took the HPV self-testing, testing was done within the clinics or in the patient's home. Of the 141, 98 women were Maori and 43 were other. A total of 25 women who had HPV detected were treated in line with the guidelines set out by the programme

#### **Key highlights and outcomes**

- *141 women were screened for HPV*

## Corporate and Facilities Management Services

The Corporate and Facilities Management teams underpin the mahi of all staff to ensure the tools and day-to-day running of the services function effectively. The Corporate Services team support the organisation with responsibilities such as human resources, health and safety, quality assurance and improvement, risk management, finances and payroll and information technology.

### **HUMAN RESOURCES**

The globally recognised shortage of healthcare workers and ongoing covid-19 pandemic have significantly shaped human resources activity this year. We continue to face challenges, however remain committed to developing and supporting a stable workforce for the future.

#### **Recruitment**

Recruiting qualified rural General Practitioners, Hospital Doctors and Registered Nurses continues to be a challenge for Hauora Hokianga.

Regular advertising has been maintained across national job listing websites, industry forums and multi-media platforms such as our own website and facebook page. Advertising activities will be expanded to include radio and international advertisements focussed on attracting employees to the Hokianga.

We are well positioned to respond to the re-opening of international borders having obtained accreditation with Immigration New Zealand for the Accredited Employer Work Visa programme. Providing that we meet the requirements of a Job Check, this will allow us to offer employment to migrant workers who require support to obtain a New Zealand work visa.

#### **Workforce**

Several short and medium term locum General Practitioner placements have eased the demands placed on the permanent medical team however there have been no strong leads regarding permanent appointment of doctors.

Nurse Practitioner – whānau ora positions have been introduced to our model of care in the community with the support of Nurse Practitioner Training Programme funded by the Ministry of Health. This will strengthen our ability to provide nurse practitioner level care in our community.

We are experiencing a shortage of registered nursing staff, particularly in the hospital. A number of nursing appointments have been made over the last year, with the majority being based locally. This has been offset by turnover of some of our international nurses however as well as a number of nurses taking parental leave.

Our fixed term and casual workforce expanded to support increased activities in response to covid-19. This included vaccination, testing, administration, visitor triage, and manaaki kainga support for members of the community required to self-isolate in their homes. The pool of casual employees allowed us to respond to increased demands quickly and provided backfill for absences where permanent kaimahi were required to isolate.

#### **Learning and Development**

Hauora Hokianga are committed to supporting kaimahi with career progression into roles that align with our model of care. Two of our Health Care Assistants have been supported to enter into nursing training this year, through either the Nurse Entry to Practice (NETP) programme to become a Registered Nurse, or the Enrolled Nursing (EN) diploma programme, part of the EN service establishment programme which is funded to strengthen Māori, Pacific and rural EN positions in primary care.

We will support these staff with clinical placements as much as we are able to, and the intention is to offer permanent employment into nursing positions once they complete their studies and obtain registration.

Three kaimahi were supported to achieve NZQA Level 3 qualifications in Health Care Assistance this year through Careerforce workplace-based training in the areas of specialist cleaning, health assistance and support work. A further six are working towards NZQA Level 3 qualification in health care assistance.

The Trust offers three scholarships to assist students in medical, nursing and allied health fields. In 2021/22 the following people were successful in taking up scholarships:

- Adrienne Ashby - Dr. G.M. Smith Scholarship. (Medical)
- Jodie Shepherd and Jaimee Nelley-Whittaker – A.R. Cox Scholarship (Nursing).

## **Response to COVID-19**

The Corporate Services team undertook additional /compliance and monitoring activities as a result of the covid-19 outbreak. This included supporting compliance with the COVID-19 Public Health Response (Vaccinations) Order 2021 which mandated that all health workers receive vaccination for covid-19. This was a significant undertaking to track and ensure that all employees and workers carrying out work on our premises were fully vaccinated according to the health order.

The team also supported the vaccination exemption process for employees and accessed support available to employers including the short-term absence payment while awaiting the result of a PCR test, and the leave support scheme for employees required to isolate because of covid-19.

## **Collective Bargaining**

The Collective Agreement between Hauora Hokianga and Midwifery Employee Representation & Advisory Services (MERAs) was successfully re-negotiated through to June 2023. This included a review of the service description and strengthened the ability to utilise casual midwives to support the fluctuating demands on the service.

## **Employee Welfare**

Employee wellbeing continues to be a focus as the pandemic extends into the third year. An additional EAP provider was added to allow additional options for counselling support. As part of the development of our new strategic plan to 2025 in the first months of 2022, a staff survey was initiated to gain staff perspectives around five key questions.

The results of this survey provided valuable insights into the development of the strategic plan as well as some key feedback for the Executive team to consider regarding staff wellbeing and welfare. One key outcome of this feedback was to hold a Matariki staff celebration and providing a birthday bonus for all staff in the upcoming year.

## **QUALITY**

Quality encompasses a range of regular external audit, certification and accreditation processes. It is measured by the organisations ability to adjust and meet the demands of the ever-changing health environment as it continually seeks to improve the quality of services provided.

Quality processes and systems are monitored and supported by a dedicated Quality and Compliance Coordinator, working within the Human Resources team. Hauora Hokianga's Executive team, Clinical Governance group, Significant Events group, Quality Assurance network, Health and Safety Committee, Taumata, and multi-disciplinary teams are continually responding to changes and events. They creatively seek ways of improving practice and procedures at every level throughout Hauora Hokianga.

Regular reviews of systems and protocols have continued to ensure current standards and legislative requirements are maintained. The Trust maintains the following compliance requirements,

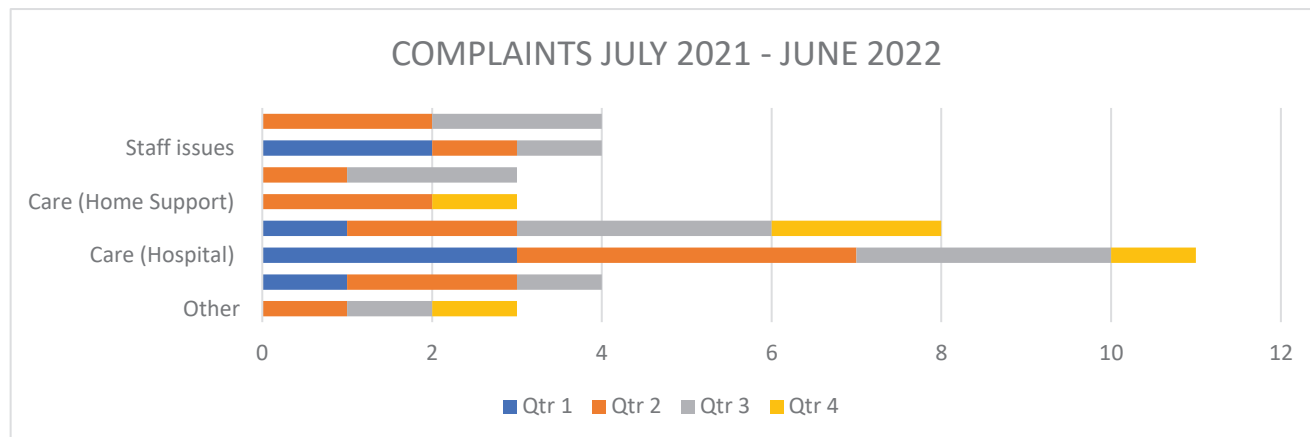
- Baby Friendly Hospital accreditation
- Cornerstone GP Practice accreditation
- Health and Disability Services accreditation
- Infection Control programme renewal
- MPI Food Control plan (for compliance with the Food Act)
- Radiography Licencing
- Ministry of Social Development, Social Service accreditation
- Home and Community Support accreditation
- Rural Hospital and GP accreditation

### **2021 – 2022 achievements**

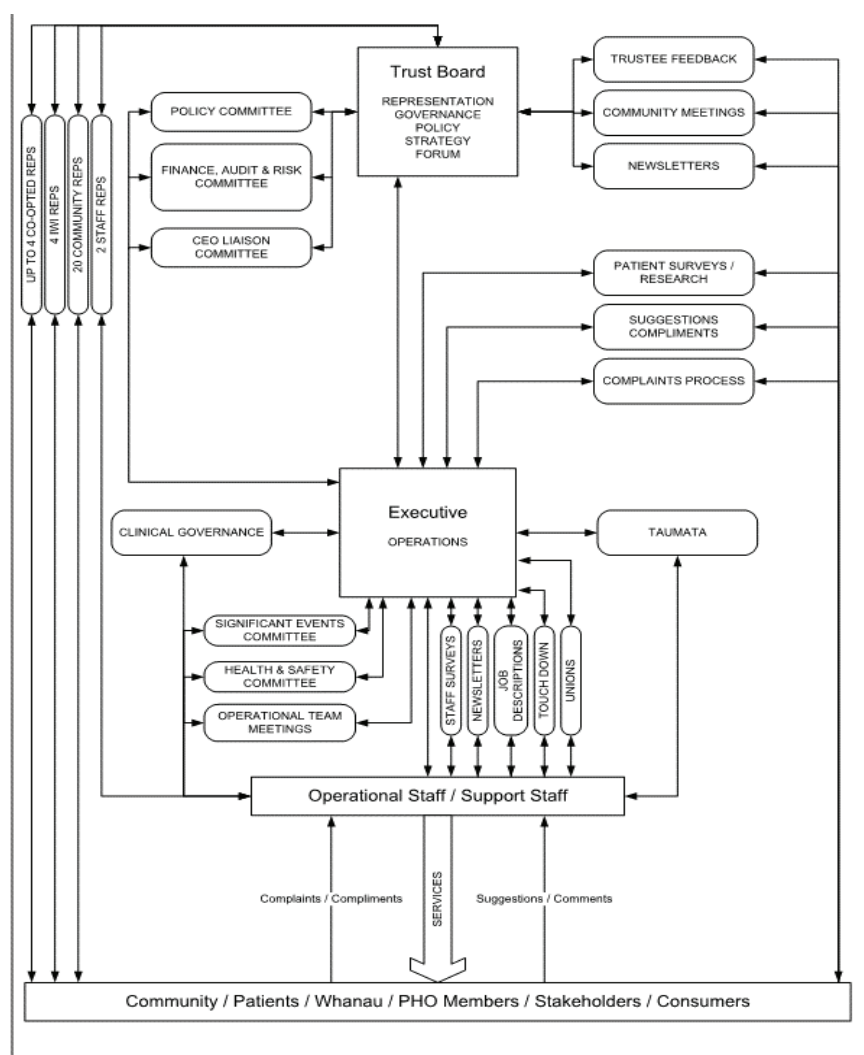
- Financial Audit – completed August 2021
- Infection Control Programme renewal – completed August 2021
- Home and Community Support accreditation – completed September 2021
- Food Control Registration – completed December 2021
- Ministry of Social Development, Social Service accreditation – completed March 2022

## Complaints

Complaints for the year July 2021 to June 2022 totalled 40. The nature of the complaints was varied. Every complaint was seen as an opportunity to look into our processes and make improvements, where required.



## Quality Communication Framework 2021 – 2022



## **Infection Control**

A Registered Nurse with the responsibility for Infection Control provides competent management of the infection control systems using regular audits undertaken on a stringent cycle. All departments, including clinics, have six-monthly audits which have shown excellent results. Using this method, issues are being immediately addressed. Annual waste management and anti-microbial audits, six-monthly blood culture audit, and three-monthly IV cannulation and nosocomial audits are also undertaken. The Staff Immunisation Register is regularly updated. The Covid-19 pandemic brought an emphasis on stringency in infection control measures, separation of Red and Green Zones and emphasis on mask wearing, hand hygiene and minimum social contact. Our negative pressure isolation area was invaluable in preventing transmission with patients infected or suspected of infection with Covid-19.

## **Training and education**

Staff training and updating of policies and manuals to reflect current practice and maintenance of standards.

## ***Risk Management***

The two most essential components to operate our services, and for the Trust to achieve its mission and strategic goals, are financial and human resources. In an environment of increasing costs and demands, the Trust will always be challenged to effectively manage its finite resources. An objective of the Trust is to secure an equitable share of Government funding - sufficient to address the additional costs of providing services for the relatively higher health needs of the Hokianga community in the context of the widely acknowledged dis-economy of scale in providing accessible service to a rurally remote and dispersed community.

Within its resources the Trust must apply prudent management and constant attention to containing costs where it can. The Trust consistently seeks fairer prices for contracts and works to maintain current contracts without service erosion. The modest annual increases in funding due to CCP and demographic changes go some way to support increasing demands, but the Trust continually strives with its funders to recognise a long-term underfunding situation, particularly for the hospital services. For long term security the Trust needs equitable funding.

The financial position for the 2021/22 year once again reflects the abnormal effect of the Covid-19 pandemic. Additional funding received for specific Covid-a19 responses significantly boosted revenue and was the major contributor to a large operational surplus. It must be noted that much of this income is recognised as income in advance to cover expenses for initiatives which are ongoing as we progress into the 2022/23 year. The cash reserve has increased to 3.3 million by year end. Vacancies in key positions also contributed to the surplus.

The Trust relies on a relatively small pool of skilled practitioners and support staff. The size of this staff pool creates risks for future continuity, which is usually managed by a range of measures including succession planning and workforce development. A positive working environment, health and safety, and good employer policy are also important for maintaining good workforce retention. This year the Trust has faced crucial staffing issues with some critical positions remaining vacant or being relieved with part time or locum staff. This was perhaps particularly evident as limited availability of medical staff impacted the Trust's ability to cover after hours/emergency services. Should the Trust not be able to maintain these services this would reduce the total revenue received for the hospital going forward, and be reflected in salaries payable to medical staff. Cost pressures are always evident from the Trust's need to recognise the salaries paid by Te Whatu Ora in professional grades to maintain competitiveness. The trust also acknowledges the potential future effect on some scales from recent Pay Equity legislation.



## **Financial Resources and Facilities**

For the 2021/22 financial year, the Trust's overall financial performance produced an operating surplus of \$1.6 million against a forecasted deficit of \$171,400. As noted previously, the large surplus must be recognised as a direct result of Covid-19 initiatives which will continue into the next financial year. The additional funding covered several fixed term positions, and resourcing for vaccination programmes and whanau support initiatives. The total income received relating to Covid-19 was \$2.035M, and related expenditure (both direct and indirect) to 30 June 2022 was \$1.852M. Income has been accrued where appropriate to cover expenses for the remainder of the contract period for initiatives ongoing after 30 June 2022.

It is important to remember that while this extra-ordinary result and the current healthy cash reserve provide security as the Trust moves forward, it is not a true reflection of the Trust's continuing funding inequity, particularly for the hospital services, into the future.

## **Health and Safety**

Hauora Hokianga is committed to providing a safe and healthy workplace. This commitment is supported by the maintenance of current safety systems, the development of new systems and processes where change is required, and by encouraging, involving and engaging with workers in health and safety matters.

The Health and Safety Committee has committed to meeting quarterly and encourages attendance by management and union representatives. Regular reviews of controlled workplace hazards will continue across a number of key areas.

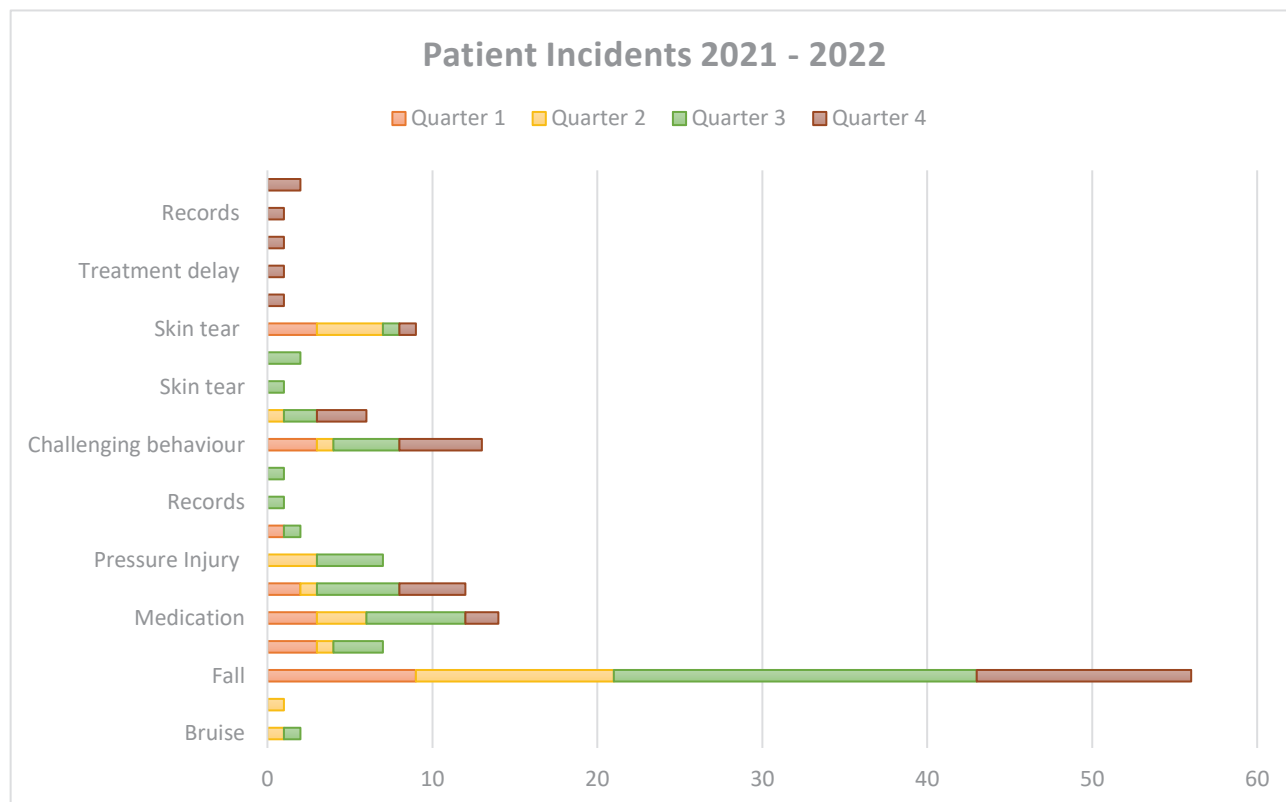
### **Health and Safety Objectives 2022/23**

In March of this year, Hauora Hokianga appointed a new Health & Safety Coordinator. This role integrates monitoring current systems, managing internal processes and implementing new health and safety objectives with the Health & Safety Committee for Hauora Hokianga.

#### **Objectives for 2022-2023 year**

- Maintain regular meetings, systems and processes for the Health and Safety Committee,
- Raise worker health and safety awareness by providing high quality training experiences that can be personalised for specific Hauora Hokianga departments or workers. These annual trainings are to include the following –
  - Site Induction, Hazard Identification & Risk Management
  - Hand Hygiene & Personal Protective Equipment
  - De-escalation Techniques
- Improve Hauora Hokianga's safety culture by running various Safety Awareness campaigns throughout the year
- Ensure all Hazard Register's remain current, equipment is compliant and personal protective equipment is fit for purpose and readily available
- Develop and implement holistic health initiatives to improve Hauora Hokianga workers mental and physical health wellbeing

### Patient Incidents

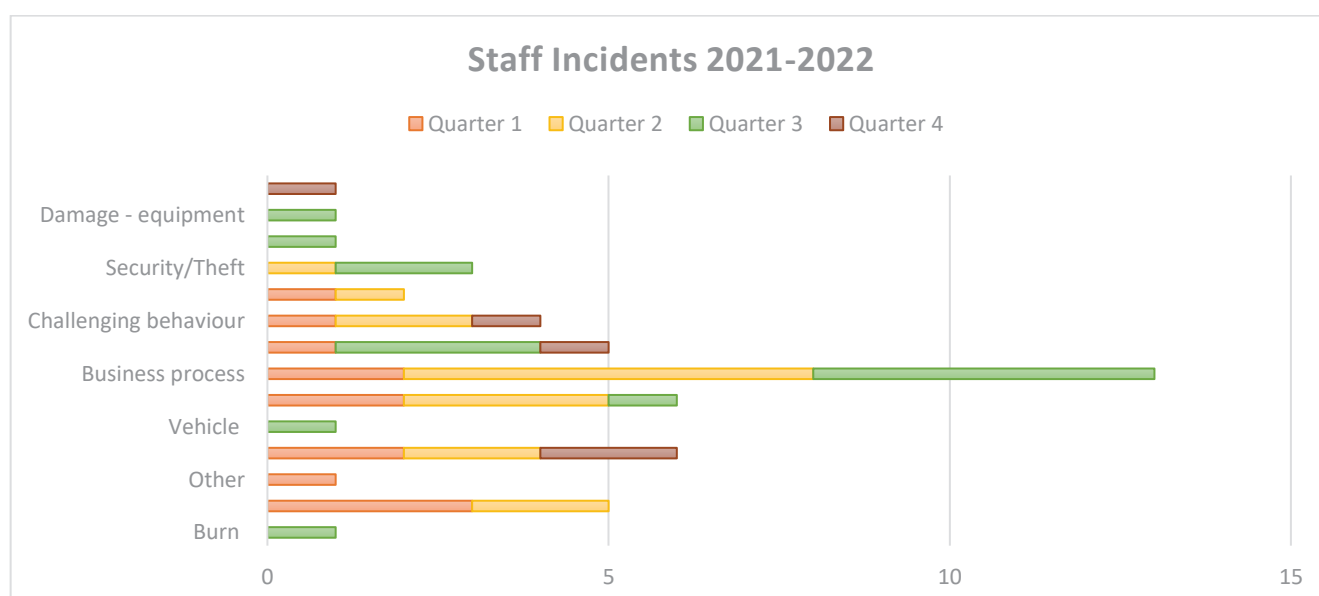


There were **140** patient incidents reported year ending 30<sup>th</sup> June 2022 indicating an increase of **11%** from the previous year.

Overall, our highest recorded incidents show a significant rise in Challenging Behaviour, and also a 50% rise in Falls. Pleasingly there was a slight decrease in Medication incidents. Of the falls recorded 75% resulted in no injury. Incidence of falls reflects frailty of patients and we strive to minimise falls. .

### Staff and Infrastructure Incidents

There were **50** recorded incidents relating to staff or infrastructure reported in the year ending 30<sup>th</sup> June 2022. This is a significant decrease (down 61%) on previous year figures. Whilst this looks favourable it could reflect less impetus in reporting. The significant rise in staff experiencing challenging behaviour from patients, whanau or members of the public demonstrates the need to reinforce the message of respect for Hauora Hokianga staff, and a need for continued monitoring.



## **Risk Registers & Hazard Management**

Hauora Hokianga have several Risk Registers to identify hazards in each physical location. These hazards are then categorised according to an internal SAC Risk Assessment Matrix and the registers are subject to an annual external review. Hazards are managed by review at the frequency indicated by assessed risk.

New identified hazards are reported using a Hazard Identification form. If a new hazard cannot be eliminated, it will be added to the location's risk register and appropriate controls implemented to mitigate the associated risk. There were only a few new hazards reported this year.

## **Patient Transport**

The team also provide travel assistance support for patients referred by their Hauora Hokianga GP for travelling to a first specialist appointment outside Hokianga. Pool drivers and petrol vouchers can be arranged for those who meet specific criteria. Financial support for first referrals is provided, as well as assistance to register and claim from the National Travel Assistance (NTA) scheme administered through NDHB for subsequent appointments. Where a patient has no other transport options, volunteer drivers may be engaged.

With Whangarei Hospital struggling with an overload of catch-up appointments many Hokianga patients needed to travel to Auckland & BOI hospital for their specialist appointments. They also required additional assistance because of increased cost of living pressures, particularly fuel costs. Patients find it difficult to fund the travel to appointments in the first instance (with subsequent claims to Ministry of Health which can take up to two months for reimbursement). Hauora Hokianga strives to mitigate this for patients to ensure they get to their appointment.

### **Key highlights and outcomes**

- *continuing interest and uptake of the use of volunteer drivers to support patients*
- *a total of 1,090 patients were supported via the NTA programme, of which 643 (59%) identified as Maori*

## **Facilities Management Team**

Made up of our maintenance team members, the Facilities team are the kaitiaki of the buildings, vehicles, grounds and infrastructure monitoring systems. A number of work programmes continued over the year. Edward Wikaira joined the organisation as Facilities Manager in May 2022. The vehicle fleet was upgraded during the year with nine new vehicles, a mix of purchase and lease contracts. Some of these vehicles are hybrid, in line with the Trust's environmental policy.

### **Key highlights and achievements**

- *Fleet management of the 40+ vehicles*
- *Set up of external assessment cabin, and relocation of testing centre to Honey St*
- *Completion of Negative Airflow system currently underway for the long-stay unit and across ward*
- *The Sub-Floor work started pre-covid is due to be completed the 2<sup>nd</sup> week of Sept 22.*
- *Removal of Asbestos from Kohukohu Clinic garage completed*
- *Purchase of New Xray Machine approved, upgrade of existing Xray room currently in planning mode.*
- *The Boss (Building Management System) continues to provide us with an essential overview of all internal systems within the hospital*
- *New Aircon system installed into the Omapere clinic to help maintain the necessary internal temperatures required for our Immunisation Fridges*
- *New Security Cameras installed in the Mental Health Building*

## **Information Technology**

Our small but effective information technology team support staff in all matters of technology, ensuring our systems are up to date and the required security levels are in place to protect organisational and patient data. The organisation has various tools that have been implemented or upgraded over the past year – updating the website, rollout of Sharepoint, second year of using XERO, planning for rolling out CareCall, and increased utilisation of zoom and telehealth. 2021 also highlighted the vulnerability and risks to the sector with Waikato DHB being the target of an international cyber-attack. These new and upgraded systems and the continued risk to our systems required the development of an organisation-wide IT strategy - an first time Information Technology and Information Management strategy was developed for the organisation.

## Key Partnerships

Hauora Hokianga's services are enhanced and supported by a range of important collaborative partnerships. These partnerships include alliances with health provider organisations at the local and national levels and with education institutions such as local schools, Auckland University, Otago University, Northtec and Manukau Institute of Technology.

The Hauora Hokianga CEO participates as an executive member of Rural Hospital NZ. Other members of the clinical teams are also actively engaged with both the Rural Hospital Network and the Rural General Practice Network at the national level.

The importance of local relationships cannot be under-estimated, which is even more so important with the up and coming health sector reforms. Below are the key organisations in Tai Tokerau that Hauora Hokianga has engaged with over the 2021/2022 year. In the midst of the Health and Disability Services reform new partnerships and working relationships will emerge, with the establishment of the Health NZ, the Maori Health authority and disestablishment of the 20 DHBs on the 1<sup>st</sup> July 2022.

### Northland District Health Board (NDHB)

NDHB funds the largest contracts for services that are provided by Hauora Hokianga, including the Rural Integrated Health Centre contract.

Hauora Hokianga provides care to Hokianga patients as part of the NDHB duty of care for the Northland population. Hauora Hokianga's services function as essential components of the NDHB provider's hospital and district nursing network. Hokianga Hospital provides inpatient public hospital services as part of the network of rural hospital facilities in Northland including Dargaville, Kawakawa and Kaitaia and works in close collaboration in urgent/emergency care, specialist care and in facilitating discharge/rehabilitation of Hokianga patients from Whangarei Hospital.

Hauora Hokianga works in close partnership with the staff and services of the provider arm of the DHB, specifically maternity, specialist diabetes management, public health, district nursing, mental health and oral health services.

### Mahitahi Hauora Primary Health Entity

Mahitahi is responsible for the funding of primary health care services in Te Tai Tokerau through contracts held with Northland District Health Board. Hauora Hokianga in turn provides primary care services under contract to Mahitahi Hauora. These contracts currently include:

Mahitahi Hauora has signaled a significant change in their business model and have advised that as of the 30 June the following contracts - Kia Ora Vision(formerly CarePlus), DCIP/Heart Health, Rural Funding: Primary Care, Expanded After Hours - will cease and will transition into a new single agreement, Equity for Whānau.

Other contracts have subsequently been affected whereby the PHO has consolidated the contracts in to a different funding arrangement.

However Hauora Hokianga expressed major concerns with the cessation and integration of the expanded after hours funding. As an outcome of raising these issues, Hauora Hokianga has since negotiated a contract with Northland DHB to fund this service.

### Te Tai Tokerau Maori Health Provider Collective

Hauora Hokianga enjoys a strong partnership and collegial support from the collective of Maori Health providers in Te Tai Tokerau. These in the past have included collaborative projects such as rheumatic fever screening and smoking cessation and the Whanau Ora Kaiarahi navigator service. In 2022/22, the collective worked together to secure Covid-19 funding to ensure the roll out of the Covid-19 vaccination programme was a success. Other collaboratives included extending the Whanau Ora Kaiarahi navigator capacity and pioneering a Kaupapa Maori mental health and alcohol and drug service.

# Independent Auditor's Report

PKF Francis Aickin Limited

Chartered Accountants



## INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF HOKIANGA HEALTH ENTERPRISE TRUST FOR THE YEAR ENDED 30 June 2022

### Opinion

We have audited the financial statements of Hokianga Health Enterprise Trust on pages 45 to 63, which comprise the statement of financial position as at 30 June 2022, and the statement of comprehensive revenue and expense, statement of changes in 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 Hokianga Health Enterprise 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 Reduced Disclosure Regime Standards issued by the New Zealand Accounting Standards Board.

### Basis of 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 Hokianga Health Enterprise Trust in accordance with Professional and Ethical Standard 1 'International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand)', 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, Hokianga Health Enterprise Trust.

### Other Information

The Trustees are responsible for the other information. The other information comprises the information included in the annual report on pages 2 to 42 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.



Accountants &  
business advisers

## Trustees' Responsibilities for the Financial Statements

The Trustees are responsible on behalf of the Trust for the preparation and fair presentation of the financial statements in accordance with Tier 2 Public Benefit Entity Reduced Disclosure Regime Standards, and for such internal control Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

## Auditors' Responsibilities for the Audit of the Financial Statements

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

A further description of the auditor's responsibilities for the audit of the financial statements is located at the XRB's website at:

<https://www.xrb.govt.nz/assurance-standards/auditors-responsibilities/audit-report-8/>

The engagement partner on the audit resulting in this independent auditor's report is Stewart Russell.

*PKF Francis Aickin Limited*

PKF Francis Aickin Limited

Chartered Accountants

Kaitaia, New Zealand

4 October 2022

tel +64 9 408 9366

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Directors: Dale Adamson, CA; Stewart Russell, CA Consultant: ; Eddie Aickin, BCom, CA

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# Performance Report

Hokianga Health Enterprise Trust For the year ended 30 June 2022

## Statement of Comprehensive Revenue & Expense

Hokianga Health Enterprise Trust  
For the year ended 30 June 2022

	NOTES	2022 (NZD\$)	2021 (NZD\$)
<b>Revenue</b>			
Revenue from non - exchange transactions:			
Donations		47,006	33,223
Koha		13,498	18,905
Other income		50,849	29,486
Total Revenue from non - exchange transactions:		111,353	81,614
Revenue from exchange transactions:			
General Revenue	5	448,278	371,835
NDHB / MOH Contracts	6	9,950,960	8,628,177
Mahitahi Hauora Revenue		4,307,157	2,927,083
Other Service Contracts	7	1,778,924	1,761,083
Total Revenue from exchange transactions:		16,485,319	13,688,177
Total Revenue		16,596,672	13,769,791
<b>Expenses</b>			
Staff Costs	8	11,117,052	9,596,480
Clinical Costs		1,131,739	627,495
Depreciation		719,927	675,493
Trustee Expenses	9	55,392	75,279
Audit fees		14,729	15,625
General Expenses	10	1,559,899	1,443,442
Other expenses	11	79,287	916,516
Total Expenses		14,678,025	13,350,329
Surplus/(Deficit) for the Year before Net Financing Costs		1,918,647	419,462
<b>Finance Income</b>			
Interest Earned		1,266	8,951
Total Finance Income		1,266	8,951
Net Surplus/(Deficit) for the year		1,919,913	428,413
Total Comprehensive revenue and expense		1,919,913	428,413



The accompanying notes form part of these financial statements. These financial statements have been subject to audit and should be read in conjunction with the attached auditor's report.

# Statement of Financial Position

Hokianga Health Enterprise Trust as at 30 June 2022

	NOTES	30JUN2022 (NZD\$)	30JUN2021 (NZD\$)
<b>Assets</b>			
<b>Current Assets</b>			
Bank accounts and cash	12	3,298,343	2,260,743
Inventory		80,953	183,174
Prepayments and Accruals		62,083	65,142
Accrued Income		316,384	-
Debtors	13	3,323,106	923,058
BNZ Patient Trust	14	796	75
<b>Total Current Assets</b>		<b>7,081,666</b>	<b>3,432,192</b>
<b>Non-Current Assets</b>			
Asset Under Construction	15	33,281	-
Property, Plant and Equipment	16	12,926,548	13,325,157
<b>Total Non-Current Assets</b>		<b>12,959,829</b>	<b>13,325,157</b>
<b>Total Assets</b>		<b>20,041,495</b>	<b>16,757,349</b>
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Trade Creditors	17	644,487	615,802
Accrued Staff Benefits	18	1,473,883	1,269,236
Deferred Income		1,323,936	239,500
Other Accruals & Provisions	19	338,820	292,808
Bequest & Gift Funds	20	6,868	6,415
<b>Total Current Liabilities</b>		<b>3,787,994</b>	<b>2,423,761</b>
<b>Total Liabilities</b>		<b>3,787,994</b>	<b>2,423,761</b>
<b>Total Assets less Total Liabilities (Net Assets)</b>		<b>16,253,500</b>	<b>14,333,588</b>
<b>Accumulated Funds</b>			
Retained Earnings	21	7,789,204	5,869,291
Pharmaceutical reserve	22	112,781	112,781
Koha reserve	22	24,531	24,531
Equity Reserve	23	1,366,437	1,366,437
Asset Revaluation Reserve	24	6,960,547	6,960,547
<b>Total Accumulated Funds</b>		<b>16,253,500</b>	<b>14,333,588</b>

The Trustees of Hokianga Health Enterprise Trust approved and authorised these financial statements for issue on 30/09/2022

*K Clope*

Chairperson

*Peter Mahara*

Trustee





# Statement of Changes in Equity

Hokianga Health Enterprise Trust  
For the year ended 30 June 2022

	2022 (NZD\$)	2021 (NZD\$)
<b>Trust Capital</b>		
Opening Balance	14,333,588	13,905,174
<b>Increases</b>		
Trust Income for the Period	1,919,913	428,413
Total Increases	1,919,913	428,413
Total Trust Capital	16,253,500	14,333,588



# Statement of Cash Flows

Hokianga Health Enterprise Trust  
For the year ended 30 June 2022

2022 2021

## Cash Flows from Operating Activities

Cash Received		
Donations, fundraising and other similar receipts	98,728	52,607
Receipts from providing goods or services	15,178,209	13,456,748
GST	(267,052)	(27,650)
<b>Total Cash Received</b>	<b>15,009,885</b>	<b>13,481,705</b>
Cash Paid		
Payments to suppliers	(2,769,358)	(3,193,446)
Payments to Employees	(10,827,907)	(9,389,287)
<b>Total Cash Paid</b>	<b>(13,597,265)</b>	<b>(12,582,733)</b>
<b>Total Cash Flows from Operating Activities</b>	<b>1,412,620</b>	<b>898,972</b>
Cash Flows from Investing Activities		
Interest, dividends and other investment receipts	1,266	8,951
Receipts from sale of property, plant and equipment	25,033	4,791
Payments to acquire property, plant and equipment	(401,051)	(646,977)
Cash flows from other investing activities	(268)	2,024
<b>Total Cash Flows from Investing Activities</b>	<b>(375,020)</b>	<b>(631,211)</b>
<b>Net Increase/(Decrease) in Cash</b>	<b>1,037,600</b>	<b>267,761</b>
Bank Accounts and Cash		
Opening cash	2,260,743	1,992,982
<b>Net change in cash for period</b>	<b>1,037,600</b>	<b>267,761</b>
<b>Closing cash</b>	<b>3,298,343</b>	<b>2,260,743</b>



# Notes to the Financial Statements

## Hokianga Health Enterprise Trust For the year ended 30 June 2022

These Financial Statements are prepared in accordance with the requirements of the Trust, the Northland District Health Board and the Financial Reporting Act 2013.

### 1. Introduction to the Trust

Hokianga Health Enterprise Trust is a Charitable Trust within the definition of the Charitable Trusts Act 1957. It was formed in April 1992, and effectively commenced operations on 1 July 1993.

In managing and reporting on its operations, the Trust seeks to focus its activities on the delivery of integrated Health Services to the Hokianga Community.

**The significant activities of the Trust at 30 June 2022 are as follows:**

- Primary Health Services
- Acute Hospital Services
- Disability Support Services
- Maternity Services
- Mental Health Services
- Health Promotion
- Community Development

### Statement of Accounting Policies

Below are listed the accounting policies used by the Trust

### 2. General Accounting Policies

The general accounting principles recognised as appropriate for the measurement and reporting of results, cash flows, and financial position on an historic cost basis, adjusted for revaluation of land and buildings, have been followed in the preparation of these financial statements.

### Financial Reporting Standards Applied

The financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand, applying PBE Accounting Standards (PBE IPSAS) Reduced Disclosure Regime as appropriate to public benefit entities that qualify for Tier 2 reporting. The Trust is considered a Public Benefit Entity as it meets the criteria specified as "having a primary objective to provide goods and/or services for community or social benefit and where any equity has been provided with a view to supporting that primary objective rather than for financial return to equity holders".

### PBE Accounting Standards Reduced Disclosure Regime

The Trust qualifies for Tier 2 as the Trust is not publicly accountable and is not considered large as it falls below the expenditure threshold of \$30 million per year. All relevant reduced disclosure concessions have been taken.

The financial statements are prepared on a going concern basis. Reliance is placed on the fact that sufficient funds are available or will be received to allow the Trust to continue operating at its current level. Accrual accounting is used to recognise and match the cost of services provided and revenues earned. The accounting policies have been applied consistently though the year.

The Trust manages its capital requirements with a capital plan as part of the annual business plan approved by the board.



## Capital Management

The Trust's capital is its equity, which comprises equity funds. The Trust manages its revenues, expenses, assets, liabilities and general financial dealings prudently. The Trust's objective in managing the equity is to ensure the Trust effectively achieves its goals and objectives, whilst maintaining a strong capital base. The Hokianga Health Enterprise Trust policies in respect of capital management are reviewed regularly by the Trustees. There have been no material changes in the Trust's management of capital during the year.

Accounts are presented in NZ dollars, and rounded to the nearest dollar.

### 3. Particular Accounting Policies

The following particular accounting policies, which significantly affect the measurement of surplus (or deficit) and of financial position, have been applied:

#### (i) Revenue

Revenue is recognised to the extent that it is probable that the economic benefit will flow to the Trust and revenue can be reliably measured. Revenue is measured at the fair value of the consideration received. The following specific recognition criteria must be met before revenue is recognised. A non-exchange transaction is a transaction in which the Trust receives an asset (such as cash) but does not provide approximately equal value in return.

#### Revenue from Non-Exchange Transactions

##### Grant Revenue

Grant revenue includes grants given by other charitable organisations, philanthropic organisations and businesses. Grant revenue is recognised when the conditions attached to the grant have been complied with. Where there are unfulfilled conditions attached to the grant, the amount relating to the unfulfilled condition is recognised as a liability and released to revenue as the condition is fulfilled.

##### Donations

Donations are recognised as revenue upon receipt and include donations from the general public, donations received for specific programme or services or donations in-kind. Donations in-kind include donations received for services, food, clothing, furniture and volunteer time and is recognised in revenue and expense when the service or good is received. Donations in-kind are measured at their fair value as at the date of acquisition, ascertained by reference to the expected cost that would be otherwise incurred by HHET. Services in-kind may be recognised as revenue but do not have to be, including volunteer time which has been recorded where possible but has not been given a financial value in these financial statements.

##### Legacies and bequests

Revenue from legacies and estates that satisfies the definition of an asset is recognised as revenue when it is probable that future economic benefits or service potential will flow to the entity, and the fair value can be measured reliably.

#### Revenue from Exchange Transactions

##### Government and other service contracts revenue

Revenue from government and other service contracts relates to income received from Ministry of Health, Northland DHB, Mahitahi Hauora and other health organisations and is provided as funding for services the Trust provides relating to the delivery of integrated health services to the Hokianga community. Revenue is recognised in the period the services are provided.



## **Finance Income**

### **Interest Revenue**

Interest revenue is recognised as it accrues using the effective interest method.

#### **(ii) Financial Instruments (PBE IPSAS 28,29 & 30)**

Financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the financial instrument expired or are waived, or the Trust has transferred its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party; and either;

- the Trust has transferred substantially all the risks and rewards of the asset; or
- the Trust has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.

### **Financial Asset**

Financial assets within the scope of NFP PBE IPSAS 29 Financial Instruments: Recognition and Measurement are classified as financial assets at fair value through surplus or deficit, loans and receivables, held-to-maturity investments or available-for-sale financial assets. The classifications of the financial assets are determined at initial recognition.

The category determines subsequent measurement and whether any resulting income and expense is recognised in surplus or deficit or in other comprehensive revenue and expenses. The Trust's financial assets are classified as financial assets at fair value through surplus or deficit, loans and receivables or as available for sale of financial assets. The Trust's financial assets include loans and receivables. All financial assets except for those at fair value through surplus or deficit are subject to review for impairment at least once each reporting date. Financial assets are impaired when there is any objective evidence that a financial asset or group of financial assets is impaired. Different criteria to determine impairment are applied for each category of financial assets, which are described below.

#### **Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition, these are measured at amortised cost using the effective interest method, less any allowance for impairment. The Trust's cash and cash equivalents, receivables from exchange transactions and receivables from non-exchange transactions fall into this category of financial instruments.

#### **Impairment of Financial Assets**

The Trust assesses at the end of each reporting date whether there is objective evidence that a financial asset or a group of financial assets is impaired. A financial asset or group of financial assets is impaired and impairment losses are incurred if there is objective evidence of impairment as a result of one or more events that occurred after the original recognition of the asset (a "loss event") and that loss event has an impact on the estimated future cash flows of the financial asset or the group of financial assets that can be reliably estimated.

For financial assets carried at amortised cost, if there is objective evidence that an impairment loss on loans and receivables carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the assets carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. The carrying amount of the asset is reduced using an allowance account. The amount of the loss is recognised in the surplus or deficit for the reporting period. In determining whether there is any objective evidence of impairment, the Trust first assesses whether there is objective evidence of impairment for financial assets that are individually significant, and individually or collectively significant for financial assets that are not individually significant. If the Trust determines that there is no objective evidence of impairment for an individually assessed financial asset, it includes the asset in a group of financial assets with similar credit risk characteristics and collectively assesses them for impairment. Assets that are individually assessed for impairment and for which an impairment loss is or continues to be recognised are not included in a collective assessment for impairment.



If in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed by adjusting the allowance account. If the reversal results in the carrying amount exceeding its amortised cost, the amount of the reversal is recognised in surplus or deficit.

### Financial Liabilities

The Trust's financial liabilities include trade and other creditors, and employee entitlement. All financial liabilities are initially recognised at fair value and are measured subsequently at amortised cost using the effective interest method.

### Categories of financial assets and liabilities

The carrying amounts of financial instruments presented in the statement of comprehensive revenue and expenditure relate to the following categories of assets and liabilities:

	2022 (NZD\$)	2021 (NZD\$)
<b>Financial assets and Liabilities</b>		
	<b>Financial Assets - Loans and Receivables</b>	
Cash and cash equivalents	3,298,343	2,260,743
Short term investments	-	-
Receivables from exchange transactions	3,323,106	912,708
Receivables from non-exchange transactions	-	10,350
<b>Total Financial Assets - Loans and Receivables</b>	<b>6,621,449</b>	<b>3,183,801</b>
<b>Financial Liabilities</b>		
Payables from non-exchange transactions	-	-
Payables from exchange transactions	644,487	615,802
Employee entitlements	1,473,883	1,269,236
<b>Total Financial Liabilities</b>	<b>2,118,370</b>	<b>1,885,038</b>

### (iii) Fixed Assets

Fixed assets taken over from the Northland Area Health Board at 1 July 1993 are included at the values as held by the Northland Area Health Board at 30 June 1993, subject to revaluations of land and buildings since.

Fixed assets purchased or donated since that date are valued at cost. Such cost is the value of the consideration given to acquire the assets and the value of other directly attributable costs that have been incurred in bringing the assets to the location and condition necessary for their intended service.

Land valuations undertaken by QV Quotable in September 2001 have been recognised in these accounts by adjusting for the difference between the cost and the value.

Land and Building valuations undertaken by an independent registered valuer (McNally Valuations) in January 2002, July 2007 and June 2011, and by Valcom in June 2014 and February 2017, have been recognised by adjusting the carrying amount to the revalued amount. At the date of the revaluation the accumulated depreciation is eliminated against the gross carrying amount of the asset in accordance with PBE IPSAS 17 paragraph 50(b). Revaluation increases are reflected in other comprehensive revenue and expense and accumulated in net assets/equity under the heading of revaluation surplus. Revaluation decreases are reflected in surplus or deficit except to the extent that a credit balance exists in the revaluation surplus, in which case the decrease is recognised in other comprehensive revenue and expense and reflected as a decrease in the revaluation surplus.



**Buildings:**

Depreciation is provided on a straight-line basis at rates calculated to allocate valuation less estimated residual value over the expected useful life of the asset.

**Other Non-Current Assets:**

All other non-current assets are depreciated on the diminishing value basis at rates calculated to allocate the value of the non-current assets less estimated residual value over their expected useful lives.

**Estimated Economic Lives Are:**

Freehold Buildings and Fittings	25 years
Plant and Equipment	3 - 50 years
Motor Vehicles	5 years
Office Furniture and Equipment	3 - 21 years
Computers	4 - 8 years

**(iv) Inventories**

Inventories are valued at the lower of cost and net realisable value. Cost is determined on a first in, first out basis.

**(v) Accounts Receivable**

Accounts receivable are stated at estimated realisable value.

**(vi) Leases**

Operating lease payments, where the lessor effectively retains substantially all the risks and benefits of ownership of the leased item, are included in the determination of the operating result in equal instalments over the lease term.

**(vii) Employee Emoluments**

The liability of the Trust in respect of Retirement Gratuities, Long Service Leave, and Medical Study Leave has been accrued in these financial statements as at 30 June 2022.

The provision taken over from the Northland Area Health Board included only 60% of the Retirement Gratuities and Long Service Leave for staff with service between 17 to 20 years and 100% for staff with more than 20 years of service.

The policy of the Trust is to accrue 100% of Long Service Leave for staff who have more than ten years' service, and who were employed by the Trust prior to 1 November 1997. The residual entitlement (\$3,731) was transferred from the provision for Long Service Leave to the provision for Holiday pay in the 2019 Financial year.

From 30 June 1996, the policy of the Trust has been not to accrue any further gratuities for staff.

A provision for Medical Study Leave (Conference / Continuing Education) was taken over from the Northland Area Health Board at 1 July 1993. This provision included the cost of replacement staff (locums) and daily allowances for the doctors taking such leave. The provision as at 1 July 1994 was extended to include the cost of salaries and a pro-rata allowance for airfares payable - once every five years. This provision is now referred to as Sabbatical Leave.

These employee entitlements, together with Holiday Leave have been formally included to establish a fair and realistic value of these liabilities.



(viii) Bequests and Gifts

Monies received under bequest or for gift funds for specific purposes are only available for the Trust to support specific activities as defined in the bequest or gift fund conditions. These monies are accounted for separately as current liabilities as shown in the Statement of Comprehensive Revenue and Expense.

(ix) Taxation

The Trust is exempt from Income tax as per Section CW 41 and CW 42 of the Income Tax Act 2007, as it is a Charitable Trust.

(x) Goods and Services Tax

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

(xi) Statement of Cash Flows

For reporting purposes, items considered to be cash include cash on hand, demand deposits, or highly liquid investments which are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value. Investments are convertible to cash at the investor's option within no more than thirty working days and are regarded as part of its cash management.

Cash also includes borrowings from financial institutions, such as bank overdrafts that are integral to the daily cash management function and which are at call. Cash does not include debtors, creditors or any borrowing subject to a term facility.

Investing Activities are those activities that relate to the acquisition, holding and disposal of fixed assets and investments. Investments can include securities not falling within the definition of cash.

Financing Activities are those activities that result in changes in the size and composition of the capital structure of the Trust. Operating Activities include all transactions and other events that are not investing or financing activities. Interest received and interest paid are included in investing and financing activities.

4. Changes in Accounting Policies

There have been no significant changes in accounting policies.

	2022 (NZD\$)	2021 (NZD\$)
<b>5. General Revenue</b>		
Laboratory Freight & Phlebotomies	40,953	47,711
Other Income	363,009	249,787
Staff Accommodation Rental	44,317	74,337
<b>Total General Revenue</b>	<b>448,278</b>	<b>371,835</b>

During the year the Trust received \$100,000.00 from New Zealand Lottery Grant to fund Taumata Rongoa o Hauora Hokianga a new integrated Rongoa traditional healing service.





	2022 (NZDS)	2021 (NZDS)
<b>6. NDHB / MOH Contracts</b>		
Measles Immunisation (DHB)	3,369	44,017
Rongoa Maori (DHB)	135,417	83,417
Covid-19 Maori Vaccination Programme (DHB)	1,053,558	76,608
Primary Health / Acute (DHB/ Mahitahi Hauora)	5,391,328	5,039,956
Disability Support Services (DHB/MOH)	2,118,579	2,201,094
Dental Services (DHB)	28,817	27,982
Maternity Services (DHB)	682,023	677,918
Youth Health Services (MOH)	157,754	154,754
Mental Health Services (DHB)	380,015	321,290
Smoking Cessation Lead Contract	100	1,140
<b>Total NDHB / MOH Contracts</b>	<b>9,950,960</b>	<b>8,628,177</b>
	2022 (NZDS)	2021 (NZDS)

<b>7. Other Service Contracts</b>		
Community Connection Service (MSD)	445,891	98,350
Diabetes Programme (DHBP)	97,686	94,622
Accident Services (ACC)	316,222	376,744
Road Safety Services (LTSA)	64,050	61,278
HEADSS Assessment (DHBP)	-	5,000
Rheumatic Fever contract (DHBP)	91,350	78,368
Whanau Ora	115,000	115,000
Te Whitiki o Nga Punawai o Hokianga	90,000	931,721
Covid Response	348,205	-
Community Development	156,520	-
Mental Health Services	54,000	-
<b>Total Other Service Contracts</b>	<b>1,778,924</b>	<b>1,761,083</b>

*DHB = Northland District Health Board*

*MOH = Ministry of Health*

*DHBP = Northland District Health Board Provider Arm*

*ACC = Accident Compensation Commission*

*LTSA = Land Transport Safety Authority*

*MSD = Ministry of Social development*



□

	2022 (NZD\$)	2021 (NZD\$)
<b>8. Staff Costs</b>		
Clinical Salaries	8,010,522	6,868,260
Housekeeping Salaries	838,358	683,233
Health Promotions Salaries	143,869	149,474
Clinical Support Salaries	620,430	610,899
Admin & Exec Salaries	1,114,744	956,070
Salary Related Costs	179,024	138,592
Kiwisaver Employer Contribution	210,105	189,952
<b>Total Staff Costs</b>	<b>11,117,052</b>	<b>9,596,480</b>

**Clinical Salaries include:** Medical, Nursing, Physiotherapy, Radiography, Mental Health, Community Support, Home Support, Dental and Day Centre Staff

**Housekeeping Salaries include:** Domestic, Kitchen and Facilities Staff

**Health Promotion Salaries include:** Community Development, and Kaimanāki Tangata

**Staff Clinical Support Salaries include:** Clinic Receptionists and Medical Typist

**Admin & Exec Salaries include:** Human Resource, Payroll, Administration, Computer Support, Quality and Executive Management

**Salary Related Costs include:** Costs for ACC, staff development, superannuation and other staff benefits

*Ten staff received remuneration of over \$100,000.*

#### Key Management Personnel

The key management personnel, as defined by PBE IPSAS 20 Related Party Disclosures, are the members of the executive management committee which is comprised of administration management and clinical management (medical and nursing) staff. No remuneration is paid to members of the Board of Trustees other than honorarium. The aggregate remuneration of key management personnel and the number of individuals, determined on a full-time equivalent basis, receiving remuneration is as follows:

Key Management Personnel	Staff	2021/2022	Staff	2020/2021
Administration Management	6	\$480,737	6	\$425,608
Clinical Management	3	\$435,257	3	\$406,821
<b>Total</b>	<b>9</b>	<b>\$915,994</b>	<b>9</b>	<b>\$832,429</b>



	2022 (NZD\$)	2021 (NZD\$)
<b>9. Trustee Expenses</b>		
Meeting Fees	55,192	63,283
Mileage	-	11,996
Other Expenses	200	-
<b>Total Trustee Expenses</b>	<b>55,392</b>	<b>75,279</b>

	2022 (NZD\$)	2021 (NZD\$)
<b>10. General Expenses</b>		
Telephone	89,795	80,565
Kitchen Expenses	144,914	138,153
Transportation Expenses	252,995	205,060
Health Promotion Expenses	17,633	12,917
Housekeeping Expenses	108,694	108,584
Insurance	122,079	106,745
Patient Transport	41,072	42,007
Stationery Expenses	65,568	64,432
Property Expense	325,325	449,322
Other General Expenses	391,824	235,657
<b>Total General Expenses</b>	<b>1,559,899</b>	<b>1,443,442</b>

Other General Expenses include expenses for: Freight, Bank Fees, Research, Minor Equipment, Equipment Repairs and Maintenance, Advertising, Advisory Services, Computer, Supply Fees, Newsletter, Postage, Organisational Development and Accounting fees.



	2022 (NZD\$)	2021 (NZD\$)
<b>11. Other Expenses</b>		
Te Whitiki o Nga Punawai o Hokianga Expense	75,000	911,721
Loss on Sale of Asset	4,287	4,795
<b>Total Other Expenses</b>	<b>79,287</b>	<b>916,516</b>

	2022 (NZD\$)	2021 (NZD\$)
<b>12. Cash &amp; Bank</b>		
<b>Bank accounts and cash</b>		
Kiwibank Accounts	58	58
BNZ Cheque Account	449,949	1,161,575
BNZ Oncall	2,850,713	1,106,747
BNZ Visa	(4,254)	(8,086)
Cash on Hand	1,877	450
<b>Total Bank accounts and cash</b>	<b>3,298,343</b>	<b>2,260,743</b>

The Bank of New Zealand (BNZ) has arranged security as follows: Registered First Mortgage over land at Parnell Street Rawene, Hospital Site Rawene, Nimmo Street Rawene, and Honey Street Rawene. BNZ has issued a letter of credit to BNZ Visa for \$23,000.

	2022 (NZD\$)	2021 (NZD\$)
<b>13. Debtors</b>		
<b>Receivables from Exchange transactions</b>		
District Health Board	2,043,640	736,853
Ministry of Health	80,432	39,456
ACC	6,358	-
Other	1,192,676	136,399
<b>Total Receivables from Exchange transactions</b>	<b>3,323,106</b>	<b>912,708</b>
<b>Receivables from Non-exchange transactions</b>		
Other	-	10,350
<b>Total Receivables from Non-exchange transactions</b>	<b>-</b>	<b>10,350</b>
<b>Total Debtors</b>	<b>3,323,106</b>	<b>923,058</b>



	2022 (NZD\$)	2021 (NZD\$)
<b>14. Patient Trust Account</b>		
BNZ Patient Trust Account	796	75
<b>Total Patient Trust Account</b>	<b>796</b>	<b>75</b>

#### 15. Assets Under Construction

Assets Under Construction	2022	2021
Rawene Hospital - Ventilation upgrade	33,280	-

Rawene Hospital Ventilation upgrade is in progress, total upgrade cost \$106,123. progress payments of \$33,280.00 have been recognised in these accounts as capital expenditure under Assets under construction, upon completion the upgrade will be capitalised and recognised as a Fixed Asset under Building & Land Assets. The project is expected to be completed 31st August 2022.

	2022 (NZD\$)	2021 (NZD\$)
<b>16. Property, Plant and Equipment</b>		
<b>Building &amp; Land</b>		
Building & Land Cost / Valuation	14,454,330	14,454,330
Accumulated depreciation - buildings	(2,382,123)	(1,871,349)
<b>Total Building &amp; Land</b>	<b>12,072,207</b>	<b>12,582,980</b>
<b>Plant and Equipment</b>		
Plant and Equipment Cost	1,329,133	1,282,540
Accumulated depreciation	(874,732)	(789,221)
<b>Total Plant and Equipment</b>	<b>454,401</b>	<b>493,319</b>
<b>Motor Vehicles</b>		
Motor Vehicles Cost	798,460	660,668
Accumulated depreciation	(465,150)	(486,173)
<b>Total Motor Vehicles</b>	<b>333,309</b>	<b>174,495</b>
<b>Office Equipment</b>		
Office Equipment Cost	47,251	47,251
Accumulated depreciation	(40,677)	(38,953)
<b>Total Office Equipment</b>	<b>6,574</b>	<b>8,298</b>
<b>Computers</b>		
Computers Cost	318,848	295,745
Accumulated depreciation	(258,792)	(229,680)
<b>Total Computers</b>	<b>60,057</b>	<b>66,065</b>
<b>Total Property, Plant and Equipment</b>	<b>12,926,548</b>	<b>13,325,157</b>

The land and buildings are regularly reviewed by independent valuers. The valuer has used three valuation approaches; depreciated replacement cost, market data and capitalisation of net income to determine the Current Market Value of the assets. The main valuation approach used was market data where comparison has been made with open market sales which



generally, involve a satisfactory period for disposal and related selling expenses. Significant assumptions made by the valuer are as follows:

- (1) The stated value estimate is on the assumption that there is no material on the property that would be likely to cause loss of value.
- (2) The valuation is of a basis that the property complies with the Building Act 2004 or that the legislation has no significant impact on the value of the property. Please refer to note 23, Equity Reserve, for discussion on cost of fixed assets taken over from Northland Area Health Board as at 1 July 1993.

	2022 (NZD\$)	2021 (NZD\$)
<b>Net Book Value Reconciliation</b>		
Net book value at start of year	13,325,157	13,205,165
Add: Building acquisition at cost	-	568,921
Add: Plant and Equipment acquisition at cost	48,179	145,457
Add: Computers acquisition at cost	23,104	11,251
Add: Vehicle acquisition at cost	266,655	77,057
Add: Depreciation recovered	12,700	2,386
Less: Disposal net	25,033	4,791
Less: Depreciation charge for the year	719,927	675,493
Less: Loss on disposals	4,287	4,795
Add: Revaluations	-	-
<b>Net book value at year end</b>	<b>12,926,548</b>	<b>13,325,157</b>

#### 17. Trade Creditors

	2022 (NZD\$)	2021 (NZD\$)
<b>Creditors from Exchange transactions</b>		
Inland Revenue Department - GST	323,428	268,580
Other	321,059	347,224
<b>Total Creditors from Exchange transactions</b>	<b>644,487</b>	<b>615,804</b>
<b>Total Trade Creditors</b>	<b>644,487</b>	<b>615,804</b>

The Trust has no Non-Exchange transactions from Creditors to be report.

	2022 (NZD\$)	2021 (NZD\$)
<b>18. Accrued Staff Benefits</b>		
Employee Entitlements	15,668	15,668
Sabbatical Leave	202,216	230,176
Holiday Pay	1,255,999	1,023,392
<b>Total Accrued Staff Benefits</b>	<b>1,473,883</b>	<b>1,269,236</b>



	2022 (NZD\$)	2021 (NZD\$)
<b>19. Other Accruals &amp; Provisions</b>		
Accrued Wages to Year End	309,701	264,411
Audit Fees and Expenses	24,577	15,563
Misc. Accruals	4,542	12,834
<b>Total Other Accruals &amp; Provisions</b>	<b>338,820</b>	<b>292,808</b>

#### 20. Bequest & Gifts

Bequest & Gift Funds Movements	Balance at 30/06/21	Receipts	Expenditure	Balance at 30/06/22
Patient Trust	\$ 75	\$ 800	\$ 157	\$ 718
Whaiora	\$1,435	\$ 300	-	\$ 1,735
Day Care	\$4,905	\$ 461	\$ 951	\$4,415
<b>Total</b>	<b>\$6,415</b>	<b>\$ 1,461</b>	<b>\$1,030</b>	<b>\$6,868</b>

	2022 (NZD\$)	2021 (NZD\$)
<b>21. Retained Earnings</b>		
Retained earnings brought forward	5,869,291	5,440,878
Current year earnings	1,919,913	428,413
<b>Total Retained Earnings</b>	<b>7,789,204</b>	<b>5,869,291</b>

	2022 (NZD\$)	2021 (NZD\$)
<b>22. Reserves</b>		
Pharmaceutical reserve	112,781	112,781
Koha reserve	24,531	24,531
<b>Total Reserves</b>	<b>137,312</b>	<b>137,312</b>

These reserves arose from the activities of the Trust prior to taking over the entire hospital activity on 1 July 1993.

	2022 (NZD\$)	2021 (NZD\$)
<b>23. Equity Reserve</b>		
Equity Reserve	1,366,437	1,366,437

On 1 July 1993, the Trust acquired from the Northland Area Health Board, the fixed assets relating to the operations of the Trust for a cash payment of \$300,000 plus a capital contribution from the Government for the value of \$1,366,437. The Crown Health Enterprises Establishment Unit established the total carrying value of the fixed assets in June 1993.



	2022 (NZD\$)	2021 (NZD\$)
<b>24. Summary of Revaluations</b>		
<b>Revaluation Reserve</b>		
Opening Balance	6,960,547	6,960,547
Depreciation	-	-
New valuation	-	-
<b>Total Revaluation Reserve</b>	<b>6,960,547</b>	<b>6,960,547</b>

#### 25. Operating Leases and Finance Leases

The Trust has a finance lease with Fuji Xerox for the supply and maintenance of photocopier machines. This has not been brought in as a finance lease, but instead treated as an operating lease. The Trustees believe the difference between recognising a finance lease vs operating lease is immaterial to the financial statements. The total estimated market value of leased equipment at the start of the lease is \$14,827.29. This lease has a monthly target of \$1,729.85 (including print costs) for a 60-month term that commenced July 2020.

The Trust has a finance lease with Office Tech Finance for the supply and maintenance of photocopier machines. This has not been brought in as a finance lease, but instead treated as an operating lease. The Trustees believe the difference between recognising a finance lease vs operating lease is immaterial to the financial statements. This lease has a monthly payment of \$350.64 excluding GST for a 48-month term from 20th October 2021.

The Trust has an operating lease with Fleet Partners NZ for the supply and maintenance of seven vehicles. This has been accounted for as an operating lease as four years rental is not representing their useful economic life. The total lease is for 45 months commencing on 15th October 2021. The monthly lease payments are \$458 excluding GST per month for 6 vehicles and \$679 excluding GST per month for one vehicle. The total lease payments for the period total \$33,356.01 excluding GST.

#### 26. Segment Information

The Trust operates primarily in one industry, the health sector, and in one geographic location, Hokianga, Northland.

#### 27. Contingent Liabilities and Guarantees

##### (i) Contingent liabilities

The Trust has no contingent liabilities at reporting date.

##### (ii) Contingent Assets

The Trust has no contingent assets at reporting date.

##### (iii) Guarantees

The Trust has no Guarantees at reporting date.

#### 28. Related Parties

There were no transactions involving related parties during the financial year other those disclosed in note 8 'Key Management Personnel' and note 9 'Trustee Expenses'.





## 29. Events After the Balance Date

### Covid-19

A new virus, COVID - 19, became a global pandemic by March 2020. In response to the outbreak, on 17th August 2021 New Zealand Government ordered a nationwide Level 4 lockdown, during which time non-essential businesses and organisations are unable to operate and individuals are required to stay at home. During 2021 - 2022 period the New Zealand Government monitored COVID -19 in our communities and enforced restrictions where needed. During the preparation of this report the outbreak of COVID -19 was under control and majority of restrictions placed on business, organisations and individuals have been removed.

The operations of the Trust have not been significantly affected as the Services provided are deemed essential services. Extra funding has been provided to assist with the increased demand and support needed in the community at this time. All departments continue to operate and the board will follow the movements of COVID-19 and continue to manage costs and cashflow accordingly.

## 30. Ability to Continue Operating

The entity will continue to operate for the foreseeable future.



This statement must be read in conjunction with the attached auditor's report.







Hauora  
Hokianga

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Hokianga  
Health

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