

Annual Report 2020-2021



Western Bay of Plenty
Primary Health Organisation

TŪNGIA TE URURUA KIA TUPU
WHAKARITORITO TE TUPU
O TE HARAKEKE

NAU MAI, HAERE MAI
WELCOME



Welcome

Nāu te rourou, nāku te rourou, ka ora ai te iwi.
With your food basket and my food basket, the
people will thrive.

Thank you for taking the time to read our Annual Report 2020-2021.

The New Zealand health sector is in the midst of a period of significant change. Advances in technology, population growth, increasing complexity of health needs, the changing expectations of patients, health inequities and responding to a global pandemic are some of the drivers that encourage us to continuously review the way we operate and how we can support our Iwi partners and the General Practices in our network.

Preparing our organisation for this period of change has been a focus for our board and leadership team this year. While recommendations from the Health and Disability System Review are focussing everyone on doing more to address health inequities for Māori and Pasifika populations, our PHO has been on its own journey of discovery. Through local discussions and workshops with partners and stakeholders we have identified many ways we can contribute to a new locality model and improve health services for our community, and particularly for Māori. With partnerships central to this new way of operating in the future, we are actively positioning ourselves to embrace new models of care alongside our networks and through new community partners. It is exciting mahi that gives Māori an influential voice in decisions that will positively impact their health and wellbeing.

Despite the numerous challenges that we faced this past year, our ability to overcome them can be credited to our highly skilled, dedicated and professional workforce. This report is a celebration of what can be achieved when we all come together, stay together and work together.

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2021: The year of change

Having been on the frontline of a global pandemic for more than 18 months, our network of health providers across the Western Bay of Plenty has continued to respond to our population's needs by delivering high quality care, compassion and empathy. As a Primary Health Organisation (PHO), we are proud to support the network to step up when it counts most, especially when COVID-19 has forced us all to adopt new ways of working. A changing health landscape across New Zealand has also challenged us to be more agile, refocus as priorities change and accept that how we are delivering services today is likely to be different in the future.

Our ongoing response to COVID-19 has been a united effort, with the PHO, General Practice teams, Ngāti Ranginui and Ngāi Te Rangi Iwi, and our kaupapa Māori providers rallying to meet demand for testing sites alongside work to rollout Aotearoa's COVID-19 vaccination programme.

Lessons learned in 2020 helped many of our providers fine-tune their strategies to reach our most vulnerable communities during the Delta outbreak of 2021. With a focus on mahi tahi (working together), the PHO provided support to iwi-led hauora (health and wellbeing) providers by training additional staff who were recruited to boost capacity for swabbing at kaupapa Māori mobile clinics. Care packages were delivered to whānau in need during the Alert Level 4 lockdown, and Ngāti Ranginui collaborated with Ngāti Kahu Hauora and Island Air to deliver the region's first fly-in, drive-through COVID-19 vaccination clinic at Mōtītī Island.

The team at Poutiri Trust travelled across the rohe (area) to operate drive-through swabbing and vaccination services at marae, kura, sports clubs, car parks and packhouses. These mobile services were often scaled up at short notice and in the face of mounting anxiety about the Delta strain. The spirit of community partnership shone brightly through these challenges, with generous organisations opening their doors to provide vaccination teams with more space to operate safely within their work bubbles.

Throughout the year, General Practice teams reinforced the critical role they play in our community by continuing to deliver day-to-day primary healthcare and illness prevention services. Virtual phone consults – both phone and video – have been woven in to 'business as usual' practice. Similarly, the PHO operated virtual clinics for some of its lifestyle wellness and diabetes self-management groups for people in the community who prefer the convenience of this option. Digital consultations, and the opportunities they provide to improve equity of health outcomes for Māori, have also driven co-designed projects that will see telehealth services offered on remote Mōtītī and Matakana Islands.

Serving a diverse community with different levels of advantage has challenged us all to recognise the inequities that exist, especially for Māori. The Health and Disability System Review (2020) has focussed everyone on population health and the need to address these inequities. As a PHO, we have doubled down on efforts to identify many ways we can contribute to this kaupapa and, while our role in the future delivery of primary care services isn't certain, we are embracing the sector reforms by applying an equity lens to everything we do and exploring new opportunities to engage and partner with health and wellness providers in our community. It is proving to be meaningful mahi that we know will lead to better outcomes for Māori and the wider population.

As part of their commitment to our organisation's cultural and equity journey, PHO staff have been active participants in various activities designed to strengthen their understanding of equity and diversity. We have shared cultural stories, attended cultural training and workshops on racism and all forms of biases, learned and embraced Te Reo Māori and enjoyed a guided haerenga (journey) around Tauranga Moana where we discovered sites of cultural significance to understand how history informs our future – "Ka mua, ka muri". Our thinking has been challenged and we have connected more strongly as a team.

Finally, with people at the heart of our organisation, we were delighted to come together as one team in the move to new offices on First Avenue. The whare has provided kaimahi with fresh space to share ideas and appreciate the extraordinary expertise and work done by others who have joined us on our collective journey to provide a more sustainable and equitable health system for our population.

Co-Chairs' Report



CO-CHAIR MELANIE TE ARAI TATA

“We have been delighted to see General Practices undertake activities to grow their cultural intelligence and use data in new ways to identify health disparities within their enrolled populations.”

The healthcare sector will always be a dynamic environment to work in. At the coalface, our workforce responds to complex and changing health needs every day. Throw in the demands of COVID-19, the announcement of a new national framework for the delivery of health services and the discontinuation of a planned PHO merger, it is fair to say we have all been duly tested.

The board wishes to recognise the contribution of Dr Luke Bradford for his service to the PHO over four and a half years, including four years as co-chair. We warmly congratulate him on his appointment this year as Chief Medical Officer with the Bay of Plenty District Health Board. Board director Dr Todd Hulbert took on the co-chair position vacated by Luke, representing Providers Inc. We also welcomed Dr Daniel McIntosh as a new board director.

As a board, top of mind has been the welfare of our kaimahi who must keep ‘doing the doing’ in an environment where it feels like the goalposts keep shifting. A massive thanks must go to our CEO, the PHO leadership team and staff, who have always responded with professionalism and proven adaptable during these challenging times.

The PHO has provided ongoing support to General Practice, and our Iwi partners, Ngāti Ranginui and Ngāi Te Rangi, during the response to COVID-19, which has certainly increased workloads across the provider network. Fortunately, with more than 18 months’ experience of a global pandemic, we have been able to draw from our kete of knowledge to quickly deliver services when they were needed most, targeting the hardest to reach communities. It was rewarding mahi for everyone involved and goes to show what can be achieved in partnership and when we take a whānau-centred approach to primary healthcare.

We also want to acknowledge the way General Practices have cared for and protected our population this year. COVID-19 has forced them to change the way they operate. New models of care and rapidly developing technology have had to be embraced. The PHO has supported Practices to make these changes, in both the move to virtual consultations and telehealth, as well as support Practice teams to better understand and overcome health inequity in our population.

We have been delighted to see General Practices undertake activities to grow their cultural intelligence and use data in new ways to identify health inequities within their enrolled populations. This information has been used to guide services, strengthen connections to whānau and their communities, and importantly, measure quality improvements. This work is an example of our Health Strategy, *Te Toi Huarewa*, in action, which was created with the goal to improve health outcomes for Māori and reduce the equity gap.

Cultural development has been led by the PHO's Director of Māori Health, and we've heard wonderful feedback from General Practices who have taken their own first steps this year to broaden their understanding of Te Ao Māori. In different forums, we have seen them participate and be challenged to think differently. We encourage more teams to explore ways they can learn, develop and change to improve health and wellness for Māori patients. Their journey in this space is fundamental to us all creating a population that thrives and lives well.

A major highlight for our board in 2021 has been the development of a new board strategy. The Bay of Plenty District Health Board's decision last year to abandon a proposal to merge the region's PHOs coincided with signals from central Government that future health services would be delivered very differently. The Health and Disability System Review confirmed a shift towards locality-based planning and this year, there have been moves relating to the establishment of both Health New Zealand and the Māori Health Authority who will work in partnership to deliver healthcare and drive innovation in services to ensure they are performing for Māori.

In pivoting away from an amalgamated PHO model, and in light of the Review findings, it became necessary for us to reshuffle and re-examine the PHO's vision and direction. The board took this opportunity to create a new strategy that was fit for purpose to progress equity and wellbeing outcomes for Māori, with alignment to the Waitangi Tribunal's Wai 2575 Health Services and Outcomes Kaupapa inquiry.

We want to acknowledge the work that was done by our Chief Executive Lindsey Webber and all the staff for their flexibility in responding to this new direction and structure. Our updated strategy confirms that Māori health and wellbeing is the PHO's top priority, with improving equity at the fore. A new operating framework has been designed to support the PHO to deliver on this priority and we've created additional framework to guide the development of, then assess, the performance of local services.

Our new ways of working will see the PHO establish an independent, Iwi-owned Tino Rangatiratanga Iwi Commissioning Agency (TICA) that will work in partnership with the PHO, ensuring whānau and community have a voice during discussions that identify where the need really lies and where solutions for Māori are best found. TICA will serve as a new vehicle for Iwi-designed service procurement, ensuring investment addresses specific community need, and delivers equity of access, service quality and health outcomes for Māori.



CO-CHAIR DR TODD HULBERT

The General Practice network will continue to play a pivotal role in providing primary healthcare, and there will be opportunities under the new model to engage with new community providers and build the capacity of existing providers to meet our objectives. This will also see investment in primary health programmes that deliver improvement in mental health. We are excited to see how this investment will bear fruit in the coming year for our whole population, with a priority for our Māori population.

Looking to the future, we are keeping a close eye on how the Health and Disability System Review will impact our Iwi partners, General Practice, and us as a PHO. We look forward to establishing new relationships as part of a locality-based model and, as stewards of our community's health, we have every confidence that our kaimahi will keep doing their utmost to respond positively to our population's needs.

BOARD CO-CHAIRS
MELANIE TE ARAI TATA (NGĀTI RANGINUI)
AND DR TODD HULBERT

Chief Executive Officer's Report



CHIEF EXECUTIVE OFFICER LINDSEY WEBBER

It is a privilege to present this year's annual report, and to look back on the collective achievements of our network and the Western Bay of Plenty Primary Health Organisation as a whole. It is fair to say the past year has been one of enormous change, some of it planned and some of it an extension of the unpredictability we all face working in health during a global pandemic.

COVID-19 and the arrival of the Delta variant has continued to impact the way we deliver services. General Practices, our iwi partners and the entire PHO team must be commended for their unified health response under the pressure of another snap national lockdown in August. For the second time in just over a year, teams were mobilised to support the changing needs of our practices and population. Traditional models were turned on their head and we saw the return of virtual consultations, with practices triaging patients over the phone.

To support the outreach effort our iwi partners, Ngāi Te Rangi and Ngāti Ranginui, pulled out all the stops to engage with Māori communities closer to their homes. COVID-19 vaccination and swabbing teams operated drive-through services at targeted pop-up sites, scaling them up at short notice to meet the community need. The PHO's nurse leaders provided training to boost the vaccinator workforce in kaupapa Māori mobile clinics and at the Port of Tauranga where Ngāti Ranginui led the COVID-19 vaccination programme of border workers earlier in the year. On-site surveillance testing was also a critical service delivered at the Port and we're very grateful to the PHO nurses, Public Health nurses, and kaiāwhina (support workers) from Te Runganga o Ngāti Ranginui, as well as Toi Ohomai students who were trained to carry out testing.

The collective mahi has been a true demonstration of whanaungatanga and manaakitanga that have become hallmarks of our network's service delivery in the Bay of Plenty.

General Practices have also been actively involved in the vaccination rollout across Tauranga Moana and Whakatāne. In addition to the tireless work they have done to administer the COVID-19 vaccine, we should never underestimate the important role that clinicians provide in educating our population about the Pfizer vaccine's safety and effectiveness. Thank you to our incredible GP and nursing teams for having those trusted, one-on-one conversations with patients – it is work that has helped to accelerate our vaccination rates and, ultimately, keep more people and their whānau protected from the virus.

While we, as professionals in health, simply get on with the job of serving our community during times of crisis and immense anxiety, I think it's important to take stock and

acknowledge how hard we work, how fast we respond, and how much our communities continue to benefit from our efforts. Managing the threat of a global pandemic is relentless and it requires resilience and fortitude. I feel proud to lead a team so committed to keeping our community safe.

Despite so many challenges this year, we've remained dedicated to our Health Strategy, *Te Toi Huarewa*, which focuses us on achieving equity of health outcomes for Māori. As part of our cultural and equity journey, we explored ways we can improve access and be more responsive to Māori whānau in General Practice, and embraced opportunities to co-design services with whānau and Iwi, to ensure they worked for Māori. Our strong pro-equity approach and commitment to empowering Māori whānau to make decisions about their own health will hold us in good stead in the future.

Working closely with our Iwi partners, our organisation has supported the delivery of primary care services in the Western Bay of Plenty since 2003. We have evolved significantly since then and now, in 2021, the size and make-up of our population means far more people are impacted by what we do.

I am pleased to report that in 2020-2021 the PHO has increased support to more people than ever before. Our enrolled and funded population now numbers 202,115 with people living in communities stretching from Waihi in the west to Whakatāne in the east. This number is significant in terms of the capacity it gives us to deliver existing and new services, while remaining sustainable. This is also important within the context of the Health and Disability System Review recommendations where capacity and sustainability are the foundations on which future service provision will be based.

Over the past year we have seen 2.42% growth in total enrolments with a General Practice. New enrolments at General Practice averaged 398 per month during the last year, with 16.11% of these identifying as Māori and a further 1.77% as Pasifika. Our Asian population is increasing, growing 10.21% over 12 months. Total growth has led to funding received for the enrolled population increasing by \$2.55 million in the year ending 30 June 2021.

Our PHO's population growth of 2.42% exceeds the 1.63% estimate for the Bay of Plenty region and is well above the 2020 national average of 1.31%.

Patient contacts with General Practice increased again in 2021 to 675,641 GP and Nurse visits. This represents growing engagement with General Practice by 2.2% more visits than in the previous 12 months. Of particular note, visits by Māori patients to their GP clinic increased,

accounting for 13.49% of our total patient contacts.

With our focus on closing the equity gap, our network has achieved encouraging results to protect the health and wellbeing of our Māori population. Taking a whānau-first approach, our Support to Screening teams partnered with hauroa providers in environments where Māori wahine felt comfortable to engage with services and receive potentially life-saving smears. By 30 June 2021, the PHO had reached 5456 or 70% of eligible Māori women. Child immunisations have remained a focus, with progress continuing on timely vaccination of eight-month-olds. During the reporting year, we immunised 79% of eligible Māori children and continue to work diligently with stakeholders to improve our performance.

We undertook a range of significant projects with our network partners, including Te Āhunga Whānau, a 12-month pilot project involving five practices in the Western Bay of Plenty and two in the East. New mobile nursing and kaiāwhina teams are working with Māori patients living with long-term health conditions to help them re-connect with General Practice.

General Practices participating in our PHO's Health Care Home project have been co-designing services to enhance patient experience and engagement, with a focus on equity intrinsic to much of this work. Our PHO is also harnessing the power of data to give us valuable insights to support better care for patients.

Once again, the year has demonstrated that there is no standing still in health, but work to date on building clinical leadership, strengthening our relationships with health providers across the network and optimising our organisation's efficiencies ensures we will remain fit for purpose in a changing health system.

Nāku noa, nā,

LINDSEY WEBBER

"The collective mahi has been a true demonstration of whanaungatanga and manaakitanga that have become hallmarks of our network's service delivery in the Bay of Plenty."

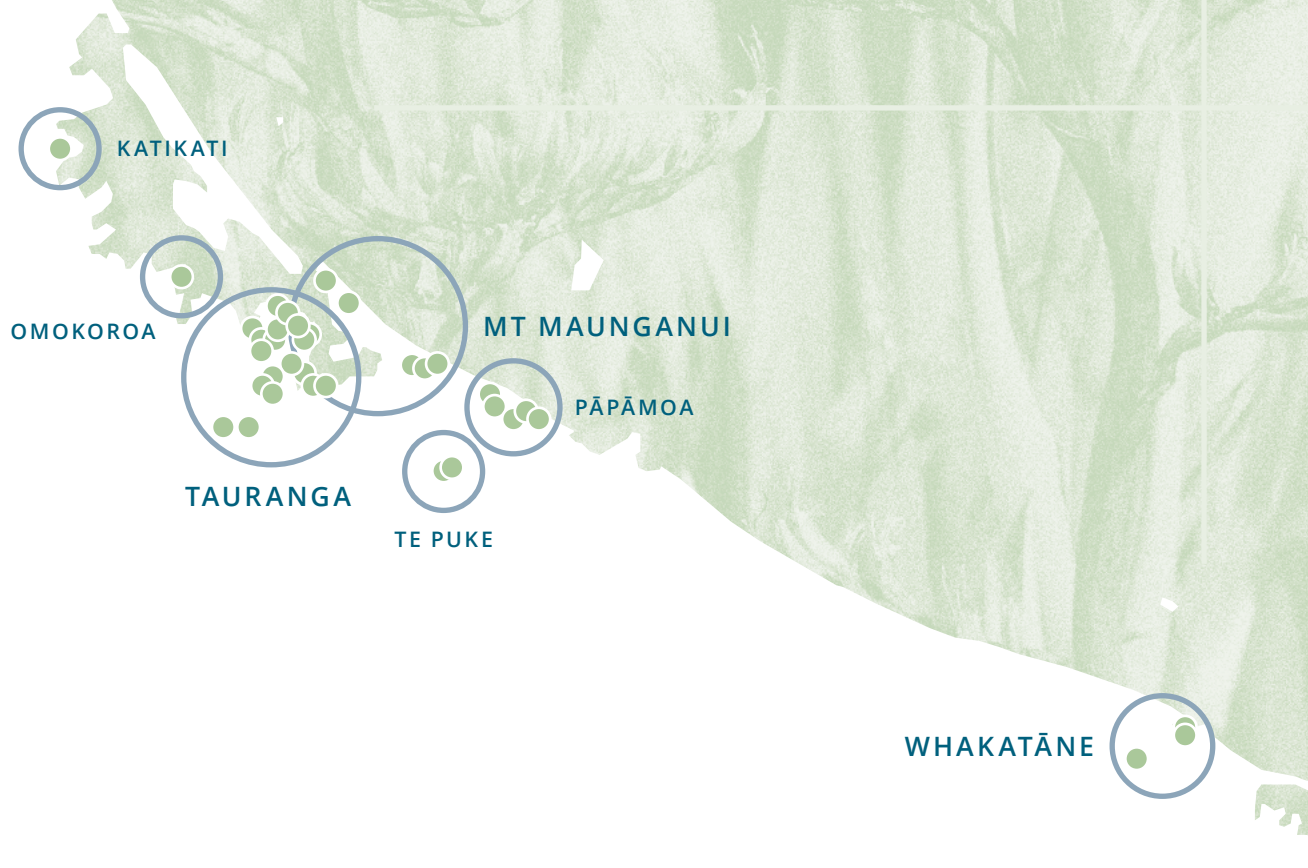
01

Our Practices

Bethlehem Family Doctors
 Bethlehem Medical Centre
including
 Omokoroa Medical Centre
 Cameron Medical Clinic
 Chadwick Healthcare Limited
including
 Chadwick Bethlehem
 Chadwick Greeton
 Chadwick Tauriko
 Chadwick South City

Cicada Health
 Dee Street Medical Centre
 Epic Health Medical Practice
 Family Doctors Brookfield
 Family Doctors Pyes Pa
 Family Doctors The Lakes
 Farm Street Family Health Centre
 Fifth Avenue Family Practice
including
 5th Ave on 10th
 Gate Pa Medical Centre
 Girven Road Medical Centre

Hairini Family Health Centre
 Healthcare on Fifteenth
 Katikati Medical Centre
 Mount Medical Centre
 Ngati Kahu Hauora
 Otumoetai Doctors
 Pāpāmoa Beach Family Practice
 Pāpāmoa Pines Medical Centre
including
 Pāpāmoa Pines @ Palm Springs
 Poutiri Wellness Centre
 Tara Road Medical Centre
 Te Puke Medical Centre
 The Doctors Bayfair
including
 The Doctors Pāpāmoa
 The Doctors Bureta
 The Doctors Kopeopeo
 The Doctors Phoenix
 The Doctors Tauranga
 The Doctors Total Health
 The Doctors Welcome Bay
 Third Age Health (Tauranga)





Funding received on behalf of General Practice was \$42.24m in the year ended 30 June 2021 for the enrolled population. This funding is used to provide services that promote population wellbeing and management of personal health. Other targeted funding is received to enable clinical programmes and interventions to address specific areas of primary health care.

02

Our Population

Working alongside our General Practices and Iwi, Western Bay of Plenty Primary Health Organisation supports healthy lifestyles and quality healthcare services for a growing number of people in our local communities.

+871

MĀORI POPULATION ENROLLED

32,564

+4773

TOTAL POPULATION ENROLLED

202,115

+14368

TOTAL PATIENT CONTACTS WITH GENERAL PRACTICE

675,641

+4742

MĀORI PATIENT CONTACTS WITH GENERAL PRACTICE

91,169

% of Bay of Plenty population enrolled

77.2%

Enrolled vs StatsNZ New Zealand Population Projections (2021 estimate)

Western Bay of Plenty PHO currently serves 80% of the estimated population living within the Bay of Plenty. Residents are dispersed from Waihi in the west to Whakatāne in the east. 16.1% of these identify as being Māori and a further 1.77% as Pasifika. People who identify as Asian accounts for 6.98% of our enrolled population.

Net growth in enrolments at General Practice averaged 398 per month over the past year (496 in 2020).

Total increase in enrolments this year

2.42%

Increase in Asian enrolments this year

10.21%

Increase in Pasifika enrolments this year

6.34%

Increase in Māori enrolments this year

2.75%

Increase in under 14s enrolments this year

1.37%

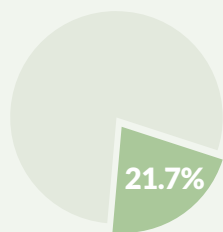


Newborn babies enrolled within 6 months of birth

94.3%

Increase in over 65s enrolments this year

2.95%



% of enrolled over 65

Our PHO population growth of 2.42% exceeds the 1.63% estimate for the Bay of Plenty region and is above the 2020 national average of 1.31%. Young people aged under 25 years comprise 29.8% of our patients, while the elderly (aged 65 or more) represent 21.7% of our population.

Our annual growth in under 14s (+1.37%) was lower than the elderly (+2.95%). The largest growth of 10.21% can be seen within our Asian enrolled population.

The demographic profile of our Māori patients is weighted towards children, youth and adults, which contrasts that of the total population profile skewed towards adults and the elderly.

Our Team

At the heart of our organisation is a dedicated team of professionals providing high quality services to support the delivery of primary healthcare services in General Practices and across our provider network. This is achieved through strong leadership and everyone being united in their mahi to keep our communities well.

What COVID-19 has shown us, however, is that the environment we work in will continue to change in ways we can't necessarily predict. How services can be organised to effectively manage COVID-19 in the community currently dominates our thinking, making our network's mission to respond to this need even more important. It also makes our ability to adapt and respond to changes as part of the approaching health reforms more critical.

The Health and Disability System Review (2020) has focused everyone on population health and the need to address inequities for Māori. Our organisation is excited by workshops that identified many ways we can contribute to this kaupapa in the future. How the proposed locality-based model will operate is still taking shape but we are getting ourselves organised in preparation for the changes ahead. We expect that our kaimahi will continue to provide support to our provider networks, and play a key role in coordination of new integrated care models for our existing and new community partners.

This year's workshops have reinforced the value and expertise we can provide in serving our population, now and in the future.

BOARD OF DIRECTORS

Board Sub-committees
Finance, Audit and Risk
Clinical Committee
After Hours Committee

NGĀTI RANGINUI | NGĀI TE RANGI

PROVIDERS INC.

CHIEF EXECUTIVE OFFICER

PRACTICE SERVICES

General Practice Liaison
Health Care Home Project
Acute Demand

COMMUNITY SERVICES

Health and Wellness Services
Mental Health Programme
Support to Screening Services
School-based Health Services

CLINICAL LEADERSHIP AND QUALITY IMPROVEMENT

Programme Design Development and Evaluation
Continuing Medical Education
Continuing Nursing Education
Workforce Development
Practice Accreditation

CORPORATE SERVICES

Finance Project
Information Management
IT Architecture
Contracts Management
Performance Reporting

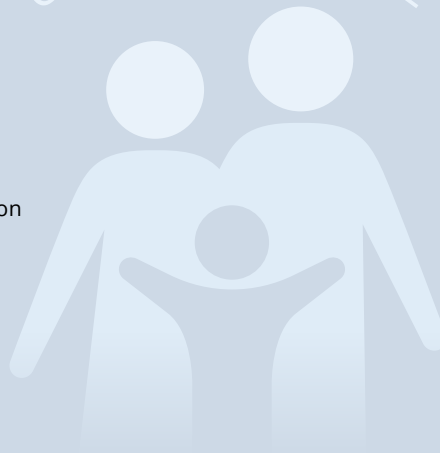
MĀORI HEALTH

Equity Projects
Iwi-led Programmes
Health Promotion
Cultural Intelligence

PEOPLE AND CAPABILITY

Organisational Culture
Health and Safety
Training and Development

GENERAL PRACTICE





Māori Health Planning and our Iwi Partnerships

Our Health Strategy *Te Toi Huarewa* and principles that are within the strategy continue to guide our approach towards equitable health outcomes, particularly for Māori.

OUR PRIORITIES

Whai Mana – Equity, Whai Rangatiratanga – Sustainability, Whai Ora – Quality Healthcare, Tino Rangatiratanga – Self-determination, Mana Motuhake – Autonomy, remain steadfast through the challenges that we face particularly with the COVID pandemic.

Ko te pae tawhiti, whāia kia tata, ko te
pae tata, whakamaua kia tīna.

Seek out distant horizons and cherish
those you attain.

This year we continued to strengthen our cultural intelligence and understanding of its correlation with equity. Our cultural journey has been embraced by the team resulting in a positive cultural shift and transformational change within the PHO. In tandem, with significant collective effort and resources, we have invested in creating an organisational culture of equity.

Daily Karakia/Waiata Huddles

Each day at the Western Bay of Plenty PHO starts with karakia (prayer) and waiata (song). Wednesday's huddle known as Te Ōhanga has become a special day where staff have turns to share their own cultural tale, whether it be about their upbringing, values, beliefs, whānau traditions, or their language.

A culturally responsive organisational culture tends to:

- Respond versus react, and critically reflect on unconscious biases and value systems
- Possess a strong learning culture and commitment to continuous improvement
- Recognise, celebrate, and leverage difference and diversity

Director of Māori Health Kiri Peita (Ngāi Te Rangi and Ngāti Ranginui) says when we seek to understand and celebrate diversity, we can learn to respond in culturally intelligent and relational ways.

"Te Ōhanga is about awakening our understanding about ourselves, and the teams we're a part of, in a mindful pause."

He Pounamu

A structured Te Reo Māori learning programme has been developed and owned by staff. There is a whakatauki (proverb) Ahakoa he iti, he pounamu- although it is small it is a treasure and has great value. Within this context it means, whatever we learn- no matter how small - it is valuable and adds to our kete of knowledge.

Our team came together, in person and remotely, to join others in Aotearoa for Te Wiki o te Reo Māori Language Moment. We were keen to be part of history as the Māori Language Commission sought to set a new world record with its award-winning Māori Language Moment. We sang a repertoire of waiata. Through this one action as a team we demonstrated the normalising of te reo Māori and protecting an endangered language.



Scottish-born Laura Penny shared traditions from her homeland.



Cecilia Wu wears a traditional cheongsam, also known as a qipao, a dress that originated in 1920s Shanghai.

"Te Ōhanga is about awakening our understanding about ourselves, and the teams we're a part of, in a mindful pause."

Director of Māori Health Kiri Peita

“In increasing our knowledge of Te Ao Māori, we can do better to support the creation of environments which allow Māori to be Māori and to flourish. This is core to creating equitable health services and therefore it must be the primary focus of our mahi.”

Haerenga participant

HAERENGA

PHO whānau took a guided haerenga (journey) under the guidance of a local Ngai Tamarāwaho kaumātua Matakori Des Tata. The experience included a full-day trip around Tauranga Moana: Otūmoetai Pā, Mauao, Pukehinahina in Gate Pa, and Te Ranga in Pyes Pa where everyone learned about the cultural history of the sites and enjoyed a pōwhiri at Whareroa Marae.

Feedback from participants

Staff were asked to reflect on their cultural journey and how it has influenced their mahi and/or changed their practice. Following are some whakaaro (thoughts):

“The haerenga felt like an opportunity to walk in tangata whenua shoes. Hearing from our Kaumātua about the spaces in which we live and enjoy and the history of what occurred in them was confronting, but it was important to understand the history of what this rohe has gone through so that we can address the inequities for tangata whenua, acknowledging that there are still Government Acts and Policies in place to disadvantage Māori.”

“The quote by Roy Bennett, ‘Listen with curiosity, speak with honesty, act with integrity’, speaks to empathy and about understanding another’s story. We need to be careful about speaking with honesty in the environment we are in as we are at risk of creating an echo chamber. We need to find ways to encourage conversations with people that still need to understand the ‘why’ when we come across people in our organisation or the community that are resistant to equity concepts.”

“It’s about recognising there is no future without the past. Trying to look at inequity within healthcare (and Aotearoa society) is impossible without full recognition of recent past events and trauma that families have faced and still feel and carry with them in a very real way to this day.”



Our climb part way up Mauao where we stopped to admire the mural by local artist Mr G.

GENERAL PRACTICE SUPPORT

As well as developing our internal capabilities we continue to support our General Practice partners on their own cultural journeys.

General Practice whakaaro is captured below on how some of our equity activities have impacted patients or changed practice.

Understanding equity vs equality

"The video (The Race) that is used as a teaching tool to understand equity is powerful – you just get it, after watching it."

Consumer engagement and co-design

"Following on from an initial whanaungatanga event with Kaumātua, the Practice is now progressing with the next steps. We plan to invite multi-generational whānau to walk with us through our buildings and review our communication systems (including website/ Health 365 etc) to ensure a Māori perspective in all that we do."

Equity Tool – Snakes and Ladders (with a twist).

Comment from a Very Low-Cost Access Practice was: "The Snakes and Ladders game helped highlight the actions we were already doing well and enabled the team to come up with some ideas to make patients feel even more welcome."

Tailored training to meet Foundation Standards and Cornerstone Accreditation, e.g. pronunciation of Māori patient names, relationships with local community

"I come from an era where we were not expected to say Māori words correctly... I can see why it is important to say names correctly and I am now being challenged by my children to do so."

"We had a very strong relationship with the local hāpu many years ago and over time it has drifted off. We want to strengthen the relationship so we can work together."



Cultural Training

The Western Bay of Plenty PHO and its network of General Practices (in total 208) took up the opportunity to learn together about Te Tiriti o Waitangi, cultural safety and competence, racism and discrimination in all forms and all forms of biases, conscious and unconscious. The training was part of our commitment to achieve equity of health outcomes for Māori in our communities.

"It gave me a lot to consider, regarding my interactions with patients and other cultures. I have more awareness and knowledge of bias – positive and negative."

Cultural Training participant

HIGHLIGHTS FROM IWI PARTNERS

Ngāti Rānginui – Te Āhunga Whānau

Te Āhunga Whānau (meaning whānau-directed, human-centered and whānau-focussed) supports a whānau ora model of care with mobile nursing and kaiāwhina teams working with people living with long-term health conditions to help them re-connect with General Practice.

Te Āhunga Whānau is a 12-month pilot project targeting people with conditions such as heart disease, respiratory disease and diabetes. Five practices are involved in the pilot, including three in Western Bay of Plenty and two in the East.

“For a lot of our whānau putting food on the table and a roof over their head is their number one priority, with health needs sitting further down the list,” says PHO nurse Tamar Courtney. “They’re not engaging with their General Practice so our role is to unpack their needs so they are comfortable to return to their General Practice and understand what they can support them with.”

The first step involves kaiāwhina building relationships with patients and their whānau. They are there to enable whānau to self-manage their health. And having both a kaiāwhina and a nurse ensures clinical as well as social needs are being addressed

Ngāti Rānginui CEO and PHO Board Co-chair Mel Tata says Te Āhunga Whānau is about redesigning what General Practice is for Māori. “Whānau will create their own health plans, define their own hauora and come to their GP already aware of what they want to see because they have had the opportunity to have those conversations in their own environment with familiar faces. It’s about people taking ownership of their health and a culture change from focusing on illness to focusing on wellness.”



Nurse Tamar Courtney, Ngāti Rānginui CEO Mel Tata and Kaiāwhina Leanne Faulkner welcome the Te Āhunga Whānau pilot programme which they hope will be rolled out across the region.

Ngāi Te Rāngi – HbU taking healthcare to the people

For those who can’t afford after-hours healthcare, can’t take time off work during the day, or aren’t enrolled with a GP, Ngāi Te Rāngi’s mobile health unit HbU has been a lifesaver for more than 12 years.

Established in 2009, the mobile waka was originally targeted at providing services for rangatahi (youth) – hence the text-speak name HbU which means ‘how ‘bout you?’

Over the years it has evolved into a free walk-in service for the whole whānau with more than 2000 people accessing healthcare each year, 70% of them Māori.

From its early beginnings operating three nights a week, it now operates five nights a week in Katikati, Welcome Bay, Mount Maunganui, Merivale, and Pāpāmoa, from 6pm-9pm, as well as being involved in new community initiatives such as a men’s health clinic and kaupapa Māori vaccination clinic for COVID-19.



The mobile waka initially targeted healthcare for rangatahi but has evolved into a free walk-in service for the whole whānau.

Dr Murray Hay has been HbU’s doctor since 2009, with Dr Emma Stanley joining the team last year to assist during the COVID-19 lockdown when the waka was used to coordinate healthcare and social services for Tauranga’s homeless community.

HbU Mobile Health Service Manager Emily Gudsell says, “HbU can be deployed in many different ways depending on what the community needs are, whether it’s a pandemic emergency situation, right through to your after-hours acute patients who just cannot get to their GP or won’t go to a GP for whatever reason.”

HbU is funded and supported by WBOP PHO. Director, Māori Health, Kiri Peita, says improving healthcare access for whānau is invaluable. “Ngāi Te Rāngi also provides the added benefit of connecting whānau to social supports if needed.”

Improving access to health and wellbeing services for island communities

We have been working on a socially-led initiative in partnership with whānau on Matakana Island and Mōtītī Island. Alongside whānau groups on each of the islands, we have explored the potential benefits of a telehealth service for each community. We have established telehealth capability, improved the internet connectivity on each island, including internet service and cellular coverage.

From the onset of the project, the intent of the project was that there would be true engagement and co- design of a telehealth service with the island communities and we would honour the principles of Te Tiriti o Waitangi (Tino Rangatiratanga, Active Protection, Equity, Options).

At Matakana Island, Te Awanui Hauora Trust CEO Te Uta Roretana says residents are excited about the opportunity to improve their access to healthcare. "Living on an island presents multiple challenges to accessing healthcare, including transport, cost, and time. Residents currently pay about \$80 per return vehicle on the barge to take them into town for specialist appointments so the ability to have digital consultations will be of great help. We will also be able to use the technology to access online education and training. During COVID-19 [pandemic] quite a few of our whānau became very tech-savvy and we'd like to continue with that."

A system to enable primary and secondary care consultations with patients via the use of telehealth modalities will be designed by the whānau. We have planned co-design workshops on Matakana Island. The workshops will include PHO, DHB, Ministry of Health, General Practice Ngāti Kahu Hauora, Te Awanui Hauora (Matakana Island Health Provider) and residents.

The PHO is aiming to better understand current experiences with the health system, identify preferred solutions and a sustainable model of care to improve residents' overall health and access to services.



RADIO MAST INSTALLED ON MATAKANA ISLAND

Major progress was made on delivering telehealth services to Matakana Island with the installation of an 8m high stainless steel radio mast in April. The mast was installed next to Te Awanui Hauora Trust's clinic building.

The project is a collaboration between the PHO, Western Bay of Plenty District Council and Bay of Plenty District Health Board. The council funded the radio mast while the DHB donated both diagnostic equipment for the clinic and technical expertise. As well as funding the installation of the 4G radio bridge on the mast, the PHO has led the community engagement. The radio technology adopted is the same type used in outback Australia.



Fly-in, drive-through clinic

In September, the Bay of Plenty achieved a first for the COVID-19 vaccination rollout with a fly-in, drive-through vaccination clinic at Mōtītī Island.

The clinic was a collaboration between Ngāti Ranginui, Ngāti Kahu Hauora and Island Air. This initiative boosted the Bay of Plenty's vaccination rate and supported the aim of ensuring access to the vaccine is as easy as possible for all.

Thirteen people were vaccinated, with 11 receiving their first dose and two further residents received their second. Afterward, one individual said that they would now feel better protected from COVID-19 when visiting the mainland.

Mōtītī Island was closed to visitors during the Alert Level 4 lockdown. A second drive-through clinic was held on the island in October.



The fly-in, drive-through COVID-19 vaccine rollout to Mōtītī Island took place on 6 September, 2021. Featured left is Dr Claire Isham, PHO clinical director and GP Liaison Lead for the Bay of Plenty DHB's COVID-19 vaccine team; and right is vaccinator and registered nurse Margaret Tunbridge-Ross.



WBOP PHO Director, Māori Health, Kiri Peita (centre) with fellow equity module accreditors at their training session last year.

Embedding equity into General Practice

The Royal New Zealand College of General Practitioners has introduced Equity as a compulsory module for General Practice to achieve or maintain Cornerstone Bronze. The Equity Module demonstrates how practices can work to improve health outcomes for Māori and other under-represented populations by being more targeted to individual and cultural needs that can make significant differences to patient and whānau care. Our Director, Māori Health, Kiri Peita, was one of the first five people in New Zealand to complete the Equity Module Accreditor training, allowing her to accredit General Practices that have completed their Cornerstone Equity module. Kiri says her motivation to become an accreditator was to add to her kete of knowledge and to identify opportunities to best support General Practices to achieve accreditation in a meaningful way.

The Health Care Home (HCH) model of care was enhanced in late 2020 with a focus on equity, consumer involvement and honouring Te Tiriti o Waitangi. Three of the seven General Practices participating in the Western Bay of Plenty PHO's Health Care Home project learned how to co-design services with their patients as part of a sponsorship arrangement with the Health Quality & Safety Commission. Co-designing services with patients is a key feature of the HCH model. Some practices opted to go on this journey independently, whereas others took the opportunity of having ongoing expertise and support. Sponsorship from the Health Quality & Safety Commission has enabled professional development workshops as well as remote training sessions for those practices involved. All three practices have chosen equity-focused design projects with a view to enhancing patient experience and engagement.

This year PHO Chief Executive Lindsey Webber and Director of Māori Health, Kiri Peita, co-presented at the national GPCME Conference on the PHO's journey to create an organisational culture of equity.

Te Āhurutanga Rōpū

A rōpū was established for kaimahi Māori in October 2020. All kaimahi who identify as Māori are welcome to be part of the rōpū which meets bi monthly. Currently, there are 18 members.

The purpose of the Te Āhurutanga Rōpū is:

- Whanaungatanga – to work together to support one another
- Wairuatanga – to replenish our wairua/ wellbeing and affirm a sense of belonging in our workplace
- Kotahitanga – to have a unity of purpose and collective action
- Manaakitanga – to care for others
- Kaitiakitanga – to preserve and protect our taonga

Te Āhurutanga Rōpū serves as a korowai (traditional cloak) for the PHO's kaimahi Māori. The korowai is symbol of mana and leadership. Mā te huruhuru, Ka rere te manu – Adorn the bird with feathers so it can fly. This whakatauki reflects the idea that a bird cannot fly without feathers, but if you give the bird what it needs, it can thrive.

The forum provides a wāhi āhurutanga (culturally safe space) to share whakaaro, maintain/ build resilience, brainstorm, be proactive, support the wider PHO whānau with their journey and understanding of mātauranga Māori, and celebrate being Māori within our work environment.

Director of Māori Health, Kiri Peita, says a culturally safe work environment ensures kaimahi Māori feel comfortable, supported, valued, and respected so everyone can perform their best mahi.

Since forming, the rōpū has established its terms of reference and led various initiatives including karakia/ waiata huddles, activities for Māori Language Week, and supported HR changes that give Māori representation on interview panels for senior staff and management.



Tungia te Ururua, kia tupu Whakaritorito te tupu O te harakeke

Clear the undergrowth so that the new shoots of the flax will grow.

CULTIVATING NEW BEGINNINGS

Haraekeke (flax) is the plant at the heart of Māori weaving and people and community are at the heart of our primary healthcare network.

This year, the two combined in a creative expression of the Western Bay of Plenty Primary Health Organisation's cultural and equity journey and the whakataukī that underpins our work. The Māori proverb, gifted to us by respected rangatira Dr Morehu Ngatoko Rahipere, reminds us every day of the benefits that can come from leaving behind ways of doing things and finding opportunities for growth in new areas as we strive for quality and continuous improvement.

*Tungia te Ururua, kia tupu Whakaritorito te tupu O te harakeke.
Clear the undergrowth so that the new shoots of the flax will grow.*



Our cultural journey with a deliberate focus on equity, started in 2019, has been a journey of self-reflection, with people taking opportunities along the way to pause and quietly consider their own connection to place, whānau, language and culture. Through sharing more of ourselves, as a team we have strengthened our own relationships and developed a deeper appreciation of diversity.

The meaning that each of us attach to the PHO's whakataukī may be slightly different, but through diversity comes strength. Having the opportunity this year to create a collaborative artwork inspired by the whakataukī was another step in our journey to better express ourselves, our journey, and the role we play in upholding the PHO's core values:

- Whai mana – equity
- Whai ora – quality healthcare
- Whai rangatiratanga – sustainability
- Tino rangatiratanga – self-determination
- Mana motuhake – autonomy

For generations, Māori have cherished harekeke and cultivated it in special plantations. It continues to play a role in contemporary Māori art, with respected artist and teacher Maraea Timutimu (Ngāi Te Rangi, Ngāti Ranginui, Ngāi Tūhoe) inspired to use it with our team to create a collective art installation.

She facilitated a workshop where participants used a combination of harakeke fibres, seeds and raranga (weaving impression) to personalise clay wall hangings. Each unique composition will form part of the collective installation.

To take pride of place on the wall in our First Avenue office, the mahi toi (artwork) serves not only as a visual representation of the whakataukī, but as a celebration of diversity and the strength that comes from the group as we collectively rise to the challenge of reorganising our healthcare model to embrace a pro-equity approach and deliver improved services based on the needs and priorities of our local communities.



Our Programmes

The Western Bay of Plenty Primary Health Organisation offers a range of healthcare programmes delivered through General Practices and our complementary Outreach Services, as well as Iwi-based services and workforce development.

DHB Funded Services

ACUTE DEMAND SERVICE

(incl. CPO, ASH, ED/St John Redirects)

A comprehensive range of targeted services, focussing on reducing Emergency Department presentations and hospital admissions through enhanced service delivery within a primary care setting. Provision of an acute package of care supports General Practice to manage patients within the primary care setting and ensures people remain connected and cared for by their primary care provider.

AFTER HOURS SERVICES

(incl. Free Access for U14s, GP and 2nd Ave After Hours Services, GP Telephone Nurse Triage, After Hours Support for HN/CSC)

This suite of services, providing free access for children under 14 years of age and subsidised access for High Need and Community Service Card holders, includes extended hours offered through General Practice on weekdays and after hours on weekends, contracted after hours services through Accident and Healthcare and telephone-based access to health advice and triage.

AGED RESIDENTIAL CARE (ARC)

A specialised team, comprising of Clinical Nurse Specialist/s and a Clinical Pharmacist, actively focussed on enhancing clinical skill development and quality care provision within Aged Residential Care facilities across the Bay of Plenty.

COMMUNITY MEDICINE MANAGEMENT

A targeted approach, supporting General Practice teams and referred patients with a comprehensive range of medicine management and adherence, and specialised prescribing support and advice. This is delivered through Medwise.

COMMUNITY RADIOLOGY SERVICE

A range of 'specialist' radiological services focussed on diagnostic Breast Imaging and DEXA Bone Mineral Density scanning. This service is an excellent example of an integrated partnership. Bay Radiology, Focus Ultrasound, Bethlehem Radiology and Medex are contracted to provide this service.

COORDINATED PRIMARY MENTAL HEALTH SERVICE

This service provides for a range of therapeutic services such as a social worker, group therapy, GP or nurse extended consults, counselling or psychological support for depression, anxiety, and youth mental health. Alcohol/drug and related therapeutic care is also delivered within a 'Stepped Care' model, by a range of contracted and internal specialist therapists. This service is one of the PHO's busiest. Additionally, work is well underway to implement the Integrated Primary Mental Health and Addictions Service – a national service model adapted to local service needs and expectations. Implementation will commence late 2021.



COVID-19 testing and vaccinations at the Port of Tauranga

The PHO played a key role, alongside our Iwi partners, in testing 720 workers over four days on-site at the Port of Tauranga in August 2020.

The surveillance testing followed a directive from the Ministry of Health that all high-priority port workers would require testing as part of the Government's efforts to prevent the virus spreading through our domestic borders. All workers tested negative for COVID-19.

Additionally, the vaccination programme for port workers was led by Ngāti Ranginui, with support from the PHO, earlier this year. All border workers and their whānau were prioritised for vaccinations as a means of added protection against the risk they encounter as part of their workplace duties.



Kaiāwhina Christine Grant, left, and Alamein Borell at work in their PPE at the Port of Tauranga.



COPD

Funded as part of the Acute Demand initiatives focused on reducing unnecessary hospital presentations and avoidable admissions. Providing education and support to General Practice champions in the effective management of patients diagnosed with COPD as an initiative to reduce unnecessary ED presentations and admissions related to COPD.

GP SHARED CARE

A service that provides intensive care to those managing opioid dependency. This service is delivered by an increasing number of GPs in partnership with the BOPDHB's specialist Bay of Plenty Addiction Services.

HEALTH CARE HOME

Western Bay of Plenty Primary Health Organisation has taken the lead in the rollout of the nationally recognised Health Care Home Model of Care across participating practices within the BOP. This initiative is supported by a significant two-year investment through BOPDHB and additional investment of both funding and in-kind resource from both EBPHA and the PHO to support delivery over the next three years. The Health Care Home Team significantly contributed to the revised national model of care, which now has a stronger focus on health equity, consumer involvement and honouring Te Tiriti o Waitangi.

IRON INFUSION

A devolved service from secondary care, focused on providing timely access to iron infusion, for a dedicated patient cohort, within a community setting thus, reducing demand on hospital services and minimising travel and access barriers for patients.

LONG ACTING REVERSIBLE CONTRACEPTION (LARC)

A targeted service delivered through General Practice to an eligible population with a focus on reducing unwanted and/or unplanned pregnancy.



COVID mahi

Throughout 2021, our PHO has been on the frontline of Aotearoa's COVID-19 vaccination programme.

By 30 September, 51.9% or 65,775 people in our enrolled population were fully vaccinated after having two doses. A further 16.4% or 20,819 people had received their first dose.

Included in those figures were 32.9% or 5,766 of enrolled Māori who had two doses and a further 15.1% or 2,652 Māori who had received one dose.

The PHO's busiest swabbing day was on 18 August, the first day of the nationwide Level 4 lockdown. A total of 1,008 swabs were taken – excluding swabbing activity at Accident and Healthcare on Second Avenue.



The new WBOP PHO building has also served as a COVID-19 vaccination site in 2021.

LONG TERM CONDITIONS MANAGEMENT SERVICES

This is the PHO's most comprehensive integrated service, delivered through General Practice and community-based contracted providers. It focusses primarily on Cardio-vascular Risk Assessment, and diabetes detection and management, involving the integrated services of podiatry, retinal health, nurse specialists and self-management education. COPD support and self-management, and Pulmonary Rehabilitation also fall within this suite of services.

IMMUNISATION OUTREACH SERVICES

Under sub-contract to EBPHA, an Outreach Immunisation Service is provided to support General Practice maximise coverage of childhood immunisations across the rohe. The service has worked collaboratively with Support to Screening Services to pool resources and efforts, building and developing internal capability which in turn has increased immunisation outreach services capacity.

ROUTINE WOUND MANAGEMENT

This is a package of care approach, supporting General Practices to manage wound management for post-operative patients discharged back to their GP.

SKIN LESION SERVICE

The Bay of Plenty is included in statistics for the highest rates of skin cancer in the world. This service enables lesions to be surgically removed by approved specialist credentialed general practitioners. An independent specialist in skin cancer surgery is engaged to triage each referral, ensure clinical standards are maintained and the DHB-assigned resources used well. The PHO is also responsible for credentialing all approved clinicians.

SCHOOL-BASED HEALTH SERVICES

Delivering a comprehensive range of primary healthcare services across secondary schools within the Western Bay of Plenty, this service offers both nurse-led services during the school weeks and GP clinics on a contracted basis. These services are underpinned by excellent partnerships between schools and the PHO and has reflected continued increases in access to services by the student population.

SMOKING CESSATION SUPPORT

There are two areas of focus within this service. General Practice teams are enabled to offer support to patients who indicate they want to quit smoking. This is not dependent on a quit date being set and achieved. The other focus is a wananga for pregnant wahine Māori, operating under the gifted name of Ūkaipō. Inclusive of the extended whānau, the service focusses on health lifestyle choices for both māmā and pēpi, including smoking cessation.



Kaumātua Matakori Des Tata and Tutu Pearson from Ngāi Tamarāwaho, supported by kuia Colleen Whetukioterangi Te Arihi from Ngāi Tamawhariua, bless our new whare at 87 First Avenue.

NEW WHARE IN FIRST AVENUE

The opening of our new whare at 87 First Avenue in June was a major milestone in the evolution of our PHO.

Kaumātua Matakori Des Tata and Tutu Pearson from Ngāi Tamarāwaho, supported by kuia Colleen Whetukioterangi Te Arihi from Ngāi Tamawhariua, blessed the site which is large enough to accommodate all staff who had previously worked at our head office on Eleventh Avenue as well as kaimahi from Health and Wellness Services.

With everyone working under the one roof, albeit with flexible working arrangements in place, our kotahitanga as a team has been strengthened.

SUPPORT TO SCREENING SERVICES

A nationally funded cervical and breast screening service focussed on improving screening coverage rates for priority women. A successful programme that creates opportunity for eligible priority population women: Māori, Pacific and Asian wahine to screen for breast and cervical screening. We give choices, we break down barriers, we kōrero with wahine, and we look after our communities. We create opportunities through a breast screen mobile clinic, community pop-up clinics, and support hauora events led by Iwi and Hāpu.

PHO self-funded services

MAU RĀKAU (TE PUNA I RANGIRIRI TRUST)

A service focussed on skilled use of traditional weaponry and associated cultural beliefs, knowledge, and practices to engage rangatahi and their whānau.

HBU (NGĀI TE RANGI)

A mobile primary healthcare and social work service delivered after hours across several high-need communities; this is a free walk-in service.

COMMUNITY OUTREACH NURSING SERVICE

Operating as a mobile and adaptable resource, this highly regarded registered and specialist nursing service is focussed on support to our most vulnerable populations on behalf of our General Practice network and Iwi partners through provision of community-based outreach nursing care.

GREEN PRESCRIPTIONS/ACTIVE FAMILIES

These are a physical activity and healthy lifestyle-focussed suite of services, supporting individuals and their whānau who are seeking the benefits of improved levels of activity and improved lifestyle choices. Sport Bay of Plenty has been contracted to provide these services for more than 10 years.

HEPATITIS C TREATMENT INITIATIVE

Introduced in 2018 to support General Practice to engage with and support patients access and recover from the Hepatitis C infection as part of a national eradication program.

PALLIATIVE CARE DISCRETIONARY FUNDING

A limited resource intended to enable General Practice to provide more intense support during end-stage palliative care to the patient and their family through subsidisation of service costs.

PERFORMANCE INCENTIVES

(incl. System Level Measures, CVDRA and national health targets)

A range of financial incentives are available to our General Practice network to recognise optimal clinical performance in several key areas including CVDRA, 65+ Seasonal Flu coverage, Smoking Brief Advice, and Breast and Cervical Screening coverage for Māori women. System Level Measures funding available through the Ministry of Health is supplemented by the PHO where national financial incentives no longer exist.



PHOTO COURTESY OF NZME

Mobile vaccination ramps up jobs

Poutiri Wellness Centre in Te Puke joined the PHO network this year and, together with Māori health provider Poutiri Trust, very quickly stepped in to meet the need for mobile vaccination clinics across the rohe.

Poutiri Trust started operating a mobile service in June and, within 48 hours of the Government's snap lockdown announcement in August, it had revamped plans for how it could safely scale up its service.

Before Level 4, the trust was seeing about 48 people, on average, a day. But operating a drive-through service, the trust's team could vaccinate more than 200 people a day through its mobile clinics during lockdown.

The service operated at marae, hauora organisations, kura, sports clubs, and outside a variety of businesses.

General manager Kirsty Maxwell-Crawford says wherever the community need was, the trust worked out how it could respond. During Level 4, it also provided a mobile vaccination service on Matakana Island.



HIGH-NEED DISCRETIONARY FUNDING

A dedicated funding line assigned to General Practice to use at their discretion, to assist high-need patients where financial barriers reduce access to health services. This has been particularly welcomed by practices wanting to support vulnerable population groups during and after the impact of COVID-19.

SKIN SURGERY DISCRETIONARY SUBSIDY

A limited level of funding provided directly to General Practices to subsidise the costs of diagnostic services for patients that do not meet the eligibility criteria for access to the DHB-funded Minor Skin Surgery Service.

KOIORA (NGĀI TE RANGI IWI)

Koiora is a leadership development programme that focusses on enhancement of hauora Māori for rangatahi. The programme provides for the transfer of traditional and cultural knowledge as a basis for encouraging mental and spiritual health, good nutrition, regular physical exercise and enriched cultural connectedness. It is a forum that provides mentoring, sharing of knowledge, networking, and goal setting.

MAURI ORA (NGĀTI RANGINUI IWI)

The service includes a range of programmes aimed at assisting and empowering whānau to improve and develop their health and wellbeing journeys. The concept of Mauri Ora extends beyond physical healthcare to include factors such as spiritual wellness, mental health, and connectedness to their whānau and community.

MATAORA SERVICE (NGĀTI RANGINUI IWI)

The Kaupapa Māori Mental Health Service offers three programmes within this service: Mental Health and Addiction Co-existing Problems Counselling, Trauma Counselling, and Peer Support Advocacy.

HE KOKONGA NGĀKAU WHĀNAU SUPPORT SERVICE (NGĀI TE RANGI IWI)

This service works with tenants of Accessible Properties Limited (APL). The service delivery approach is a whānau support model that works alongside whānau to identify and manage health and wellbeing issues, with the view that by developing a relationship based on support and trust these issues will be able to be addressed.

IMPAIRED GLUCOSE TOLERANCE (IGT)

The IGT programme supports GP teams to target patients with pre-diabetes who are at risk of developing diabetes and cardiovascular disease.

INSULIN STARTS

Funded appointment to support General Practice to undertake insulin starts independently.

DIABETES NURSE EDUCATION

A highly regarded service that focusses on the care of acute diabetics and consultative support to clinicians.



Participants in the Takurua Ora programme cook up some healthy kai in the kitchen at Hungahungatoroa Sports Club in Matapihi.

Winter wellness

WBOP PHO and Waipu Hauora teamed up to offer a two-day winter wellness course, Takurua Ora, at the Hungahungatoroa Sports Club in Matapihi.

Eight people attended the course which looked at exercise, healthy kai, understanding your blood tests, knowing your health numbers, and looking at mindset and setting SMART goals. There was also a rongoa Māori (traditional Māori healing) session where participants made a rub with essential oils and Ngāti Kahu Hauora nurse practitioner Brenda Smith gave everyone a health check.

The event was an example of whanaungatanga in action with several people across our health network contributing to the course's success. They included Riria Gibbons and Chelsea Benton from Waipu Hauora, clinical exercise physiologist Caitlin Milne and dietitian Hannah Martin from the PHO, as well as clinical pharmacist Carolyn Woolerton from Medwise.



Jewel Tipene from Huria Trust, WBOP PHO Support to Screen Programme Lead Joanne Tuhakaraina and Te Aihe Toma from Ngāti Ranginui Mauri Ora helped people earn points and bragging rights for their marae during the 2021 Tauranga Moana Tauranga Tangāta Festival in March. To earn points, participants completed health and wellbeing initiatives, such as breast and/or cervical screening and a 3.5km walk or run.



CELEBRATING WELLNESS AT PICTT

Our Health and Wellness Services team held a wellness course at the Pacific Island Community (Tauranga) Trust in March 2021. Co-designed with PICTT nurse Koratika Tiban, it was a combination of our popular diabetes self-management and lifestyle wellness courses. The two-day course was delivered by Koratika and exercise physiologist Caitlin Milne (pictured), dietitian Hannah Martin, pharmacist Deryn Brown from Medwise and third year nursing student Geraldine Tawa.

COMMUNITY CLINICS

A range of community-based clinics designed to improve accessibility to care and provide a range of services including health assessments, vaccinations, and smoking cessation advice.

SELF-MANAGEMENT GROUPS (SMG)

These groups are focussed on assisting people to manage their health conditions. Groups currently offered include lifestyle wellness to assist with the management of impaired glucose tolerance and type 2 diabetes management. These groups are delivered by a multidisciplinary team and are also available via online video conferencing.

DIETITIAN

The dietitian provides a range of services for our enrolled population over 18 years old within PHO-delivered services, including having a key role in the provision of self-management groups. One-on-one consults are also available.

ST JOHN AMBULANCE

WBOP PHO works closely with St John and ED to fund General Practice to manage eligible redirections from these services.

TE ĀHUNGA WHĀNAU

This pilot was initiated mid-2021 within both the Western and Eastern Bay of Plenty. This service enables a registered nurse and Kaiāwhina to work with a dedicated neighbourhood of General Practice enrolled populations to provide mobile outreach services to those most at risk on behalf of their Practice of enrolment.

WORKFORCE DEVELOPMENT

The PHO coordinates and delivers a comprehensive medical and nursing continuing education service across our provider network, which is available both face-to-face and via Zoom. Evening sessions are delivered to increase accessibility and the PHO also supports a range of day time workshops for the management of long-term conditions. WBOP PHO is also part of a collaboration between the Midland region's five DHBs and eight PHOs to offer the Midland Collaborative Recertification Programme for Registered Nurse Prescribers in Community Health.



Our Performance

In 2020-2021 the Western Bay of Plenty Primary Health Organisation provided increased support to more communities than ever before, with funding increases used to provide services that effectively promote health and wellbeing.

Services provided by the Western Bay of Plenty Primary Health Organisation reached more patients in the year ended 30 June 2021 than in previous years and clinical staff had greater success in reaching greater numbers of at-risk patient groups.

Brief advice was given to 15,527 smokers in the past 15 months and clinical staff made positive gains during the year. This activity, along with the referrals for 13% of smokers to support-to-quit programmes, reflects progress towards the PHO objective of reducing patient deaths from the effects of long-term smoking and chronic obstructive pulmonary disease.

Cardio-vascular disease risk assessments were completed for 61,375 patients, which reflects sustained clinical intervention for at-risk patients, despite the challenges of COVID-19 resurgence. Continually improving coverage for Māori males (35-44 years) each quarter reflects, in part, the continued commitment of our practice

network to actively seek to engage with this cohort to minimise their risk of CVD.

Progress continued on timely vaccination of eight-month-olds who are due their childhood immunisations, with sustained success in reaching 538 (79%) Māori children. Messaging about the benefits of immunisation following the continued COVID-19 response following resurgence spikes this year has contributed to greater coverage for infants.

In assisting our General Practice network, our Support to Screening Services team ensured that 32,528 eligible women had their cervical smears by 30 June 2021. Contacts with at-risk Māori women (50-69 years) have consistently improved quarterly breast screening results for the eligible population enrolled with Western Bay of Plenty Primary Health Organisation – the result of a focussed PHO initiative involving better use of patient information, improved clinical processes and coordinated activity within clinics.



Two doses COVID-19 vaccine

Enrolled Māori population
that are fully vaccinated
(by 30 September)

32.9%



Two doses COVID-19 vaccine

Enrolled population that
are fully vaccinated
(by 30 September)

51.9%



COVID-19 tests at PHO sites

From 1 April 2020 to
30 Sept 2021 (excludes AHC).

64,481



Smokers
provided with
support to quit

88%

Cardio-vascular
disease risk
assessments were
completed for
61,375 patients.

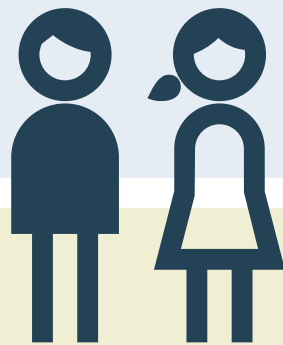
Māori women screened for cervical cancer

70%

By 30 June 2021 the PHO had
reached 5456 eligible Māori
women for breast screening

Māori children received 8 month immunisations

79%



7230

Student contacts with Schools Health Service

**number of student visits to a nurse*

Comprehensive health assessments for Year 9s

505



88.7%

eligible patients
received heart and
diabetes checks

Patients 15+ with
diabetes

5.56%

AFTER HOURS VISITS BY UNDER 14s

7685

Health and Safety

The Western Bay of Plenty Primary Health Organisation is committed to protecting and nurturing the physical and mental wellbeing of all people in its workplace by providing a healthy, safe and positive place to work.

Mental Safety and Wellbeing

It is our core belief that all staff and associates of Western Bay of Plenty Primary Health Organisation, regardless of position, have the right and expectation to be able to work in, and visit, our organisation without fear of discrimination, bullying or harassment. Associates in this context may include contractors, visitors, committee members and governing board members. Our staff have developed an anti-bullying, anti-harassment and Mana Enhancing policy and staffroom poster. Also, our staff, managers and senior leaders have worked together to create a document that incorporates our shared values of inclusiveness (Whanaungatanga), empowerment (Mana Motuhake), achieving equity (Whai Mana), and showing respect for each other (Mana Motuhake). The document outlines that staff have the right to expect the following:

- They will be treated with kindness, professionalism and respect
- Their differences will be accepted and celebrated
- Less-than-optimal performance will be addressed respectfully
- Bullying behaviour will not be tolerated at any level of the organisation

Staff new to management roles will be given leadership training to guide them in achieving high outputs from their staff while maintaining professional and appropriate behaviours.

MORNING KARAKIA AND WAIATA

Every morning at 8:15am staff get together for 10 minutes in the Kōwhai (Board) Room or via online link to start our morning with a karakia and a waiata. Although this is completely voluntary, the gatherings are very well attended, with some staff reporting that it uplifts them spiritually, provides a point of unity for all staff, and provides a motivational start to their working day.



VITAE

Our organisation continues to fund up to three counselling sessions per annum for each of our staff and Practice Staff. With our nation's second lockdown, the reports from the Health Reform, and our office relocation in June, it is unsurprising that staff have been feeling more stressed, and the Vitae services uptake reflects this with 13 PHO staff and nine Practice staff using the counselling services in the year to September 2021.

OFFICE WARMING

To celebrate the unification of our two offices in Tauranga, into one office, we held an enjoyable drinks and pizza evening with a Trivial Pursuit competition.

TANGI FOR LIZZIE

Staff at the PHO have lost family members over the past year, and as an organisation we grieve with our bereaved staff. In September, we sadly lost one of our own whānau. Lizzie Nicholls died after a short battle with cancer, and although most of us were unable to attend the funeral due to lockdown restrictions, many of us joined together in the Kōwhai Room and attended the service via Zoom link. At the conclusion of the ceremony, we held our own karakia and waiata for Lizzie. Moe mai ra I roto I nga ringa atawhai o te Atua.

Physical Safety and Wellbeing

Our Health and Safety Committee includes staff and management who work together to share responsibility for instigating, developing and actioning measures designed to safeguard the health and safety of our employees.

As part of our health and safety responsibilities we have health and safety representatives who attend monthly Health and Safety Committee meetings, fire wardens who carry out bi-annual fire drills, and certified first aid officers at both of our sites – First Avenue and Whakatāne.

All new employees receive a health and safety induction and a workstation assessment.

All staff are involved in the annual national ShakeOut, which reminds people of the action to take during an earthquake – Drop, Cover and Hold.

COVID-19 restrictions mean that staff are required to wear face masks in the areas where they will come into contact with visitors, such as the hallways and reception. Surfaces are sanitised, and staff are constantly reminded to exercise good hand washing hygiene and stay home if unwell.

Financials

FOR THE YEAR ENDED 30 JUNE 2021

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WESTERN BAY OF PLENTY PRIMARY HEALTH ORGANISATION LIMITED

Directory

WESTERN BAY OF PLENTY PRIMARY CARE PROVIDERS INC REPRESENTATIVES

Lorraine Anderson
Dr Luke Bradford (Removed 28 February 2021)
Dr Todd Hulbert
Dr Daniel McIntosh (Appointed 1 March 2021)
Dr Symon Robertson

NGĀI TE RANGI REPRESENTATIVES

Charlie Tawhiao
Paora Stanley

NGĀTI RANGINUI REPRESENTATIVES

Graeme Elvin
Melanie Te Arai Tata

AUDITORS

BDO Tauranga

BANKERS

ASB Bank

SOLICITORS

Cooney Lees Morgan
247 Cameron Road
Tauranga

REGISTERED OFFICE

C/- Cooney Lees Morgan
247 Cameron Road
Tauranga

WESTERN BAY OF PLENTY PRIMARY HEALTH ORGANISATION LIMITED

Directors' Annual Report

For The Year Ended 30 June 2021

The Board of Directors present their Annual Report for the year ended 30 June 2021.

The Shareholders of the Company have exercised their rights under S.211(3) of the Companies Act 1993, and unanimously agreed that this Annual Report need not comply with any paragraph and (e) – (j) of S.211 (1) of this act.

TRANSACTIONS WITH DIRECTORS

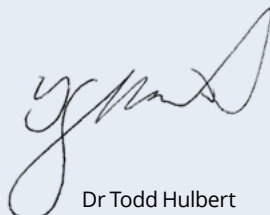
The Board received no notices during the year from directors that they had an interest in any transactions, or proposed transactions, with the Company, other than those noted within notes 15 of the financial statements.

DONATIONS

Donations totalling \$4,165 were made during the year (Last Year: \$6,315)



Melanie Te Arai Tata
Director



Dr Todd Hulbert
Director

Statement of Comprehensive Revenue and Expense

For The Year Ended 30 June 2021

	Note	2021 \$ (000's)	2020 \$ (000's)
Revenue received	3	25,829	22,797
Provider payments	4	(18,947)	(17,278)
GROSS SURPLUS /(DEFICIT)		6,882	5,519
Other income		5	-
Administrative expenses	4	(8,103)	(6,975)
OPERATING SURPLUS/(DEFICIT)		(1,216)	(1,456)
Investment income		117	333
NET SURPLUS/(DEFICIT)		(1,099)	(1,123)
Other comprehensive income		-	-
TOTAL COMPREHENSIVE REVENUE AND EXPENSE FOR THE YEAR		(1,099)	(1,123)

Statement of Changes in Net Assets

For The Year Ended 30 June 2021

	Contributed capital \$ (000's)	General reserve \$ (000's)	Clinical Services reserve \$ (000's)	Retained earnings \$ (000's)	Total \$ (000's)
Balance at 1 July 2019	-	1,000	7,599	2,222	10,821
Total comprehensive revenue and expense					
Surplus/(deficit) for the period	-	-	-	(2,048)	(2,048)
Transfers	-	-	(925)	925	-
Total comprehensive revenue and expense	-	-	(925)	(1,123)	(2,048)
Balance at 30 June 2020	-	1,000	6,674	1,099	8,773
Total comprehensive revenue and expense					
Surplus/(deficit) for the period	-	-	-	(1,698)	(1,698)
Transfers	-	-	(599)	599	-
Total comprehensive revenue and expense	-	-	(599)	(1,099)	(1,698)
Balance at 30 June 2021	-	1,000	6,075	-	7,075

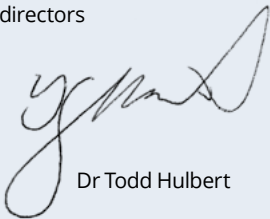
Statement of Financial Position

For The Year Ended 30 June 2021

	Note	2021 \$ (000's)	2020 \$ (000's)
CURRENT ASSETS			
Cash and cash equivalents	6	6,684	994
Short term deposits	7	1,014	8,396
Trade and other exchange receivables	8	2,538	3,104
TOTAL CURRENT ASSETS		10,236	12,494
NON-CURRENT ASSETS			
Plant and equipment	9	355	331
Intangible assets	10	278	104
TOTAL NON-CURRENT ASSETS		633	435
TOTAL ASSETS		10,869	12,929
CURRENT LIABILITIES			
Trade and other payables	11	2,793	2,739
Deferred income/revenue	3	646	1,035
Provisions	5	355	382
TOTAL CURRENT LIABILITIES		3,794	4,156
TOTAL LIABILITIES		3,794	4,156
NET ASSETS		7,075	8,773
EQUITY			
Contributed capital	18	-	-
Reserves	16	7,075	7,674
Retained earnings		-	1,099
TOTAL EQUITY		7,075	8,773

For and on behalf of the board of directors


 Melanie Te Arai Tata


 Dr Todd Hulbert

THE ACCOMPANYING NOTES FORM PART OF THESE FINANCIAL STATEMENTS

Statement of Cash Flows

For The Year Ended 30 June 2021

	Note	2021 \$ (000's)	2020 \$ (000's)
Cash flows from operating activities			
Cash receipts from customers		25,439	19,767
Cash paid to suppliers		(21,226)	(18,135)
Cash paid to employees		(5,719)	(4,572)
Net cash from operating activities	16	(1,506)	(2,940)
Cash flows from investing activities			
Interest received		186	370
Dividends received		0	1
Insurance claims received		5	-
Acquisition of intangible assets		(160)	(77)
Acquisition of property, plant, and equipment		(217)	(121)
Acquisition of short-term deposits		7,381	3,152
Net cash flow from investing activities		7,195	3,325
Cash flows from financing activities		-	-
Net cash flows excluding cash and cash equivalents		5,689	385
Cash and cash equivalents at 1 July		995	610
Cash and cash equivalents at 30 June		6,684	995

Notes to the Financial Statements

For The Year Ended 30 June 2021

1 REPORTING ENTITY

Western Bay of Plenty Primary Health Organisation ('the Company') is a company incorporated in New Zealand and registered under the Companies Act 1993 and is a reporting entity for the purposes of the Financial Reporting Act 2013. The Company is a charity registered with Charity Services (Charity Registration CC30518). It provides primary health care services to 202,115 (Last Year: 197,342) people residing in the Western Bay of Plenty. It is a Joint Venture between two Western Bay of Plenty Iwi, Ngāi Te Rangi and Ngāti Ranginui; and the Western Bay of Plenty Primary Care Providers Inc.

Since becoming operational on 1 October 2003, the organisation has developed and delivered a wide range of nursing, general practitioner and other health disciplines. This is undertaken in close association with the District Health Board and other health-focussed community-based organisations.

The Company is considered a public benefit entity for the purposes of financial reporting in accordance with the Financial Reporting Act 2013.

2 BASIS OF PREPARATION

The financial statements have been prepared on a going concern basis, and the accounting policies have been consistently applied throughout the period. Western Bay of Plenty Primary Health Organisation management have considered the ability to continue to trade during the COVID 19 pandemic. It is management's opinion that Western Bay of Plenty Primary Health Organisation will not face going concern issues due to servicing the health sector.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

(a) Statement of Compliance

The financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Principles ("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 2 not-for-profit public benefit entities. The entity has elected to report in accordance with the Tier 2 standards, taking advantage of all disclosure concessions as it is not publicly accountable and has expenses less than \$30 million.

(b) Measurement Basis

The financial statements have been prepared on the basis of historical cost.

(c) Functional Currency

The financial statements are presented in New Zealand dollars and all values are rounded to the nearest dollar (\$).

(d) Goods and Services Tax

All balances are presented net of goods and services tax (GST), except for trade receivables and trade payables which are presented inclusive of GST.

(e) Income Tax

The Company is exempt from taxation as a result of being registered as a charitable entity under the Charities Act 2005 from 30 June 2009.

Notes to the Financial Statements

For The Year Ended 30 June 2021

(f) Accounting Policies

There have been no changes in accounting policies other than those noted below:

- Note 3 (i): Exchange Revenue
- Note 3 (ii): Non-Exchange Revenue
- Note 4 (i): Provider Payments
- Note 16 (ii): Clinical Services Reserve

All other policies have been applied on a consistent basis with those of the previous reporting period.

3 REVENUE

Revenue Accounting Policy

Revenue is recognised to the extent that it is probable that the economic benefit will flow to the Company and revenue can be reliably measured. Revenue is measured at the fair value of consideration received.

The Company assesses its revenue arrangement against specific criteria to determine if it is acting as the principal or agent in a revenue transaction. In an agency relationship only the portion of revenue earned on the Company's own account is recognised as gross revenue in the Statement of Comprehensive Revenue and Expense.

The following specific recognition criteria must be met before revenue is recognised.

(i) Revenue from Exchange Transactions

	2021 \$ (000's)	2020 \$ (000's)
Contract income	-	-

Policy

Exchange revenue is revenue received in exchange for goods or services of approximate equal value.

Exchange revenue from Provision of Healthcare Services rendered is recognised in proportion to the stage of completion of the transaction at the reporting date and performance against other ongoing obligations under the contracts. The stage of completion is assessed by reference to work performed and milestones achieved in project and contract-based funding.

There has been a change in classification between exchange and non exchange revenue during the year. Historically, exchange revenue was assessed to be all revenues received and used to deliver services to the populations captured within the PHO's geographical boundaries. Whilst non exchange revenue was determined to be revenue received to manage the co-ordination of exchange revenue services.

Policy is to now recognise all revenues received from the provision of healthcare services as non exchange revenue, as no exchange for goods or services of approximate equal value has taken place with the funder.

The comparatives contained within these statements have been amended to reflect the change in policy.

(ii) Revenue from Non-exchange Transactions

	2021 \$ (000's)	2020 \$ (000's)
First level services funding	25,829	22,797

Notes to the Financial Statements

For The Year Ended 30 June 2021

Policy

Non-exchange revenue

Non exchange transactions are those where the Company receives value from another entity (e.g. cash or other assets) without giving approximately equal value in exchange. When non-exchange revenue is received with restrictions attached, but there is no requirement to return the asset if not deployed as specified, the revenue is recognised on receipt.

Non exchange revenue from Provision of Healthcare Services rendered is recognised in proportion to the stage of completion of the transaction at the reporting date and performance against other ongoing obligations under the contracts. The stage of completion is assessed by reference to work performed and milestones achieved in project and contract-based funding.

There has been a change in classification between exchange and non exchange revenue during the year. Historically, exchange revenue was assessed to be all revenues received and used to deliver services to the populations captured within the PHO's geographical boundaries. Whilst non exchange revenue was determined to be revenue received to manage the co-ordination of exchange revenue services.

Policy is to now recognise all revenues received from the provision of healthcare services as non exchange revenue, as no exchange for goods or services of approximate equal value has taken place with the funder.

The comparatives contained within these statements have been amended to reflect the change in policy.

(iii) Interest Income

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

(iv) Donated Services

The Company sometimes provides placements for student nurses within its nursing services. The Company has elected not to recognise these services as they are difficult to measure reliably and are immaterial in the context of the activities of the company.

(v) Agency Basis

The Company considers it is acting as an agent in respect of capitation funding received from the Ministry of Health. During the year (\$000) \$42,249 was received and paid out to member practices (2020: (\$000) \$39,694).

Deferred Income/revenue

	2021	2020
	\$ (000's)	\$ (000's)
Contract income in advance	385	922
Other income in advance	262	113
	647	1,035

Policy

The above revenue is deferred to reflect either the contractual obligations associated with the contracts or the constructive obligations arising from commitments by the Board to spend these funds on specific projects. They have been classified as current depending on the terms of the contracts or if no time frame exists on management's estimate of when the funds will be spent. The funds associated with this income are restricted for use in accordance with the obligations.

4 PROVIDER PAYMENTS AND ADMINISTRATION EXPENSES

(i) Provider Payments

	2021	2020
	\$ (000's)	\$ (000's)
Provider Payments	(18,947)	(17,278)

Notes to the Financial Statements

For The Year Ended 30 June 2021

Policy

Provider payments comprise "Payments made to providers of Health Services, including claims made by health providers, or subcontracted service payments made to health providers (including, GP's, Iwi and Mental Health and other Health providers)".

(ii) Administration Expenses

	2021 \$ (000's)	2020 \$ (000's)
Included within administration expenses are the following:		
Accountancy	83	220
Audit fees	19	12
Depreciation of property plant and equipment	118	138
Loss on disposal of property, plant, and equipment	(4)	20
Depreciation recovered	80	-
Amortisation of intangible assets	50	-
Rent and operating lease payments	227	193

5 EMPLOYEE BENEFITS

	2021 \$ (000's)	2020 \$ (000's)
Wages and Salaries		
Wages and salaries	5,503	4,778
Short term provision for holiday pay		
Opening balance	365	219
Movement for the year	(19)	146
Closing balance	346	365
Short term provision for long service leave		
Opening balance	18	-
Movement for the year	(8)	18
Closing balance	9	18

POLICIES

Short Term Employee Benefits

Short term employee benefits are expensed as the related service is provided. A liability is recognised for the amount expected to be paid if the Company has an obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

Provisions

Provision is made for benefits accruing to employees in respect of wages and salaries and annual leave when it is probable that settlement will be required, and they are capable of being measured reliably.

Notes to the Financial Statements

For The Year Ended 30 June 2021

6 CASH AND CASH EQUIVALENTS

	2021	2020
	\$	\$
	\$(000's)	\$(000's)
Cash and bank balance	6,684	994
Call deposits (≤ 3 months maturity)	–	–
	6,684	994

Cash and cash equivalents are cash balances that are short term in nature for the purposes of the Statement of Cash Flows are classified as a Loans and Receivables financial asset. Call deposits have maturities under 90 days.

7 SHORT TERM DEPOSITS

	2021	2020
	\$(000's)	\$(000's)
ANZ term deposits	–	1,862
ASB term deposits	–	2,606
BNZ term deposits	1,014	2,389
Kiwibank term deposits	–	1,539
	1,014	8,396

Short term deposits are made for varying periods of between three months and nine months depending on the immediate cash requirements of the Company and earn interest at the respective short-term deposit rates. Of those held at year end, \$600,630 have matured at 31 October 2021.

Policy

Short term deposits comprise of bank term deposits with maturities of less than 12 months at acquisition but greater than three months. Term deposits are recognised at cost, being the fair value of the consideration given. After initial recognition, term deposits are measured at amortised cost using the effective interest method.

8 TRADE AND OTHER RECEIVABLES

	2021	2020
	\$(000's)	\$(000's)
Trade receivable (exchange transactions)	2,063	2,702
Income accrued	224	253
Prepayments	251	149
	2,538	3,104

Trade receivables are shown net of allowances for bad and doubtful debts of \$Nil (2020: \$0)

Policy

Trade receivables are initially measured at fair value, then adjusted for any impairment. Trade receivables are classified as a Loan and Receivables financial asset.

Notes to the Financial Statements

For The Year Ended 30 June 2021

9 PROPERTY, PLANT AND EQUIPMENT

	Office Equipment \$ (000's)	Leasehold Improvements \$ (000's)	Medical Equipment \$ (000's)	Motor Vehicles \$ (000's)	Total \$ (000's)
Cost					
Balance at 1 July 2019	400	73	39	57	569
Additions	86	5	1	3	95
Disposals	(13)	(0)	(6)	-	(20)
Balance at 30 June 2020	473	78	33	60	644
Additions	130	84	7	-	220
Disposals	(147)	(71)	(28)	(26)	(272)
Balance at 30 June 2021	455	90	12	34	592
Accumulated depreciation					
Balance at 1 July 2019	169	8	20	38	236
Depreciation	57	7	(1)	14	77
Disposals	-	-	-	-	-
Balance at 1 July 2020	227	15	19	52	313
Depreciation	(25)	(14)	(16)	(21)	(76)
Disposals	-	-	-	-	-
Balance at 30 June 2021	201	1	2	32	237
Balance					
Balance at 1 July 2019	230	65	20	19	333
Balance at 30 June 2020	246	63	15	8	331
Balance at 30 June 2021	254	89	10	3	355

POLICIES

Measurement

All property, plant and equipment are stated at cost less accumulated depreciation.

Depreciation

Depreciation is allocated over the estimated useful life of the asset. The following methods are used in the calculation of depreciation:

Office equipment	7-67 %	Straight line
Leasehold improvements	6-21 %	Straight line
Medical equipment	7-33 %	Straight line
Motor vehicles	7-40 %	Straight line

Any gain or loss on disposal of an item of property, plant and equipment is recognised in surplus or deficit.

Notes to the Financial Statements

For The Year Ended 30 June 2021

10 INTANGIBLE ASSETS

	Intangible Assets \$ (000's)
Cost	
Balance at 1 July 2019	518
Additions	88
Disposals	(5)
Balance at 1 July 2020	602
Additions	228
Disposals	–
Balance at 30 June 2021	830
Accumulated Amortisation	
Balance at 1 July 2019	470
Amortisation	28
Disposals	–
Balance at 1 July 2020	498
Amortisation	53
Disposals	–
Balance at 30 June 2021	552
Balance	
Balance at 1 July 2019	48
Balance at 30 June 2020	104
Balance at 30 June 2021	278

POLICIES

Measurement

Acquired computer software licenses are capitalised on the basis of the costs incurred to acquire and bring to use the specific software.

Costs that are directly associated with the development of software for internal use are recognised as an intangible asset. Direct costs include the costs of materials and services, employee costs, and any directly attributable overheads.

Costs of software updates or upgrades are capitalised only when they increase the usefulness or value of the asset. All other costs are expensed when incurred.

Amortisation

The carrying value of an intangible asset is amortised on a straight-line basis over its useful life. Amortisation begins when the asset is available for use and ceases at the date that the asset is derecognised. The amortisation charge for each financial year is recognised in the surplus or deficit.

The amortisation rates of major classes of intangible assets have been estimated as follows:

Computer software and development 10-40% Straight Line

Notes to the Financial Statements

For The Year Ended 30 June 2021

11 TRADE AND OTHER PAYABLES

	2021 \$ (000's)	2020 \$ (000's)
Trade payables due to related parties	271	602
Other trade payables	1,630	1,777
GST payable	65	36
ASB Visa	8	2
Accrued expenses	648	322
Payroll payable	171	-
Trade payables	2,793	2,739

Trade payables are recognised at cost when the Company becomes obliged to make future payments resulting from the purchases of goods and services. Trade payables are classed as an 'other amortised cost financial liability'.

12 COMMITMENTS

(a) Operating Commitments

Property

The Company leased three offices during the year under operating leases. The two Tauranga offices were exited during the year with a new premises leased combining both previous offices. A small office is leased in Whakatāne with the lease being extended for a further twelve months.

Office Equipment

The Company leases office equipment under operating leases. The leases typically run for a period of three years. The equipment is replaced at the end of the period and a new lease is negotiated.

Motor Vehicles

The Company leases thirteen (13) vehicles under operating leases. Each lease runs for a period of three years.

Commitments

	2021 \$ (000's)	2020 \$ (000's)
No later than one year	416	145
Between 1-5 years	1,471	108
More than 5 years	506	-
	2,393	253

13 CONTINGENT LIABILITIES

There were no contingent liabilities as at 30 June 2021. (2020: nil)

14 SUBSEQUENT EVENTS

(i) COVID-19

On 17 August 2021, a new community case of COVID 19 was confirmed in Auckland. As a result, the government re-introduced a national Level 4 lockdown commencing on 18 August 2021. On 8 September 2021, the Alert level for all areas except Auckland was reduced to Alert Level 2.

Notes to the Financial Statements

For The Year Ended 30 June 2021

The COVID-19 pandemic continues to impact normal operations of the company. Whilst revenue has not been impacted, repositioning of some staff to meet regional health demands has been requested by the Bay of Plenty District Health Board.

The organisation continues to follow the various Government policies and advice and, in parallel, continues to do its utmost to continue operations in the best and safest way possible without jeopardising the health of the people in its catchment area.

(ii) Health and Disability Review

The Government initiated Health and Disability System Review report was released in June 2020. The report makes a series of recommendations into the health and disability sector.

Key recommendations include:

- Creation of one new national health entity ("Health NZ")
- Creation of a new national Māori Commissioning Agency to run alongside Health NZ
- Disestablishing all current District Health Board's and merging them into Health NZ
- Primary Health Organisations to be transitioned into locality organisations, where appropriate.

The Government has started to action the recommendations.

The Western Bay of Plenty Primary Health Organisation will be impacted within the locality organisation recommendation. It is expected the definition of locality, and criteria of application, will be released by Health NZ within the last quarter of 2021.

Efforts to ensure the Western Bay of Plenty Primary Health Organisation it is fit for purpose, and ready for the locality definition is underway.

15 RELATED PARTY TRANSACTIONS

(i) Key Management and Governance Personnel Remuneration

Key management personnel compensation

The Company classifies its key management personnel into the following categories:

- Directors (of the governing body)
- Executive Officers

Directors of the governing body receive an annual fee of \$12,688 each. Co-Chairs receive a further \$15,732 each per annum in recognition of their additional duties and responsibilities. Executive Officers are employees of the company and are on standard employment contracts.

The table below depicts the aggregate remuneration of key management personnel and the number of individuals determined on a full-time equivalent basis, receiving remuneration with the category.

	2021	2021	2020	2020
	Remuneration	Number	Remuneration	Number
	\$ (000's)		\$ (000's)	
Directors	177	8	177	8
Executive officers	1,486	8.6	1,040	7.6

Notes to the Financial Statements

For The Year Ended 30 June 2021

(ii) Transactions with Other Related Parties

The Company transacts with other related parties in the normal course of business. Such entities include those related by virtue of common governance and management personnel.

During the year, the Company made the following sales and purchases from related parties for the provision of health services and at year end, the following balances remained owing:

Sales	Sales	Receivables	Sales	Receivables
	2021	2021	2020	2020
	\$ (000's)	\$ (000's)	\$ (000's)	\$ (000's)
Dee Street Medical Centre	8	-	-	-
Fifth Avenue Family Practice	12	-	3	-
Gate Pa Medical Centre Limited	1	-	1	-
Ngāti Ranginui Iwi Society Incorporated	77	88	-	-
Pāpāmoa Pines Health Centre	-	-	2	-
	98	88	6	-

Purchases	Purchases	Payable	Purchases	Payable
	2021	2021	2020	2020
	\$ (000's)	\$ (000's)	\$ (000's)	\$ (000's)
Dee Street Medical Centre	758	51	-	-w
Fifth Avenue Family Practice	3,826	57	3,515	109
Gate Pa Medical Centre Limited	863	15	806	32
Ngāti Ranginui Iwi Society Incorporated	761	97	960	167
Pāpāmoa Pines Health Centre	2,842	51	2,670	104
Te Runanga O Ngāi Te Rangi Iwi Trust	1,000	-	1,246	191
The Royal College of General Practitioners	0	-	-	-
	10,050	271	9,197	603

Significant related parties:

- Ngāti Ranginui Iwi Incorporated is a shareholder and provider to the Company. Melanie Te Arai Tata and Graeme Elvin are their appointed directors.
- Paora Stanley and Charlie Tawhiao are Trustees of Te Runanga O Ngāi Te Rangi Iwi Trust which is a shareholder and provider to the Company.
- Dr Todd Hulbert is a Partner in Fifth Avenue Family Practice which is a provider to the Company.
- Dr Symon Roberton is a Director in Pāpāmoa Pines Health Centre Limited which is a provider to the Company.
- Lorraine Anderson is the Practice Manager for Gate Pa Medical Centre Limited which is a provider to the Company.
- Dr Daniel McIntosh is a Director of Dee Street Medical Centre and of the Royal College of General Practitioners which provide services to the Company.

All related party transactions were on normal commercial terms. No related party transactions were written off or forgiven during the period.

Notes to the Financial Statements

For The Year Ended 30 June 2021

16 RESERVES

(i) General Reserve

The general reserve was established in 2010 to provide for future possibilities in respect of member practices and lease obligations.

(ii) Clinical Services Reserve

The clinical services reserve was established in 2011 to provide funds for clinical projects not funded by the Bay of Plenty District Health Board.

Prior period policy was to transfer surpluses from completed contracts into the clinical services reserve. The policy is to now recognise surpluses on completed contracts as retained earnings where relevant.

17 RECONCILIATION OF SURPLUS WITH NET CASH FROM OPERATING ACTIVITIES

	2021 \$ (000's)	2020 \$ (000's)
Cash flows from operating activities		
Net surplus	(1,099)	(1,123)
Adjustments for:		
– Depreciation/amortisation	168	138
Net finance costs		
– (Gain)/loss on sale of property, plant, and equipment	77	20
Changes in:		
– Trade and other receivables	666	(1,734)
– Prepayments	(102)	43
– Trade and other payables	(5)	1,106
– Provisions and employee benefits	(61)	206
– Deferred income/revenue	(388)	(333)
– GST	28	33
– Movement in reserves	(599)	(925)
Less items classified as investing activities		
– Interest and dividends received	(186)	(371)
– Insurance claims received on fixed assets	(5)	–
Net cash from operating activities	(1,506)	(2,940)

18 SHARE CAPITAL

The number of authorised ordinary shares total 120 (2020: 120). The authorised shares are fully issued but unpaid.

All shares have equal rights to vote. In terms of the Constitution, the Directors have no authority to declare dividends.

19 LIQUIDITY RISK

Western Bay of Plenty Primary Health Organisation management has considered the ability to remain liquid throughout the ongoing COVID-19 pandemic and immediate future as key to its core business. Steps have been taken to ensure that the organisation's liquidity is not jeopardised.

Notes to the Financial Statements

For The Year Ended 30 June 2021

20 COMPARATIVE FINANCIAL BALANCES

During the financial year end 30 June 2021, the Western Bay of Plenty Primary Health Organisation exited an outsourced finance function arrangement that was in place with an external Chartered Accountant.

As part of the exit, management of the Western Bay of Plenty Primary Health Organisation reclassified historical income and expenditures to be more congruent with actual operations.

As a result, some comparative balances differ to those that were published within the financial statements for the year ended 30 June 2020.

21 ABILITY TO OPERATE

On 11 March 2020, the World Health Organization declared the outbreak of COVID-19 (a novel Coronavirus) a pandemic. As a result, New Zealand introduced a system of alert levels to minimize the risk of widespread infections occurring within the community.

On 26 March 2020, New Zealand increased its COVID-19 alert level to level 4 and nationwide lockdown commenced. As part of this lockdown all non-essential businesses were closed, and international travel was restricted.

The Company is considered an essential service so was able to continue to provide its services to residents albeit at reduced levels.

On 17 August 2021, Covid-19 was once again detected in the community, leading to another level 4 national lockdown.

To date, the pandemic has not had any significant impact on the carrying values of any of the assets or liabilities of the business.

There is currently renewed uncertainty around the extent of this latest COVID-19 outbreak, and the length of time that this latest lockdown might last, but there is currently no evidence to suggest that the virus will spread to the region of the Company.

Whilst there is significant uncertainty around the extent of the current resurgence of the virus, management are drawing on their experience of the previous lockdown and disruption experienced through the initial outbreak in 2020, and are of the opinion that it is more likely than not that the business will be able to continue for the foreseeable future.

At the date of issuing the financial statements, based on the matters noted above the Board consider that the Company has sufficient financial resources to enable the Company to continue to operate for the foreseeable future and as a result the financial statements have been prepared on the going concern basis.



**INDEPENDENT AUDITOR'S REPORT TO THE SHAREHOLDERS
OF WESTERN BAY OF PLENTY PRIMARY HEALTH ORGANISATION LIMITED**

Report on the Audit of the Financial Statements

OPINION

We have audited the financial statements of Western Bay of Plenty Primary Health Organisation Limited ("the Company"), which comprise the statement of financial position as at 30 June 2021, and the statement of comprehensive revenue and expense, statement of changes in net assets/equity and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as at 30 June 2021, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards Reduced Disclosure Regime ("PBE Standards RDR") issued by the New Zealand Accounting Standards Board.

BASIS FOR OPINION

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

Our firm provided taxation advice during the year. Other than in our capacity as auditor we have no relationship with, or interests in, the Company.

DIRECTORS' RESPONSIBILITIES 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 RDR, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the 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 decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located at the External Reporting Board's website at: <https://www.xrb.govt.nz/assurance-standards/auditors-responsibilities/audit-report-8/>.

This description forms part of our auditor's report.

WHO WE REPORT TO

This report is made solely to the Company's Shareholders, as a body. 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 the Company and the Company's Shareholders, as a body, for our audit work, for this report or for the opinions we have formed.

BDO Tauranga
Tauranga, New Zealand
22 November 2021



Our Future Direction

Delivering compassionate, connected, trusted, and innovative whānau-centred healthcare is our everyday mahi. To be leaders in this space and achieve more positive outcomes for Māori, we must empower Māori to make decisions about their health and give whānau, Hapu, and Iwi opportunities to influence how services can best meet their needs.

We are establishing a new Iwi-owned Tino Rangatiratanga Iwi Commissioning Agency (TICA) to help us meet these objectives. It is an exciting step forward in our mission to achieve equity in health for Māori through investment in locally delivered kaupapa Māori programmes, operating in partnership with General Practice teams.

Supporting clinical excellence will continue to drive us in the year ahead. As of November 7, assisted dying services are now legal in New Zealand. There is responsibility on clinicians to participate in continuous quality improvement activities, and it will be important to ensure the service puts people and their whānau at the centre, uses effective safeguards, and is accessible to those who meet the criteria under the Act. The PHO will provide support and guidance to medical practitioners navigating this new service.

Our health network will also be working alongside the Bay of Plenty District Health Board on our region's participation in the eagerly anticipated National Bowel Screening programme and, as we gear up for COVID-19 becoming endemic in New Zealand, we will be working closely with our DHB and public health colleagues on planning for how we can keep our community safe. Central to this, we will work in partnership with Iwi and our Māori and Pasifika providers to ensure that resources are directed appropriately, and health inequities are not exacerbated by the pandemic.

Achieving our goals will see us focus on:

WHAI MANA – HEALTH EQUITY

- Supporting the establishment and operationalising of our Iwi Commissioning Agency through development and sharing of health intelligence and data.
- Enabling Iwi and Māori provider organisations through the sharing of resources to deliver services where they are needed.
- Strengthening our performance against all system level measures for Māori and non-Māori through local, district and regional initiatives.

WHAI ORA – QUALITY HEALTH CARE

- Ensuring our programmes, practice partner support and partnership opportunities are nurtured and maintained across geographical and Iwi boundaries.
- Reinforcing our brand, our kaupapa and our models of care to ensure high levels of patient satisfaction, empowerment to self-manage illness and positive health outcomes for all people receiving care in the Western Bay of Plenty.
- Establishing broader health, community and social service partnerships to ensure flexible funding services and initiatives are applied for maximum reach and benefit to our enrolled population.

WHAI RANGATIRATANGA – SUSTAINABILITY

- Continuing to work with our funders and partners to broaden our operational effectiveness inside and outside of the health arena.
- Continuing to strengthen our knowledge management and data capability to support locality planning and health service integration.
- Leveraging off our reputation for transparency, cost-effectiveness and trustworthiness with our funders and stakeholders.

TINA RANGATIRATANGA – SELF-DETERMINATION

- Establishing processes for the operational implementation of TICA commissioned services.
- Continuing to support Māori workforce development and capability.
- Supporting Iwi and Māori-led COVID Resurgence Planning and Response Initiatives.

MANA MOTUHAKE – AUTONOMY

- Reinforcing our commitment to incorporating co-design principles to all service/programme development.
- Engaging in appropriate forums and activities to ensure authentic feedback/voice for Māori.
- Increasing inter-sectoral engagement with stakeholders with a whole of person-centred approach to programme development.

United, we have the strategic direction and community-embedded workforce to really make a difference for our populations, including a focus on 'whānau voice', putting people at the centre of all we do.

