



2018
ANNUAL
REPORT

HEALTH HAWKE'S BAY



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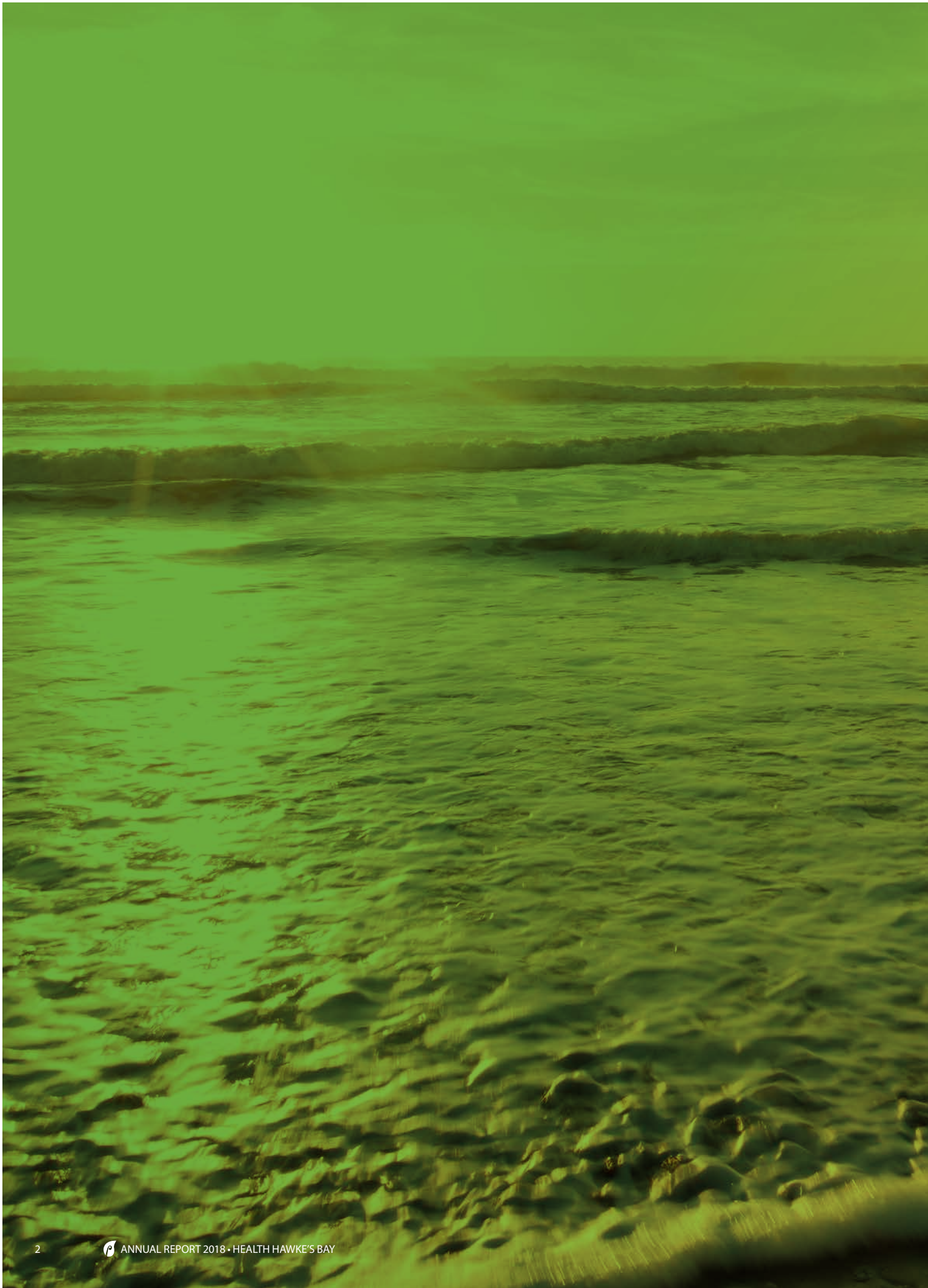
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Our vision

Healthy Hawke's Bay –

Te Hauora o Te Matau ā Māui

*Excellent health services working in partnership
to improve the health and wellbeing of our people,
and to reduce health inequities within our community.*

Our values

Tauwhiro

*Delivering high quality care
to patients and consumers.*

Rāranga te tira

*Working together
in partnership across
the community.*

He Kauuananu

*Showing respect for each
other, our staff, patients
and consumers.*

Ākina

*Continuous improvement
in everything we do.*



Our practices

WAIROA DISTRICT

- Health Care Centre
- Queen St Practice
- Wairoa Medical Centre

NAPIER CITY

- Carlyle Medical Centre
- Central Medical Napier Ltd
- Clive Medical Centre
- Dr Paul Hendy – Peddie Street Medical
- Dr Robert Harris's Practice
- Greendale Family Health Centre
- Hawke's Bay Wellness Centre
- Maraenui Medical Centre
- Shakespeare Rd Medical Centre
- Tamatea Medical Centre
- Taradale Medical Centre
- The Doctors Napier
- The Doctors Greenmeadows
- The Doctors EIT Health Centre
- The Doctors Westshore

HASTINGS DISTRICT

- Gascoigne Medical Services Ltd
- Hauora Heretaunga
- Mahora Medical Centre
- Medical & Injury
- Te Mata Peak Practice
- The Doctors Hastings
- The Hastings Health Centre
- The Havelock North Health Centre
- Totara Health – Flaxmere
- Totara Health – Nelson Street

CENTRAL HAWKE'S BAY DISTRICT

- The Doctors Waipawa
- Tuki Tuki Medical Ltd

Our population



160,751

PEOPLE ENROLLED
WITH HEALTH HAWKE'S BAY

WHICH EQUALS

97.5%

OF HAWKE'S BAY POPULATION
BASED ON STATS NZ POPULATION
PROJECTIONS NOVEMBER 2017

1.5% ^

INCREASE FROM PREVIOUS YEAR



711,117

NURSE AND GP CONSULTS PROVIDED
DURING 2017 - 2018 PERIOD

MĀORI ENROLMENT

2.3% ^

INCREASE FROM PREVIOUS YEAR

PASIFIKA ENROLMENT

2.9% ^

INCREASE FROM PREVIOUS YEAR

ASIAN ENROLMENT

9.3% ^

INCREASE FROM PREVIOUS YEAR

UNDER 13 YEARS
ENROLMENT

1.0% ^

INCREASE FROM PREVIOUS YEAR

65+ YEARS
ENROLMENT

3.1% ^

INCREASE FROM PREVIOUS YEAR



About Health Hawke's Bay

Health Hawke's Bay is the region's single Primary Health Organisation (PHO), covering a population of approximately 161,000. We aim to improve health outcomes and life expectancy across Hawke's Bay, particularly for Māori and other underserved groups.

The Health Hawke's Bay Board and Chief Executive Officer (CEO) are passionate about health and Hawke's Bay, and are supported by a dedicated team of professionals in a wide range of roles.

Health Hawke's Bay believes that timely access to high quality health care is fundamental to improving the health of our community.

We aim to improve health outcomes and life expectancy across Hawke's Bay, particularly for Māori and other underserved groups.

WHAT IS A PRIMARY HEALTH ORGANISATION (PHO)?

A PHO provides primary health services either directly or indirectly through general practice and other health and social care providers. These services are designed to improve and maintain the health of the enrolled PHO population, and eliminate inequities in health outcomes that exist for Māori, Pasifika and high needs populations. The aim is to ensure general practice services are linked with other health and social care services for a seamless continuum of care.

Health Hawke's Bay receives funding from the Government, usually via the Hawke's Bay District Health Board (HBDHB), to subsidise a range of health services. The amount of funding received is based on the numbers and the characteristics (e.g., age, sex, and ethnicity) of their enrolled population.

The funding pays for services to:

- provide care and treatment when people are ill
- help people to stay healthy
- connect with groups in the community who have poor health or who are missing out on primary health care
- provide health promotion

ENROLMENT IN A PHO

Enrolment in a PHO is voluntary. Most New Zealanders are however enrolled through their general practice and gain the benefits associated with belonging to a PHO, which can include cheaper doctors' visits and reduced costs of prescription medicines.

CEO Report

He hōnore, he kororia ki te atua,
he maungarongo ki te whenua, he
whakaaro pai ki ngā tāngata katoa.
E ngā mate huhua o te wā, moe mai rā.
Tātou te hunga ora e pai nei tēnā hoki
tātou katoa.

**Kia Ora, Kia Orana, Malo, Talofa Lava,
Bula Vananka, Malo e Lelei, Fakaalofa
Lahi atu, Namaste, Talofa Ni and
Warm Pasifika Greetings to you all!**

Health Hawke's Bay has been through some significant change in the past year, with the development of the Health Hawke's Bay Strategic Focus and an internal restructure to align the team with defined strategic goals. In May 2018, the Board endorsed my appointment as CEO of Health Hawke's Bay to lead the team through a period of change, in partnership with general practice and in collaboration with HBDHB under the Primary Care Development Partnership. The next three years will be focussed on improving health outcomes for Māori and other underserved communities, to eliminate the disparity in health status and health outcomes. To do this, we will need to play a lead role in the evolution of primary care, work better as one health system, and redesign our services in partnership with our community, hapū, providers and wider health sector partners.

General practice is a main focus for Health Hawke's Bay, with a growing enrolled population of approximately 161,000 patients (1.5% increase from previous years). This represents 97.5% of the total Hawke's Bay population, 97.9% of Māori and 90.9% Pasifika, compared to the national average of 93.4%. However, enrolment is only the first step to accessing general practice. Ensuring timely, high quality access to general practice is my priority and we have a number of key activities underway to achieve this.



One of these activities is working with general practice on alternative models of care, including the Health Care Home model. The principles of this model are to support general practice to be a health care hub and care coordinator for its enrolled patients, acting as the system integrator with the patient at the centre. This model of care aligns with the successful Nuka System of Care and whilst investigations are still in their infancy, Health Hawke's Bay are committed to working with general practice to progress this initiative.

As a health system, we have worked with our partners at HBDHB towards achieving the System Level Measure targets, implementing the plans to achieve whole of system outcomes. I am pleased to report that the team achieved 100% in the Raising Healthy Kids Health Target (target 95%) and had 236 whānau (972 individuals) make up the Whānau Wellness Resource Programme 2018 cohort.

Unfortunately we fell short of the Better Help for Smokers to Quit and Increased Immunisation Health Targets by 1%. A lot of work goes into meeting these targets and we will continue to focus on these going forward. Financially we finished the year with a smaller deficit than planned. Investing in services that will bring about positive outcomes for all of our population, not just some of our population, is a must. We have started a process to review the value of our investment with equity the number one factor when determining value. I look forward to being able to share the outcome of that review and make more informed decisions for investment as a result of this work.

The next three years will be focussed on improving health outcomes for Māori and other underserved communities, to eliminate the disparity in health status and health outcomes.

To also help guide investment decisions across the whole health system, HBDHB engaged Sapere Research Group to lead the development of a whole sector Clinical Services Plan. Feedback from general practice teams extracted themes which included: the increasing demand on primary care; workforce challenges such as recruitment and burnout; and varying levels of trust across the sector. A series of workshops were carried out to co-design a response and recommendations for investment over the next ten years. The draft plan is out for consultation and is due to be finalised by the end of 2018.

Primary Mental Health has been an area of significant change over the past year. We have moved to a stepped model of care with the aim of increasing the number of people who have access to the right level of mental health services. There is still a long way to go, but the increase in service provision has been a positive first step. Together with some of our providers, we gave an overview of our Primary Mental Health programme and other contributing programmes to the Mental Health and Addiction Inquiry Panel. The panel was well engaged and I am hopeful that the enquiry will result in further investment into the capacity and capability for primary mental health services.

In 2017, Health Hawke's Bay took a lead role in the development of a new after hours' service provision for patients in Napier and Hastings between the hours of 2000 and 0800. We worked with primary care providers to design and implement the new service provision that went live on 1 December 2017. This service will continue to evolve to ensure it meets the needs of the population after hours.

As an organisation, we strive to provide a high level of service and assistance across the general practice network and to build strong working relationships with those that work at the coal face. It has been another

busy year for the health sector and our provider network continues to respond to the pressure of the increasing demand in primary care. On top of this was the added pressure of planning for industrial action and an influenza season that hit the Northern Hemisphere hard. As always, the network pulled together to support each other and I want to take this opportunity to thank everyone involved, both at a planning level and those working on the ground.

I would like to thank Bayden Barber, who has been a committed and supportive Chair, and pay thanks to the Board and our Committees who have provided leadership and guidance over the year.

To the team at Health Hawke's Bay, it has been a tough year of transition as we worked through a process of transformation to ensure that we are well positioned to deliver better, equitable health outcomes both now and into the future. I thank you all for your commitment to this process in what was a very difficult and stressful time for all team members. I am confident that we have the right structure to support the changes and challenges ahead for general practices in Hawke's Bay healthcare and I look forward to going on this journey with you.

To our general practice teams, your ability to weave your way through the complexities and politics of health whilst providing the best health care for your patients is a challenge that you face daily, but one that you fully embrace. Thank you. The team and I look forward to another year of working together.



Nāku iti nei,
Wayne Woolrich



E ngā reo, e ngā mana, e ngā kārangaranga maha tēnā koutou. Kai te tangi i ngā mate maha, he tau nui ngā mate te tau, he tau nui te tangi te tau, nō reira rātou te hunga kua hao nei i te kupenga o Taramainuku, haere atu rā. Tātou te hunga kua mahue mai ki muri, tēnā hoki tātou katoa.

Chair's Report

It is my pleasure to present the 2018 Health Hawke's Bay annual report. It has been another busy year with changes nationally, within the health environment, and operationally at Health Hawke's Bay.

October saw a change of government which has shifted the direction of the delivery of health care for all New Zealanders. The current government has a determined focus on improving life expectancies for Māori, Pasifika and the underserved and to better serve those with mental health needs. These and other focus areas are outlined in the Strategic Plan 2018 - 2021 that the Board and CEO have developed to guide the PHO on its journey to improve the delivery of health care for all people in Hawke's Bay.

The board of Directors unanimously endorsed the appointment of Wayne Woolrich as CEO of Health Hawke's Bay and are confident that Wayne will embrace driving change within primary care to ensure that general practice is nimble and can adapt to the changing health needs of patients.

Alongside the development of the three year strategic focus, the CEO has managed an internal restructure to reposition Health Hawke's Bay with the right levels of expertise, to realise the change required in service delivery. With the region's population tending to be older than the national average, with a higher proportion of Māori and proportionally more people in the more deprived sections of the population, Health Hawke's Bay will be required to support general practice to drive change and embrace new models of health service delivery.

The July Board meeting re-elected me as their Chair and Dr Mark Peterson as Deputy Chair. It is with pride that I lead a board that works extremely hard to ensure the organisation is in the best possible position to achieve equitable health outcomes for all in Hawke's Bay. Strong governance and leadership are essential to achieving Health Hawke's Bays strategic objectives. In 2017 an independent review of the Health Hawke's Bay's governance was undertaken to better align our governance with the Institute of Directors best practice standards. This was a valuable exercise, with a number of initiatives under way to strengthen our governance capability.

I was inspired by what can be achieved when communities come together and are empowered to deliver models of care that align with the cultural values of the community.

Health Hawke's Bay and HBDHB have formed a Primary Care Development Partnership which will see primary and secondary care align their focus and commitment to improving the delivery of primary care to our community. This partnership is an important development for the Hawke's Bay health sector as it grapples with the many challenges as outlined in the recently developed Clinical Services Plan. It is clear that the status quo is not sustainable, and that both secondary and primary care delivery will need to change if it is to meet these challenges.

Both the Chair of Health Hawke's Bay and HBDHB Board, along with their respective CEO's have considered and approved the following nominations for the inaugural Board of the Primary Care Development Partnership:

- Health Hawke's Bay Board:
Bayden Barber (Chair), Jason Ward, Jeremy Harker
- Hawke's Bay District Health Board:
Hine Flood, Ana Apatu, Helen Francis (Deputy Chair)
- HBDHB Māori Relationship Board: Beverly Te Huia
- HBDHB Clinical Council: David Rodgers
- HBDHB Consumer Council: Rachel Ritchie

The annual South Central Foundation conference was held in June, and I was privileged to be part of the most recent Ngāti Kahungunu led delegation to visit Alaska.

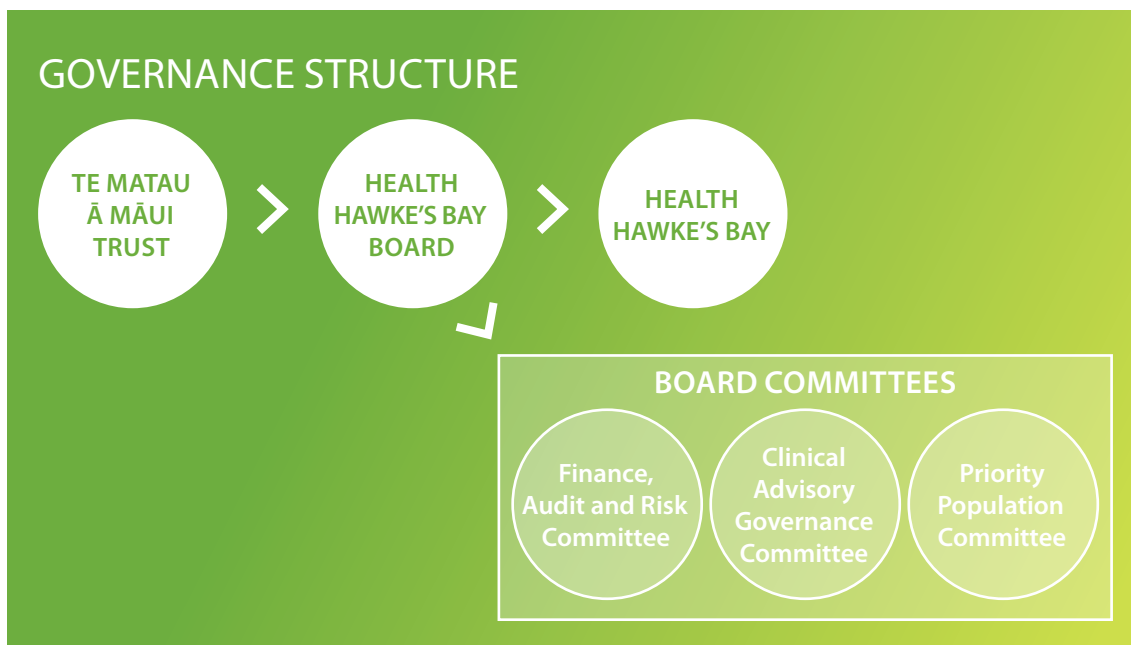
I was inspired by what can be achieved when communities come together and are empowered to deliver models of care that align with the cultural values of the community. The Nuka model of care is one of a number of models of care that Health Hawke's Bay will be investigating (along with general practice) to find an improved model of service delivery that is sustainable and improves the health outcomes of our population.

There certainly seems to be a general alignment of thinking from all levels within the health sector, both national and local that change is needed. The coming together of important stakeholders within Hawke's Bay, along with the development of key strategic documents and innovative models of care to guide these efforts, puts us in a great position to seize the opportunity that stands before us. Kei noho wawata noa...kia eke! Don't let it remain a dream...let's get to work!



Nāku noa
Bayden Barber

Health Hawke's Bay Governance



ROLE OF THE BOARD

Health Hawke's Bay Board sets the strategic direction of Health Hawke's Bay, establishes the overall policy framework within which the business of Health Hawke's Bay is conducted, provides effective oversight of the activities carried out by management and protects shareholder's interests.

The board's focus is to ensure the overarching goals of the organisation are met and equitable health services are provided to the community of Hawke's Bay by the Primary Health Organisation (PHO).

Having regard to its role, the Board will direct and supervise the management of the business and affairs of the company including:

- Deciding on whatever steps are necessary to protect the company's financial position
- Ensuring the company's financial statements are true and fair and otherwise conform with law
- Ensuring the company has appropriate risk management/regulatory compliance policies in place

- Appoint the CEO, set the terms of the CEO's employment contract and where necessary terminate the CEO's contract
- Ensure the company has remuneration policies for executive management and directors

ROLE OF THE CEO

The Board delegates responsibility for the day to day operation and management of Health Hawke's Bay and others who are charged with the day to day leadership and management in line with Health Hawke's Bay Delegated Authorities framework

HEALTH HAWKES' BAY BOARD OF DIRECTORS

Bayden Baber – *Chair*
 Dr Mark Peterson – *Deputy Chair*
 Dr Sandra Jessop
 Helen Walker
 Chris McKenna
 Jeremy Harker
 Jason Ward

MEMBERSHIP OF ADVISORY COMMITTEES

ROLE OF THE FINANCE, AUDIT AND RISK COMMITTEE

To support the Board of Health Hawke's Bay in its responsibility for ensuring appropriate and robust financial management, accountability and the identification and mitigation of corporate risk.

FINANCE, AUDIT AND RISK COMMITTEE

Jeremy Harker – *Chair*
Helen Walker – *Deputy Chair*
Dr Mark Peterson
Kerry Marshall – *Independent Professional Advisor*

ROLE OF THE CLINICAL ADVISORY GOVERNANCE COMMITTEE

To support the Board of Health Hawke's Bay in its responsibility for clinical governance by:

- leadership that delivers sound strategic and policy advice;
- recommending appropriate systems and processes; and, ensuring organisational accountability for clinical safety and quality improvement that will ensure that our population receives the right care, at the right time, from the right person in a safe, honest, open and caring environment

CLINICAL ADVISORY GOVERNANCE COMMITTEE

Chris McKenna – *Chair*
Dr Mark Peterson – *Deputy Chair*
Bayden Barber
Julia Ebbett
Maurice King
Dr Andrew Phillips
Dr Tae Richardson
Catrina Riley

ROLE OF THE PRIORITY POPULATION COMMITTEE

To support the Board of Health Hawke's Bay in its responsibility for improving health outcomes for Māori, Pasifika and quintile five communities through the development of innovative strategies and health services in order to address known health disparities.

PRIORITY POPULATION COMMITTEE

Dr Sandra Jessop – *Chair*
Bayden Barber – *Deputy Chair*
Hine Flood
Trish Giddens
Donna O'Sullivan
Beverly Te Huia
Talalelei Taufale
Charmaine Tuhaka
Melissa White
Jason Ward

The board's focus is to ensure the overarching goals of the organisation are met and equitable health services are provided to the community of Health Hawke's Bay



Our Team



FROM THE RIGHT TO LEFT

BACK ROW: Tammy O'Neill, Sheldon Reddie, Adrian Rasmussen, Trish Freer, Lynda Corner, Shona Fraser, Terrie Spedding, Lillian Ward, Lizzy Mackenzie, Carolyn Clarke, Carina Burgess, Fiona Gray, Rebecca Tegg, Andre Le Geyt
FRONT ROW: Stuart Greville, Faye Milner, Steph Maggin, Michele McCarthy, Louise Pattison, Angeline Tangiora, Sonya Harwood, Wayne Woolrich, Rochelle Robertson, Charmaine Robinson, Alan Kohi, Heather Johnson, Linda Dubbeldam, Ina Graham





Programme Updates

18. AFTER HOURS URGENT CARE
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20. B4 SCHOOL CHECK PROGRAMME (B4SC)
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AFTER HOURS URGENT CARE – STREAMLINING URGENT CARE IN NAPIER AND HASTINGS

Health Hawke's Bay facilitated a process whereby general practice in Napier and Hastings were able to come together with St John and our HBDHB colleagues to develop a new model for out of hours care in Napier and Hastings.

Established on 1 December 2017, the model uses nurses based in City Medical at the Napier Health Centre and mobile Urgent Care Paramedics to deliver overnight care to the people of Napier and Hastings.

Not only does this provide safe appropriate care close to the patient, but it frees up capacity in general practice to see more patients during the day. Extended hours for access to general practices and community pharmacy

in Napier and Hastings is complemented by increased availability of next day appointments at a patient's own general practice, meaning that we are connecting urgent and out of hours care back into the heart of general practice.

We will monitor this service and evolve it as needed to meet the needs of the population after hours.



PRIMARY MENTAL HEALTH PROGRAMME

In Hawke's Bay, we have high rates of mental health conditions and limited resources to meet the demand.

This year, the Primary Mental Health programme has been transitioned to a stepped model of care. The intent of the change is to increase equity of access to services, and address the need to achieve a higher level of patient satisfaction and positive health outcomes for those participating in services. Increased options means the service can be tailored for individuals allowing the right level of care for their specific needs.

The introduction of this new model of care supported the integration of physical and mental health within primary care and strengthened the capacity and capability of general practice teams through workforce development.

Following the transition to this model, Health Hawke's Bay have been able to be more responsive to patient need, increase diversity of services, strengthen supported self-management in mental health context and endorse patient self-efficacy/empowerment.

Health Hawke's Bay have been able to be more responsive to patient need, increase diversity of services, strengthen supported self-management in mental health context and endorse patient self-efficacy/empowerment.

B4 SCHOOL CHECK PROGRAMME (B4SC)

This Well Child Tamariki Ora check is a universal, comprehensive screening assessment available for all four year old children.

Children identified at this check as having a high Body Mass Index (BMI) are referred to Active Families Early Years who work in partnership with whānau both at home and in the community, including Early Childhood Centres. This multidisciplinary approach allows for consistent messages for lifestyle change, increasing activity sessions and provides support for families to achieve these changes.

Pacific Early Childhood Education Centres have been very effective in increasing physical activity as most of their older children and staff are engaged in active play such as: dancing, playing with ball, swimming, rolling on the ground and spinning to improve balance.

RAISING HEALTHY KIDS

TARGET:

95% of obese children identified in the B4 School Check programme will be offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions

Total: 100%

Māori: 100%

Pasifika: 100%

A key area of focus to achieve the national Raising Health Kids Health Target of 95% was to develop and implement a well-coordinated, quality, collaborative approach to undertake the following:

- Achieving equity for Māori and other disadvantaged populations
- Coordination and monitoring
- Engagement with all partners around the table supporting the programmes direction and intent
- Evolution and enhancements of the programmes
- Resource co design and development for and with tamariki and their whānau
- Provision of in service quarterly training session

This resulted in 100% achievement of the target and a streamlined referral system.

“Congratulations on reaching 100% achievement with this target. We are also impressed with your continued efforts in reducing the proportion of whānau that decline a referral. These rates are now the lowest, nationally”.

(Ministry of Health 2018)



BARIATRIC SURGERY “MAKING HEALTH EASY”

Bariatric surgery (weight loss surgery) includes a variety of procedures performed on people who have obesity where other treatment options, like diet and exercise, are no longer viable options.

Long-term studies show that bariatric surgery causes significant long-term weight loss, recovery from diabetes, improvement in cardiovascular risk factors, and a reduction in mortality.

There is a high demand for bariatric surgery in New Zealand.

Post-surgery, the long-term lifestyle change required presents a significant challenge for whānau and for the health sector. Some local whānau who have had bariatric surgery are maintaining a healthy weight; others are regressing. Long-term success depends on how prepared whānau are for the psychological (i.e. emotional and social) impact of bariatric surgery, and the extensive level of self and whānau-directed care needed.

Health Hawke's Bay is working with bariatric surgical services, subject matter experts and the 'awhi whānau roopu' (a group of local whānau who have either had, are about to have or are contemplating having bariatric surgery) to provide the necessary support to whānau to achieve long-term success.

Post-surgery, the long-term lifestyle change required presents a significant challenge for whānau and for the health sector.



A WHĀNAU STORY

Māori mother of four children and 11 mokopuna; a survivor of 16 years domestic violence; diagnosed with Diabetes in 2000; whānau history of diabetes and cancer – Dad passed from renal failure; lost three aunts to diabetes; Mum died of cancer.

"Food was my comforter when things weren't going well. Over the years, I found myself getting bigger and bigger".

"I've never really had good management with my diabetes over those years". In 2009, "I was 152kg"... "sugars were 99. Was on metformin..." "I wasn't really listening. My doctor put me on the list (bariatric surgery) three times"... "I was overlooked three times".

My mokopuna came to me, "Nanny, who's going to look after me when you go?"... "That really opened my eyes".

In 2012 and 2013, "I did...Iron Māori"... "I still hadn't dropped significant weight". "At the end of 2013 I lost my Mum. Started going down again – started eating and suppressing my depression".

In 2017, I was "injecting 60 mgs insulin daily. I was "going to sleep at my desk most afternoons"... "sometimes you forget where you are"... "I can't remember how I got places".

"I was bumped off the (Bariatric Surgery) list without knowing"... "I got angry because someone took my right to be there" – "that is my right".

I joined Awhi Whanau Roopu "to look at what the surgery is because you hear so many stories"...

"Since joining, the learning journey is changing me. It's making me stronger. I always used to fold up before"... "When you feel bad in yourself it's like walking through the valley of the shadow of death".

I "started Opti Fast"... "In 7 weeks gone from 131.6 kg down to 121.5 kg and from size 28 to size 18. My sugars "gone from 16.2 in the mornings, down to 5.1"... "I'm more focused at work... My work output has increased".

"I didn't understand how sugar was actually killing me"... "I didn't realise that everything that's been happening to me is because of my choices".

In August 2018, after a fourth referral from her GP, the member was successful in gaining a place on surgical pathway; surgery is scheduled for Nov 18. She said excitedly, "I have had my dietician appointment and was told that my application would be recommended as successful... I have time to prepare my mindset and tinana".

*"Surround yourself with people in the know.
Establish a support system for yourself.
Include your whānau."*

MY ADVICE TO OTHER WHĀNAU:

- "Surround yourself with people in the know. Establish a support system for yourself. Include your whānau.

MY ADVICE TO HEALTH SERVICES:

- "It's about information. Tell me what I need to know... in plain English"; "Consider Bariatric Surgery from a Māori worldview – fund someone to work with Māori whānau, establish Māori support groups"; "Make surgery available for everybody (who wants it), not trying to wrap the people around your timetable".

COORDINATED PRIMARY OPTIONS (CPO)

CPO is delivery of services, by recognised health professionals within a primary care or community care setting that would otherwise have been delivered by a secondary-hospital based service inclusive of outpatient services, ED-provided services and inpatient delivered services.

The investment of funding into the CPO model utilises expertise in primary care to reduce demand on secondary care by devolving/supporting selected services in primary care, whilst delivering the right care to the right person at the right time. CPO supports practices to provide short term community based care for acutely unwell patients who would otherwise be admitted to hospital.

CURRENT CPO PROGRAMMES AVAILABLE WITHIN GENERAL PRACTICE:

Acute Care Pathways – provide services to patients who would otherwise be admitted to hospital or attend the Emergency Department to receive care within a primary setting for the following pathways: Cellulitis, including back referral from ED, DVT Confirmed/Excluded, Childhood Eczema, Pyelonephritis, Tonsillitis/Quinsy, Constipation in Children, Dehydration/Rehydration including minor hyperemesis.

Hospital Discharge Pathway: support re-engagement with primary care following admission to hospital.

Skin Cancer Pathway: A funded Skin Cancer Excision Pathway, for medium complexity skin cancer excisions through accredited general practitioners.

Sexual Health Pathway for Youth: provides youth with timely access to sexual and reproductive health services.

Rheumatic Fever Prevention Pathway: Primary Care Says Ahh – provides free and open access to sore throat assessment and treatment, to prevent the development of Acute Rheumatic Fever.

Vasectomy Pathway: provides long term contraceptive health for those unable to afford Vasectomy.

GP's engAGE in related residential care: provides admission to an Aged Residential Care Facility for medically stable frail older people who are not well enough to be at home, but do not require acute hospital care.



HEALTH HAWKE'S BAY PERFORMANCE IN 2017/18

HEALTH TARGETS

Health targets are a set of national performance measures specifically designed to improve the performance of health services that reflect significant public and government priorities. They provide a focus for action.

	Target	Total	Māori	Pasifika
8-month Immunisations	95% of infants aged eight months will have completed their primary course of immunisation	94%	96%	98%
Better Help for Smokers to Quit	90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months	89.1%	86.5%	85.7%
Raising Healthy Kids	95% of obese children identified in the B4 School Check programme will be offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions	100%	100%	100%

SYSTEM LEVEL MEASURES

The System Level Measures Framework is a national set of high-level aspirational goals for the health system that align with the five strategic themes of the New Zealand Health Strategy and other national strategic priorities such as Better Public Service targets. System Level Measures are a great way to get the whole health system working together towards common goals.

THE SYSTEM LEVEL MEASURES IMPROVEMENT PLAN SITS ACROSS HEALTH HAWKE'S BAY AND HBDHB. THE FOLLOWING RESULTS WERE ACHIEVED IN THE 2018/19 YEAR

System Level Measure	Milestone	Target Achieved	Plan Delivered
Keeping children out of hospital	Ambulatory Sensitive Hospitalisation (ASH) rates for 0–4 year olds	Not Achieved	Achieved
Using health resources effectively	Acute hospital bed days per capita	Not Achieved	Achieved
Person-centred care	Patient experience of care	Achieved	Achieved
Early detection and intervention	Amenable mortality rates	Achieved	Achieved
Youth are Healthy, Safe and Supported	Youth access to and utilisation of youth appropriate health services	Not Achieved	Achieved
Healthy Start	Babies living in smokefree homes	Achieved	Achieved





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HEALTH HAWKE'S BAY LIMITED

Statement of Responsibility

FOR THE YEAR ENDED 30 JUNE 2018

The Directors are responsible for the preparation of the Health Hawke's Bay Limited financial statements and ensuring that they comply with generally accepted accounting practice in New Zealand, give a true and fair view of the financial position of the company as at 30 June 2018 and the results of its operations for the year ended on that date.

The Directors consider that the financial statements of the Company have been prepared using appropriate accounting policies, consistently applied and supported by reasonable judgements and estimates and that all relevant financial reporting and accounting standards have been followed.

The Directors believe that proper accounting records have been kept which enable, with reasonable accuracy, the determination of the financial position of the Company and facilitate compliance with generally accepted accounting practice in New Zealand.

The Directors consider that they have taken adequate steps to safeguard the assets of the Company, and to prevent and detect fraud and other irregularities. Internal control procedures are also considered to be sufficient to provide a reasonable assurance as to the integrity and reliability of the financial statements.

The Directors are pleased to present the financial statements of Health Hawke's Bay Limited for the year ended 30 June 2018.

For and on behalf of the Board:



Director
Date: 3/10/2018



Director
Date: 3/10/2018

HEALTH HAWKE'S BAY LIMITED

Annual Report

FOR THE YEAR ENDED 30 JUNE 2018

The Board of Directors present their Annual Report including the financial statements of the Company for the year ended 30 June 2018.

The shareholders of the Company have exercised their right under section 211(3) of the Companies Act 1993 and unanimously agreed that this annual report need not comply with any paragraphs (a) and (e)-(j) of section 211(1) of the Act.

For and on behalf of the Board:



Director
Date: 3/10/2018



Director
Date: 3/10/2018

HEALTH HAWKE'S BAY LIMITED

Directory

DATE OF INCORPORATION:	11 August 2003
INCORPORATION NUMBER:	1370539
REGISTERED OFFICE:	First Floor 100 McLeod Street Camberley Hastings 4120
NATURE OF BUSINESS:	Primary Health Services
DIRECTORS:	Bayden BARBER Mark PETERSEN Christine MCKENNA Helen WALKER Jason WARD Jeremy HARKER Sandra JESSOP
SHAREHOLDER:	Te Matau a Maui Health Trust – 100 shares
BANKERS:	BNZ
SOLICITORS:	Langley Twigg Law NAPIER
Auditors:	Staples Rodway Audit Limited HASTINGS

HEALTH HAWKE'S BAY LIMITED

Statement of Comprehensive Revenue and Expenses

FOR THE YEAR ENDED 30 JUNE 2018

	NOTE	2018 (\$)	2017 (\$)
REVENUE			
Contract revenue	1	39,414,051	38,610,268
Total revenue		39,414,051	38,610,268
EXPENSES			
Contract payments	2	36,436,810	35,982,288
Fees paid to auditors for:			
Annual audit of financial statements		18,953	12,800
Human resources services			760
Transition assistance			2,547
Advisory committee fees		32,092	36,830
Directors fees		122,600	136,004
Director meeting expenses		42,220	6,315
Loss on disposal of plant and equipment		1,483	18,871
Depreciation		58,165	50,361
Amortisation		10,586	2,509
Occupancy costs		75,190	220,568
Other costs		676,642	628,369
Salaries and wages	4	2,328,785	2,187,793
Total expenses		39,803,526	39,286,015
Operating surplus/(deficit) before financing		(389,475)	(675,747)
Finance revenue	3	240,823	292,874
Net finance revenue		240,823	292,874
Gain/(Loss) on disposal of available for sale financial assets		(22,516)	(21,895)
Net other gains		(22,516)	(21,895)
Surplus/(deficit) for the period		(171,168)	(404,768)
OTHER COMPREHENSIVE REVENUE AND EXPENSE			
<i>Item that will be reclassified to surplus/(deficit)</i>			
Gain/(loss) on revaluation of available-for-sale financial assets		(6,426)	(35,645)
Other comprehensive revenue and expense for the period		(6,426)	(35,645)
Total comprehensive revenue and expense for the period attributable to owners		(177,595)	(440,413)

HEALTH HAWKE'S BAY LIMITED

Statement of Changes in Equity

FOR THE YEAR ENDED 30 JUNE 2018

2018

	NOTE	SHARE CAPITAL	AVAILABLE FOR SALE REVALUATION RESERVE	RETAINED EARNINGS	TOTAL EQUITY
Balance as at 1 July 2017		1	80,622	3,861,091	3,941,714
Surplus/(deficit) for the period				(171,168)	(171,168)
Other comprehensive revenue and expense			(6,426)		(6,426)
Total comprehensive revenue and expense for the period attributable to owners		-	(6,426)	(171,168)	(177,594)
Balance as at 30 June 2018		1	74,196	3,689,923	3,764,120

2017

	NOTE	SHARE CAPITAL	AVAILABLE FOR SALE REVALUATION RESERVE	RETAINED EARNINGS	TOTAL EQUITY
Balance as at 1 July 2016		1	116,267	4,265,860	4,382,128
Surplus/(deficit) for the period				(404,768)	(404,768)
Other comprehensive revenue and expense			(35,645)		(35,645)
Total comprehensive revenue and expense for the period attributable to owners		-	(35,645)	(404,768)	(440,413)
Balance as at 30 June 2017		1	80,622	3,861,091	3,941,714

HEALTH HAWKE'S BAY LIMITED

Statement of Financial Position

FOR THE YEAR ENDED 30 JUNE 2018

	NOTE	2018 (\$)	2017 (\$)
ASSETS			
Cash and cash equivalents	5	2,095,591	2,254,177
Trade and other receivables	6	1,885,931	836,617
Other investments	7	1,885,797	977,102
Total Current Assets		5,867,319	4,067,896
Plant and equipment	8	197,648	227,507
Intangible assets	9	40,506	47,662
Other investments	7	1,811,168	3,009,805
Total Non-Current Assets		2,049,322	3,284,974
Total Assets		7,916,642	7,352,871
LIABILITIES			
Trade and other payables	10	1,473,051	877,785
GST Payable		119,301	(2,834)
Employee benefits	11	131,841	119,013
Reserve funding		2,312,260	2,264,422
Revenue in advance		116,073	152,775
Total Current Liabilities		4,152,522	3,411,160
EQUITY			
Share Capital	13	1	1
Available for sale revaluation reserve		74,196	80,622
Retained Earnings		3,689,923	3,861,090
Total Equity		3,764,120	3,941,713
Total Equity and Liabilities		7,916,642	7,352,873

HEALTH HAWKE'S BAY LIMITED

Statement of Cash Flows

FOR THE YEAR ENDED 30 JUNE 2018

	NOTE	2018 (\$)	2017 (\$)
CASHFLOWS FROM OPERATING ACTIVITIES			
Receipts from contracts		38,366,253	37,929,933
Payments to suppliers		(39,115,578)	(39,371,132)
GST paid		122,135	(38,751)
Net cashflows from/(used in) operating activities		(627,190)	(1,479,949)
CASHFLOWS FROM INVESTING ACTIVITIES			
Net Cash Flows from investments		261,000	(659,484)
Acquisition of plant & equipment		(29,789)	(161,326)
Disposal of plant & equipment		-	654
Acquisition of intangible assets		(921)	(50,171)
Interest received		240,823	292,874
Net cashflows from/(used in) investing activities		471,113	(577,453)
Net increase/(decrease) in cash and cash equivalents		(156,077)	(2,057,402)
Cash and cash equivalents at the beginning of the year		2,254,179	4,311,581
Cash and cash equivalents at the end of the year	5	2,095,591	2,254,179
RECONCILIATION TO PROFIT/(LOSS) FOR THE PERIOD			
Surplus/(deficit) for the period		(177,595)	(440,413)
Adjustments for non-cash items;			
Depreciation		58,165	50,361
Amortisation		10,586	2,509
Gain/Loss on sale of plant and equipment		1,483	18,871
Gain/Loss on sale of investments		22,516	21,895
Movement in available for sale revaluation reserve		6,426	35,645
Adjustments for non operating items;			
Interest Received		(240,823)	(292,874)
Adjustments for movements in;			
Decrease/(Increase) in trade and other receivables		(1,049,314)	114,261
Increase/(Decrease) in GST		122,135	(38,751)
Increase/(Decrease) in trade and other payables		595,266	(85,766)
Increase/(Decrease) in employee entitlements		12,828	(1,906)
Increase/(Decrease) in prepaid revenue		(36,702)	29,304
Increase/(Decrease) in reserve funding		47,838	(893,083)
Net cash from operating activities		(627,191)	(1,479,948)

HEALTH HAWKE'S BAY LIMITED

Significant Accounting Policies

FOR THE YEAR ENDED 30 JUNE 2018

REPORTING ENTITY

Health Hawke's Bay Limited ("the Company") is a limited liability company incorporated and registered under the Companies Act 1993. It is a registered charity under the Charities Act 2005 (Registration number CC20380). It is a New Zealand domiciled public benefit entity for the purposes of the Financial Reporting Act 2013. The entity's registered address is First Floor, 100 McLeod Street, Camberley, Hastings 4120.

These financial statements for the year ended 30 June 2018 comprise the individual entity of Health Hawke's Bay Limited.

The company's principal activity during the period was payment of primary health funding to general practitioners and provision of primary health services to the enrolled population in Hawke's Bay.

These financial statements were authorised for issue by the Company's Board of Directors on the date specified on page 29.

BASIS OF PRESENTATION

These financial statements have been prepared on a going concern basis and the accounting policies have been applied consistently throughout the periods presented.

STATEMENT OF COMPLIANCE

These financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice ("NZ GAAP"). They comply with Public Benefit Entity International Public Sector Accounting Standards (PBE IPSAS) and other applicable Financial Reporting Standards, as appropriate for Tier 1 not-for-profit public benefit entities.

MEASUREMENT BASIS

The financial statements have been prepared on a historical cost basis, except for available-for-sale financial assets, which have been measured at fair value.

The financial statements are presented in New Zealand dollars and all values are rounded to the nearest dollar, unless otherwise stated.

STANDARDS ISSUED BUT NOT YET EFFECTIVE

The following standard has been issued but is not yet effective – Public Benefit Entity International Reporting Standard 9 Financial Instruments (PBE IFRS 9). This is effective from 01/01/2021 (for Health Hawke's Bay Limited, this will be the 30/06/2022 year). Management has not yet assessed the impact of this standard but will do so in due course.

USE OF JUDGEMENTS AND ESTIMATES

The preparation of financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of the income and expenses during the period. Actual results could differ from these estimates.

Judgements are made by management in the application of PBE Standards that have a significant effect on the financial statements. Significant judgements include the recording of a reserve funding liability for revenue received that has not yet been spent on the project it relates to because there is a 'use or return' requirement in the contracts.

The directors do not believe there are any key assumptions concerning the future and other key sources of estimation uncertainty at the reporting date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all the periods presented, unless otherwise stated.

REVENUE

Revenue is recognised to the extent that it is probable that the economic benefits or service potential will flow to the company and the revenue can be reliably measured, regardless of when the payment is being made.

Revenue is measured at the fair value of the consideration received or receivable, taking into account contractually defined terms of payment and excluding taxes or duty.

The specific recognition criteria described below must also be met before revenue is recognised.

HAWKE'S BAY DISTRICT HEALTH BOARD (HBDHB) POPULATION-BASED REVENUE

The company receives annual funding from the HBDHB, which is based on enrolled patient levels within the Hawkes Bay Region.

HBDHB population-based revenue for the financial year is recognised based on the funding entitlement for the year.

DHB CONTRACT REVENUE

The revenue recognition approach for DHB contract revenue depends on the contract terms. Those contracts where the amount of revenue is substantively linked to the provision of quantifiable units of service are treated as exchange contracts and revenue is recognised as the company provides the services. For example, where funding varies based on the quantity of services delivered, such as number of annual checks performed.

Other contracts are treated as non-exchange and the total funding receivable under the contract is recognised as revenue immediately, unless there are substantive conditions in the contract. If there are substantive conditions, revenue is recognised when the conditions are satisfied. A condition could include the requirement to provide services to the satisfaction of the funder to receive or retain funding. Revenue for future periods is not recognised where the contract contains substantive termination provisions for failure to comply with the service requirements of the contract. Conditions and termination provisions need to be substantive, which is assessed by considering factors such as the past practice of the funder. Judgement is often required in determining the timing of revenue recognition for contracts that span a balance date and multi-year funding arrangements.

Amounts received under contracts but not considered to be earned because the conditions of the contract have not been met are recorded as revenue in advance (where the amount relates to a specific time period) or reserve funding (where the amount relates to expenditure yet to be incurred).

FINANCE REVENUE

Interest revenue is recognised using the effective interest method.

FINANCIAL INSTRUMENTS

The company recognises a financial instrument when the company becomes a party to the contractual provisions of the instrument.

The company derecognises a financial asset when the contractual rights to the cash flows from the asset expire or if the company transfers the financial asset to another party without retaining control or substantially all the risks and rewards of the asset.

The company derecognises a financial liability when the contractual obligations are discharged, cancelled or expire.

The company classifies financial assets into the categories of either loans and receivables or available-for-sale.

The company classifies financial liabilities as amortised cost.

Financial instruments are initially recognised at cost, plus directly attributable transaction costs.

LOANS AND RECEIVABLES

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise when the company provides money, goods or services directly to a debtor with no intention of selling the receivable.

After initial measurement, such financial assets are subsequently measured at amortised cost using the effective interest method, less impairment. Amortised cost is calculated by taking into account any discount or premium on acquisition and fees or costs that are an integral part of the effective interest rate. The effective interest amortisation is included in finance revenue in the statement of financial performance.

The loans and receivables category applies to cash and cash equivalents and trade and other receivables.

CASH AND CASH EQUIVALENTS

Cash and cash equivalents in the statement of financial position comprise cash in hand and deposits held at call with banks. Term deposits are considered to be cash and cash equivalents regardless of their maturity timeframe because they are held for liquidity purposes.

Bank overdrafts are included within interest-bearing loans and borrowings in current liabilities on the statement of financial position.

For the purposes of the statement of cash flows, cash and cash equivalents consist of cash and cash equivalents as defined above, net of outstanding bank overdrafts.

TRADE AND OTHER RECEIVABLES

Short-term receivables are recorded at their face value, less any provision for impairment.

A receivable is considered impaired when there is evidence that the company will not be able to collect the amount due. The amount of the impairment is the difference between the carrying amount of the receivable and the present value of the amounts expected to be collected.

AVAILABLE-FOR-SALE FINANCIAL ASSETS

Available-for-sale are non-derivative financial investments including equity investments and debt securities that are designated in this category or not classified in any of the other categories.

After initial measurement, available-for-sale financial investments are subsequently measured at fair value with unrealised gains or losses recognised in other comprehensive revenue and expense and accumulated in the available-for-sale reserve. Upon derecognition, the cumulative gain or loss is recognised in other operating revenue.

Available-for-sale financial assets comprise debt securities and are disclosed in the Statement of Financial Position as other investments.

AMORTISED COST FINANCIAL LIABILITIES

Financial liabilities classified as amortised cost are non-derivative financial liabilities not classified as fair value through surplus and deficit.

Financial liabilities classified as amortised cost are subsequently measured at amortised cost using the effective interest method.

Financial liabilities classified as amortised cost comprise trade payables.

TRADE PAYABLES

Short-term payables are recorded at their face value.

IMPAIRMENT OF FINANCIAL ASSETS

Financial assets are assessed annually at reporting date to determine whether there is objective evidence that the asset is impaired. A financial asset is assessed as impaired if there is objective evidence as a result of one or more events that occurred subsequent to initial recognition of the asset that had an impact on the estimated future cash flows of the asset that can be estimated reliably.

Objective evidence of impairment may include indications that the debtor is experiencing significant financial difficulty, default or delinquency in interest or principal payments, the probability that they will enter bankruptcy or other financial reorganisation and observable data indicating that there is a measurable decrease in the estimated future cash flows, such as changes in arrears or economic conditions that correlate with defaults.

FINANCIAL ASSETS CLASSIFIED AS LOANS AND RECEIVABLES

The company assesses financial assets measured at amortised cost at both a specific asset level where individually significant and the collective level. Trade receivable collectability is assessed on an ongoing basis. Impairment is recognised immediately when there is objective evidence that the company will not be able to collect the receivable. Financial difficulties of the debtor, default payments or debts more than 60 days overdue are considered objective evidence of impairment.

Assets not individually significant are collectively assessed by grouping together assets with similar risk characteristics.

The amount of any impairment loss identified is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows (excluding future expected credit losses that have not yet been incurred). The present value of the estimated future cash flows is discounted at the financial asset's original effective interest rate. The carrying amount of the asset is reduced through the use of an allowance account and the loss is recognised in surplus or deficit.

Interest revenue (recorded as finance revenue in the statement of financial performance) continues to be accrued on the reduced carrying amount and is accrued using the rate of interest used to discount the future cash flows for the purpose of measuring the impairment loss.

FINANCIAL ASSETS CLASSIFIED AS AVAILABLE-FOR-SALE

The company assesses financial assets classified as available-for-sale investments at each reporting date whether there is objective evidence that an investment or a group of investments is impaired.

Impairment of debt securities classified as available for sale is assessed based on the same criteria as financial assets carried at amortised cost. However, the amount recorded for impairment is the cumulative loss measured as the difference between the amortised cost and the current fair value, less any impairment loss on that investment previously recognised in surplus or deficit.

Future interest revenue continues to be accrued based on the reduced carrying amount of the asset, using the rate of interest used to discount the future cash flows for the purpose of measuring the impairment loss. The interest revenue is recorded as part of finance revenue.

If, in a subsequent year, the fair value of a debt instrument increases and the increase can be objectively related to an event occurring after the impairment loss was recognised in surplus or deficit, the impairment loss is reversed through surplus or deficit.

EMPLOYEE BENEFITS

Liabilities for wages and salaries, including employer KiwiSaver contributions, non-monetary benefits and annual leave are recognised when the company has a legal or constructive obligation to remunerate employees for services provided. The company is obligated to remunerate all recognised employee benefits within 12 months of reporting date, therefore they are recognised as current and measured on an undiscounted basis and expensed in the period in which employment services are provided.

PROPERTY, PLANT AND EQUIPMENT

RECOGNITION AND MEASUREMENT:

Items of property, plant and equipment are measured at cost, less accumulated depreciation and impairment losses.

The cost of an item of property, plant and equipment includes expenditure that is directly attributable to bringing it to the location and condition necessary for it to operate as intended and the initial estimate of dismantling and removing the item and restoring the site on which it is located. The cost of an item of property, plant and equipment is recognised only when it is probable that future economic benefit or service potential associated with the item will flow to the company and if the item's cost or fair value can be measured reliably.

All of the company's items of property, plant and equipment are subsequently measured at cost less any accumulated depreciation.

SUBSEQUENT EXPENDITURE:

Subsequent expenditure is capitalised only when it is probable that the future economic benefits associated with the expenditure will flow to the company. Ongoing repairs and maintenance are expensed as incurred.

DEPRECIATION:

Depreciation is charged on a straight-line basis over the useful life of the asset. Depreciation is charged at rates calculated to allocate the cost or valuation of the asset less any estimated residual value over its remaining useful life:

Furniture and fittings:	5-15 years	(10% - 20%)
Computer Equipment:	3 years	(33.3%)
Leasehold improvements:	15 years	(6.67%)

Depreciation methods, useful lives and residual values are reviewed at reporting date and adjusted if appropriate.

IMPAIRMENT:

The company does not hold any cash generating assets. Cash generating assets are those assets held for the primary objective to generate a commercial return.

The company's property, plant and equipment are all non-cash generating assets. They are reviewed for impairment when an event or change in circumstance indicate impairment may be necessary. An impairment is recognised for an asset if the carrying value of the asset exceeds the higher of the fair value less cost to sell the asset or the value in use of the asset. Value in use is calculated by determining the remaining service potential of the asset, discounted to present value.

INTANGIBLE ASSETS

Intangible Assets are measured at cost, less accumulated amortisation.

The cost of an intangible asset includes expenditure that is directly attributable to bringing it to the condition necessary for it to operate as intended. The cost of an intangible asset is recognised only when it is probable that future economic benefit or service potential associated with the item will flow to the company, and if the item's cost or fair value can be measured reliably.

OPERATING LEASES

An operating lease is a lease that does not transfer substantially all the risks and rewards incidental to ownership of an asset.

Lease payments under an operating lease are recognised as an expense on a straight-line basis over the lease term.

Lease incentives received are recognised in surplus or deficit as a reduction of lease expense over the lease term.

EQUITY

Equity is the residual interest in the company, measured as the difference between total assets and total liabilities.

Equity is made up of the following components:

SHARE CAPITAL:

Ordinary shares are classified as equity. Incremental costs directly attributable to the issue of new shares are shown in equity as a deduction from the proceeds.

AVAILABLE-FOR-SALE REVALUATION RESERVE:

This reserve is for the revaluation of available for sale financial assets, which are measured at fair value through other comprehensive revenue and expense after initial recognition.

RETAINED EARNINGS:

Retained earnings is the company's accumulated surplus or deficit since the formation of the company, adjusted for transfers to/from specific reserves.

HEALTH HAWKE'S BAY LIMITED

Notes to the Financial Position

FOR THE YEAR ENDED 30 JUNE 2018

01. CONTRACT REVENUE

	2018 (\$)	2017 (\$)
Capitation	26,434,714	25,650,834
Care Plus	2,650,140	2,921,167
Services to Improve Access	3,038,339	2,733,501
Health Promotion	473,103	333,964
Coordinated Primary Options	1,359,622	1,372,197
System Level Measures	889,549	854,051
Mental Health	911,531	1,282,131
Before School Checks	457,478	536,988
Management services revenue	1,057,722	1,067,551
Rural Health	591,421	626,423
Other contracts	1,550,432	1,231,461
Total contract revenue	39,414,051	38,610,268

As noted in the significant accounting policies, the company's contract revenue is determined on a contract by contract basis to be either exchange or non-exchange revenue. Due to the nature of the contracts, the distinction between exchange and non-exchange revenue does not impact the recognition of revenue for the company so the company has presented revenue by contract or contract grouping rather than disclosing exchange and non-exchange contracts separately.

02. CONTRACT PAYMENTS

	2018 (\$)	2017 (\$)
Capitation	26,434,714	25,650,834
Care Plus	2,153,444	2,655,167
Services to Improve Access	2,530,573	2,425,721
Health Promotion	325,090	246,615
Coordinated Primary Options	1,194,886	1,098,784
System Level Measures	575,486	605,533
Mental Health	715,158	1,249,828
Before School Checks	332,151	344,558
Rural Health	591,421	651,311
Other contracts	1,583,887	1,053,937
Total contract payments	36,436,810	35,982,288

03. FINANCE REVENUE

	2018 (\$)	2017 (\$)
INTEREST REVENUE		
Loans and receivables	67,300	99,477
Available-for-sale financial assets	173,523	193,397
Total finance revenue	240,823	292,874

04. EMPLOYEE BENEFIT EXPENSE

	2018 (\$)	2017 (\$)
Wages and Salaries	2,266,520	2,124,022
Other employee benefits	62,265	63,771
Total employee benefit expense	2,328,785	2,187,793

05. CASH AND CASH EQUIVALENTS

	2018 (\$)	2017 (\$)
BNZ current account	100,237	114,096
BNZ cash management account	106,375	284,535
ASB term deposit	563,810	651,471
BNZ term deposit	-	70,447
ANZ term deposit	658,995	-
Westpac term deposit	665,674	1,132,930
Petty cash	500	700
Total cash and cash equivalents	2,095,591	2,254,179

06. TRADE AND OTHER RECEIVABLES

	2018 (\$)	2017 (\$)
Trade receivables	1,364,288	518,364
Other receivables	425,318	212,308
Prepayments	96,325	105,945
Total trade and other receivables	1,885,931	836,617

07. OTHER INVESTMENTS

	2018 (\$)	2017 (\$)
Current fixed interest bonds	1,885,797	977,102
Non-current fixed interest bonds	1,811,168	3,009,805
Total other investments	3,696,965	3,986,907

08. PLANT AND EQUIPMENT

	LEASEHOLD IMPROVEMENTS	COMPUTER EQUIPMENT (\$)	FURNITURE & FITTINGS (\$)	TOTAL (\$)
BALANCE AS AT 1 JULY 2017	125,978	83,029	18,500	227,507
Acquisitions	12,497	16,202	1,091	29,789
Disposals	-	-	(1,483)	(1,483)
Depreciation Expense	(9,347)	(45,418)	(3,400)	(58,165)
Balance as at 30 June 2018	129,128	53,813	14,708	197,649
Cost	141,297	167,529	55,160	363,985
Less: Accumulated Depreciation	(12,168)	(113,716)	(40,452)	(166,337)
Balance as at 30 June 2018	129,128	53,812	14,708	197,648
BALANCE AS AT 1 JULY 2016	-	99,799	36,268	136,066
Acquisitions	128,800	27,425	5,101	161,326
Disposals	-	(1,700)	(18,609)	(20,309)
Depreciation Expense	(2,821)	(43,278)	(4,261)	(50,361)
Depreciation Recovered	-	785	-	785
Balance as at 30 June 2017	125,978	83,029	18,500	227,507
Cost	128,800	151,327	60,764	340,890
Less: Accumulated Depreciation	(2,821)	(68,298)	(42,264)	(113,384)
Balance as at 30 June 2017	125,978	83,029	18,500	227,507

09. INTANGIBLE ASSETS

	2018 (\$)	2017 (\$)
BALANCE AS AT 1 JULY 2017	47,662	-
Cost of acquisitions	3,430	50,171
Less: Amortisation expense	(10,586)	(2,509)
Total intangible assets	40,506	47,662
Cost	53,601	50,171
Less: Accumulated depreciation	(13,095)	(2,509)
Balance as at 30 June 2018	40,506	47,662

10. TRADE AND OTHER PAYABLES

	2018 (\$)	2017 (\$)
Trade payables	668,833	551,558
Sundry payables	804,218	326,227
Total trade and other payables	1,473,051	877,785

11. EMPLOYEE BENEFIT LIABILITY

	2018 (\$)	2017 (\$)
Wage accrual	47,196	41,652
Liability for annual leave	84,645	77,361
Total employee benefit liability	131,841	119,013

12. FINANCIAL INSTRUMENT CLASSIFICATION

2018

	LOANS AND RECEIVABLES (\$)	AVAILABLE FOR SALE (\$)	OTHER AMORTISED COST (\$)	TOTAL CARRYING AMOUNT (\$)
ASSETS				
Cash and cash equivalents	2,095,591	-	-	2,095,591
Trade and other receivables	1,789,606	-	-	1,789,606
Other investments	-	1,885,797	-	1,885,797
Total current financial assets	3,885,197	1,885,797	-	5,770,994
Other investments	-	1,811,168	-	1,811,168
Total non-current financial assets	-	1,811,168	-	1,811,168
Total financial assets	3,885,197	3,696,965	-	7,582,162
LIABILITIES				
Trade and other payables	-	-	1,473,051	1,473,051
Total current financial liabilities	-	-	1,473,051	1,473,051

2017

	LOANS AND RECEIVABLES (\$)	AVAILABLE FOR SALE (\$)	OTHER AMORTISED COST (\$)	TOTAL CARRYING AMOUNT (\$)
ASSETS				
Cash and cash equivalents	2,254,177	-	-	2,254,177
Trade and other receivables	730,672	-	-	730,672
Other investments	-	977,102	-	977,102
Total current financial assets	2,984,849	977,102	-	3,961,951
Other investments	-	3,009,805	-	3,009,805
Total non-current financial assets	-	3,009,805	-	3,009,805
Total financial assets	2,984,849	3,986,907	-	6,971,756
LIABILITIES				
Trade and other payables	-	-	877,785	877,785
Total current financial liabilities	-	-	877,785	877,785

FAIR VALUE DISCLOSURES

Assets and liabilities are recorded at fair value according to the fair value hierarchy as follows:

- Level 1: Quoted unadjusted prices, in active markets.
- Level 2: Level 1 quoted prices are not available but fair value is based on observable market data.
- Level 3: Inputs that are not based on observable market data.

The fair value estimates were determined by the following methodologies and assumptions:

- Trade and other receivables: The reported amount approximates fair value because they are assessed for impairment and all amounts are receivable within three months.
- Cash and cash equivalents: Available on demand or within a short period. They are at market interest rates and therefore, carrying value approximates fair value.
- Trade and other payables: Considered short-term and therefore, carrying value approximates fair value.

OTHER INVESTMENTS

The PHO's other investments comprise non-derivative debt securities (bonds) that are quoted in an active market. Fair value is based on level one input, broker provided quotes as at reporting date.

OVERALL RISK MANAGEMENT FRAMEWORK

The company has a Statement of Investment Policy and Objectives (SIPO) which details the objectives, personnel duties and responsibilities and investment policy.

A) RISK MANAGEMENT

Risks arising from the Company's financial assets and liabilities are inherent in the nature of the Entity's activities and are managed through an ongoing process of identification, measurement and monitoring. The Company is exposed to credit risk, liquidity risk and market risk (including interest rate and pricing risks).

The Company's investment income is generated from its financial assets. Liabilities which arise from its operations are met from cash flows provided by these assets. Information regarding the fair value of assets and liabilities exposed to risk is regularly reported to the Company's management, the Company's Finance, Audit & Risk Committee and ultimately the Board. The Investment Portfolio is rebalanced, as necessary, to ensure that the asset classes remain within the strategic asset allocation policies as set out in the Company's Statement of Investment Policy and Objectives (SIPO). The Board regularly review the Company's SIPO.

The SIPO sets out the Company's primary investment objectives. These can be summarised as to:

- ensure that the investment fund is invested prudently;
- provide inter-generational equity with regard to distribution levels over time;
- ensure money is available for distribution, as required, to meet the needs and distribution policies of the Company;
- to maintain the value of the investment fund's capital base in real terms and to grow such capital value at a level equal to the population base growth of the region. Real in this context relates to changes in the Consumer Price Index (CPI);
- maximise the funds available for donations.

The Company manages its Investment Portfolio in terms of its SIPO. The SIPO is monitored on a regular basis by the Board and amended as necessary. The Portfolio's strategic asset allocation is reviewed annually. The strategic asset allocation was last reviewed in August 2016. Bank of New Zealand (BNZ) assists both management and the Board with investment advice and portfolio management.

B) CREDIT RISK

Credit risk represents the risk that a counter party to a financial asset fails to discharge an obligation which will cause the Company to incur a financial loss. With regard to the credit risk arising for financial assets, the Company's credit risk arises from any default by a counter party. There is no security held over these assets.

Concentrations of risk arise when a number of financial instruments or contracts are entered into with the same counterparty or where a number of counterparties are engaged in similar business activities, geographic regions, or similar economic features that would influence their ability to meet their contractual obligations by reason of changes in economic, political or other conditions.

The Company manages credit concentration risks through:

- a diversified and non-correlated basket of investments;
- ensuring compliance with the individual mandate requirements of each investment.

The maximum exposure to credit risk for bonds, cash with bonds manager and cash and cash equivalents is detailed in the table below. The credit quality is classified using Standard and Poor's rating categories.

2018

	NZ BONDS	CASH & CASH EQUIVALENTS	TOTAL
AAA to AA-	61%	100%	
A+ to A-	27%		
BBB+ to BB+	12%		
Unrated			
Funds Invested	\$2,987,039	\$816,301	\$3,803,340

2017

	NZ BONDS	CASH & CASH EQUIVALENTS	TOTAL
AAA to AA-	64%	100%	
A+ to A-	23%		
BBB+ to BB+	13%		
Unrated	0%		
Funds Invested	\$3,518,891	\$752,551	\$4,271,443

C) MARKET RISK

Market risk embodies the potential for both loss and gains and includes interest risk and price risk. The Company's investment strategy and the management of the market risk are detailed in the SIPO. The Company's investments are diversified across a range of asset classes, entities, investment ratings and maturities. Within each asset class there are defined policies and mandates to ensure diversification, to minimise investment risk and to limit exposure to any one investment. Each asset class has a defined target allocation and is managed within a defined allocation range.

13. CAPITAL AND RESERVES

	2018 (\$)	2017 (\$)
ORDINARY SHARES		
Opening Balance	1	1
Issue of ordinary shares for cash	-	-
Closing Balance	1	1

SHARE CAPITAL

At 30 June 2018 share capital comprised 100 ordinary fully paid shares (2017:100). These shares have no par value. The ordinary shares have equal voting rights and share equally in dividends and any surplus on liquidation.

AVAILABLE-FOR-SALE REVALUATION RESERVE

Available-for-sale revaluation reserve is comprised of the fair value movement of currently held financial instruments classified as available for sale. Upon sale of a financial instrument, any fair value movement is transferred to other comprehensive revenue and expenses.

CAPITAL MANAGEMENT

The capital of the Company is the equity as shown in the Statement of Financial Position. The capital is managed indirectly by managing the credit, liquidity and market risks of the financial assets and liabilities of the Company as outlined in note 12. When managing capital, the objective is to ensure the Company continues as a going concern.

14. OPERATING LEASE COMMITMENTS

The Company has entered into commercial leases on motor vehicles, office equipment and leased office space. Six motor vehicle leases are due to expire in the next financial year. The remaining motor vehicle lease and equipment lease have an average life of between three and five years, with no renewal option included in the contracts. There are no restrictions placed upon the Company by entering into these leases.

The leased office space is for a term of two years with two rights of renewal contained within the lease but does not extend the term of the lease beyond the final expiry date (January 2025). There is no rent payable for the leased office space but the company is responsible for the operating expenses. The operating expenses are not included in the table below.

Future minimum rentals payable under non-cancellable operating leases as at 30 June 2018 and 30 June 2017 are, as follows;

	2018 (\$)	2017 (\$)
Less than one year	38,096	48,376
Between one and five years	49,432	17,001
More than five years	-	-
	87,528	65,376

During the year ended 30 June 2018, \$53,652 was recognised as an expense in the Statement of Comprehensive Revenue and Expenses in respect of operating leases (2017: \$133,989).

15. RELATED PARTY TRANSACTIONS

PARENT AND ULTIMATE CONTROLLING PARTY

The immediate parent and ultimate controlling party of Health Hawke's Bay Limited is Te Matau a Maui Health Trust, which controls 100% of the voting shares in the company.

Trustees of Te Matau a Maui Health Trust include general practitioners who are recipients of funds allocated by the Hawke's Bay District Health Board via the Company.

These transactions have been carried out at arms length.

PAYMENTS MADE

During the period the Company made payments totalling \$6,528 (2017:\$5,203) to the Trustees of the Te Matau a Maui Trust in shareholder meeting attendance fees. These have been included in advisory committee fees.

KEY MANAGEMENT PERSONNEL

The PHO classifies its key management personnel into two classes;

Members of the governing body

Members of the senior management team

Members of the governing body are paid a director's fee based on their position on the board (\$38,500 for the Chairperson, \$19,200 for the Deputy-Chairperson and \$13,200 for other directors per annum). Directors can also claim meeting fees for being on a sub-committee or advisory committee and mileage.

The aggregate remuneration paid to members of the governing body and to the senior management team is presented below:

	2018 (\$)	2017 (\$)
Director's fees paid to members of the governing body	122,600	136,004
Directors expenses paid to members of the governing body	42,220	6,315
Meeting attendance fees paid to members of the governing body	9,030	6,837
Members of the senior management team	431,009	364,048

The governing body was made up of seven individuals as at 30 June 2018 (2017: seven).

The senior management team was made up of 3.5 FTEs as at 30 June 2018 (2017: three).

OTHER RELATED PARTIES

Directors of the company include general practitioners and other related parties who hold relationships with companies who receive capitation and other payments from the company. These transactions have been carried out at arms length. All outstanding amounts at balance date are expected to be settled within one month of balance date.

	2018 (\$)	2017 (\$)
Adri Isbister, a director of the company until November 2016 (i.e. during the 2017 financial year only) was also a director of The Doctors (Hastings) Ltd and The Doctors (Napier) Ltd. Gascoigne Medical Services Ltd is a 100% owned subsidiary of The Doctors (Hastings) Ltd. These companies received capitation and other payments during the 2017 financial year of:		
The Doctors (Hastings) Ltd		2,162,681
The Doctors (Napier) Ltd		3,764,875
Gascoigne Medical Services Ltd		472,913
At balance date they had the following outstanding balances:		
The Doctors (Hastings) Ltd		23,726
The Doctors (Napier) Ltd		32,638
Gascoigne Medical Services Ltd		3,327
Jonathan Eames, a director of the company until November 2016, is also a director, shareholder and general practitioner of Te Mata Peak Practice Ltd. Te Mata Peak Practice Ltd received capitation and other payments during the financial year of:		1,830,817
At balance date they had the following outstanding balances:		9,830
Sandra Jessop, a director of the company, is also a director, shareholder and general practitioner of Totara Health Ltd. Totara Health Ltd received capitation and other payments during the financial year of:	3,875,118	3,748,621
At balance date they had the following outstanding balances:	26,465	26,411
Mark Petersen, a director of the company is also a director and ultimate shareholder of Taradale Medical Centre Ltd. Taradale Medical Centre Ltd received capitation and other payments during the financial year of:	2,261,111	2,172,143
At balance date they had the following outstanding balances:	15,969	16,366
Mark Petersen and Christine McKenna are directors of the company and also key management personnel of the Hawke's Bay District Health Board (HBDHB).		
The company received total funding from HBDHB of:	39,233,945	38,554,774
The company made payments to HBDHB of:	337,733	394,241
As at balance date the company had funds owing from the HBDHB of:	1,276,304	472,786
As at balance date the company had funds owing to the HBDHB of:	9,586	9,586
As at balance date the company had reserve funding on hand of:	2,389,370	2,183,238
As at balance date the company had revenue in advance of:	116,073	152,775
Jason Ward is a director of the company and is the Chairman of the Takapau Community Health Centre. The company made contract payments to the Takapau Community Health Centre during the financial year of:	16,076	16,524
At balance date they had the following outstanding balances:	281	398
Jason is also married to Joanne Ward. The company made contractor payments to Joanne Ward during the financial year of:	505	257

INDEPENDENT AUDITOR'S REPORT TO THE SHAREHOLDERS OF HEALTH HAWKE'S BAY LIMITED

Report on the Audit of the Financial Statements

OPINION

We have audited the financial statements of Health Hawke's Bay Limited ('the Company') on pages 31 to 47, which comprise the statement of financial position as at 30 June 2018, and the statement of comprehensive revenue and expenses, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as at 30 June 2018, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards ('PBE Standards').

Our report is made solely to the Shareholders of Health Hawke's Bay Limited, in accordance with the Companies Act 1993. Our audit work has been undertaken so that we might state those matters which we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than Health Hawke's Bay Limited and the Shareholders of Health Hawke's Bay Limited, for our audit work, for our report or for the opinions we have formed.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (New Zealand) ('ISAs (NZ)'). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Company in accordance with Professional and Ethical Standard 1 (Revised) Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board and the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants ('IESBA Code'), and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code. 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, Health Hawke's Bay Limited.

RESPONSIBILITIES OF THE DIRECTORS FOR THE FINANCIAL STATEMENTS

The Directors are responsible on behalf of the Company for the preparation and fair presentation of the financial statements in accordance with PBE Standards, and for such internal control as the Directors determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible on behalf of the Company for assessing the Company'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 Directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

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

Staples Rodway
STAPLES RODWAY AUDIT LIMITED
Hastings, New Zealand
3 October 2018





HIGHLIGHT

- 52. EVOLUTION OF PRIMARY CARE
- 53. HEALTH HAWKE'S BAY MEDICAL ADVISORS
- 55. PRE-DIABETES IN PRIMARY CARE (PIP) PROGRAMME
- 56. WHĀNAU WELLNESS
- 57. SOCIAL WORKERS IN GENERAL PRACTICE

Highlight

EVOLUTION OF PRIMARY CARE

Health Hawke's Bay is committed to supporting sustainable general practice delivery into the future. Partnering with Māori, community providers, government agencies, our general practice network and the HBDHB Primary Care Directorate will be central to this.

Health Hawke's Bay facilitated attendance at the Pinnacle Health Network's Health Care Home system of care open day. Interested General Practitioners, nurses and practice managers from a number of general practices were exposed to the philosophy behind this model of improvement for primary care, and its implementation into Waikato based general practices. Health Hawke's Bay has also travelled with general practice and HBDHB colleagues to Northland to investigate the implementation of Health Care Home in Whangarei, Kerikeri, Kaikohe and Hokianga, an area of New Zealand which shares Hawke's Bay's commitment to equity for Māori.

He Ngakau Aotea:

Open mind

Open heart

Open hands

He Ngakau Aotea was developed and is being championed by HBDHB's Māori Relationship Board. It is a Ngati Kahungunu kaupapa Māori approach to health and wellbeing for all those residing in the rohe of Hawke's Bay. This approach is founded on the Māori philosophy of hauora, taking into account the lessons learned and insights gained from recent delegations to the successful indigenous model of health care delivery, Southcentral Foundation's Nuka System of Care, located in Anchorage, Alaska.

Members of the Health Hawke's Bay team have participated in each of three delegations to the Nuka System of Care Conference in Anchorage during this last year. This experience, coupled with He Ngakau Aotea and increasing general practice interest in the New Zealand Health Care Home system of care will enable Health Hawke's Bay to play a lead role in the continued evolution of Hawke's Bay general practice, partnering to enhance our contribution to working better as a health system.

HEALTH HAWKE'S BAY MEDICAL ADVISORS

DR KUNJAY PATEL (FRNZCGP)

Trained in the UK and has been a General Practitioner in Hawke's Bay for 12 years. Over the last three years, KJ has been working as a Medical Advisor to Health Hawke's Bay with special responsibility for the Quality portfolio. He is also a Quality Advisory Committee member at the RNZCGP. KJ has been a Medical Educator for four years.

DR KERRYN LUM (MBCHB, FRNZCGP (DIST), M PALLC, PG DIPCLINED)

Hawke's Bay born and bred and presently works as a part-time GP at Taradale Medical Centre. Kerryn is a Fellowship censor, clinical examiner and visiting Medical Educator for RNZCGP. She has an occasional role regarding competency and conduct concerns for MCNZ. Kerryn has previously worked in hospice palliative care and in low-decile school clinics.

DR DAVID RODGERS (FRNZCGP)

Trained as a GP in Hawke's Bay and is based at Tamatea Medical Centre. David is interested in systems and governance, particularly in terms of enabling collaboration.

ALAN WRIGHT. MB, BS., DCH., MRCGP(UK), DIP. OBST. (NZ)

Qualified in medicine in London (1983), completed his GP training in 1987 then, for a 12-month period, became Medical Officer in charge of a 200-bed mission hospital in Malawi, Central Africa. In 1988 Alan returned to a GP practice in Nottingham.

In 1993 Alan and his family emigrated to New Zealand, initially working in Wairoa for five years before settling into a small two-doctor practice at Stortford Lodge until 2011 when he moved to the Hastings Health Centre, where he still practices today. For two years Alan worked on the Lowe Corporation rescue helicopter and for five years was a part-time Medical Officer in Hawke's Bay Emergency Department.

TIM BEVIN

Graduated in 1976 and has been a GP in Napier since late 1983. Currently, he is a part-time GP at Central Medical, Napier and part-time SMO Mental Health and Addiction HBDHB since 1984.

Tim is a Medical Advisor to Health Hawke's Bay with interest in Mental Health and past Board Member and Chairman of City Medical Napier. Tim is a current Board Member Cranford Hospice Governance Board, Trustee HB Addiction Centre Trust and Trustee Princess Alexandra Trust and recently retired from the Police Medical Officer Role and Acute Psychiatric Roster.

Tim Bevin is married with four adult children.





PRE-DIABETES IN PRIMARY CARE (PIP) PROGRAMME

In collaboration with the University of Otago, Health Hawke's Bay is delivering the Pre-diabetes in Primary Care programme which commenced in February 2017.

This programme provides a structured, nurse led service, based on dietary intervention and education, for those patients recently diagnosed with prediabetes. It is estimated that approximately 23% of the New Zealand population have pre-diabetes.

The programme intervention is well underway with 200 patients engaged in the PIP service and a further 200 still to recruit from the eight practices involved. Health Hawke's Bay have excellent resources for patients and practice nurses, who are supported by a research nurse, dietitian, and diabetes clinical nurse specialist that work alongside to mentor general practice.

Once participants are enrolled in the programme and laboratory tests are complete, participants are interviewed by the research nurse, generally in their own home. Regular follow up sessions are then scheduled for the next two years, providing support and continuity of care. Participants are also referred to attend the Health Hawke's Bay Kia Ora Self-Management Programme.

Some patients are showing a return to norm glycaemia, increased lifestyle activity, and change in nutritional eating. Patients appear to be well motivated to change their lifestyle and eating habits.

Some patients are showing a return to norm glycaemia, increased lifestyle activity, and change in nutritional eating.

WHĀNAU WELLNESS

The Whānau Wellness Resource Programme was co-designed with consumers and piloted in 2016. The 'pilot' of the programme was evaluated by Massey University's Shore Whariki Evaluation team and the evaluation highlighted the effectiveness of the programme that informed Health Hawke's Bay's decision to continue offering the programme with a targeted equity approach to ensure the programme was available to our most vulnerable families within the community.

The programme enables eligible whānau to 12 months of no cost access to general practice services, subsidised pharmaceuticals and health education sessions that are designed to provide whānau with health literate presentations and tools that aim to encourage whānau to effectively manage their health and wellbeing while supporting the building and maintaining of relationships between general practice teams and whānau.

From 2016 – 2018 a total of 3,185 individuals gained access to the programme.

For each calendar year Māori and Pasifika participating in the programme achieved better screening outcomes than the Māori and Pasifika population that are not participating on the programme.

77% of participants identified as Māori, 15% as Pasifika and 8% as Non Māori/Pasifika living in New Zealand Deprivation 9-10.

Narrative feedback from participants and their general practice teams has highlighted the following successes:

- Whānau are able to build a relationship with a health professional within the general practice
- Individuals with long terms conditions are self-managing since participating in the programme

- The programme saved my/our life – aligned to the availability to have a full medical assessment to identify possible health issues
- Increased self-confidence of whānau
- Increases in wanting to know more about preventative and self-management health programmes
- Community Development Approach – Empowering individuals within whānau and the community with information to assist in the achievement of healthier lifestyles and outcomes.

In 2017 the Whānau Wellness team also commissioned a promotional video to be developed whereby participants on the programme were asked to share their experiences. Whānau were willing to share their stories and their own whānau successes since participating on the programme.

The Whānau Wellness team, in partnership with general practice teams, are currently recruiting and orientating new participants for the 2019 year. Health Hawke's Bay has the capacity to offer 200 whānau access to the programme. Whānau is inclusive of all those individuals who live within a home and who are enrolled with a Health Hawke's Bay general practice.

For each calendar year Māori and Pasifika participating on the programme achieved better screening outcomes than the Māori and Pasifika population that are not participating on the programme.

SOCIAL WORKERS IN GENERAL PRACTICE

Social Workers in general practice was initially piloted in 2016 and then was implemented fully in 2017.

The focus was to enable access to social support for whānau who are affected by health concerns due to social determinants and who were enrolled with Health Hawke's Bay Very Low Cost Access Practices and the three large general practices within the rohe of Ngāti Kahungunu.

Initially there was uncertainty by general practices as to the need for social workers however the social workers soon highlighted their value by addressing, engaging and coordinating streamlined access to services that aimed to address the social issues impacting on the health and wellbeing of our most vulnerable populations within the community.

Health Hawke's Bay fund a total of seven full time equivalent allied health professional positions within key general practices.

The social workers provide support to individuals and their whānau who are engaged in Services to Improve Access funded Multidisciplinary Services and the Whānau Wellness Resource Programme.

Some feedback from individuals include:

"Our social worker is awesome... She advocated and assisted us to access all of our Ministry of Social Development entitlements. This has been positive in terms of making ends meet. We are now confident to meet with Ministry of Social Development and Work and Income New Zealand without the support of our social worker".

"That social worker has been a blessing in disguise. She is always available and assists us to navigate and engage with services which is helpful especially when you have many children with many different health and social needs. The key highlight for us was she got all those health professionals who are involved in the care of my children into one room to coordinate appointments and areas of focus".

Health Hawke's Bay will continue to work and support general practices to ensure their most vulnerable populations have access to the right Allied Health professionals at the right time therefore we will continue to monitor the needs and work with general practice to meet those needs.

"That social worker has been a blessing in disguise. She is always available and assists us to navigate and engage with services which is helpful especially when you have many children with many different health and social needs".





HEALTH
HAWKE'S BAY
Te Oranga Hawke's Bay

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