



Alliance Health Plus Trust

Annual Report 2013/2014



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Talofa lava, Kia orana, Malo e lelei, Fakaalofa lahi atu, Bula vinaka, Malo ni, Halo ola keta, Mauri, Fakatalofa atu, Tena koe, Namaste, Ni hao

## **About Alliance Health Plus**

Alliance Health Plus (AH+) was established in August 2010 and is the only Pacific Primary Health Organisation (PHO) in New Zealand. AH+ is a medium-sized PHO with strong commitment to health, community and the social service sector.

In 2013/14 AH+ had an operating revenue of \$27,145,000 and by 1 July 2014, the number of practices had increased to 25, taking our enrolled population to 90,375 across both Auckland and Counties Manukau districts.

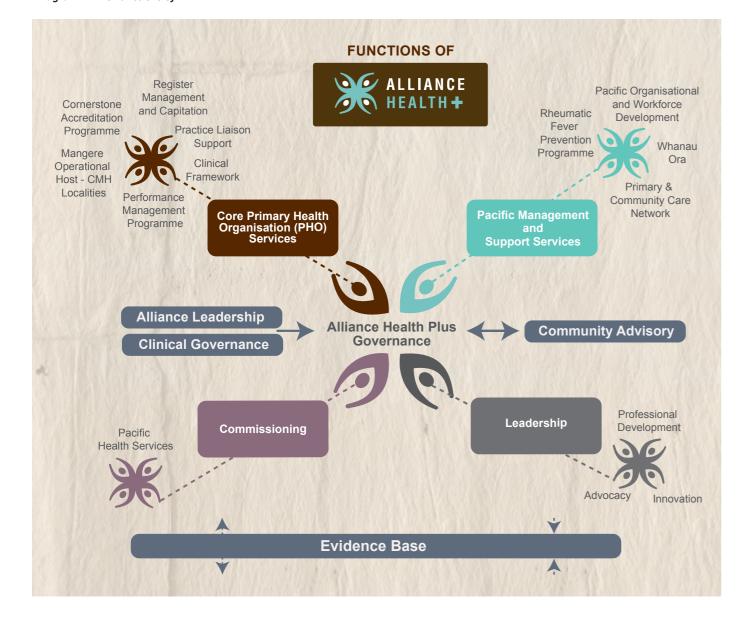
AH+ is organised to focus on a high performing clinical network, and has particular responsibilities for the

commissioning and management responsibilities for Pacific health and Integration.

AH+ is committed to standards of excellence and achievement in health and community service provision across the populations that we serve.

Our provider network represents a history of Pacific health, general practice and community service contributions to the people of Auckland. In addition, AH+ has particular orientation towards integration and the social determinants of health.

Diagram 1: The Functions of AH+



## Vision, Mission and Values

## Vision

Strong Families, Strong Communities, Living Longer

## Mission

Transforming the health and wellbeing of Pacific and high needs communities by providing accessible, culturally responsive and high quality health and social care, that is delivered by a proficient workforce and high performing organisation

## **Values**

• **PEOPLE FIRST** we place our value and respect for people and their culture at

the centre of what we do

• **LEADERSHIP** we deliver great outcomes across all levels of our organisation

by being effective Leaders in all that we do

• QUALITY FOCUS we are committed to best practice, consistency, dependability,

continuous improvement and to making a real difference

• **INTEGRITY** we strive to be transparent and not to compromise our standards

of reliability and honesty

• INNOVATION we are always seeking new solutions to better meet the needs of

our patients, practices and funders across health and

community service sectors

• TEAM WORK we use our individual and collective strengths to work together to

achieve the shared vision

## **Our Board**

AH+ has a skills based Board of Directors that covers a broad range of clinical, technical, community and cultural competencies.

The Board of Alliance Health Plus, and the Clinical Governance Committee, both met monthly. Financial statements were reviewed at these meetings alongside a bi-monthly Audit and Finance Committee meeting. The Alliance Leadership Team met regularly throughout the year. This Alliance Leadership Team has proven a valuable

vehicle for development of Alliance Health Plus and for alliancing between three organisations: AH+, Counties Manukau DHB, Auckland DHB.

Strategic and annual planning is an important function of the Board with quarterly reviews of performance against the annual plan and strategic planning sessions at several point throughout the year.



Chairperson Dr Sirovai Fuata'i MBChB (Otago), Dip Obs (Auckland), FRNZCGP

Dr Fuata'i has been a General Practitioner (GP) for over 25 years in Counties Manukau and is the Director of Bader Drive Healthcare which has clinics in Mangere and Manurewa. He is a GP Registrar Teacher and has been involved in the development of Disability Service Networks in Counties Manukau and Auckland. He has previously held posts as Vice President of the Cerebral Palsy Society of NZ and Board Member of Taikura Trust, a provider of needs assessment and service coordination for Disability Services across Auckland.



Uluomato'otua (Ulu) Saulaulu Aiono ONZM BSc, MBA

Mr Aiono founded successful software technologies company COGITA in 1983. In 2011 he became an Officer of the New Zealand Order of Merit for services to business. He is Chairman of the Pacific Island Chamber of Commerce, Chairman of the National Pacific Radio Trust, and a Member of the Auckland Regional Economic Development Forum and the Auckland University of Technology Council. Mr Aiono sponsors the Inspiration Award for the annual Prime Minister's Pacific Youth Awards.



Dr Malakai 'Ofanoa BHScHe, MScHPSc, PhD

Dr 'Ofanoa is Deputy Director, Pacific Health at the School of Population Health, University of Auckland. He has served as a church and community leader and is on the Board of Trustees of Marcellin College Auckland, as well as Chair of its Parent Teacher Association.



Dr Teuila Percival QSO MBChB, FRACP

Dr Percival is a Consultant Paediatrician at Middlemore Hospital and Director of Pacific Health, School of Population Health, University of Auckland. She is also the acting Chairperson of the South Seas Healthcare Board. Dr Percival is Principal Investigator of the Pacific Child Health Indicators project in the Pacific as well as for OPIC 2, a family-based intervention for Pacific children. In 2010, Teuila became a Companion of the Queen's Service Order for her services to the Pacific community.



Leopino Foliaki **BCom** 

Leo Foliaki is a senior partner at PricewaterhouseCoopers and has been with the firm for over 25 years. He has a wide range of experience from due diligence acquisitions, initial public offerings and audits. Mr Foliaki is a member of the New Zealand Institute of Chartered Accountants and has a Bachelor of Commerce from the University of Auckland.



Dr Mark Eustace MBBS (London) Dip Obs ( Auckland) FRNZCGP

Dr Eustace has over 19 years' experience in managing a rural medical service. He has expertise in developing and implementing innovative, integrated and culturally appropriate models of care such as working with local iwi to develop a marae-based clinic which provides free health services to high need patients. He also worked with local developers to plan and build an integrated health centre in Waiuku where he works as a GP.

Talofa lava, Kia orana, Malo e lelei, Fakaalofa lahi atu, Bula vinaka,

Namaste, Malo ni, Halo ola keta, Mauri, Fakatalofa atu and Greetings



# Chairperson's Report:

It is my pleasure to present the Alliance Health Plus Trust (AH+) Annual Report for the year ended 30 June 2014.

This report is reflective of an organisation that is strengthening its offering across the health system with a significant increase in its enrolled population, services and operating revenue. Because we have been able to maintain a high level of organisational performance, this has increased our opportunities to provide leadership across primary health care, Pacific health and community services. Over the past 12 months our focus has been on supporting our clinical and Pacific provider networks which has delivered positive results across a number of fronts, including the achievement of national health targets.

One important role of a PHO is to add value to general practice. As a practicing General Practitioner and as AH+ Chair, it has been great to see our Practice Network Team extending its role of assisting providers through a range of quality improvement initiatives and clinical programmes. In addition to a strong practice network and the competitive PHO model we offer, we are increasingly being recognised for our ability to mobilise communities and to engage with a range of key stakeholders from across sectors. It has been pleasing to see the accomplishments of our Service Development and Integration team which has significantly grown its work programme over the past year. This arm to the organisation is important to the Board because it provides us with an opportunity to improve health and social care outcomes for communities outside of core PHO services.

Our focus in the first few years of operation has been on building a credible base from which to offer quality services to our clinical network, our Pacific provider network and the communities we serve. We know we can always do better, but are proud of the foundation work that has been completed. We now intend to turn our focus towards the delivery of measurable outcomes for our population. Transformational thinking and change will be required in order to shift the current trajectories of poor health experienced by many of the families in our enrolled populations. The challenge over the next year will be to maintain quality service provision while being mindful of the need to embrace change, stay relevant, maintain sustainability, and to be flexible enough to capitalise on opportunities as they present themselves.

The Board is interested in tackling the wider system issues which underpin inequalities and we feel we have something to offer that is of value to those who are interested in delivering health and social care outcomes for Pacific and vulnerable population groups.

Dr Sirovai Fuata'i

Chairperson



# Chief Executive's Report:

Welcome to the second published annual report of Alliance Health Plus (AH+). As you read through the report, you will see that throughout 2013 and 2014, Alliance Health Plus has been successful at achieving high levels of performance across all areas. Through hard work and commitment by our network of practices and AH+ staff, we achieved all three national health targets in 2013/14. We are now increasingly focused on achieving improvements in Clinical Outcome measures that will have clear clinical benefits for patients.

In the last year we have been awarded a number of management, leadership or facilitation roles across the sector. In Rheumatic Fever, AH+ is managing the Pacific Engagement Strategy across metro-Auckland as well as the Service Alliance for the Auckland DHB Rapid Response Clinics. AH+ formed a Joint Venture with National Hauora Coalition, to manage the Auckland Wide Housing Initiative (AWHI) as part of the Rheumatic Fever programme for metro-Auckland.

The number of Enrolled Service Users in the practice network increased over the last year from 77,000 to 90,375 people from both the transfer of practices from other PHOs and in the establishment of new practices. The number of AH+ practices, as well as the enrolled population, has both increased by 50 percent in the past two years.

We have continued to play an active role in the metro-Auckland Health Sector and in Pacific and community service development. AH+ continues to strengthen its commitment to the Counties Manukau Localities approach and has increasingly played a leadership role in the health and community sectors within the Mangere Locality. AH+ continues to demonstrate its commitment to service integration, and the relationship between primary care and the social determinants of health.

AH+ has continued to focus on quality systems and processes and this culminated in the achievement of International Standards Organisation (ISO) AS/NZS 9001:2008 Quality Management Systems certification in June 2014. We are the only PHO in New Zealand to hold this certification and this achievement is a reflection of our ongoing commitment to quality. ISO gives assurance to funders and providers of the quality of our systems across all management aspects of our organisation.

AH+ is the only Pacific PHO in New Zealand and we have maintained a strong focus on our Pacific values and improving the standards of care for all Pacific and High Needs populations. In addition to high needs and pacific populations, we have been very pleased to welcome many mainstream providers due to the Value-add from the individualized support of our Practice Advisor Team, our business made and our Flexible Funding Pool models. AH+ is committed to inclusivity of all peoples, population groups and communities across both health and an expanding range of community services. As we move forward 2014/15 promises to beanother exciting year of growth and challenge.

Alan Wilson Chief Executive

**\*\*** ALLIANCE HEALTH + | Annual Report 2013-2014 8

# Alliance Health Plus highlights for 2013/14





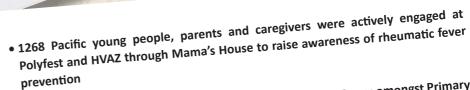


In collaboration with the AH+ provider network, at 30 June 2014 the following highlights had been achieved:

The only pug.

- The only PHO in New Zealand to currently hold ISO certification AS/NZS 9001:2008

  Quality Management System
- Capitated population increased from 76,000 to 90,375 at 30 June 2014
- Increase in the clinical network to include four additional practices
- AH+ performance against aggregate health targets was again in the top quartile of
- 95% achieved against the immunisation at 8 months target (national target of 90%)
   90.6% achieved
- 90.6% achieved against the CVD risk assessment target (national target of 90%)
   91% achieved one
- 91% achieved against the smoking brief advice target (national target of 90%)
- Establishment of Tangata o le Moana the Auckland Region Pacific Provider
   Network with 14 Pacific health providers across the Auckland region
- 16,710 rheumatic fever prevention healthy literacy engagements completed with
- 11 Sore throat clinics were established in AH+ practices in Auckland and Counties
- 32 sore throat clinics were established through the Auckland DHB Services Alliance
- 658 AWHI housing referrals were received with a total of 397 initial assessments completed and 388 housing plans in place



- In the Mangere locality, development of Multidisciplinary Teams amongst Primary
   Care providers, establishment of network groups of health professionals, and enhanced secondary care outreach diabetes services.
- Completion of 12 community consultations with Pacific patient, community and youth focus groups to inform service development
- Development of a Pacific health outcomes framework and evidence base
- Whānau Ora assessments were completed for 124 families (662 individuals)
- 160 parishioners received a health assessment during Healthy Village Action
   Zones programme 398 parishioners participated in the Aiga Challenge programme achieving weight loss up to 6.6kg
- 92 parishioners completed a self-management education (SME) session in a Pacific church setting







## **Our Practice Network**

During 2013/14 the number of practices in the network increased with three new practices joining the network and one provider opening a new practice. At 1 July 2014, there are 90,375 Enrolled Service Users across 25 AH+ practices. In the last two years the number of

practices and the number of enrolled patients has increased by more than 50 percent. Practices continue to be relatively evenly distributed across Auckland and Counties Manukau DHBs.

**COUNTIES MANUKAU DHB** 

|   | The practices. In the last two years the number of |
|---|--|
|   | AUCKLAND DHB                                       |
| , | Auckland City Doctors                              |
| , | Avondale Family Health Centre                      |
|   | Hong Kong Surgery                                  |
|   | Langimalie Health Centre Panmure                   |
|   | Langimalie IFHC Onehunga                           |
|   | Mt Smart Medical Centre                            |
|   | Mt Wellington Integrated Family Health Centre      |
|   | New Al-Dawa Medical & Dental Centre                |
|   | Otahuhu Family Practice                            |
|   | Otahuhu Medical Clinic                             |
|   | Hall Ave Medical Centre (from 1 July 2014)         |
|   | Rosebank Medical Services (from 1 July 2014)       |
| , | Victoria Park Medical Suites (from 1 July 2014)    |

Throughout 2013/14, the AH+ Practice Advisor Team has continued to provide high quality support services to providers. The team is responsible for supporting practices across a wide range of areas including service delivery,

Bader Drive Healthcare Mangere Bader Drive Healthcare Manurewa Mangere Family Doctors The Airport Doctors The Puhinui Doctors **Pukekohe Family Doctors** Pukekohe South Doctors Sandhu Doctors Seddon Street Medical Centre South Seas Healthcare Waiuku Health Centre

practice development, introduction of new programmes, attaining national targets, and the achievement of quality services.

Greenstone Family Clinic (from 1 July 2014)

## Register management support

Register management support is a core function of AH+ with support provided to ensure compliance with the Ministry of Health (MOH) enrolment requirements, particularly in the areas of entitlement and eligibility.

### Communication

Throughout 2013/14, AH+ continued the strong focus on streamlined practice communication with updates to practices within a weekly newsletter to keep practices informed on changes within the sector, district and AH+. Well attended Provider Network meetings are undertaken four times per year providing an open forum for AH+ staff and providers to engage on new developments, issues and to provide input into the direction of the PHO.



## Clinical Governance Committee

The Clinical Governance Committee meets monthly and includes representatives from all professional groups across AH+ providers. This standing board committee provides advice and guidance on issues related to clinical management, and makes a valuable contribution to AH+ operations and strategies.

## **Education and Training support**

Clinical Medical Education and Clinical Nursing Education sessions are provided each month with the sessions well attended. An annual survey of providers establishes the topics for the following year and session evaluation is a feature of the programme that is used to inform future sessions and planning.



#### Cornerstone Accreditation

AH+ continues to actively promote quality standards within our network of practices. The Royal New Zealand College of General Practitioners (RNZCGP) has developed a three-tier staged approach of Foundation Standards, Cornerstone Accreditation, and Advanced standards.

Supporting practices to achieve Cornerstone Accreditation is a key responsibility of our Practice Network Team and a particular strength of Alliance Health Plus. Strong support to providers includes:

- regular meetings with AH+ Practice Network Advisor team who are experienced in supporting and advising practices in preparation for Cornerstone Accreditation and in interpreting Cornerstone criteria,
- the use of tools and templates to make the Cornerstone journey a simple and efficient process,
- provision of draft systems, processes and policies that can be adapted to individual practice situations

Since 2012 AH+ has subsidised practices with Cornerstone Accreditation fees to encourage practices to pursue and maintain Cornerstone Accreditation. Most providers now have Cornerstone Accreditation or are in the process of pursuing accreditation over the next year.



Members of the AH+ Practice Network Team

## At Risk Individual (ARI) Programme

The At Risk Individual (ARI) Programme operating in Counties Manukau District Health Board replaces the Chronic Care Management (CCM) programme and is being rolled out across the AH+ practices in Counties Manukau from July 2014 until June 2015.

The ARI Programme has been designed to proactively identify patients at risk for hospitalisation and tailor a package of care within primary care that will meet their needs, improve health outcomes and reduce the likelihood of hospital admissions.

The ARI programme seeks to address patients who have complex medical and psychosocial needs through working collaboratively with healthcare providers, patients and their Whanau.

## Safety in Practice Programme

The Safety in Practice program was initiated through Counties Manukau Health for all practices interested in improving patient safety in clinical practice. This programme provides a targeted, evidence-based range of effective tools, techniques and learnings to improve safety for patients.

Based on the Scottish Patient Safety Programme in Primary Care, this programme is ground-breaking in New Zealand and is now operating across both CMDHB and ADHB practices.

Nine AH+ practices have joined the programme which involves using the programme tools to review and improve Warfarin management, or to undertake medication reconciliation following hospital discharge.

Each project involves one year of process improvement cycles with practice support provided by both Counties Manukau Health and Alliance Health Plus staff.



## Year of Care Programme

AH+ was the successful respondent to the Ministry of Health Request For Proposal to implement a Year of Care Service model in General Practice. The project uses Models of Care changes including Self-Management Education to support improved health outcomes. The model of care provides an opportunity for AH+ to support

three selected general practices in a structured manner, by using comprehensive and coordinated care methods.

The project is also charged with assisting practices to redesign practice services to make the Model of Care sustainable moving forward.







Above: Tongan Health Society Right Above: Waiuku Health Plus Right below: Avondale Family Health Centre

## Mental Health Services

AH+ contracts a range of mental health services to be delivered in practices located in both Counties Manukau and Auckland DHBs. Our Mental Health service supports the continuity of quality mental health care and over the last year there has been a significant roll-out of Mental Health services across all AH+ providers. Introduction of an Alcohol Brief Intervention (ABC) Programme, and the Family Violence Intervention Programme have been a feature of the year.

The AH+ Model of Care involves a 'Stepped Care' approach which is facilitated by the Mental Health Programme Manager working closely with practices to offer programme support, assessments, and brief interventions.

Psychological services and Counsellors are contracted at many practices to support people with moderate to severe depression and all practices now have access to these services.

Across AH+ practices, a wide range of Mental Health Services is available including:

- Primary Care Assessments & Brief Intervention (CMDHB, ADHB)
- Primary Care Mental Health Coordination (CMDHB, ADHB)
- ABC Alcohol Brief Intervention (CMDHB)
- Primary Care Mental Health Chronic Care Management (CMDHB)
- Primary Care Mental Health Cognitive Behavioural Therapy (CMDHB)
- Family Violence Brief Intervention (CMDHB, ADHB)
- Primary Care Mental Health Packages of Care (ADHB)
- Primary Care Mental Health Packages of Care (ADHB)
- Pathway 1& 2 Funded GP Visits (ADHB)

#### **HVAZ SERVICES**

AH+ is one of three providers delivering the Healthy Village Action Zone (HVAZ) programme in the Auckland District Health Board area.

Working through Pacific parishes, HVAZ is delivering improved health outcomes for Pacific people. The approach is holistic and includes health assessments, health promotion and wellness, health education, disease prevention and management. The service empowers the

community and individuals to take responsibility for their health, enabled through coalition building, partnerships, advocacy, and empowerment of the church communities.

AH+ currently serves 14 Pacific churches with each church having its own health committee that facilitates fitness and nutrition sessions with the support of AH+ staff. Courses and training are available for the churches including First Aid, CPR, Fitness leaders, SME Leaders and SME Master Trainers.



## **Organisational Quality**

## ISO certification

Quality at AH+ is embedded in all that we do. Our commitment to high quality management systems and processes culminated in June 2014, when we became the only PHO to hold ISO certification against AS/NZS ISO 9001:2008 Quality Management Systems). This certification and our ongoing quality improvement programme provide confidence to funders and providers that we have robust systems and processes that deliver value to both providers and funders.

## Satisfaction Surveys

As part of our quality programme, AH+ undertakes annual surveys of providers and of staff satisfaction within the organisation. These surveys are used to develop initiatives to improve satisfaction, to ensure that we have strong customer satisfaction, and to ensure that our staff are well-placed to add value to providers and to the sector. These surveys are now a regular feature of AH+ and of our commitment to continuing quality improvement.

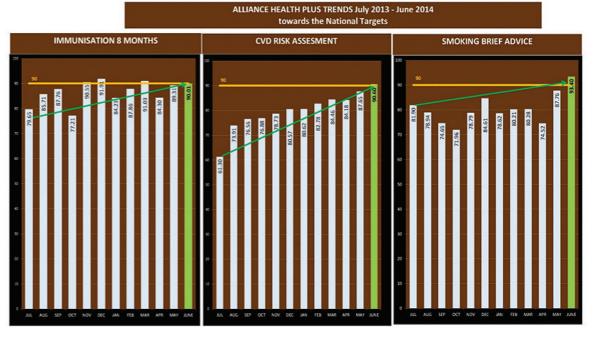


## Performance against Health Targets

During 2013/14 there was strong performance across the Practice Network with major improvement across all our providers. Although most providers started the year from a high point, considerable increases were required from all providers to meet the new higher national health targets.

AH+ achieved all these health targets in June 2014. This was a very positive outcome for patients, providers and

for AH+. Over the year, performance increased in each of the three target areas: CVRA (61% to 90.6%), Smoking Brief Advice (79% to 93%) and completed Immunisations at eight months (79% to 90%).



Note: Source is monthly BPI data

This success across providers has been achieved through providers focusing on ongoing achievement of the targets, direct provision of CVRA or Smoking Brief Advice by the AH+ Practice Network Team in some practices, and through the PHO and providers embedding robust processes that enable targets to be maintained with less effort.

In addition to excellent performance against the Health Targets, AH+ providers achieved their highest percentage

of PHO Performance Programme funding, with some providers also achieving greater than 95% of the AH+ quality payment funding under the Clinical Framework.

This performance against targets has been an excellent reflection on the practices and the support provided by the AH+ Practice Network Team.

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## Localities

## Mangere Locality

AH+ remains committed to providing primary care leadership while working alongside the health and social service providers and other PHOs to improve health outcomes and service integration. AH+ has continued in the role of Operational Host for the Mangere Locality under the Counties Manukau Health (CMH) Localities Strategy. The Mangere Locality has seen many achievements including:

- Development of a map of the stakeholders delivering health and social services in Mangere. Significant progress has been made in engaging with the community as a whole along with the people who provide health and social services.
- AH+ has taken a lead role in the establishment of Clinical Networks within the Mangere Locality and across the CMH catchment area. Groups of health professionals in seven different disciplines throughout primary and secondary care have been formed with the objective of networking, increasing ongoing education opportunities and co-designing new models of service delivery. The network groups include Doctors, Nurses, Pharmacists, Podiatrists, Dietitians, Social Workers and Physiotherapists.
- Multi-disciplinary team meetings are held in the Mangere Locality on a fortnightly basis. Case conferencing involving health professionals from primary care, secondary care and NGOs provides an opportunity for complex medical cases to be discussed and advice and support given to the team who are delivering healthcare services for patients and their whanau.



- In addition to the Nurse-led Diabetes services that have operated in Mangere for many years, Senior Medical Officers from Counties Manukau Health now offer weekly clinics in General Practices throughout the locality and in a central clinic in the Mangere Town Centre. This has not only improved access for patients with Diabetes but it has fostered closer links between general practice and medical specialties.
- Work is well underway to devolve further services from secondary care and align them with geographical clusters of general practices. Health professionals will work closely together as an "operational multidisciplinary team" to streamline services and 'wraparound' packages of better coordinated care around patients and their whanau.
- A series of consultative workshops have been held with social service providers and key stakeholders in the design of integrated services for whanau in the Mangere area. While much of the Locality work is focused on clinical service integration for better health outcomes, there is recognition that access to the appropriate social services is extremely important for holistic wellbeing. The workshops have helped to identify how better integration and communication between the social service sector and multi-disciplinary teams (MDTs) in primary and secondary care can be achieved.

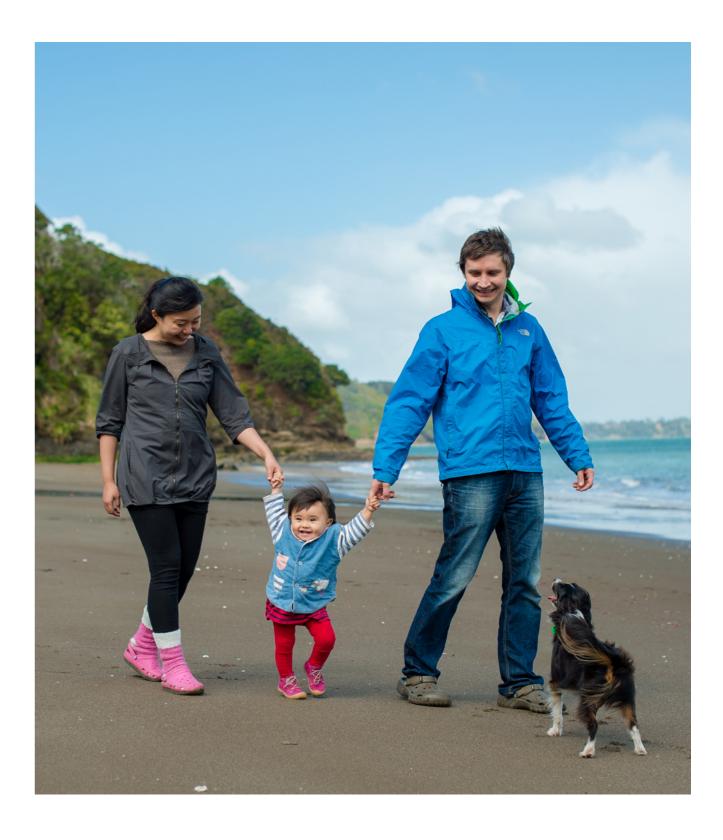


## Franklin Locality

AH+ has four practices within the Franklin locality and has continued to play an active role in the Franklin Locality strategy. A main focus area for the locality over the last six months has been the preparations for implementation of the Counties Manukau Health At Risk Individual (ARI)

program which is replacing the Chronic Care Management program (CCM) across Counties Manukau.

A feature of the locality is the very active community involvement through the Franklin Community Forum.



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## Service Development and Integration

A point of difference for AH+ is its focus on Pacific and other high need populations. The Service Development and Integration (SDI) team was established in 2012 as a second arm to the organisation to respond to a broader range of issues beyond core primary care services. The SDI team is responsible for non-capitated community services and programmes that target Pacific and high need populations across metro-Auckland. In 2013/14 the team has experienced significant growth with the introduction of a number of projects including the Rheumatic Fever Prevention Programme and the establishment of an Auckland region Pacific provider network. Core functions of the SDI team include management and coordination support services and a commissioning function for Pacific health services which are purchased on behalf of Auckland and Counties Manukau District Health Boards.

A significant focus of the SDI team in 2013/14 has been on strengthening its relationships with Pacific communities, providers and government agencies in the Auckland and Counties Manukau Districts. Over the past year members of the team have worked alongside a range of key stakeholders to address the wider determinants of health and to consider whole of systems approaches. These key stakeholders include Ngā Manga o Mangere, Habitat for Humanity, the Salvation Army, Careers NZ, the Ministry of Social Development, Housing New Zealand and a number of early childhood education centres and non-government community services. AH+ is a member of the Southern Initiative — Auckland Council Infrastructure Consortium which is supporting 200 Māori and Pasifika

people to obtain meaningful trades skills, qualifications and apprenticeships.

### Focusing on Pacific Health Outcomes

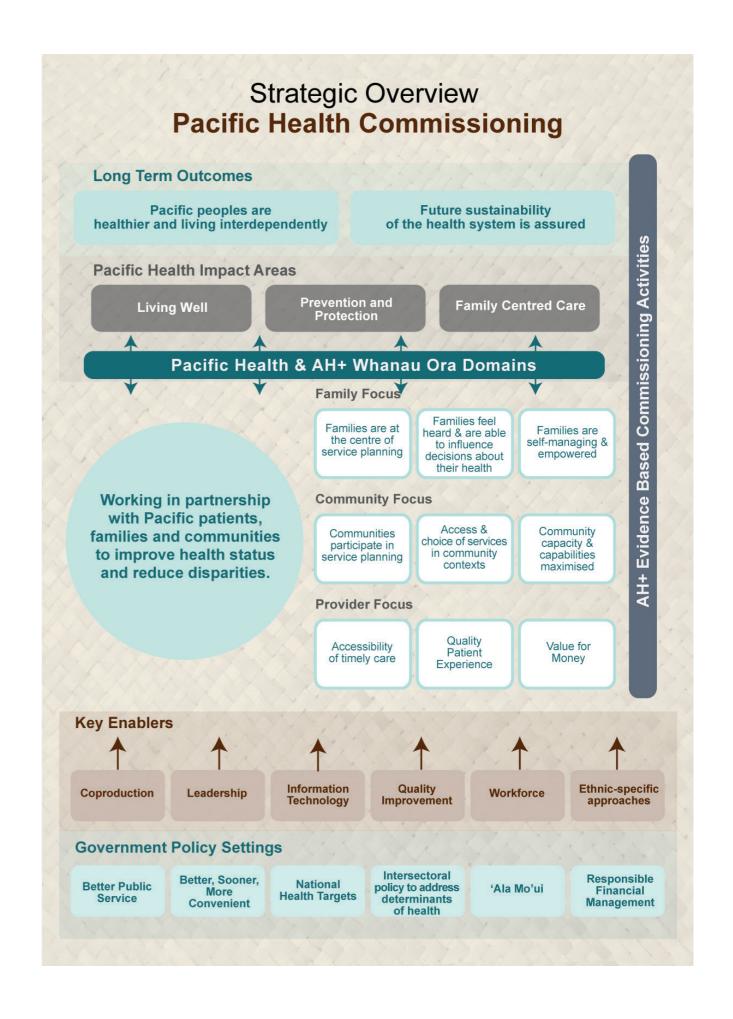
In partnership with Pacific providers, communities, Auckland District Health Board and Counties Manukau Health, AH+ has been working to transition an agreed tranche of Pacific health contracts to purchase outcomes based on four packages of care. The approach has focused on reorienting services to be more aligned with the needs of Pacific families and improving the patient experience, while being mindful of demonstrating value for money.

An outcomes framework has been developed aimed to reduce fragmentation in purchasing services and to support planning and investment decisions for Pacific health services. The AH+ Outcomes Framework incorporates the views of Pacific patients, families and community representatives from 12 focus groups that were held in February and March 2014.

Key findings from the focus group discussions have been incorporated into the Framework and where possible, across the SDI work programme. The Framework also draws on the Ministry of Health Outcomes Framework and evidence base for Pacific populations across metro-Auckland. It is aligned to the Northern Region Plan and the Better, Sooner, More Convenient Care government policy.



Pacific patient, community and provider representatives at the Counties Manukau Pacific patient focus groups held in February 2014



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AH+ team and community supporters from Pasifika 2014

# Sore Throats Matter - Preventing Rheumatic Fever for Vulnerable Populations

The prevention of rheumatic fever by two thirds is a key public health priority and one of ten Better Public Service goals set by the Government. Māori and Pacific children and young adults (aged 4–19) are disproportionately affected by acute rheumatic fever with the majority of cases in New Zealand presenting in these population groups. The National Rheumatic Fever Prevention Programme being led by the Ministry of Health provides a framework for a whole of system approach to reduce the incidence of rheumatic fever. AH+ has been involved in the implementation of the national strategy in the following ways:

Effective Sore Throat Management for Auckland - AH+ provides management and coordination support on behalf of a service alliance leadership team (SALT) which comprises members of Auckland DHB and four PHOs. SALT oversees free and timely sore throat management through a group of primary health care clinics, pharmacy and secondary schools across the Auckland district.

Rheumatic Fever Prevention Pacific Engagement Strategy - AH+ works alongside eight Pacific health providers to implement the Pacific engagement strategy (PES) across the Auckland region. The strategy focuses on face to face engagement, health literacy and community awareness raising activities aimed at increasing the awareness and understanding of sore throat management and the prevention of rheumatic fever for Pacific families across Auckland.

In year one of the programme, the engagement target of 11,000 was exceeded with 16,710 Pacific families receiving a health literacy engagement from a PES provider. The Pacific engagement strategy included having a strong presence at Pasefika and Polyfest festivals which provided an opportunity to engage 1268 Pacific young people, parents and caregivers to raise awareness of rheumatic fever prevention.

The events received strong support from the Pacific community and the festival concept "Mama's House" was featured on One News.

Auckland Wide Housing Initiative (AWHI) - AH+ operates a joint venture with the National Hauora Coalition to support children and their families living in the Auckland region that are at risk of developing rheumatic fever to access customized housing solutions. AWHI works alongside a range of family support services, community health and Whānau Ora workers to develop housing plans with families which focus on addressing the risks of overcrowding, improving the warmth and safety of homes, and increasing housing literacy in families.

Supporting the National Advertising Campaign - AH+ has worked alongside the Health Promotion Agency (HPA) to provide important support for key messaging with Pacific families and communities. This has included the national advertising campaign which has drawn on the Katoa Family story which was developed through the Pacific Engagement Strategy. The Katoa family story provided an opportunity to use a 'real life' testimony from the AH+ Pacific provider network through Tongan Health

Society. The ability to leverage a local community story to influence a national campaign has been a highlight for AH+ and its Pacific provider network.

The approach to the management of these three contracts has been to ensure that wherever possible the system has been reoriented to better meet the needs of families, including the settings of delivery. We have drawn on the extensive experience of our Pacific provider network in mobilizing community from similar prevention programmes including the 2004-2007 Meningococcal B immunisation campaign; the 2008-2011 HPV immunisation campaign; and Healthy Eating, Healthy Action programmes.



Justin and Tristin Katoa, Pacific Engagement Strategy - Rheumatic Fever Prevention Programme

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## Building Pacific Provider Capability and Capacity

AH+ is working alongside four Pacific-led primary health care providers, the Ministry of Health and other partner organisations to implement individual provider development plans and a joint purchasing work programme for organisational and workforce development. This work is focused on building Pacific provider capability and capacity to deliver services to Pacific families and has been a critical enabler for integrated contracting.

Important deliverables for this work have included:

- strengthening the evidence base for Pacific-led services through the development of models of care
- consideration of IT solutions to support integrated service delivery
- business model development
- embedding Whānau Ora (fanau ola) way of working across organisations
- strengthening governance and management
- patient and family engagement activity
- review of literature to inform Pacific-led primary care development.

## Pacific Clinical Leadership Programme

In partnership with the Ministry of Health, AH+ has established a Pacific clinical leadership programme aimed at providing opportunities for senior Pacific clinicians to obtain experience in working in leadership and management roles in a PHO setting. This programme builds on evidence from the Clinical Training Support Programme (Bader Drive Healthcare, 2012), the programme to support overseas doctors to gain NZREX (Mt Wellington Integrated Health Centre) and the findings of the Health Workforce New Zealand Pacific Health Workforce Forecast (Pacific Perspectives, 2012).

The programme seeks to assist with career progression and developmental pathways across primary health care for senior Pacific clinicians. Dr Minnie Strickland from Mt

Wellington Integrated Health Centre was appointed as the first Associate Clinical Director in April 2014 with a second Associate Clinical Director to be appointed in September 2014. Pauline Sanders-Telfer was appointed as Nurse Leader in June 2014 and will be working to identify some specific projects for developing nurse-led models of care as part of the Pacific clinical leadership programme.

Secondees are supported by Dr Jim Primrose AH+ Clinical Director and Dr Api Talemaitoga AH+ Clinical Lead as well as other members of the Senior Leadership Team.



Pauline Sanders-Telfer, AH+ Nurse Leader



Dr Minnie Strickland, Associate Clinical Director and first secondee to the AH+ Pacific clinical leadership programme.

## Tangata o le Moana

The Ministry of Health has recently established four regional Pacific provider networks across New Zealand to strengthen regional collaboration of Pacific health service providers. This includes setting up systems of support for their populations by leveraging previous Pacific provider development investments. Tangata o le Moana is the name given to the Auckland Provider Network which was launched in June 2014. Tangata o le Moana provides an overarching framework for connecting a range of key stakeholders with a common goal of improving the health and wellbeing of Pacific families in Auckland. The Aspirations of the Network are:

- a platform to discuss and implement a longer-term strategy for Auckland to improve the health and wellbeing of Pacific families
- a coordinated voice for the Auckland Pacific health sector to influence policy and service planning decisions that affect Pacific families
- Pacific-led services are able to access a more equitable share of health expenditure based on the evidence of better health outcomes using Pacific models of care.

AH+ has the privilege of providing the coordination and management support required for the Network. There are fourteen Pacific-led health service delivery providers in the Network and in 2014/15 the Network will be expanded to include other key stakeholders. The founding members of the Network include the following organisations:

- Bader Drive Healthcare
- Health Star Pacific
- Mt Wellington Integrated Health Centre
- Pacific Homecare
- Pasifika Integrated Healthcare
- Pacific Media Network
- Penina Health Trust
- South Seas Healthcare
- The Project
- TOA (Treasured Older Adults)
- Tongan Health Society
- Vaka Tautua
- The Fono
- Alliance Health Plus



Launch of the Tangata o le Moana Network Back Row: Dr Glenn Doherty, Tongan Health Society; Vaiolesi Passells, The Project; Carmel Sepuloni, Vaka Tautua: Tevita Funaki, The Fono: Dr Nua Tupa'i, Bader Drive Healthcare: Hamish Crooks, Pacific Homecare: Malia Hamani, TOA Pacific: Roine Lealaiauloto, Penina Health Trust; Kasalanaita Puniani, South Seas Healthcare. Front Row: Hilda Fa'asalele, Ministry of Health; Dr Sirovai Fuata'i, Alliance Health Plus; Hon Tariana Turia, Associate Minister of Health; Dr Joseph Williams, Mt Wellington Integrated Health Centre; Dahlia Naepi, Pasifika Integrated Healthcare; Togiai Vai Naseri, Health Star Pacific; Reverend Dr Featuna'i Liua'ana, Officiating Church Minister

#### Whānau Ora

AH+ has continued to implement its Programme of Action for Whānau Ora which is funded through Te Puni Kokiri. The focus in 2013/14 has been on embedding navigation functions using Pacific cultural concepts, alignment with integrated contracting activities, and on continuing to build its evidence base.

There is strong evidence for the approach which has shown that the Collective's Whānau Ora model has been successful in delivering outcomes for the 124 Pacific families that were engaged in a navigation support service for the year. However what the data demonstrates is that a long-term approach to transformational change is required for families, particularly where generational and systemic issues have been identified.

The work affirms the Collective's approach to families working 'interdependently' with service providers to ensure that they have access to the support they may require from time to time to implement their own plans for social and economic transformation. In 2013/14 highlights from the Collective included:

- a total of 124 families (662 individuals) received a comprehensive Whānau Ora assessment, and worked alongside a navigator to develop and implement a plan to reach their self-identified aspirations
- 78 families had lower levels of need reported since their initial needs assessments
- 24 families were assisted into better housing solutions
- 28 families were supported to reduce their debt and start savings accounts
- 19 families were supported to resolve family 'disharmony' and to make their homes safe places.
- 4 clients graduated with a Certificate in Construction from MIT and now have full time employment in the building industry
- 2 clients graduated with a Diploma in Early Childhood Education from MIT and will continue further studies towards the completion of Bachelor of Arts degrees

- 1 client completed a Bachelor in Computer Technology and a further 2 clients have a certificate in Computer skills levels 2 and 3
- 1 family was supported into home ownership (through Habitat for Humanity)
- 1 client has completed their first year at Auckland University with a Certificate in Medicine Foundation
- 25 clients were assisted into full time employment.

Navigators have been supported to build their capabilities to deliver a Whānau Ora approach which resulted in seven navigators obtaining a Certificate of Achievement for a Child Protection Studies Programme, NZQA accredited level 3. The Pacific providers which belong to the AH+ Whānau Ora Collective include:

- Bader Drive Healthcare
- Mt Wellington Integrated Health Centre
- Penina Health Trust
- South Seas Healthcare
- Tongan Health Society.



AH+ Whanau Ora Collective participants involved in the development of cultural frameworks for engaging Pacific families.

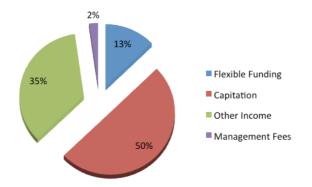


## **Business Support Services**

## Income vs Expenditure 2013/14

AH+ income can be broken down into four areas as outlined in the graph below. 50% of income for the 2013/14 financial year was derived from capitation income (compared to 60% in 2012/13). Other contract income now makes up 35% of total AH+ income (compared to only 18% in the prior year).

This is due to a number of new contracts including contracts from the Ministry of Health for Rheumatic Fever and Pacific Provider Development as well as additional contracts awarded from CMDHB and ADHB.

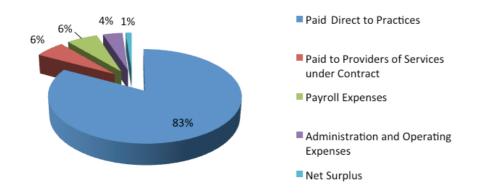


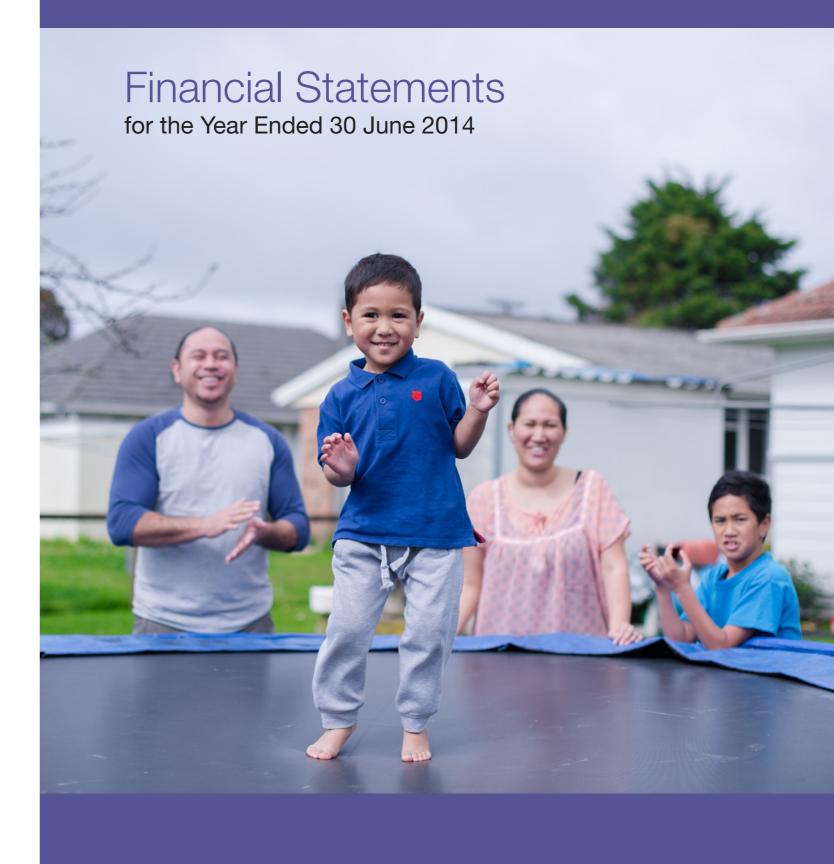
## **Provider Payments**

The financial information below shows that 83% of all funds received by AH+ in the last 12 months were paid directly to Practices (GP Practices) and a further 6% was paid to providers of services under contract (e.g. podiatrists, psychologists). Payroll expenses have increased from \$1.3

million in 2012/13 to \$1.6 million in 2013/14, but as the % of income has reduced from 8% to 6%. Net profit for the year is \$317,000 compared to \$233,000 in the prior year and still represents 1% of income for the PHO.

|  | \$         | % of Income |
|--|------------|-------------|
| Total Income                                 | 27,003,000 |             |
| Paid Direct to Practices                     | 22,362,000 | 83%         |
| Paid to Providers of Services under Contract | 1,610,000  | 6%          |
| Payroll Expenses                             | 1,653,000  | 6%          |
| Administration and Operating Expenses        | 1,034,000  | 4%          |
| Net Surplus                                  | 317,000    | 1%          |





## Statement of Financial Performance for the Year Ended 30 June 2014

|                          | Notes | 2014       | 2013       |
|--------------------------|-------|------------|------------|
| Operating revenue        | 1     | 26,915,013 | 17,158,560 |
| Cost of goods sold       | 2     | 25,085,527 | 15,949,473 |
| Total gross surplus      |       | 1,829,486  | 1,209,087  |
| Expenses                 |       |            |            |
| Operating                | 3     | 1,155,301  | 836,988    |
| Administration           | 4     | 419,554    | 161,639    |
| Depreciation             | 5     | 25,923     | 24,236     |
|                          |       | 1,600,778  | 1,022,863  |
| Net operating surplus    |       | 228,708    | 186,224    |
| Other income             | 6     | 88,218     | 46,811     |
| Net surplus for the year |       | 316,926    | 233,035    |

These financial statements should be read in conjunction with the notes to the financial statements and the attached Audit Report.

## Statement of Movements in Equity for the Year Ended 30 June 2014

|                                       | 2014      | 2013    |
|---------------------------------------|-----------|---------|
|                                       | \$        | \$      |
| Equity at the haginning of the year   | 705 460   | 552,434 |
| Equity at the beginning of the year   | 785,469   | ,       |
| Net surplus for the year              | 316,926   | 233,035 |
| Total recognised revenue and expenses | 1,102,395 | 785,469 |
|                                       |           |         |
|                                       |           |         |
| Equity at the end of the year         | 1,102,395 | 785,469 |

These financial statements should be read in conjunction with the notes to the financial statements and the attached Audit Report.

## Statement of Financial Position at 30 June 2014

|                               | Notes | 2014      | 2013      |
|-------------------------------|-------|-----------|-----------|
| Equity                        |       | 1,102,395 | 785,469   |
|                               |       |           |           |
| Current assets                |       |           |           |
| Cash balances                 | 7     | 3,536,605 | 1,469,887 |
| Accounts receivable           |       | 2,468,852 | 1,633,573 |
| Other receivables             |       | 1,300     | 1,300     |
| Total current assets          |       | 6,006,757 | 3,104,760 |
|                               |       |           |           |
| Non-current assets            |       |           |           |
| Property, plant and equipment | 8     | 75,168    | 51,731    |
| Total non-current assets      |       | 75,168    | 51,731    |
| Total assets                  |       | 6,081,925 | 3,156,491 |
|                               |       |           |           |
| Current liabilities           |       |           |           |
| GST due for payment           |       | 185,713   | 194,413   |
| Accounts payable              |       | 1,376,972 | 423,092   |
| Other payables                |       | 416,350   | 243,240   |
| Income in advance             | 9     | 3,000,495 | 1,510,277 |
| Total current liabilities     |       | 4,979,530 | 2,371,022 |
| Total liabilities             |       | 4,979,530 | 2,371,022 |
| Net assets                    |       | 1,102,395 | 785,469   |

For and on behalf of the Board of Trustees

These financial statements should be read in conjunction with the notes to the financial statements and the attached Audit Report.

# Statement of Accounting Policies for the Year Ended 30 June 2014

### **BASIS OF PREPARATION**

These financial statements are for Alliance Health Plus Trust. Alliance Health Plus Trust is engaged in the business of Healthcare Services. Alliance Health Plus Trust is domiciled in New Zealand and is registered with the Charities Commission.

The financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand. They comply with approved Financial Reporting Standards (FRSs) and Statements of Standard Accounting Practice (SSAPs) as appropriate for entities that qualify for and apply differential reporting concessions.

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

## **DIFFERENTIAL REPORTING**

In terms of the framework for differential reporting an entity is exempt from certain financial reporting standards if it satisfies the criteria laid down in the framework: such an entity is called a qualifying entity. The Trust is an entity qualifying for differential reporting exemptions as it has no public accountability and is not large in terms of the criteria set out in the Differential Framework.

All available differential reporting exemptions allowed under the framework for differential reporting have been adopted.

#### CHANGES IN ACCOUNTING POLICIES

There are no changes in accounting policies for the year ended 30 June 2014.

### **GOODS AND SERVICE TAX**

These financial statements have been prepared on a GST exclusive basis with the exception of accounts receivable and accounts payable which are shown inclusive of GST.

## **INCOME TAX**

The Trust is wholly exempt from NZ Income Tax, due to its charitable organisation exempt status being registered with the Charities Commission.

# Statement of Accounting Policies for the Year Ended 30 June 2014

## PROPERTY, PLANT AND EQUIPMENT

The entity has the following classes of property, plant and equipment:

| Computer hardware and software | 50%    | DV |
|--------------------------------|--------|----|
| Furniture and fittings         | 10-16% | DV |
| Office equipment               | 13-67% | DV |
| Plant and equipment            | 25%    | DV |

Items of property, plant and equipment are stated at cost less accumulated depreciation and impairment losses. Where an item of property, plant or equipment is disposed of, the gain or loss recognised in the statement of financial performance is calculated as the difference between the sale price and the carrying amount of the asset.

#### **REVENUE**

Revenue is recognised in the statement of financial performance in the period that the service is delivered. Any unspent portion of contracts that are yet to be fulfilled at balance date are carried forward in the statement of financial position as income in advance (note 9).

For contracts in progress at year end but not fully delivered revenue is recognised by reference to the stage of completion of the transaction at the end of the reporting period.

## RECEIVABLES

Receivables are stated at their estimated realisable value. Bad debts are written off in the year in which they are identified

#### **GOING CONCERN**

Alliance Health Plus Trust is reliant on continued funding from the government. It is the belief of the Trustees that funding contracts will be able to be successfully renegotiated with the appropriate funding body.

#### **OPERATING LEASE COMMITMENTS**

Payments made under operating leases are recognised in the statement of financial performance on a straight line basis over the term of the lease.

## **CONTINGENCIES**

At balance date there are no known contingent liabilities.

#### CAPITAL COMMITMENTS

At balance date there are no known capital commitments.

## SUBSEQUENT EVENTS

There are no known subsequent events.

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## Statement of Accounting Policies for the Year Ended 30 June 2014

#### **RELATED PARTIES**

The following related parties are disclosed:

Siro Fuatai - Chairman of Alliance Health Plus Trust and General Manager of Bader Drive Healthcare Ltd, a medical practice registered with Alliance Health Plus Trust. The medical practice is paid fees and all transactions are entered into on an arms length basis.

Malakai Ofanoa - Trustee of Alliance Health Plus Trust and Chairman of the Tongan Health Society Incorporated (resigned subsequent to year end), a medical practice registered with Alliance Health Plus Trust. The medical practice is paid fees and all transactions are entered into on an arms length basis.

Teuila Percival - Trustee of Alliance Health Plus Trust and Chair of South Seas Health Care Trust, a medical practice registered with Alliance Health Plus Trust. The medical practice is paid fees and all transactions are entered into on an arms length basis.

Mark Eustace - Trustee of Alliance Health Plus Trust and General Practitioner Waiuku Health Centre, a medical practice registered with Alliance Health Plus Trust. The medical practice is paid fees and all transactions are entered into on an arms length basis.

Ulu Aiono - Trustee of Alliance Health Plus Trust and Chairman of the National Pacific Radio Trust. The National Pacific Radio Trust is paid fees under contract and all transactions are entered into on an arms length basis.

## Notes to the Financial Statements for the Year Ended 30 June 2014

| <b>2013 \$</b> 10,299,503 |
|---------------------------|
|                           |
| 10.299.503                |
| , = 30,000                |
| 2,941,477                 |
| 784,006                   |
| 3,133,574                 |
| 17,158,560                |
|                           |
|                           |
| 2013                      |
| \$                        |
| 10,299,620                |
| 2,941,477                 |
| ,708,376                  |
| 15,949,473                |
| )                         |

## Notes to the Financial Statements for the Year Ended 30 June 2014

| 2. Operating expenses            |      |           |           |
|----------------------------------|------|-----------|-----------|
| 3. Operating expenses            |      | 2014      | 2013      |
|                                  |      | \$        | \$        |
| Wage and staff expenses          |      | 1,005,876 | 694,487   |
| Other operating expenses         |      | 76,623    | 88,040    |
| Computer expenses                |      | 72,802    | 54,461    |
| Total operating expenses         |      | 1,155,301 | 836,988   |
|                                  |      |           |           |
| 4. Administration expenses       |      | 2014      | 2013      |
|                                  |      | \$        | \$        |
| Audit fees                       |      | 10,000    | 8,500     |
| Loss on disposal of fixed assets |      | 282       | -         |
| Clinical Governance Fees         |      | 10,740    | -         |
| Donations and Koha contribution  |      | 2,461     | 1,652     |
| Legal expenses                   |      | 6,238     | 3,100     |
| Rents and rates                  |      | 82,688    | 82,688    |
| Trustee fees                     |      | 30,559    | 14,125    |
| Other administration expenses    |      | 276,586   | 51,574    |
| Total administration expenses    |      | 419,554   | 161,639   |
|                                  |      |           |           |
| 5. Depreciation                  | Note | 2014      | 2013      |
|                                  | Note |           |           |
| Depreciation expenses            | Q    | \$ 25.024 | \$ 24.236 |

| 5. Depreciation       |      |        |        |
|-----------------------|------|--------|--------|
|                       | Note | 2014   | 2013   |
|                       |      | \$     | \$     |
| Depreciation expenses | 8    | 25,924 | 24,236 |
| Total depreciation    |      | 25,924 | 24,236 |
|                       |      |        |        |
| O Other transmis      |      |        |        |
| 6. Other income       |      | 2014   | 2013   |
|                       |      |        |        |
|                       |      | \$     | \$     |
| Other income          |      | 6,008  | 330    |
| Interest income       |      | 82,210 | 46,481 |
| Total other income    |      | 88,218 | 46,811 |
|                       |      |        |        |
|                       |      |        |        |
| 7. Cash balances      |      | 0044   | 0040   |
|                       |      | 2014   | 2013   |
|                       |      | \$     | \$     |
| Bank – cheque account |      | 26,956 | 16,307 |
|                       |      |        |        |

Total cash balances 3,536,605 1,469,887

Bank - savings account

Bank - Term Deposit

Petty cash

937,690

515,689

200

1,966,659

1,541,795

1,195

# Notes to the Financial Statements for the Year Ended 30 June 2013

#### 8. Property, plant and equipment

| Computer equipment     |
|------------------------|
| Furniture and fittings |
| Office equipment       |
| Plant and equipment    |
|                        |

| 2014    |        |        |                |
|---------|--------|--------|----------------|
| Coat    | Depn   | Accum  | Carrying value |
| Cost    | charge | Depn   | value          |
| 100,083 | 17,213 | 68,351 | 31,732         |
| 33,651  | 3,516  | 9,814  | 23,837         |
| 34,711  | 4,438  | 18,159 | 16,552         |
| 6,103   | 756    | 3,056  | 3,047          |
| 174,548 | 25,923 | 99,380 | 75,168         |

| Computer equipment     |
|------------------------|
| Furniture and fittings |
| Office equipment       |
| Plant and equipment    |
|                        |

| 2013    |        |        |          |
|---------|--------|--------|----------|
|         | Depn   | Accum  | Carrying |
| Cost    | charge | Depn   | value    |
| 70,822  | 16,666 | 51,138 | 19,684   |
| 21,948  | 2,289  | 6,298  | 15,650   |
| 27,249  | 4,368  | 13,721 | 13,528   |
| 5,169   | 913    | 2,300  | 2,869    |
| 174,548 | 25,923 | 99,380 | 75,168   |

| 9. Income in advance |           |           |
|----------------------|-----------|-----------|
|                      | 2014      | 2013      |
|                      | \$        | \$        |
| Current              | 3,000,495 | 1,510,277 |
| Non-current          | -         | -         |
|                      | 3.000.495 | 1,510,277 |

Income in advance relates to contract income which has been invoiced at balance date, but where costs have not yet been incurred.

All income in advance is current and will be recognised in the statement of financial performance within the next 12 months.

#### 10. Joint venture arrangement

On the 2 April 2014 Alliance Health Plus Trust entered into a joint venture arrangement with the National Hauora Coalition Limited and formed Ola Coalition Limited (5087681). The company is a registered charity (CC50407). As at 30 June 2014 the company is non-operating.

## 11. Operating lease commitments

Lease commitments under non-cancellable operating leases are as follows:

|            | 2014    | 2013    |  |
|------------|---------|---------|--|
|            | \$      | \$      |  |
| rtion      | 112,127 | 121,896 |  |
| nt portion | 14,393  | 109,740 |  |
|            | 126,520 | 231,636 |  |

## Trust Directory for the year ended 30 June 2014

| Nature of Business   | Healthcare Services                  |  |
|----------------------|--------------------------------------|--|
| Trustees             | Siro Fuata'i (Chairperson)           |  |
|                      | Ulu Aiono (Vice Chairperson)         |  |
|                      | Leo Foliaki                          |  |
|                      | Malakai Ofanoa                       |  |
|                      | Teuila Percival                      |  |
|                      | Mark Eustace (appointed August 2013) |  |
|                      |                                      |  |
| Address              | 15b Vestey Drive                     |  |
|                      | Mt Wellington                        |  |
|                      | AUCKLAND                             |  |
| Bankers              | ASB Bank Ltd                         |  |
| Lawyers              | Vinci Law                            |  |
| Auditors             | Stowers Audit Chartered Accountants  |  |
| Charities Commission | Registration Number: CC45012         |  |
|                      | Registration Date: 24 August 2010    |  |
| IRD Number           | 104-963-822                          |  |
|                      |                                      |  |

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## INDEPENDENT AUDITOR'S REPORT

To the members of Alliance Health Plus Trust

## **Report on the Financial Statements**

We have audited the financial statements of Alliance Health Plus Trust attached with this report, which comprise the Statement of Financial Performance, Statement of Movements in Equity for the year ended 30 June 2014, and the Statement of Financial Position as at 30 June 2014, and the notes to the financial statements that include a summary of significant accounting policies and other explanatory information for the Trust.

### Trustees' Responsibility for the Financial Statements

The Trustees are responsible for the preparation of these financial statements in accordance with generally accepted accounting practice in New Zealand and that give a true and fair view of the matters to which they relate and for such internal control as the Trustees determine are necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing (New Zealand). These standards require that we comply with relevant ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider the internal control relevant to the Trust's preparation of financial statements that give a true and fair view of the matters to which they relate, in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other than in our capacity as auditor, we do not provide any other services and we have no relationship with, or interests in, Alliance Health Plus Trust.

#### Opinion

In our opinion, the financial statements, attached with this report

- comply with generally accepted accounting practice in New Zealand; and
- give a true and fair view of the financial position of the Trust as at 30 June 2014, and their financial performance and cash flows for the year then ended.

#### Report on Other Legal and Regulatory Requirements

We also report in accordance with relation to our audit of the financial statements for the year ended 30 June 2014:

- We have obtained all the information and explanations that we have required; and (i)
- (ii) In our opinion, proper accounting records have been kept by the Trust as far as appears from an examination of those records.

#### **Restriction on Distribution or Use**

This report is made solely to the Board of Trustees, as a body. Our audit work has been undertaken so that we might state to the Trustees those matters which we are required to state to them in an auditors' 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 Trustees, as a body, for our audit work, for this report or for the opinions we have formed.

MAStowers

STOWERS AUDIT CHARTERED ACCOUNTANTS

Auckland, New Zealand

18 September 2014

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## Certificate

This is to certify that:

## **Alliance Health Plus Trust**

has been assessed and registered as meeting the requirements of Standard AS/NZS ISO 9001:2008 Quality Management Systems.



PO Box 172, Tai Tapu 7645 Canterbury, New Zealand

PO Box 5088, Wellington 6145 New Zealand

SITE/S Auckland SCOPE Provision of Primary Health Service Management Services

This certification recognises commitment to continuous improvement which has been demonstrated by achieving this standard.

Certificate #: 07-14-17 Date: 12 June 2014

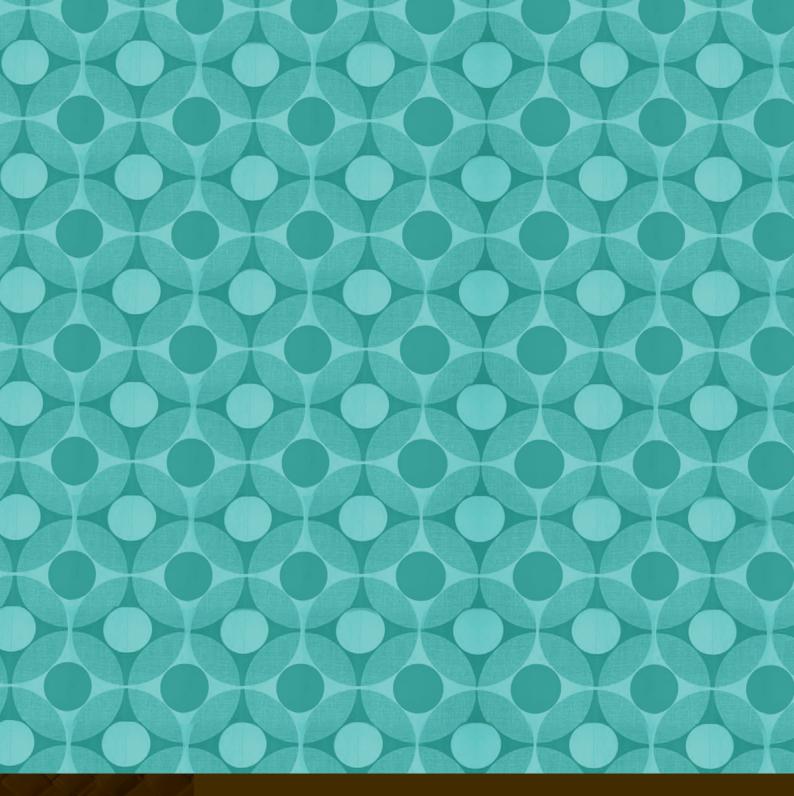
Valid to: 12 June 2017

Signed by:

This Certificate remains valid for the period subject to the conditions of Certification/accreditation being met. Wrile all due care and skill was exercised in carrying out this assessment. DAA Group Ltd accepts responsibility only for proven gross negligence. This is not a legal document and cannot be used as such. This certificate remains the property of DAA Group Ltd to whom it must be returned on request.









Phone: 09 588-4260 | Facsimile: 09 588-4270

15B Level 1 Vestey Drive, Mt Wellington, Auckland

PO Box 132366, Sylvia Park | Auckland 1644 | New Zealand

www. alliance health.org.nz