



THINK Hauora Annual Report

2020

2019 saw us begin our journey on an ambitious path; one where we confirmed our direction, our identity and our home.

Our new 2019-2025 Strategy sets out seven strategic aims: Whanau Ora; Equity; Access; Value; Innovation; Networking; Growth (WEAVING).

Our confirmed direction provided an opportunity to reflect on our own identity. Input from staff and stakeholders resulted in the adoption of THINK Hauora as our new name. Alongside this, a new vision was established: 'Tūhonotia te Hapori ki te Ora – Connecting Communities for Wellbeing.'

THINK Hauora is committed to Te Tiriti o Waitangi recognising and respecting the principles of Partnership, Protection and Participation. We recognise the articles of Kawanatanga, governance and the relationship between Treaty Partners: Tino Rangatiratanga, the right to be self-determining in all areas; Oritetanga, authentic contributions that drive equitable access and outcomes; and Te Ritenga, honouring the beliefs, values and aspirations of Māori.

FOR US THIS MEANS:

- Continuing to work towards implementing Te Tiriti o Waitangi articles and principles into the overall governance, planning and delivery of services
- Acknowledging Te Tiriti o Waitangi articles and principles that underpin our strategy
- Being responsive to Māori interests and ensuring these are protected.



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Chairman's report



Dr Bruce Stewart
Chair

Tena koutou and welcome.

This year's Annual Report takes a look back on a unique year for THINK Hauora – the first year in which we brought to life our six-year Strategy, embraced a new name, premises and vision, and navigated the tumultuous Covid-19 journey alongside our healthcare communities.

Before I move on, it is important for me to acknowledge the loss of a dear colleague and THINK Hauora Clinical Board member John Hannifin on 7 September 2019. John dedicated much of his life to the health and wellbeing of others, not only across the MidCentral and Whanganui regions, but also nationally. Most recently he was the driving force of our MidCentral Consumer Council, striving to ensure consumer voice is heard and consumer-led changes have a positive impact on the health of our community. John was a great supporter of primary care and we will miss him dearly.

This year, faced with the arrival of Covid-19, primary care services responded virtually overnight to support a new way of delivering health and wellness services as a result of the pandemic.

A district-wide respiratory plan supported those individuals most at risk, and ensured continuity of services in the face of this unprecedented situation. All this occurred with a high level of professionalism and willingness to work together, during a period of financial instability.

Our shift in premises from Main Street to Broadway Avenue in December 2019 and our focus on improving technology could not have positioned us better to respond.

Close relationships with our partners from Te Tihi o Ruahine Whānau Ora, MidCentral District Health Board, Public Health and Community Child Health, community pharmacy through the MidCentral Community Pharmacy Group and our 28 general practices became even closer and helped us deliver a coordinated response. We acknowledge the support, collaboration and inclusivity across the health sector, and beyond, which helped to keep our communities safe.

We received the Health and Disability System Review this year and support its broad direction and focus on population health and wellbeing. We continue to stress the vital role primary health organisations play in supporting general practice teams and their integration with Iwi, community and specialist services to deliver local primary health care and wellbeing services.

We celebrate the first full year of THINK Hauora, the introduction of an ambitious programme of work through Te Ara Rau Access & Choice, the completion of many years' work to build technology and systems and migrate data in-house, coupled with the launch of Te Kete Kōrero, our data warehouse, for knowledge and insights.

Despite the difficulties of the Covid-19 response, our influenza programme saw record numbers of our high priority community immunised early in the season to improve their health and wellbeing and system capacity. This was a tremendous effort by all the general practice teams, THINK Hauora, Te Tihi and Iwi staff involved. Covid-19 also provided us with an opportunity to increase patient portal registration. As a result, we have increased the number of people registered on patient portals this year.

Throughout the year we continued our focus on building long-term capacity, resilience and improved equity across the primary care environment. Our general practices have been at the forefront of change, considering new business models, adopting new delivery options, managing enormous shifts in staffing arrangements, new and changing protocols – and working more collaboratively across primary care to face the challenges experienced and anticipated. Their response has been outstanding.

As always, I want to thank and acknowledge our THINK Hauora Board Members for another year of wise and considered leadership. It is fair to say, tough decisions taken by the Board in earlier years have paid dividends in our response to serious events this year. I am grateful for the bold commitment the Board brings to the organisation which is crucial to advancing the health and wellbeing of our communities. I want to acknowledge THINK Hauora Chief Executive, Chiquita Hansen, for her courage, resilience and astute leadership for the team at THINK Hauora. I also want to thank and acknowledge the staff at THINK Hauora for their commitment and dedication throughout the year.

Nothing could be achieved without your collective and individual efforts.

SECTION 2 | A NEW DIRECTION

Embracing our new identity, strategy and home

W	E	A	V	I	N	G
Whānau Ora Achieving wellbeing	Equity People, community voice and data-driven	Access Easy, available, cross-sectors	Value Teams, technology, performance	Innovation Quality improvement, excellence, engagement	Networking Relationships, partnerships, collective impact	Growth Sustainability, system and alignment focus
Tūhonotia te Hapori ki te Ora – Connecting Communities for Wellbeing						

Our new Strategy takes a broad view of health and recognises the connectivity between health and other aspects of people’s lives. There are seven key areas of focus: Whānau; Equity; Access; Value; Innovation; Networking and Growth. We link these aims together in the image and acronym of WEAVING and we draw on this motif as we continue to partner with our communities across the rohe.

With the Strategy ratified by the THINK Hauora Board in June 2019, we began our year sharing, celebrating and embedding our new direction and identity with our staff, networks and communities.

Shortly before the strategy was officially launched, THINK Hauora and Te Tihi Whānau Ora Alliance staff came together to begin a process of creating a collective weaving, Haki, to represent the start of the new direction. Led by Wayne Blissett, staff gathered at the Pa Harakeke at Whakapai Hauora to harvest harakeke – flax that would be used to create the Haki.

Supported by Tawhiti Kunaiti Pou Tikanga, kaimahi were taken through the tikanga – protocols for harvesting. Several harakeke types were harvested, representing both the diversity of the workforce, and the whānau accessing care.

Later in June, Stephen Paewai, on behalf of the THINK Hauora Board, launched the Strategy to staff at an event in Foxton (Te Awahou), which was once home to a largescale flax industry which sustained many families. This felt like an appropriate linkage to the concept of ‘weaving’ incorporated in our new identity.

During this event, staff continued their work on preparing the strips of harakeke that would form the Haki. The tuara – the backbone – of the Haki was woven during the event, thereby capturing the essence, energy and korero supporting the new kaupapa.

The collective weaving was named Te Ata Kura – The Breaking Dawn. It is now proudly displayed at 200 Broadway as a living example of our collective contribution to Hauora through WEAVING.



Chiquita Hansen, Stephen Paewai



Julie Burs & Jean Harris learning the art of weaving harakeke



Te Ata Kura – The Breaking Dawn

We continued our journey of change and growth by moving from our existing Health on Main offices to new premises at 200 Broadway Ave. Along with our colleagues from MidCentral DHB (Public Health and Community Child Health), Te Tihi o Ruahine Whānau Ora Alliance and Manawatu Horowhenua Tararua Diabetes Trust, we completed the move in early December.

The move provided the perfect opportunity to introduce our new brand identity at the new building; a building which was part refurbishment of an existing building, and part new build seamlessly fused together. We were honoured to receive a formal dawn ceremony of a whakauwheratanga as Rangitane and local Māori leaders led staff quietly through the dark corridors and stairwell into the light to prepare the site for staff and services.

The Broadway Avenue site includes design and technology elements which anticipate future organisational and community needs. It features rooms fitted with satellite and radio phones for emergency coordination across general practices, primary care and public health and shared spaces are available with video conferencing facilities. This newly built environment will enable us to continue to strengthen connection and knowledge sharing with our colleagues and networks.

BEHIND THE NAME

THINK is an acronym for: Technology, Health, Innovation, Networks, Knowledge.

Hauora means health, wellness and wellbeing. It is broader and more encompassing than 'health'. The roots of Hauora are found in 'hau' and 'ora'. Hau is the wind and air, the vital essence (to be alive we need oxygen), ora is to be alive, well (to be well we need the energy of the sun 'ra'.)

Our THINK Hauora tohu draws inspiration from the prow of a waka drawing all people forward into a shared future. It speaks to equity. Awa is the system which connects people to land and people through time. It gives access to health-giving nourishment and ensures growth. The logo also evokes imagery of the rohe landscape: mountains, hills, plains, rivers, and a wave surge.



SECTION 3 | COMMUNITY CONNECTION

Community voices – GPNZ survey

Listening to the voice of our communities is crucial to ensuring valuable and sustainable primary care. A recent General Practice NZ (GPNZ) national study provided the opportunity to seek feedback from five community groups across our rohe.



Deaf community



Lived experience of disability in Manawatū



Older people in Tararua



Whānau living in Horowhenua



Youth in Palmerston North

We wanted to understand more about their experience of general practice, and how primary care might work more efficiently across our communities.

Several similar themes emerged, particularly around the fact that a visit to a General Practice is often an action of ‘last resort’ when someone is unwell. There were concerns around long waiting times for appointments, and issues with phone systems and short or impersonal consultations had a large impact on people’s experiences with services. Reception was also seen as a key area which could greatly affect someone’s experience.

We were grateful to the participants for sharing their personal experiences and thoughts with us and their input would be valuable in helping make changes for the better. Di Rump, CEO Muaūpoko Tribal Authority said: *“Thanks so much to you and your team for providing the opportunity for feedback. Our people really enjoyed the chance to be heard and consulted appropriately”.*

Listening to our communities is important. Acting on what we hear to meet the expectations of our communities is imperative. Consumer feedback from these workshops led to the refocussing of our THINK Hauora website and streamlining access to our online patient portals and will continue to help shape our future activities.

GPNZ THEMES



DEAF COMMUNITY IN MANAWATŪ AND HOROWHENUA

- General Practice staff and ED have a sparse understanding of Deaf culture
- A narrow experience of General Practice
- Access to interpreters is difficult
- Communication methods – modern technology gives us better ways to communicate
- Costs for services can be prohibitive



LIVED EXPERIENCE OF DISABILITY IN MANAWATŪ

- Access insecurity, lack of appointments and pre-booking
- We are experts in our own disability
- Culture of disability – primary care can do better
- Built environment – some great improvements
- Costs for services can be prohibitive



OLDER PEOPLE IN TARARUA

- Confident in their own health
- Shortage of doctors
- Efficiency mentality – losing human element of care
- New methods of consultation
- ‘Surprise’ services
- Emergency Department



WHĀNAU LIVING IN HOROWHENUA

- Human element – we want this
- We love our Nurse Practitioners
- New models of care – we are open to this
- Wide repertoire for health advice
- Continuity of care – we would like this
- More podiatrists please



YOUTH IN PALMERSTON NORTH

- Reliant on Mum
- Continuity of care – because we need to develop relationships
- Access and barriers - transport and times conflicting with school
- Emergency Department and After Hours – knowing where to go

Geoff Thompson Keep Well Programme

The Geoff Thompson Keep Well Programme provides families from Palmerston North's south-western suburbs with the opportunity to play, learn and have fun all together. Set up in memory of a respected community leader Geoff Thompson, the programme reflects Geoff's commitment to promoting the physical health and motivation of young people.

For many years, Geoff worked for Central PHO as a Physical Activity Educator and he left a big mark on local health organisations, rugby and his community before he died of cancer in 2017 at the age of 56. The programme helps to raise awareness of local health initiatives while building valuable relationships and networks with our communities. Delivered in collaboration with the Manawātū Rugby Union and the Thompson whānau, the programme gives tamariki the chance to enjoy games and activities with non-playing Turbos while parents and caregivers speak to THINK Hauora and Te Tahi Whānau Ora navigators about health services. There is also the opportunity to access free health checks.

Feedback was very positive, with one parent saying: *"Thank you for organising this. It was a great thing to be part of and to hear more about these local fantastic services plus educate the kids on health and wellbeing while having lots of fun."*

Thoughts and feedback from the tamariki that took part also showed that they had learnt a lot about keeping well. One suggested *"eat vegetables, do exercise, keep the body moving and eat well,"* when asked *what people can do to stay healthy.* Another highlight was *"getting to ride on the Turbos bus for the first time!"*



The tohu/logo shape has two peaks, representing the Tararua maunga. The koru beneath the maunga represents support wrapping around people in the community. The shape finishes looking similar to a shield, which has strong visual ties to sports and achievement. From the centre of the maunga, two leaf shapes designed to be like fa'atuli rise to resemble people, with a single sphere above to form the head but also the sun/moon, reminding us of time passing and the importance of constant work towards keeping well.



Rob Thompson & Hemi Heta

PolyNation Community Programmes

We continued to deliver a range of PolyNation community programmes aimed at engaging our Pasifika community. These have gone from strength to strength with fantastic feedback from those who have got involved.

FOBS KIDS TOUCH RUGBY

THINK Hauora has provided mentoring support to help the FOBS Kids Touch rugby league to grow from six to nine teams over the course of the year. The league is a community platform which has a large Pasifika attendance and we amplified the engagement opportunities by running a Club Day in November. Around 45 parents and 100 tamariki all came together for the fun interactive day, and it provided a welcoming space to discuss bowel screening, general practice enrolment and THINK Hauora Pasifika and clinical services.

POLYPADDLES

PolyPaddles is a short instructional water safety and swim school programme which was held in Palmerston North and Levin over the spring school holidays. Around 50 children attended the programme and pool-side conversations between parents, care givers and THINK Hauora staff helped us to better understand our Pasifika community's needs.

Families said that the short four-lesson programme instilled confidence in their children, not just in the water, but in other sports and life in general. We are currently working to secure funding to deliver swim school and water confidence sessions during the school term, and strengthen links between THINK Hauora, schools, pools and families to help promote the programme more widely.

**POLY
PADDLES**



POLYPOWER

Our PolyPower free fitness sessions continued to be a hit this year, with around 40 people attending each week. Participants ranged in age from seven to sixty-two and took part in fitness activities in a family fun environment. It provided an ideal platform to engage with our Pasifika community and have relevant wellbeing conversations.

**POLY
POWER**



FAMILY SUPPORT DURING COVID-19

Pivotal to the success of the Covid-19 response were conversations between THINK Hauora, the Ministry of the Pasifika Peoples, Te Tihi o Ruahine, Whakapai Hauora, PNCC Emergency Operations Centre and Pasifika community leaders.

These conversations helped identify needs, secure funding, create a verified process and ensure delivery of support for Pasifika families severely impacted by the March lockdown, through job losses, transport issues and other challenges. Over the course of eight weeks, 400 Pasifika families were supported with food and sanitary parcels, utility payment support and warm clothes and blankets. THINK Hauora and Te Tihi also actively worked with families and utility providers to manage budgeting issues related to power supply.

Te Ara Rau Access & Choice



One of our key services celebrated a name change this year, transforming from Te Ara Rau Primary Mental Health and Addictions Service to Te Ara Rau Access & Choice; a change which reflects and recognises ‘a pathway of unlimited possibilities’ for whānau and communities. Guidance arising from He Ara Oranga, the Government Inquiry into Mental Health and Addiction, and WAIORA, the MidCentral collective response to the inquiry provided us with two areas of focus for the future path of this service:

- Expanding accessibility to our local community while giving more choice to service availability
- Broadening our scope of practice to ensure we are fully blossoming into the whakaro of our name and incorporating the holistic wellbeing of our tāngata whaiora (the people whom we serve)

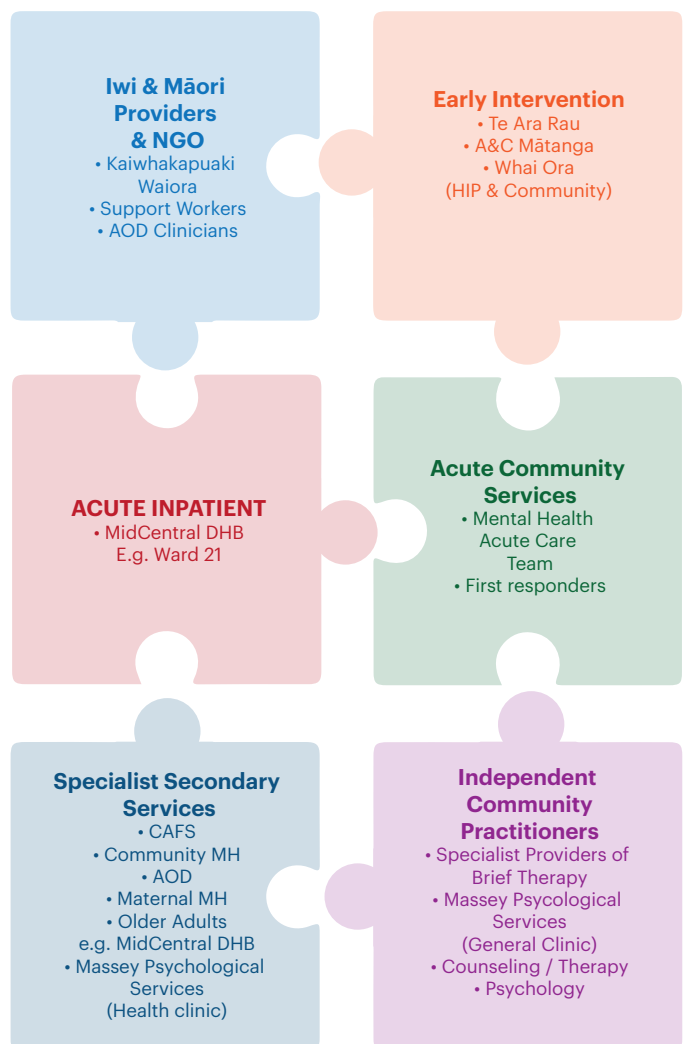
A funding stream secured through a new Ministry of Health contract allowed us to develop a refreshed framework and policies and assisted in planning activities which incorporate the two key areas of focus.

Providing greater accessibility and choice relies on cohesion between primary, secondary and community services and tāngata whaiora. To help with this, seven integrated family health care hubs (IFHC hubs) will be established across our rohe (Manawatū, Ora Konnect, The Palms, Kauri Healthcare, Horowhenua, Otaki and Tararua). A relationship lead from each hub will be elected and kaimahi will work collaboratively across the hub network.

Greater use of transdisciplinary teams across Iwi and Māori providers, General Practice Teams, primary and secondary mental health practitioners and NGOs will help us to deliver more efficient and effective wellbeing initiatives.

We are actively prioritising the engagement of Māori, Pasifika and Rangatahi populations, and tāngata whaiora/consumer engagement activities led by our Knowledge & Insights Team will assist us to look at how our service best meets the needs of our community. Data and feedback relating to client experience, referrals, outcomes and staffing levels will make up some of the reporting areas of this contract. We will also survey tāngata whaiora and kaimahi for their feedback.

Te Ara Rau Access & Choice serves a crucial role in connecting communities for wellbeing and ensuring equitable care by providing funding and support to community groups. This year we have supported rangatahi through SnapBACK Gym, Highbury Whānau Centre, Tararua Community Youth Service and Changing Horses (Building Resilience in Rangatahi Programme).



Pharmacy Initiatives

4412 ORA KONNECT PHARMACY PROJECT

What prevents whānau from accessing pharmacy medicines? What barriers stand in their way, and what can be done to address and remove the issues whānau are facing? That was the focus of the Ora Konnect Pharmacy Project which included members from Te Tihi and MidCentral Community Pharmacy Group, who together discovered some valuable insights.

Interviews and surveys with whānau helped the project team discover issues that made it difficult for people to source medication or advice through their pharmacy. They discovered that financial barriers were an important factor, however there were also barriers relating to transport, time and access to prescriptions.

The team also held focus groups with local pharmacists to generate ideas on how issues could be overcome. One key message was to support whānau to sign up to the 'Prescription Subsidy Scheme', a national initiative which reduces the costs for families and individuals who are prescribed a lot of medicines. It caps a family's prescription costs at \$100 per year, after which they will receive free prescriptions.

Whānau were also encouraged to use one community pharmacy as their 'go to' to help build up a relationship with the pharmacy team. It was felt this would enhance their confidence in feeling comfortable asking other health related questions.

The team received positive feedback from those involved in the project. They are now working on further reducing cost barriers and looking at improving health literacy among communities.



CONJUNCTIVITIS PROJECT

A pilot funded by THINK Hauora with support from the MidCentral Community Pharmacy Group was launched this year, which helped families get treatment for children with bacterial conjunctivitis from their community pharmacy quickly and at no cost.

Running from March to October, six local pharmacies and five general practice teams in the South Western suburbs of Palmerston North got on board to deliver the pilot. The idea was to provide parents with an additional treatment option when their child had 'gunky eye' symptoms. Rather than relying solely on contacting their general practice team, parents were able to visit their community pharmacy who could assess and treat their child at no cost.

General practices were also able to offer this as a suggestion to parents who had contacted them about the condition, rather than booking them an acute appointment with a clinician. One parent who utilised the service said: *"I picked my child up from school when they called me and it was very convenient to call into the pharmacy on the way home. The Pharmacist gave me all the information and advice I needed along with the free treatment to start treating my child's sticky eyes right away. This service being funded and easy to pop into the pharmacy to get it made all the difference to me and my family."*

The ability to offer healthcare treatments such as this through community pharmacies helps relieve some of the pressure on general practice teams. Community pharmacists are qualified to assess and treat a range of conditions meaning patients can be seen quickly, on the day and take away prescribed medicines without needing to visit their general practice team. Projects such as this help to increase awareness about community pharmacists and their role as part of a wider health care network. Anthony, an Intern Pharmacist said of the pilot: *"This service is awesome! As an Intern Pharmacist I appreciated learning how to supply this treatment, supported by my supervising pharmacist, and being able to provide it free of charge to our priority population was a great feeling."*

Covid-19 had an impact on the pilot during 2020, however it will continue to run to enable valuable data and insights to be collected.

Covid 19 - Response

Operating as essential services, general practice teams and community pharmacies swiftly changed how they delivered services in order to minimise face to face contact while continuing to provide our communities with safe and valuable health provisions during the lockdown.

Alert Levels 3 and 4 saw 70-80% of patients assessed via phone, video consultations and patient portals. Where face to face consultations were essential, strict infection controls were put in place to keep everyone safe.

Six testing centres were set up across the rohe. THINK Hauora partnered with MidCentral DHB's Te Uru Kiriora: Primary, Public and Community Health Services to set up and run the centres, which were supported by a mobile testing unit staffed by District Nursing. As part of emergency planning, the Palmerston North and Horowhenua sites were able to become formal Community Based Assessment Centres if required.

General Practices and THINK Hauora developed a district respiratory plan to triage people with respiratory conditions separately to others who needed health services, as well as helping to identify and support those who were the most vulnerable. Staff maintained patient contact through regular call cycles with tips and contact information for staying well at home.

By Level 1, most Covid-19 testing was being carried out by general practices, and where possible, a large proportion of THINK Hauora clinicians continued to provide services using phone, video and text communication. The planning and response required gave us great insights into how new technologies can enhance virtual connections with our communities when face to face contact is not possible.

The THINK Hauora Board supported General Practices from reserves during this time and allocated some funding for additional eligible Covid-19 assessments in general practice.



12,402 Covid-19 tests undertaken

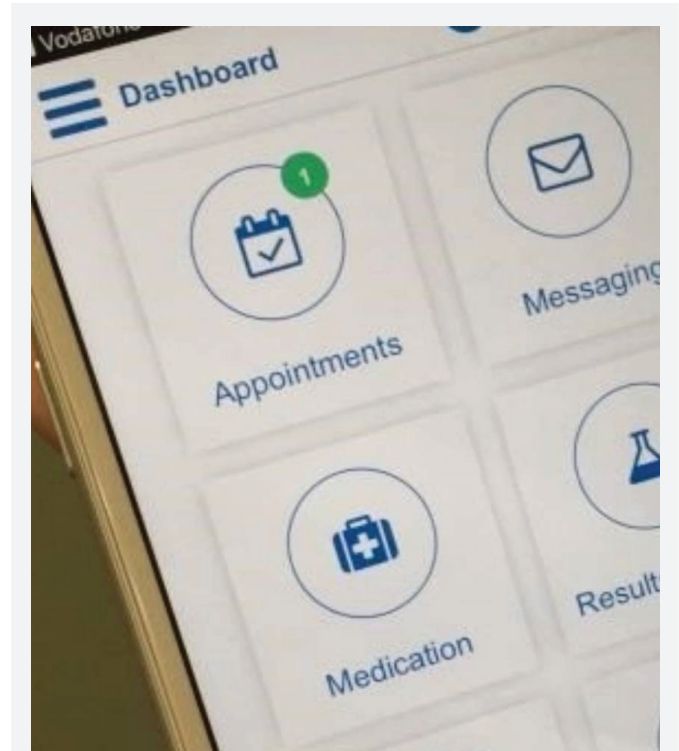
SECTION 4 | SUPPORTING NETWORK DEVELOPMENTS

Patient portals

Patient Portals provide a safe and easy way for people and primary health care teams to communicate without telephoning or visiting a clinic in person. In September 2019, 16 of the 28 general practices in the MidCentral district offered patients access to a patient portal. Of those patients, 15% were set up as portal users, below the national average of 21%.

To help support uptake of the portal system, particularly in the face of the Covid-19 response, THINK Hauora launched a project to allow people to register with the patient portal via contactless identification, rather than needing to visit their general practice. Twelve practices took up this opportunity and we launched the pilot programme in April. By early June, a further 3,500 had registered on a patient portal, bringing the district's registrations to 20% of our enrolled population. We received positive feedback from people grateful that they didn't need to leave their home to get themselves set up on the portal, and most general practices appreciated the support to reduce the administrative burden. A number of other PHOs have since followed our lead and adopted the project in their areas.

Focus now moves to patients being offered access to their clinical notes via a portal. At present 108 general practices across the country enable people to have some form of access to their clinical record, however none from our PHO area are currently offering this service. We anticipate this will become an area of discussion and exploration in the coming year.



Over 37,000
patient portal users



Over 110,000
patient messages



20% of our enrolled
population
registered
on a Patient Portal

Health Care Home

Patient-centric health care models are providing a greater patient experience and improved business sustainability. One such model, Health Care Home (HCH), has been adopted by a number of practices in our rohe and typically, where the model has been introduced, practices report a better work/life balance – for clinicians in particular – higher patient satisfaction rates, improved prevention outcomes and less acute demand pressure.

The four core domains the model delivers are:



Improved business sustainability



Ready access to urgent and unplanned care



Proactive care for those with more complex needs



Better routine and preventative care

Telehealth is a key component of the HCH model and Covid-19 demonstrated that telehealth has a place in the future of healthcare in New Zealand. Telehealth was quickly adopted by all practices in our district during the Covid-19 response and its benefits to both patients and practices have become clear.

A known district challenge is that we have one of the lowest GP to patient ratios in NZ – this can make change and adoption of new working practices hard but arguably also more necessary and beneficial because the HCH model focuses on a clinical team supporting patients and improved management of acute demand. Four of our general practices are currently working through the HCH stages (Credentialling; Certification; Accreditation) and a further eight have expressed an interest or started on their HCH journey.

In June 2020, Feilding Health Care attained their annual re-certification, and Kauri HealthCare attained their first certification. THINK Hauora congratulates these practices in reaching this milestone. Tararua Health Group and The Palms Medical Centre have achieved the first credentialled level. Over the next year THINK Hauora will continue to work with practices to support adoption of the HCH model.



Health Care Home Enrolled
42.8% (71,155)
of our enrolled population are enrolled in one of our four Health Care Home practices.

Digital Health Implementations

Over the last couple of years THINK Hauora has championed the use of a number of new digital tools that practices can use to streamline and simplify their processes.

NZePS NATIONAL PRESCRIBING TOOL

During the Covid-19 response, THINK Hauora successfully supported many Medtech practices to adopt the national e-prescribing tool, NZePS, to start the journey to signature exempt scripts. The tool enables the Ministry of Health to pull data on medication dispensing across the country.

Previously our district had one of the lower rates of uptake of the tool, however adoption rate rose sharply at the start of Covid-19 which proved a challenge for our district community pharmacy partners. Our local pharmacies did very well coping with the change in workflow associated with the adoption of the NZePS tool, while also dealing with the well-publicised demand in medication requests triggered during Covid-19.

CLOUD-BASED PATIENT MANAGEMENT SYSTEMS (PMS)

By the end of June 2020, six practices had adopted the cloud-based indici PMS and were able to complete 'signature-exempt' scripts during Covid-19. These practices can now also offer e-payment options on the indici patient portal.

Two practices have commenced negotiations with Medtech to adopt Medtech Evolution in the coming year.

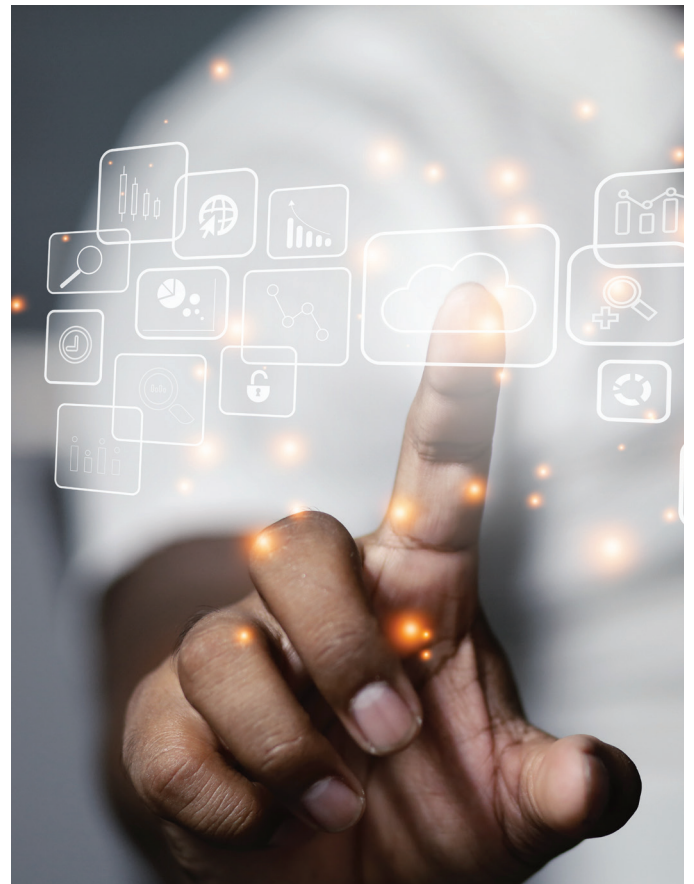
THINK Hauora staff set up an indici database and interoperability to other systems in a morning as the district's Covid-19 response tool. The tool was used to capture relevant clinical information through the district's designated testing station and pop-up testing sites. Daily automated extraction of patient and swab data was used to support Covid-19 reporting requirements to the Ministry of Health.

THINK CLAIMS TOOL

THINK Hauora rolled out the THINK Claims tool this year, transitioning all district service claims, payments, reconciliations and associated payments from Tū Ora Compass systems. Workflows were also reviewed at this time, with claiming for Primary Options for Acute Care (POAC) services in particular being simplified.

Data from the claiming tool is passed to our data warehouse, Te Kete Kōrero to ensure performance reporting can be collected from one trusted source. General practices can also utilise the THINK Claims tool (or their PMS) to reconcile payments and track claim progress. We have received very positive feedback from providers about the reduction in administrative burden associated with this change.

During the implementation of the project, THINK Hauora became aware of the need to support some general practices to develop standard claiming processes. An experienced semi-retired practice manager was appointed to mentor practice administration staff to successfully and consistently make all eligible claims. In some cases, this has resulted in practices 'finding' thousands of dollars of unclaimed activity. This service continues to be available for interested general practices.



Te Kete Kōrero – our new data warehouse

The project to bring data collection and reporting in-house was completed this year with the introduction of our new data warehouse, Te Kete Kōrero. Part of our digital transition programme, this project supported the strong, local demand for data to support district level decisionmaking.

Having access to quality data in-house meant that we could better identify:

- Inequalities in health outcomes and access to services
- The drivers of workload
- Targeted clinical quality activities
- Health needs across our population

Leveraging work undertaken during the previous year, we were able to finalise our new data sharing agreements with general practices and implement our chosen business intelligence tools and technologies. Developing a new system from scratch meant we had no legacy tools to grapple with, and our team was able to work in an agile, highly collaborative manner.

A new Knowledge & Insights team was established, supported by experts pulled in at key milestones to help problem solve and share wisdom. We also took the approach of hiring a number of graduates and now have an enviable and talented team.

Privacy and security were crucial elements of the design process. A privacy impact assessment helped highlight areas of focus, and a single-sign on and row-level-security policy approach means that the right data can now be securely accessed from anywhere, via desktop or mobile app. We have auditable data pipelines and reports, and have implemented secure data sharing tools. A Master Data Management (MDM) solution to ensure complete and consistent reporting was implemented. This will ensure the data quality for good decision making. As we grow our data governance maturity, our MDM solution can allow hands-on management of data quality by data stewards.

Te Kete Kōrero provided its first reports to end users in February 2020 – dashboards profiling the demographics of our population and visuals of some of the variation we have across the district. These key reports had been prioritised by stakeholders and reflected our iterative release process. The platform is built to be resilient and adaptable to change; Covid-19 provided a good stress test for this and we were quickly able to develop and deploy a new Population Risk Stratification tool for general practices.

This helped practices identify patients who were at risk of acute hospitalisations with a focus on long-term conditions.

The data warehouse was also used to automate daily Covid-19 swab reporting together with MedLab and MidCentral DHB.

In addition to the data for reporting, data for funding was incorporated into the Te Kete Kōrero environment in January 2020. Capitation-based funding and other bulk and performance funding payments to the networks are now managed by the Knowledge & Insights team. The linking of funding and the data will provide further opportunities for targeted resource and funding allocations in the future, with a continued focus on ensuring an equity and rurality lens.



Te Kete Kōrero

Kete is a vessel or a repository – physical or abstract. Physical kete are made from harakeke and created using an art form of weaving. Harakeke is valued for its sturdiness, resilience, durability and multiple uses. Both harakeke and kete are also a means of developing, maintaining and conveying culture.

Kōrero is often understood as an action 'to talk, speak, say or tell', or as an object, 'a story, information, account, narrative, statement, discourse and discussion'. Kōrero is the art of communication in which thoughts, words and ideas are transferred; an exchange of viewpoints for consideration and contemplation in the pursuit of the best possible outcomes. Deliberations are then transformed into meaningful action.

With kōrero comes a responsibility for what one has said and for what one does to benefit the collective good.

Te Kete Kōrero describes a trustworthy, high-quality space and place of immense value where useful and purposeful kōrero can be stored and used to advance the greater good. It reflects the purpose for the platform; to come together across our network and discuss what the data is telling us and how we can work together.

We acknowledge our sincere gratitude to Miriama Kereama and Tawhiti Kunaiti for their wisdom and guidance for the name and identity of Te Kete Kōrero.

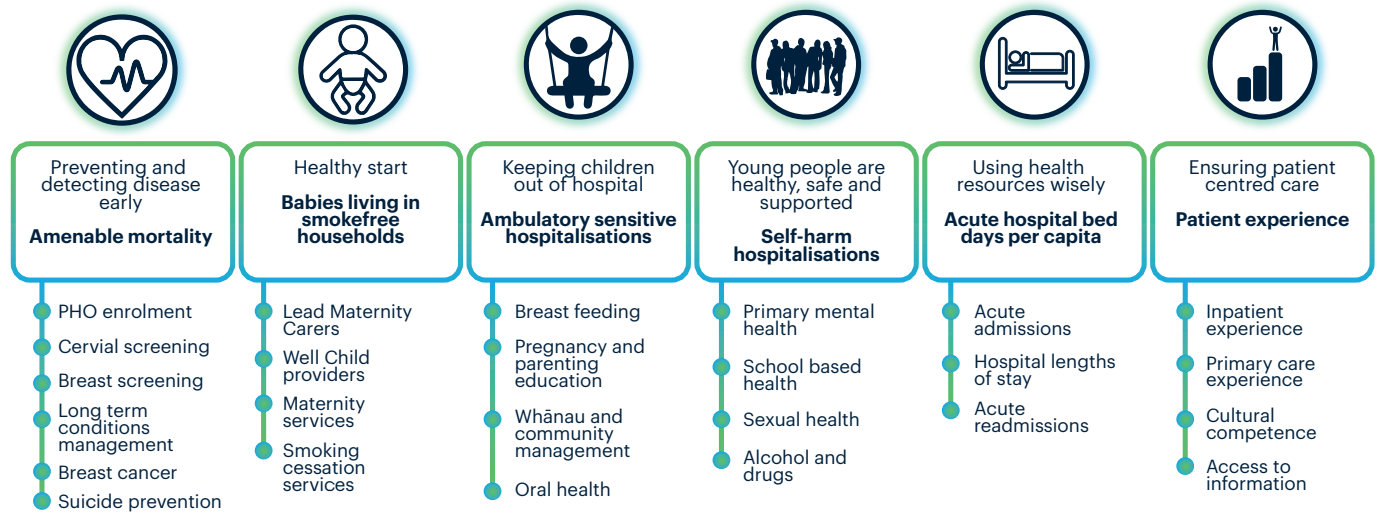
System Level Measures

Our System Level Measures (SLMs) and indicators are set annually. In the 2019/2020 year our goals included:

- Ensuring that 80% of Māori men aged 30-44 years old, who are enrolled with a general practice have had a Cardiovascular Risk Assessment (CVRA) in the last five years.
- 100% of immunisations completed in the quarter have a standardised child health screening tool completed at the same time (6 weeks, 3 months, 5 months, 15 months and 4 years), which includes age appropriate questions.
- 90% of current smokers are given smoking brief advice and/or referred to cessation support within the last 15 months.
- Ambulatory Sensitive Hospital (ASH) reduction - avoidable admissions are decreasing across Māori and Pasifika, for all ages.
- Risk stratification for Long Term Condition (LTC) services – 60% of LTC funding to a practice is used by enrolled patients identified as moderate to high risk of an acute hospital admission in next 6 months.
- Patient Portal – enrolled patients using two-way communication with their clinical team, via a patient portal.

AS A DISTRICT

General Practice appreciated some consolidation of the SLM contributory measures which helped narrow the focus on areas with greatest opportunity for improvement. During the Covid-19 lockdown period the Ministry of Health agreed that SLM funding could be distributed to those General Practices that had been working on achieving SLM targets prior to Covid-19, without considering each practice's SLM performance. THINK Hauora distributed this funding to General Practices to help mitigate the impact of not receiving the regular of year performance payment.



Governance

THINK Hauora Board Trustees

Name	Position
Dr Bruce Stewart	Chair (GP Provider)
Clare Hynd	Deputy Chair (Community Pharmacist)
Dr Wayne Hayter	GP Provider
Dr Simon Allan	DHB Representative
Gaye Fell	Community Representative
Stephen Paewai	Community Representative
Di Rump	Muaupoko Tribal Authority
Danielle Harris	Rangitane o Manawatu
Robyn Richardson	Te Runanga o Raukawa
Dr Nader Fattah	GP Provider
Dr Anna Skinner	GP Provider
Tracey McNeur	Nurse Provider
Scott Ambridge	DHB Representative
Jane Ayling	Nurse Provider

Alliance Leadership Team (ALT)

All THINK Hauora Board Trustees, Plus

Name	Position
Deborah Davies	Operations Executive, Primary Public & Community Health, MidCentral DHB
Craig Johnston	General Manager, Strategy Planning and Performance, MidCentral DHB
Lyn Horgan	Operations Executive, Acute & Elective Specialist Services, MidCentral DHB
Celina Eves	Executive Director, Nursing & Midwifery, MidCentral DHB
Steve Miller	District Chief Digital Officer, MidCentral DHB
Alison Russell	Planning and Integration Lead, Primary, Public and Community Health, MidCentral DHB
Julie Yee	Strategic Partner, ACC (Community and Social Services Representative)
Oriana Paewai	Chief Executive Rangitane o Tamaki nui a Rua
Dr Betty-Lou Iwikau	Manukura/CEO, Raukawa Whānau Ora

Senior Leadership Team

Name	Position
Chiquita Hansen	Chief Executive
Lorna Love	Executive Officer
Lyn Daly	General Manager, Network Development and Support
Materoa Mar	Upoko Whakarae, Te Tihi
Michael Ram	General Manager, Corporate Services
Paul Cooper	Acute Medical Advisor
Kylie Faas	General Manager, Knowledge & Insights
Louise Chan	Clinical Director, Te Ara Rau
Nicola Russell	General Manager, Clinical Quality
Nikki Walden	Pou Herenga, Te Tihi
Dr Nader Fattah	Principal Medical Advisor

Clinical Board

Name	Position
Dr Nader Fattah	Chair, PHC Doctor, THINK Hauora Board Representative
Gabrielle Scott	MDHB Board Nominee
Materoa Mar	Maori/Iwi Provider
Clare Hynd	THINK Hauora Board Rep, Community Pharmacist
John Hannifin	Consumer Representative
Donna Mason	PHC Nurse
Kiwa Raureti	Practice Manager Representative
Dr Anna Skinner	THINK Hauora Board Member/GP
Robyn Richardson	THINK Hauora Board Representative/Iwi Representative
Gaye Fell	THINK Hauora Board Representative/Consumer Representative
Bridget Bellhouse	Nurse, DHB NP Community Child Health Team
Alice Tait-Jamieson	GP Cook Street

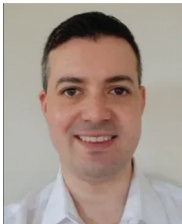
Information Governance Committee

Name	Position
Stephen Paewai	Chair, THINK Hauora Board Representative
Dr Nader Fattah	THINK Hauora Board Representative
Doug Maclean	IFHC Director
Dr Wayne Hayter	THINK Hauora Board Representative
Tracey McNeur	THINK Hauora Board Representative
Dr Simon Allan	THINK Hauora Board Representative
Steve Miller	ALT Representative
Jane Ayling	THINK Hauora Board Representative

Finance, Audit, Risk and Health and Safety Committee

Name	Position
Colin McJannett	Chair, Community Advocate
Dr Bruce Stewart	THINK Hauora Board Representative (Chair)
Ewen Kirkcaldie	Chartered Accountant
Danielle Harris	THINK Hauora Board Representative
Di Rump	THINK Hauora Board Representative

Clinical Board report



Dr Nader Fattah
Chair

This year, the Clinical Board maintained its role as the prime clinical governance body in the district that assesses system performance in primary care. Driving clinical quality while promoting and facilitating consumer engagement is a key focus, and in performing these functions, the Clinical Board shines a light on inequities and showcases successes in primary care innovation and delivery.

LINKING ORGANISATIONAL STRATEGY TO CLINICAL GOVERNANCE

The Clinical Board developed a new clinical work programme to support the clinical governance of the new THINK Hauora six-year Strategy. As part of the programme, six quality domains were defined for reporting primary care quality metrics to the THINK Hauora Board.

These domains are:

EQUITABLE



Safe



Effective



Consumer Centred



Efficient



Timely



Equity

DIGITAL HEALTH GOVERNANCE – A CLINICALLY LED FUTURE

The THINK Hauora five-year digital transition for the network reaches a close. The THINK Hauora Board agreed to merge the functions of the Information Governance Committee (IGC) and Clinical Board at the end of the financial year.

The merge of these two Board sub-committees signifies a maturity of the district's adoption of technology and data as a core factor in primary care delivery.

The IGC and the Clinical Board met for three governance meetings to support the hand over to a new committee known as the Clinical and Digital Governance Committee.

This enabled members from the Clinical Board to gain some digital literacy and become more conversant with the district's digital health challenges, opportunities and priorities.



Information Governance Committee (IGC) report



Stephen Paewai
Chair

Our Digital Transition Plan was ambitious and bold. Armed with a vision to provide joined-up systems that could support the health of our communities, the IGC began work five years ago on delivering the district's first digital health transition plan.

We started by looking closely at the primary care and wider health sector digital health environment, identifying risks and opportunities for improvement. We wanted district health systems to integrate and talk to each other, providing access to information across the network. It was also key to provide support for primary care providers to move from on-premises to cloud-based or hosted environments, and that future development of technology systems was carried out in a collaborative way.

We oversaw the development of technology systems in the district and helped to piece all the different elements together so platforms could integrate and work together. A focus was also put on transforming existing information into useful, predictive data.

The delivery of this plan has helped highlight the existing barriers in the NZ digital health environment and provided excellent learnings for others to follow suit. Modern, agile and adaptive technology systems can provide so many opportunities for streamlining services, improving productivity and increasing the security of our patients' data.

Many services previously provided by Tū Ora Compass Health have now been transitioned onto platforms provided by THINK Hauora. Our new data warehouse Te Kete Kōrero provides an invaluable resource with access to trusted, secure information to help us make the best decisions about equitable healthcare initiatives in our district.

Our approach also reflects the Health and Disability System Review's emphasis on linking health data and technology. The review advocates for better access to information across the health sector to support better visibility of performance and clinical outcomes, empowered customers and data-driven decision making.

This ambitious plan has seen THINK Hauora drive digital connectedness in our rohe. The IGC will now be merged with the Clinical Board sub-committee as we move into the next phase of our digital journey.

FAREWELL TO IGC

From the THINK Hauora staff

Let's think about how we got to here
It's been a long journey, of that we are clear
First there were lessons about all things IT
And deciding what we wanted to be.

An information governance group was formed
Who learned, considered and normed
And created the first ISSP
The groups direction for all to see.

And from this was born CentralNet
The first step in our plan was set
Complete with some technical services
That were sometimes meet with pirate-like curses.

Later a digital transition plan
Let's move to cloud from hosted san
And create a PMS working group
To enable the network decision loop.

The Compass amicable divorce was planned
After the workflows and systems were scanned
New AD, website and data
New portals and claims to work faster.

A new way to work based on safety
Productivity, knowledge and mobility
We created SLA, MSA and RFPs
To get mobiles, providers and telephony.

And data, everyone wants data
Build a data warehouse to be smarter
'Cos while everyone wants data now
We needed a plan to figure out how

We created single sign on
To ensure the network was strong
We helped build the district's Te Awa
That will help us all move further

And throughout it all
The Committee has stood tall
Providing careful oversight
The future looks blimmin' bright.

Finance, Audit, Risk and Health and Safety Committee Report



Colin McJannett
Chair

Harmony between immediate compliance and procedural requirements, risks and a longer view of anticipated exposures have been our focus for the year. Ongoing financial viability, and adequate funding for contract delivery is of prime concern for the Committee, as it is across the wider health sector.

This year has seen significant progress and implementation of a number of large projects. We celebrate the successes of these, and commend the important work done by those involved to ensure sound project scoping, planning and assessment of resources that led to effective contract deliveries.

BRINGING DATA IN-HOUSE

Of note has been the Committee's oversight of financial investment into the data warehouse and related security projects. This has been unarguably timely as this year we saw the importance of strong data environments and systems, not only to business functions but also to public and funder confidence. The ramifications of the Tū Ora Compass Health cyberattacks were keenly felt by both our region and nationwide. The excellent skill capability within THINK Hauora, connections across our network and the progress we had already made across data and security projects supported us in reducing our vulnerabilities as an organisation. THINK Hauora is now positioned to be more responsive and drive better-informed focused health delivery.

FOCUS ON SUSTAINABILITY

General Practice sustainability continues to be of utmost importance. Over the year we have reviewed risk profiles and operational obstacles of our subsidiary organisations and other General Practices to ensure continued effective service delivery for our communities. We are working with the General Practice network to support the recruitment of GPs to provincial NZ focusing on the pipeline, telehealth and new ways of working.

While Covid-19 brought many challenges, it also provided a catalyst and opportunity to hasten the transition to virtual consults – a move which THINK Hauora has championed and which will improve practice operational efficiency generally. I'd like to finish by acknowledging the importance of the health and safety of our staff and thanking them for their exceptional commitment while carrying their weighty, stressful and changing workloads.



Providers

General Practice Teams / Integrated Family Healthcare Centre Providers

MANAWATŪ

Feilding Health Care

PALMERSTON NORTH

169 Medical Centre

Broadway Medical Centre

City Doctors

Cook Street Health Centre

Dr Parry's Surgery

Group Medical Chambers

Health Hub Project NZ Ltd (compromised of Health Hub @ Downtown, Health Hub @ Total Healthcare, Health Hub @ Highbury Medical Centre

Hokowhitu Medical Centre

Kauri HealthCare

Massey Medical Centre

Milson Medical Chambers

Orbit Medical

The Palms Medical

Riverdale Health & Linton Health Ltd

Sydney Street Health Centre

Victoria Medical

Village Medical

West End Medical Centre

Best Care (Whakapai Hauora) Charitable Trust

YOSS - Youth One Stop Shop

TARARUA

Short Surgery Dannevirke

Tararua Health Group Ltd

HOROWHENUA

Te Waiora Community Health Service

Horowhenua Community Practice

Cambridge Street Medical Centre

Tararua Medical Centre

Queen Street Surgery

OTAKI

Otaki Medical Centre

Community Contracted Providers

IWI & MĀORI PROVIDERS

Te Tihi Whānau Ora Alliance Charitable Trust

Raukawa Whānau Ora Ltd

Rangitāne o Tamaki Nui a Rua Inc

Muauūoko Tribal Authority

Mana o te Tangata

He Puna Hauora

Kahungunu ki Tamaki Nui a Rua

Ngā Kaitiaki o Ngāti Kauwhata

Whaioro Trust

YOUTH PROVIDERS

Highbury Whānau Centre

Tararua Community Youth Services Inc

Waiopahu College

Changing Horses Ltd

Snapback Gym

RADIOLOGY

Broadway Radiology Ltd

Pacific Radiology Ltd

Kapiti Coast Ultrasound

The Palms Medical

Tararua Health Group Ltd

PHARMACY

City Health Pharmacy

Unichem Kauri HealthCare Pharmacy

Feilding Health Pharmacy

Unichem The Palms Pharmacy

Tararua Pharmacy Ltd

Horowhenua Health Centre Pharmacy

Gimblets Pharmacy Ltd

Hamish Barham Pharmacy Ltd

Cook Street Pharmacy

Vautier Pharmacy - Summerhill Village

Vautier Pharmacy - Pioneer Village

Vautier Pharmacy - Downtown

MidCentral Cmty Pharmacy Group

RETINAL SCREENING

Bruce Little & Associates

See Hear Ltd

Dannevirke Optical Ltd ta Visique Dannevirke

Optometrist

Eyes on Broadway

Visique Naylor & Palmer

Visique Eye Spy

Feilding Retinal Screening Services

PHYSIOTHERAPY

Bats Otto & Ingrid Bats Physiotherapy

Kauri Physio Ltd

Aimee Feck Physiotherapy

ACUTE CARE

Homecare Medical

St Johns

PODIATRY

Rimutaka Podiatry Ltd

McRae Podiatry Ltd

TE ARA RAU ACCESS & CHOICE (Mental Health)

Changing Horses Ltd
CFDC Company Ltd
Baby Brain Ltd
Youthline
Ann-Marie Stapp
Highbury Whānau Centre
Andrea Ayson Counselling
Ann-Marie Stapp
Living Well Counselling Centre
Lyn James
Richard Jenkins
Lynley Hayward
Shona Hartendorp
Manawatu Alternatives to Violence
Manchester House Social Services Society Inc
Donna Quaife
Marcia Amadio
Diane Clayton Counselling Services
Mary White Counselling
ACROSS Te Kotahitanga o te Wairua
Oho Mauri Counselling & Intuitive Healing
Pamela Calton
Brandon Gallagher
Tautoko Solutionz Counselling
Carol Mattinson
Te Aroha Noa Community Services Trust
Changemaker Consultants Ltd
Creative Wellbeing Therapy Service
Whaioro Trust Board
Presbyterian Support Central
Whānau Ataahua Beautiful Families Trust
Tomochology
Mayan Schraders
Massey University Psychology Clinic

INTERPRETING SERVICES

Interpreting Services Ltd
Ezispak
On Call

OTHER

MidCentral DHB Specialist Services
MHT Diabetes Trust
Insights to Shine
The Women's Clinic



**Central Primary Health Organisation
trading as THINK Hauora
Summary Consolidated Financial Statements**

**Summary Consolidated Statement of Comprehensive Revenue and Expense
For the Year Ended 30 June 2020**

	Group	
	2020	2019
	\$	\$
Revenue from Non-Exchange Transactions	56,433,555	49,841,897
Revenue from Exchange Transactions	1,305,753	1,184,328
Expenditure	<u>(58,497,983)</u>	<u>(49,920,877)</u>
Operating Surplus/(Deficit)	(758,675)	1,105,348
Share in Surplus/(Deficit) of Joint Venture	61,552	104,565
Net Surplus/(Deficit) for the Year	(697,123)	1,209,913
Total Comprehensive Revenue and Expense for the Year	(697,123)	1,209,913

The notes on page 4 & 5 are an important part of, and should be read in conjunction with, these summary consolidated financial statements

**Summary Consolidated Statement of Movements in Net Assets
For the Year Ended 30 June 2020**

	Total Equity Group \$
Balance as at 30 June 2018	4,714,191
Net Surplus for the Year	1,209,913
Other Comprehensive Revenue	-
Balance as at 30 June 2019	5,924,104
Net Surplus for the Year	(697,123)
Other Comprehensive Revenue	-
Balance as at 30 June 2020	5,226,981

Summary Consolidated Statement of Financial Position
As at 30 June 2020

	Group	
	2020	2019
Assets		
Current Assets	8,777,885	8,558,884
Non-Current Assets	1,246,283	863,314
Total Assets	10,024,168	9,422,198
Liabilities		
Current Liabilities	4,797,187	3,498,094
Non-Current Liabilities	-	-
Total Liabilities	4,797,187	3,498,094
Net Assets	5,226,981	5,924,104

The notes on page 4 & 5 are an important part of, and should be read in conjunction with, these summary consolidated financial statements



**Summary Consolidated Statement of Cash Flows
For the Year Ended 30 June 2020**

	Group	
	2020	2019
	\$	\$
Net Cash Flows from Operating Activities	561,577	151,197
Net Cash Flows from Investing Activities	(725,923)	(400,822)
Net (Decrease)/Increase in Cash and Cash Equivalents	(164,346)	(249,625)
Cash and cash equivalents at the beginning of the year	4,982,704	5,232,329
Cash and cash equivalents at the end of the year	4,818,358	4,982,704
<i>Comprising:</i>		
Cash on hand, current accounts and call accounts	4,818,358	4,982,704
Total cash and cash equivalents	4,818,358	4,982,704


The notes on page 4 & 5 are an important part of, and should be read in conjunction with, these summary consolidated financial statements

The summary consolidated financial statements were authorised for issue for and on behalf of the Trustees on 10 December 2020:

Trustee



Trustee



Notes to the Summary Consolidated Financial Statements

1. Statement of Compliance

The reporting entity is THINK Hauora ("the Trust"). The Trust is domiciled in New Zealand and is a charitable organisation registered under the Charities Act 2005.

The summary consolidated financial statements comprising of the Trust and its controlled entities THINK Hauora Limited, Central Primary Health Organisation Limited and its trading entity Horowhenua Community Practice, together the "Group" are presented for the year ended 30 June 2020.

The Group provides health services to people living in the Otaki, Tararua, Manawatu and Horowhenua area. All entities within the Group are charitable organisations registered under the Charitable Trusts Act 1957 and the Charities Act 2005.

2. Basis for Preparation

The summary consolidated financial statements have been extracted from the full financial statements of the Group. The summary consolidated financial statements have been prepared in accordance with PBE FRS 43 Summary Financial Statements. The summary consolidated financial statements cannot be expected to provide as complete an understanding as provided by the full financial statements. Information extracted from the full financial statements has not been restated or reclassified.

The full consolidated financial statements are available on request by contacting the Finance Manager, PO Box 2075, 200 Broadway Avenue, Palmerston North or email accounts@thinkhauora.nz. The full consolidated financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand ("NZ GAAP"). They comply with Tier 1 Not-For-Profit Public Benefit Entity International Public Sector Accounting Standards ("PBE IPSAS") and other applicable financial reporting standards as appropriate that have been authorised for use by the External Reporting Board for Not-For-Profit entities. For the purposes of complying with NZ GAAP, the Group is a public benefit not-for-profit entity and is applying Tier 1 Not-For-Profit PBE IPSAS as it has expenditure of more than \$30 million. The Board of Trustees has elected to report and is in compliance with Tier 1 Not-For-Profit PBE Accounting Standards.

The full consolidated financial statements have been audited and an unmodified opinion was given on the financial statements for the year ended 30 June 2020. The full financial statements were authorised for issue on 10 December 2020.

These summary consolidated financial statements are in respect of Group's full financial statements that comply with Tier 1 Not-For-Profit PBE Accounting Standards.

3. Capital Commitments

There were no capital commitments as at the reporting date (2019: nil).

4. Contingent Assets or Liabilities

There were no contingent assets or liabilities as at the reporting date (2019: nil).

5. Related Party Disclosures

Related Party	Description of Transaction	2020	2019	2020	2019
		Value of Transactions	Value of Transactions	Amount Outstanding	Amount Outstanding
Te Waiora Partnership (TWP)	Capitation Fees paid to TWP	(1,272,700)	(1,080,266)	-	-
	SLM Fees paid to TWP	(96,867)	(4,915)	-	-
	Expenses recovered by Central PHO			127,017	96,679
	Other Fees paid to TWP	(252,845)	(351,852)	15,769	25,445
				-	-



Key Management Personnel

The key management personnel, as defined by PBE IPSAS 20 Related Party Disclosures, are the members of the governing body which is comprised of the Board of Trustees, CEO and the Senior Leadership Team. The aggregate remuneration of key management personnel and that number of individuals, determined on a full-time equivalent basis, receiving remuneration as follows:

	Group	
	2020	2019
	\$	\$
Trustees		
Total Fees	56,047	59,805
Number of persons	15	13
Senior Leadership Team		
Total remuneration	895,284	733,068
Number of persons	5	5

6. Subsequent Events

The Board of Trustees and management are not aware of any other matters or circumstances since the end of the reporting period, not otherwise dealt with in these consolidated financial statements that have significantly or may significantly affect the operations of the Group. (2019: Nil).

7. COVID

On 11 March 2020 the World Health Organisation declared a global pandemic in respect to the COVID-19 virus outbreak. Following establishment of a foothold within the New Zealand population, the New Zealand Government initiated a range of restrictions and measures in an attempt to eliminate the virus within New Zealand.

As at the date of this report the impact of the pandemic is ongoing and is expected to have a significant long lasting economic impact on New Zealand, with likely flow through to most businesses. Due to the inherent uncertainty of the duration and impact of the pandemic it is not practicable to determine the full impact that the virus will have on THINK Hauora going forward, however it's assessment is that it is unlikely to be significant to its operations and therefore the Trustees continue to consider it appropriate to apply the going concern basis of accounting to the financial statements.

Report of the Independent Auditor on the summary consolidated financial statements

Grant Thornton New Zealand Audit Limited

L15, Grant Thornton House
215 Lambton Quay
P O Box 10712
Wellington 6143

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F +64 4 474 8509
www.grantthornton.co.nz

To the Trustees of Central Primary Health Organisation, trading as THINK Hauora

Opinion

The summary consolidated financial statements, which comprise the summary consolidated statement of financial position as at 30 June 2020, the summary consolidated statement of comprehensive revenue and expense, summary consolidated statement of movements in net assets and summary consolidated statement of cash flows for the year then ended, and related notes, are derived from the audited financial statements of Central Primary Health Organisation, trading as THINK Hauora ("the Trust") for the year ended 30 June 2020. In our opinion, the accompanying summary consolidated financial statements are consistent, in all material respects, with the audited financial statements.

Summary consolidated financial statements

The summary consolidated financial statements do not contain all the disclosures required by PBE IPSAS. Reading the summary consolidated financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited consolidated financial statements in our report dated 10 December 2020.

Other Information than the Summary Consolidated Financial Statements and Auditor's Report Thereon

The Trustees are responsible for the other information. The other information comprises the annual report (but does not include the summary consolidated financial statements and our auditor's report thereon), which is expected to be made available to us after the date of this auditor's report.

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

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

When we read the annual report, if we conclude that there is a material misstatement therein, we are required to communicate the matter to those charged with governance and will request that such matters are addressed.

Trustees' Responsibility for the Summary Consolidated Financial Statements

The Trustees are responsible for the preparation of a summary of the audited consolidated financial statements of the Trust in accordance with PBE FRS-43: *Summary consolidated financial Statements*.



Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary consolidated financial statements are consistent, in all material respects, with the audited financial statements based on our procedures, which were conducted in accordance with International Standard on Auditing (New Zealand) (ISA (NZ)) 810 (Revised), *Engagements to Report on Summary consolidated financial Statements*. Our firm carries out other assignments for the Trust in the area of assurance services. The firm has no other interest in the Trust.

Restricted Use

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

Grant Thornton New Zealand Audit Limited

A handwritten signature in black ink that reads "Grant Thornton".

B Kennerley
Partner
Wellington

10 December 2020



Mā te whiritahi, ka
whakatutuki ai ngā
pūmanawa ā tāngata

Together weaving the
realisation of potential