

Tongan Health Society Incorporated

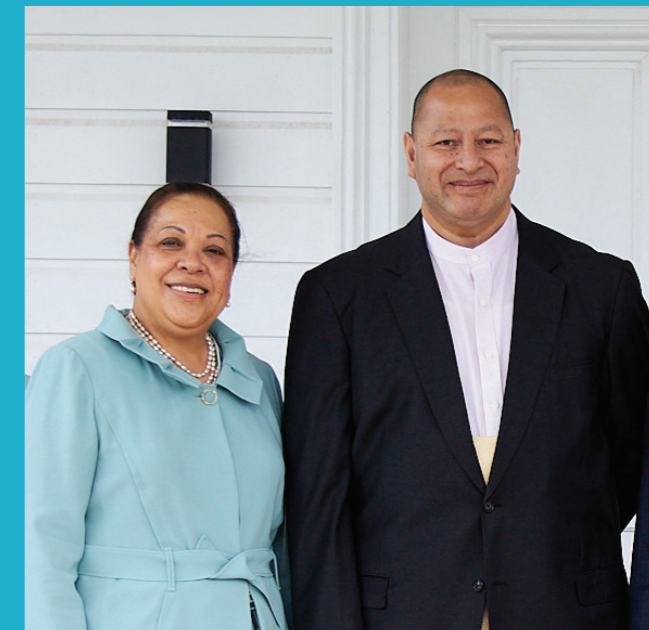


Annual Report 2018



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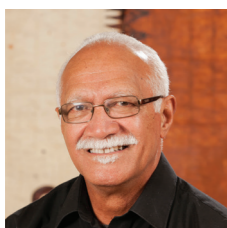
Our work is done in clinics, our preschool, homes, schools, church halls and the community.

We work with children, adults, families, youth and our old people. We work with people from all cultures. And we research and partner with other agencies.

What we do brings with it high levels of responsibility and expectation. These are challenges that we meet through innovation, a far reaching strategy and the ambition to do better and to do more for our people.



Chairperson's Report



Dr Maika Kinahoi Veikune
Chairperson

The position of Tongan Health Society (THS) has continued to strengthen with the continued growth of the governance and operations work programme with a focus on clinical innovation, social services, youth, research and enhancing the family resilience programs.

The Board and CEO have considered high level growth strategies, taken account of the current primary care environment, government social services imperatives and continues to advance the THS models of care and business models to enable THS to evolve, adapt and diversify its interests and direction to better serve clients and community.

The government health and social service landscape has provided many opportunities for providers working in the areas above and the recent Wellbeing budget has the potential to focus more on Pacific communities with primary care

providers across a spectrum of health and social services.

THS has worked on clinical innovation and has been successful with research initiatives and new services focused on long-term conditions, and along with clinical excellence, with quality initiatives that have been funded and assessed by the Royal NZ College of General Practitioners, PHARMAC and the Health Safety Quality Commission, the Ministry of Health and Health and Disability Audit NZ.

THS has begun working relationships with the University of Auckland School of Medicine, Maurice Wilkins Centre for Biomedical Research. Our CEO has been made a Clinical Associate and the Board is developing a MOU with the Centre to establish a mutually beneficial future research relationship.

THS Kelston clinic has continued to increase its enrolled numbers, and the dental unit co-located with the clinic is near completion. In addition, THS is negotiating a podiatry service to be co-located with the clinic. The collaboration with the National Hauora Coalition and Mana Kidz school-based clinic has seen an additional school clinic added to our existing school-based service in South Auckland. The Board is working on solutions around meeting the needs of our non-resident population visiting from Tonga three to six monthly and how the immigration and financial burden that comes with those visits can be assisted. A Board due diligence exercise is underway looking into these non-resident matters.

THS is growing its social service portfolio to focus on services for the most vulnerable of our population. THS strategic goals are aligned with developing and building strength-based solutions for these clients and families. Our work programme is to focus on client and whānau resilience programs to equip families with skills to better address challenges and adversity such as preparing them for work readiness and service navigation for youth.

I wish to thank the CEO for his unfaltering ongoing commitment and service to the community, the Board for its support and governance expertise to the operations and ensuring that the Society's work programme continues to be aligned with our new strategic intent. I wish to thank all staff and Board members for ongoing support, hard work and loyalty to the organisation, clients, community and families. We also acknowledge our stakeholders for their support for our governance and operational work programme, models of care and innovation.

I wish you and your families all a safe and happy Christmas and New Year.

Dr Maika Kinahoi Veikune
Chairperson

Vision

The Tongan Health Society and Langimalie Integrated Family Health Centres help people by providing holistic healthcare services of a high standard.

Mission

To provide the best healthcare services for all New Zealanders in the communities we serve, particularly people of Tongan descent in Aotearoa.

Values

Culture, people and community

Professionalism and excellence

Collaborative, co-operation and respect

Passion and integrity

Working Style at THS

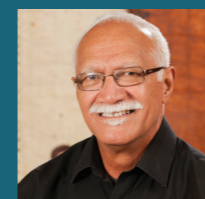
Teamwork

Community-based

Appropriate technology

Quality service

Board Members



Dr Maika Kinahoi Veikune
Chairperson



Telesia Tonga
Vice Chairperson



Dr Glenn Doherty
CEO/Clinical Director
Board Secretary



Nalesoni Tu'inauvai Tupou



Pauline Taufu



Rev Saane Langi



Dr Ofa Dewes

Ex Officio Board Members



Amelia Schaaf
Legal Advisor



Jeff Muir
Treasurer



Chief Executive Officer's Report



Dr Glenn Doherty
CEO, Clinical Director
Board Secretary

Governance Planning, Youth Development, Whānau Resilience and Clinical Innovation

The 2017/2018 financial year and beyond has seen an operational and board work programme focused on governance planning, continued clinical excellence, youth services development, whānau resilience initiatives and clinical innovation. All these domains are congruent with the Strategic Plan and Constitutional imperatives.

The Society made a loss in the financial year largely due to the trade up risk from opening its new medical centre at Kelston Mall. This was anticipated as part of its due diligence. The 2018/2019 financial year returned the Society to a surplus of \$56k which was a significant turnaround and an outstanding result from the previous year. The return to surplus was from increasing numbers and associated capitation funding in the clinics, new service contracts and newly funded research initiatives.

Governance and Board

Two new Board members were appointed to the Board at its AGM in December 2018.



Dr Ofa Dewes

Doctor of Philosophy (PhD) 2011.
The University of Auckland.

Master of Business Administration (MBA) 2005. Southern Cross University, Australia.

Affiliate Investigator/Research Fellow.
University of Auckland, Faculty of Medical and Health Sciences.



Rev Ilaisaane Langi

Diploma of Practical Theology 2013. Trinity Theological College.

Certificate of Pacific Nutrition 2007. Auckland University of Technology, New Zealand.

Bachelor of Ministry major in cross-cultural mission 2004. Bible College of New Zealand/Laidlaw College.

CEO, Langima'a Oceania Counselling Service.

The Board has finalised its Strategic Plan for the period 2019 to 2024 and is now working with the CEO on its business plan and organisational performance management framework. The Board has agreed to add an additional strategic goal to its intent, specifically focused on youth, particularly vulnerable youth.

Youth Development

The Board has added a further goal to its Strategic Plan to advance Pacific youth services. The goals of the plan include:

- Foster and develop innovative initiatives for youth that contribute to social, community, family wellbeing and intergenerational outcomes
- Develop strength-based practice models recognising the diverse realities that youth live in to assist youth with cultural and spiritual connectedness, employment and education, and empowerment to use information for choice
- Develop initiatives to ensure youth are actively productive and participating in their communities confidently.

Youth Navigation and Youth Work Readiness

THS has been successful in developing a Youth Navigation service for clients living in the Counties Manukau DHB and has employed a Youth Navigator to underpin the service. The service is resourced through the NZ Lottery Board and is funded for the next three years. Thomas Fale oversees this service.

THS has also been successful in securing an MSD funded contract, Ko Hao Tangata. This is a youth work readiness contract to prepare different youth members of the community with skills for work readiness preparation and resilience building. THS has been awarded contracts for the next two years. Both youth contracts were applied for and facilitated by the CEO. Peter Tupou oversees this service. The CEO has also applied to MSD in the recent tender process for youth services.

Whānau and Youth Resilience Procurement

The Ministry of Social Development is seeking to procure support services for youth aged 16 – 19 years. These are to improve the lifetime socio-economic outcomes of young people and their children, if they have them.

The service's primary focus is to engage, assess and support young people to enter and remain in education, training or work-based learning. For those youth where this is not a viable option, they will be supported into and to remain in employment.

In addition to these tender responses the CEO has also applied to MSD to provide services under the proposed co-designed Whānau Resilience tender. The service will be nationally procured and regionally designed to enable family violence service providers to offer long-term support that has flexibility available for whānau to establish or re-establish a life free from violence and become resilient to the patterns of behaviour that can lead to violence.

Organisational Policies

The Board and CEO are undertaking a review of the following policies:

- Ako Langimalie Pre-School Policies
- Social Services Policies
- Organisational Policies and Procedures.

The Society Legal Advisor, Amelia Schaaf, is assisting with legal advice around the new policies to ensure they are updated with current legal requirements across a range of Acts. A large piece of policy work was completed in the Cornerstone Policies – 40 policies were reviewed during the RNZCGP Accreditation process.

Strategic Plan 2019–2024

The THS Board finalised its strategic intent on 30 May 2019 for the next five years, as outlined on the following page.



What we do

Vision

The Tongan Health Society and Langimalie Integrated Family Health Centres help people by providing holistic healthcare and social services of a high standard.

Why we do it

Mission

To provide the best health and social outcomes for all New Zealanders in the communities we serve, particularly people of Tongan descent in Aotearoa.

Langimalie

The concept of health and wellbeing is captured in the name Langimalie and inspires our purpose. As one of the many forms of social relations valued by Tongan people, 'Langimalie' is also central to relations such as 'mahu'ingamalie', which is about making sense of the connections between the context, meanings and the relationships people create with each other and others.

These relations are considered invaluable to Tongan people's notions of living well, peacefully and in harmony with other people in Aotearoa – New Zealand.

'Langimalie' also makes a metaphorical reference to a clear, bright sky, with the face of a person, or the faces of group of people likened to a clear, bright sky when Tongan cultural values and responsibilities are upheld. It's the fulfilment of responsibilities which brings peace to the soul, joy to the heart and happiness to the person in relation to other people.

In the managerial sense, 'Langimalie' contributes to Tongan people's avoidance of pain, suffering and premature death.

Our Values

Culture, people and community

These are the three threads that bind us. Culture expresses our deep beliefs and what we stand for. People are our reason for being. Our duty is to serve and nurture them. Community provides us with the framework and context for our work.

Professionalism and excellence

We act with openness. We seek the truth. We are accountable to each other, to our families and to the community. Our systems and processes must be impeccable. We set high standards and must continuously scrutinise our levels of service delivery.

Collaboration, cooperation and respect

We are at our best when we act as one. We have an individual responsibility to support each other and live our mission. Each of us has unique skills that are valued and acknowledged, which provides the impetus to achieve the best health and social outcomes.

Passion and integrity

We are totally committed to what we do. It fills us with a greater sense of purpose. Our passion provides us with energy and vibrancy. We seek to do what is right, to be open and to treat others with goodwill, fairness and honour.

What we're working on

1 Clinical Services

Goals

To provide a range of accessible high quality primary care medical and nursing services for all members of the community with a particular focus on increasing non Tongan clients to complement the existing Tongan clients

To develop innovative service delivery with particular emphasis on chronic conditions management

Facilitate and foster relevant allied health professionals to complement the THS models of care.

2 Integration and Navigation

Goals

Foster and develop new models of care for clients and whanau embracing clinical and non-clinical service integration, navigation, outcome focused packages of care and health and well-being outcomes

Contribute to community development principles and intergenerational outcomes through fostering family enablement, empowerment, education and engagement

To contribute to the socio-economic determinants of health and wellbeing.

3 Research, Quality and Clinical Teaching

Goals

Implement and maintain high quality accreditation programmes for the Ministry of Social Development, Royal NZ College of General Practitioners (RNZCGP), Ministry of Foreign Affairs and Trade, UOA School of Medicine – Department of General Practice and Primary Care and Tertiary Institutions

Foster and develop research initiatives to underpin service development and new models of care on a unique cohort of largely Tongan clients and families and assist with generic clinical, social and pacific research initiatives

Foster and develop training opportunities including where relevant ECE teaching practicums, post graduate researchers, medical and nursing students, social worker and counselling practicums, and RNZCGP registrars.

4 Collaborations and Partnerships

Goals

Foster and develop strategic relationships and partnership with NGO's the Tongan Government and other relevant organisations to complement THS business, service delivery, strategic development, constitutional imperatives, and the governance and operational work programme.

Develop and maintain a Tongan Outreach Project and Satellite Clinic in the Kingdom of Tonga collaboratively and in partnership with the Ministry of Health - Tonga as an adjunct to THS business in New Zealand ultimately to assist non-residents families and individuals on immigration pathways that seek health care in New Zealand from Tonga including the most vulnerable communities, clients and families.

5 Education and Training

Goals

To provide and maintain high quality ECE services to our community and explore future ongoing ECE opportunities and maintain Education Review Office (ERO) standards and reviews

Invest in training and registration opportunities to support workforce, services, models of care, THS accreditations and professional scope competencies across the organisation.

6 Innovation, Leadership and Influence

Goals

THS wishes to become recognised as a consistently high performing, trusted and credible advocate for pacific health and lead the health and social services sector through innovation and leadership to achieve outcomes particularly for the Tongan community and for all people of Aotearoa who use THS services

Foster and develop social enterprise opportunities to help vulnerable clients and their families particularly as it relates to social housing, parenting programmes, family violence, self management education, social work and counselling, justice and corrections initiatives and immigration support.

7 Internal Operations and Business Support

Goals

Maintain and develop an effective, efficient, sustainable and viable organisation that provides added value services to our staff, clients and community

Facilitate and maintain contracts and income streams that contribute to constitutional, strategic directions, family and community aspirations.

8 Youth Development

Goals

Foster and develop innovative initiatives for youth that contribute to social, community, family wellbeing and intergenerational outcomes

Develop strength-based practice models recognising the diverse realities that youth live in to assist youth with cultural and spiritual connectedness, employment and education and empowerment to use information for choice

Develop initiatives to ensure youth are actively productive and participating in their communities confidently.



Office of the CEO and Board

The Society's back office support to the Office of the CEO and Board include the following appointments:

Executive Assistant to the CEO

Elly Roberts

- Bachelor of Science in Office Systems Management
- Certificate in Human Resource Management
- Certificate in International English Proficiency
- Leadership Excellence Award as University Organisation President
- Certified IELTS and ESL Educator
- Certified Speaker and Published Author.

Finance Officer

Mika Shang

- Bachelor of Commerce, Major in Accounting and Finance
- Completed CAANZ chartered accountant academic requirements
- Awarded Certificate of Distinction in Introductory Statistics
- Awarded Certificate of Credit in 2010 NZ Economics Competition
- Received Certificate of Distinction in Statistics in 2010.

THS is supporting Mika in completing her Chartered Accounting Qualification.

Social Housing

The Board has finalised its housing strategy with a view to implementing the strategy once the Social Housing Reform Programme and social housing landscape becomes clearer and that THS meets the specific requirements to become a provider. This will require further due diligence particularly to ensure governance of THS has a clear understanding of both the initial and ongoing requirements of a Community Housing Regulatory Authority registered organisation and ensure this is reflected in the governing documents and operating structure.

The Housing Restructuring and Tenancy Matters (Community Housing Provider) Regulations 2014 require that, to be a Class 1 Social Landlord, registered with the Community Housing Regulatory Authority, the housing provider has as one of its objectives, the provision of social rental housing and / or affordable rental housing. The governance work programme was reviewed to ensure that competing priorities with other strategic goals were worked on as the opportunities arose over the last financial year. The members of the Society have already agreed to add this new objective to its constitution.

Further work is required to guide the preparation of a housing strategy and business plan that reflects the aims and objectives of THS and meets the requirements for CHRA registration. The social housing goals are aligned with the THS constitution and the Strategic Intent.



Mana Kidz School Based Clinics THS and National Hauora Coalition

THS continues its school clinic services across its five schools in South Auckland area which include:

- Wymondley School
- Jean Batten School
- Sutton Park School
- Papatoetoe North School
- Kingsford School.

The Society was awarded an additional school, Mountain View Primary, to provide school clinics and signed a contract with the National Hauora Coalition in May 2019. THS now has 4.3 FTE Whānau Support Workers and 3.8 FTE Nurses in the service. THS also has been extremely grateful to be able to engage Mrs Louise Roberston and Ms Tanzee Samita to run the service in the school.

Louise Robertson

- Diploma in Nursing 1993 – 1995 Auckland Institute of Technology
- Post Graduate Certificate in Advanced Nursing, 2016, University of Auckland
- Post Graduate Diploma in Advanced Nursing, completed 2017 with distinction, University of Auckland.

Louise was previously the Academic Lecturer – Bachelor of Nursing at the Manukau Institute of Technology.

Tanzee Samita

- Bachelor of Science, Major in Neuroscience 2015 – 2018, University of Otago
- Post Graduate Diploma in Health Science, Human Nutrition
- Certificate in Otago Health Sciences, 2014.

Jordan Hall

THS continues its lease with the Auckland Council for Jordan Hall and Reserve. The Society has been successful in seeking funding from the Community Organisation Grants Scheme, the NZ Lottery Board and Maungakiekie Board to continue its programmes at the hall and reserve.

The Pacific Elderly Day Programme is run each week with approximately 32 participants in the programme that focuses on:

- Self-management education and health promotion
- Zumba/aerobics exercise
- Tongan handicraft
- Quizzes and games
- Cooking demonstrations and handicrafts
- Plot holding and gardening.

A large-scale social housing development as part of the Auckland Council High Level project plan to transform Onehunga is underway. The two specific projects that affect Jordan Ave include:

Jordan Avenue and Mt Smart Road

- There were 62 units a 15,396 sqm site
- Will be replaced by 194 homes comprising 48 one-bedroom, 100 two-bedroom and 46 three-bedroom homes
- Estimated completion second half of 2021.

Victoria Street and Jordan Avenue

- There were two two-bedroom and one three-bedroom houses
- Will be replaced by 12 two-bedroom homes
- Estimated start second half of 2018.



Integrated Outcomes Unit

The Integrated Outcomes Unit continues its work programme on clinical and non-clinical navigation, nurse specialisation and social enterprise and improving whānau resilience imperatives. The specific services include:

- Well Child Tamariki Ora Service
- Pacific Family Violence Service
- Pacific Elderly Day Programmes
- Social Services – Integrated Services Agreement
- Pacific Work Readiness Programmes
- Youth Navigation Programmes (CMDHB)
- Healthy Village Action Zone (HVAZ) Services
- SME/Parenting one-off contracts.

THS continues to provide support services to 14 Tongan Churches across the region focused on supporting Church Subcommittees, health promotion and education services.

1. Free Church of Tonga, Grey Lynn
2. Free Church of Tonga, Mt Roskill
3. Free Church of Tonga, Otahuhu
4. Mother of Perpetual Help Catholic Church, Glendowie
5. Our Lady of the Assumption Catholic Church, Onehunga
6. St Pius Catholic Church, Glenn Innes
7. St Joseph Catholic Church, Orakei
8. Seventh Day Adventist Church, Penrose
9. Tongan Methodist Church, Ellerslie
10. Tongan Methodist Church, Grey Lynn
11. Tongan Methodist Church, Otahuhu
12. Tongan Methodist Church, Panmure
13. United Church of Tonga, Grey Lynn
14. United Church of Tonga, Glenn Innes

THS has recently employed the following staff in the Team.

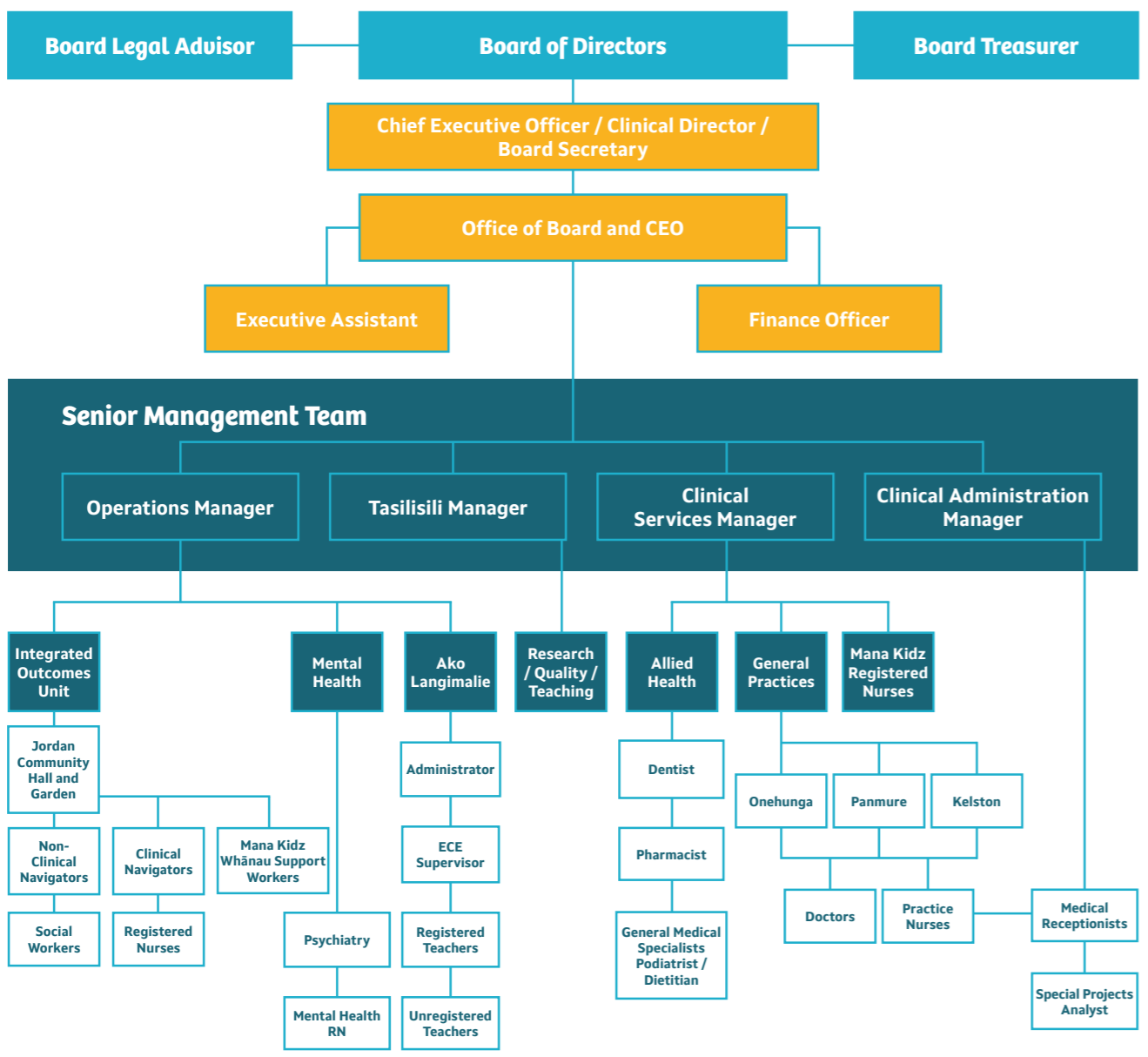
Aswin Thomas — Master of Social Work (Medical & Psychiatry)
 — Master of Business Administration (HR & Finance)
 — Bachelor of Commerce (Taxation)
 — Certificate of Registration from Social Workers Registration Board New Zealand for provisional registration as a Registered Social Worker on 14.02.2019 (Reg No. 10959).

Thomas Fale — Bachelor of Science, major in criminal justice and political science
 — NZ Health and Wellbeing Certificate.

Ofa Tohi — Bachelor of Applied Social Work (BASW)
 — Certificate in Social Services, Level 4
 — Bachelor of Information Systems (BIS)
 — Diploma in Information and Communication Technology (ICT L6).

Peter Tupou — Diploma in Missiology
 — Leadership Certificate
 — GED in Pastoral Leadership
 — GED Missions and Church Planting.

Organisational Structure



Clinical Innovation

Research and Quality
 THS has continued to be active in developing further its research portfolio that now has 16 research projects. The CEO has been actively facilitating research around our large cohort of diabetic clients in addition to other research initiatives. These include:

WORTH Study
Objectives
 There is emerging evidence for stratified glucose lowering responses to certain oral medications for Type 2 diabetes (T2D) by clinical characteristics. The objective of this study is to test whether glycaemic response to vildagliptin and pioglitazone varies according to ethnicity, obesity, lipid profile, and genetics.

Methods
 This is a multicentre, two-period, two-treatment, randomised crossover study of a DPP4 inhibitor (vildagliptin), and thiazolidinedione (pioglitazone) as second – or third-line therapy in patients with type 2 diabetes who have suboptimal glycaemic control on metformin and/or sulphonylurea therapy. It is conducted in New Zealand with a target of 300 patients (40% with Māori or Pacific ancestry) eligible if aged ≥18 and ≤80 years, with T2D for more than one year, on stable doses of metformin and/or sulphonylurea for at least three months, with HbA1c between 59mmol/mol and 110mmolmol inclusive.

Participants are randomly assigned to complete four months of vildagliptin 50mg or pioglitazone 30mg, followed by four months of the other. Participant characteristics that include ethnicity, obesity, lipid profile and genetic tests are collected at baseline. The primary outcome variable is on treatment HbA1c after four months on each of the two study medications. Secondary outcomes include weight change, frequency of side effects, and patient preference.

THS in association with Prof Rinki Murphy PhD, FRACP, MBChB- (Specialist Diabetes Physician | Senior Lecturer in Medicine University of Auckland) are working on the study with the THS diabetes cohort. THS receives financial rewards for its role in the research and related services.



Ministry of Health Pacific Innovation
 Pacific people have a high prevalence of diabetes. THS has 15% of the diabetes cohort in the Auckland region who are largely Tongan. To reduce the risk of long term macrovascular and microvascular complications, guidelines for diabetes management recommend the early adoption of insulin as part of treatment intensification to bring glycated haemoglobin (HbA1c) down to target levels. However, insulin initiation is often delayed, particularly in primary care and implementation is not widespread. For example, in our practice, many diabetic patients who are on maximum oral medication should be on insulin but are resistant to starting treatment.

It is important to understand what barriers may prevent or delay commencement of insulin treatment. However, there is little information available about Pacific family barriers to insulin initiation and intensification, particularly for those on maximum oral hypoglycaemic medication where insulin is now needed in their management. Thus, innovative strategies that identify and address these barriers are needed to better achieve glycaemic targets in Pacific people.

Our project aims to deliver a healthcare service that documents these barriers and validates a package-of-care intervention to overcome these barriers by monitoring health endpoints over three years. We will do this in a cohort of 254 patients at our clinic who are on maximum oral hypoglycaemic medication but needing to go on insulin.



Clinical Innovation cont.

Implementation framework

The table on page 15 shows our implementation framework. A main goal is to improve health outcomes (see Endpoints section below) of the diabetics participating in this study – specifically, to reduce the risk of long-term macrovascular and microvascular complications of diabetes. We aim to achieve this in two ways. First, by interviewing our patients in order identify barriers to insulin initiation and possible solutions. Second, we will deliver a service to these patients using our proposed Tongan ethnic-specific model of care – a Kakala model (described in our RFP form) – that provides for a group approach to insulin initiation and intensification.

This model ‘care plans’ our clients towards effective self-management and at a collective level assists family and communities to achieve their goals. Central to the Kakala model are the innovative group sessions which are geared toward facilitating the delivery of an effective Self-Management Education (SME) approach. In these group sessions, patients on insulin (patient enablers) will speak to those who need to be on insulin, but not started. These patient enablers are the people with similar demographics and health and socio-economic status as the rest of the non-insulin patients.

The non-insulin takers will be able to identify with patient enablers. The patient enablers will talk about their experience with insulin and how it has impacted their life. The SME sessions will also include health professionals such as diabetes nurses, a dietician and a podiatrist (listed in table) to answer health related queries and social services to address social determinants. To provide evidence of whether our insulin-initiation intervention improves health outcomes, we will provide annual reports reporting on the study findings and aim to publish these results.

Endpoints

These will be measured at baseline during follow-up over the three-year period to monitor the effectiveness of our intervention:

- Change in HbA1c, measured as a continuous variable (primary endpoint)
- Proportion of patients who transitioned to insulin
- Proportion of patients who achieved a target HbA1c (normalisation or >40% reduction)
- Quality of life (Assessment of Quality of Life (AQoL) – 8D multi-attribute utility instrument (Patient 2014; 7:85-96)
- Depressive symptoms (patient health questionnaire, PHQ-9 (J Gen Intern Med 2001; 16:606-13)
- Diabetes-specific distress (Problem Areas in Diabetes scale, PAID (Diabetes Care 1997;20:760-6)
- Healthcare utilisation and costs
- Blood pressure
- Body mass index
- Albumin-to-creatinine ratio
- Adverse events, including hypoglycaemic events.

We will also monitor changes in non-insulin drugs (including metformin and sulphonylurea) using data from the patient management system.

The service will be complemented with input from Prof T Cundy, Renal Specialist, Prof R Scragg-School of Population Health and Prof John Ovreteit, Prof of Improvement Implementation and Evaluation, Director of Research, LME/MMC, Karolinska Institute Medical University, Sweden and Dr Glenn Doherty CEO and Medical Director. This specialist input will assist with methodology and evaluation and peer reviews and quality.

The service is also innovative as it allows clients to be engaged, enabled, educated and empowered to undertake complex diabetes management who have social issues causing barriers to insulin initiation. It contributes to family wellbeing and therefore intergenerational outcomes, community development principles, productivity and economic imperatives for Pacific people.

Implementation Framework

GOAL	OBJECTIVE	DELIVERABLE	RESPONSIBILITY	COMPLETION DATE
Improve health outcomes of diabetics participating in this study.	Identify and address barriers to insulin initiation. To establish and maintain insulin initiation and intensification in 90-100% of our 254 eligible patients by June 2021. Achieve a normalisation of HbA1c or a ≥40% reduction.	Collect information from patients on barriers to insulin initiation and possible solutions. Interviews will be conducted. Deliver a service to these patients using our proposed Tongan ethnic-specific model of care that provides for a group approach to insulin initiation and intensification	Mele Vaka (Clinical Services Manager) Rachel Steed (Diabetes nurse) Fifita Mccreeedy (Diabetes nurse) Mafi Funaki (Dietician) Kalo Funaki (Podiatrist)	June 2021
Improve health outcomes of all diabetics who should be on insulin treatment.	To provide evidence of whether our insulin-initiation intervention improves health outcomes.	Provide annual reports (one for each of the three years) that evaluate the study progress and present findings. Publish study findings in peer-reviewed journals.	All research team members will contribute to this. Key people include: Deepika Sonia (data management) Dr John Sluyter , Research Fellow, University of Auckland (contribution to data analysis and drafting reports). All research team members will contribute to this.	Report 1: June 2020 Report 2: June 2021 Report 3: June 2022 December 2022

The trial is registered with the Australia and New Zealand Clinical Trial Registry.



Whakakotahi

THS was successful in being awarded a contract to undertake a quality initiative funded by:



The aim of Whakakotahi is to increase quality improvement capability in primary care, with the following goals:

- Build collaborative partnerships between the Commission and primary care to improve primary care quality and the Commission's understanding
- Improve one or more health outcomes with associated improvements in equity, integration and consumer engagement
- Support sector-led improvement projects to build and spread improvement science expertise and skills in the primary care sector
- Identify improvement projects/initiatives that are suitable for implementing at a local, regional or national level (as appropriate)
- Support the implementation of the system level measures framework, by linking improvement projects to the framework and raising improvement science capability in the primary care setting.

THS is running a project for diabetic patients on maximum oral hypoglycemics that need to be transitioned to insulin, but are facing barriers because they are resistant, worried or unsure of the process.

The project is called 'Pacific Living with Diabetes Service' and is funded by the Health Quality and Safety Commission and Ministry of Health.

As a part of the project, Deepika Sonia and Mele Vaka are attending a Primary Care Quality Improvement Facilitator's course, being held at Ko Awatea. The course helps participants to develop tools that will improve the quality of services provided at primary health care, which will lead to better health outcomes for patients.



They presented at the learning session and received positive feedback for their exceptional motivation, high level of understanding and being so far ahead of the game.

There are more workshops scheduled for the coming year which they will attend to continue expanding these specialist skills. When Deepika and Mele finish the course, they will look at how they can integrate these skills into other projects they work on.

The Tongan Health Society Whakakotahi project is due to be completed by April 2020.

THS and Atrial Fibrillation Research

The Society was invited to work collaboratively with the University of Auckland School of Population Health to assess the sensitivity of a tool to detect early asymptomatic AF amongst appropriate clients across its three medical centres. Many patients may present with stroke as the first clinical manifestation of AF. Early detection is paramount and can improve outcomes. Systematic screening is more costly than opportunistic screening. Improved opportunistic screening methods are required.

The aim of this study is to improve the way a trial fibrillation is detected in the community. If successful, the study results could be used widely to detect atrial fibrillation sooner, which would lead to earlier treatment and greater stroke prevention.

The use of suprasystolic oscillometric pulse waveform for AF screening was introduced amongst cases and controls across our three medical centres.

The research methodology aim was to determine how well does pulse rate variability detect AF and predict future cerebrovascular events. We recruited largely Tongan patients via our patient registers (high risk patients and known AF cases). Measurements were taken. A 12 lead ECG was completed and read by a senior cardiologist and a BP measurement was undertaken to determine pulse wave variability measurements using statistical analysis.

Those Pacific clients with asymptomatic AF can have AF detected opportunistically and therefore have greater access to early treatment and stroke prevention.

This approach could also be more accessible in the Pacific islands for those running clinics in remote areas with poor access to systematic screening, e.g. ECG.

A total of 242 clients were enrolled AF cases n= 31 and Controls n=211. 98% were Pacific age range 31 – 92 with a mean age of 72 years.

The outcome of the measurements and diagnostic accuracy were evaluated and showed 100% sensitivity (probability of a positive test in diseased (AF present), i.e. a true positive rate and 54% sensitivity (probability of a negative test in non-diseased AF absent).

The overall conclusions were that AF can be detected accurately from a modified BP monitor that also measures pulse rate variability.

More patients will be recruited to assess diagnostic accuracy more precisely.

Awards

THS has continued to achieve awards across a number of National Health Targets and Clinical Innovation as documented below:

2017/18

- Highest number of sore throat swabs for Rheumatic Fever Prevention in 2017 – 18
- Best performance in the AH+ System Level Measures Programme in 2017 – 18
- Innovative approach to 'Optimise Performance' and meet the needs of enrolled population in 2017 – 18
- Highest number of DARs and patients with an HbA1c <64mmol/mol and in top 10 for triple therapy and microalbuminuria management in 2017 – 18.

Ako Langimalie – ECE Pre School

The preschool service continues to be licensed for 50 students. The staff include:

- Three qualified registered teacher's (3.0 FTE) including centre supervisor
- One unqualified (1.0 FTE)
- One support staff
- One reliever Ranstad
- One administrator (1.0 FTE).

THS supported the development of a new playground area and outdoor mats. Staff have been actively supported into training to support professional development in the following areas:

- Performance appraisals and mentoring
- Internal evaluation PLD childspace
- Governance, management, and quality provision in relation to ECE
- Marketing your ECE service
- ECE training
- Building mentoring expertise
- Ministry of Education new draft plan for ECE learning
- Assessment and documentation of learning stories
- Effective evaluation and reflective practice
- Peaceful curriculum with infants and toddlers
- Early Childhood Council
- NZECEA
- Health and safety in ECE workshop.

The Board is working with the CEO and ECE to finalise the school's strategic plan and school policies which are near completion.



Cornerstone Accreditation

THS has recently undergone a large clinical accreditation process across its medical centres involving all clinical staff. The Royal New Zealand College of General Practitioners Cornerstone Accreditation was an extensive detailed assessment of the quality of service in our medical centres.

CORNERSTONE® is the assessment programme that assesses practices using the aiming for excellence standard. This programme is coordinated by the practice assessment team at the College.

Benefits of CORNERSTONE®

- Contributes to safer care and a better experience for patients
- Demonstrates a commitment to ongoing quality improvement
- Enhances teamwork in the practice
- Enhances clinical processes
- Contributes to continuing professional development (CPD points)

The assessment process

Involves:

- Registration with the College
- Self-assessment undertaken by the practice
- The College assigns an external assessor
- Assessor reviews evidence and visits practice
- If required, an action plan may be developed with practices
- Health and Disability Audit New Zealand (HDANZ) reviews and moderates
- The College awards accreditation certificate to practice

The College works closely with HDANZ to provide independent auditing, verification, assessor training and oversight.

Annual programme

Practices that have successfully completed CORNERSTONE® maintain accreditation by undertaking the annual programme. This process is like continuing professional development (CPD), where certain criteria must be met every year during a four-year cycle to maintain professional standards.



THS Policies and Manuals

The Society achieved full Cornerstone Accreditation across all three medical centres in June 2019. This included updated and new plans, policies and manuals in the following areas:

- Māori Health Plan
- Business Continuity Plan
- Staff Orientation Manual
- Complaints Policy
- Incident and Accident Reporting Policy
- Hazards Register
- Hazardous Substances Register
- Evacuation Scheme Designing and Implementation
- Patient Experience Surveys
- Health and Safety Manual
- Code of Rights Policy
- Cultural Competency Policy
- Interpreter Communication Impairment Support Policy
- Management System Policy
- Enrolment Policy
- Medical Records Transfer Policy
- Incoming Notes Policy
- Urgent Medical Condition Response Policy
- Recruitment Policy
- Vulnerable Children Policy
- Staff Meetings Policy
- Patient Portal Policy
- Operations Procedures Manual
- HDC and Advocacy Policy
- Open Disclosure Guidelines Policy
- Health Information Privacy Policy
- Medicines Reconciliation Policy
- Repeat Prescriptions Policy
- Test Results Management Policy
- Controlled Drugs Policy
- Standing Order Policy
- Opportunistic Screening Policy
- Smoke Free Policy
- Continuing and Transferring Care Policy
- Vaccination Management Policy
- Immunisation Policy
- Screening and Recall Policy
- Palliative Care – End of Life Protocol
- Cold Chain Policy
- Decontamination and Sterilisation Policy
- Infection Control Manual
- Waste Management and Categories Policy
- Informed Consent Policy.

Medical Staff

The Society has been extremely grateful to secure the following new medical staff:

Dr Francis Katoa

- MBCHB, University of Auckland, 2016
- Certificate in Health Science University of Auckland, 2010
- Recipient of Portage Licensing Trust Scholarship, Le Va Scholarship, and Aniva Scholarship
- First in Chemistry and First in Biology, Certificate in Health Science, 2010.

Dr Finau Tutone

- MBCHB, 2012 – 2016
- Biomedical Science, 2011
- NCEA Level 3, 2008 – 2010
- Advanced Cardiac Life Support Certificate
- Extended Basic Life Support Venepuncture Certificate.

Dr Nitin Darbarwar

- Master of Medicine, University of Sydney, 2007 – 2011
- Masters Degree in Medicine, Medical University of Plevn Europe
- NZRC Level 7 ACLS Course.

Dr Antony Inder

- Bachelor of Medicine and Bachelor of Surgery, University of Otago, 2001
- Bachelor of Medical Science (with distinction), University of Otago, 1999
- Senior Lecturer, University of Otago, 2011 – 2012.

Appointment

Dr Glenn Doherty was recently appointed as a Clinical Associate for the University of Auckland Maurice Wilkins Centre for Biomedical Research. The Society will work with Prof Shepherd to develop and consolidate a working relationship with the centre and will sign a MOU in the near future.

Recall Assistants and Communications Centre

An important adjunct to any medical facilities is to ensure there is proper communication with clients, staff, patients and clinicians. A special acknowledgement to:

- Laumanu Moala'eua
- Mapuanu Tupou.

These staff members have played a critical role in ensuring client recalls are completed in a timely way and National Health Target performance is monitored with the CEO/Medical Director and Clinical Manager. These staff members also assist clinicians with translation and research initiatives requiring patient outreach, in addition to assisting with Self-Management Education sessions and rheumatic fever throat swabbing initiatives.

Pacific Provider Development Fund (PPDF)

THS has been awarded \$130k in the financial year under the PPDF fund in the following areas:

- Information technology
- Communications and media
- Social housing due diligence
- Back office functions
- Clinic operations.

I would like to thank the Board, Society members, staff and clients for their continued support to the service allowing growth, expertise, innovation, clinical excellence, quality and social enterprise initiatives to develop within the organisation to allow it to become a high performing leader in Pacific health. I wish you all a safe and happy Xmas with your friends, families and loved ones.

A handwritten signature in black ink, appearing to read 'G. Doherty'.

Dr Glenn Doherty FRNZCGP
CEO and Medical Director



Tasilisili Manager's Report



Dr Glennis Mafi
Tasilisili Manager

Langimalie Integrated Family Health Centre seeks to provide a high standard of service to best help our patients, clients, staff and all who engage with us. THS has a large work programme in the domains of research, quality and teaching.

Practice Accreditation

Cornerstone, the RNZCGP quality standard for general practices was again achieved this year for each of our medical practices. This is overseen by Dr Doherty in his role as Medical Director. Thanks to the commitment of all the team and special thanks is acknowledged to our Specific Project Analyst Ms Deepika Sonia in keeping us on track through all the demands of this process. This is an immense task that requires all clinicians to participate across the service.



Clinical Governance

Mrs Mele Vaka our Clinical Services Manager continues as nurse representative for the Alliance Health Plus PHO Clinical Governance Committee.

Research

We continue to be involved with many research projects (16), three of those relating to managing diabetes in order to improve control and prevent serious long-term damage – a much desired goal for our many patients with diabetes.

The WORTH study, (a study funded through the Maurice Wilkins Centre for Biomedical Research) looks at the use of a newer oral hypoglycaemic

medication, and Whakakotahi 2019 is a one-year study with a small number of patients looking at the response to starting insulin.

THS made a successful bid to the programme which is funded from the Health Safety Quality Commission and PHARMAC NZ.

A bigger study with the Ministry of Health – Pacific Innovation Fund runs for three years and again is involved in documenting the reasons behind insulin inertia in those patients on oral maximum hypoglycaemic medication. These studies are very relevant to our practice and of great value for our patients especially key family enablers. Several staff are involved including Rachel Steed and Fifita McCready the diabetes nurses, and Deepika Sonia, Project Analyst, with support from Clinical Services Manager, Mele Vaka, and the Clinical Director Dr Glenn Doherty who oversees the projects. Prof Robert Scragg, Dr John Sluyter and Prof Tim Cundy are advisors to the project.

The atrial fibrillation screening study, which assessed new equipment to make the diagnosis of this important heart condition easier in general practice, was completed earlier this year. We received a special award at the Alliance Health Plus awards for our role in the study. This was a study that used Suprasystolic Oscillometric Waveforms to diagnose atrial fibrillation in our Tongan cohort.

See over for research programme.

Clinical Training

Langimalie provides regular peer groups and collegial support meetings for doctors, and regular nurse meetings and oversight of nurses, to maintain our professional standards. Continuing professional education is encouraged for all staff.

Fellowship of the Royal NZ College of General Practitioners (RNZCGP).

Dr Akanesi Makakaufaki and Dr Antony Inder (both full time employees) continue to work towards Membership and Fellowship of the College. Dr Nitin Darbawar will undertake his written and clinical exams in November with the RNZCGP.

Approved RNZCGP GP registrar training practice, continues with two six-month registrar appointments each year, filled by Dr Nitin Darbawar for all of 2019. He will continue with the membership programme while we host two new registrars through 2020. This training is overseen by Dr Glenn Doherty in his role as GPEP 1 Educator for the Royal NZ College of General Practitioners (RNZCGP). Dr Doherty is also a Clinical Examiner for the RNZCGP's and is a member of the Education Advisory Group for the Royal College.

Nursing Qualifications

RN Rachel Steed has now fully completed the requirements of the Designated Nurse Prescriber qualification under School of Nursing, Faculty of Medical and Health Sciences, University of Auckland. She has increased her hours with us, is working on her Tongan language skills, and is doing a great job with diabetes patients who have struggled to get their diabetes under control.

RN Atareta Arnold – as a school-based nurse with our Mana Kidz programme has achieved her Community Nurse Prescriber qualification.

RN Louise Robertson – a former nurse lecturer at MIT joined us as part-time school nurse with Mana Kids and part-time taking up much of the Tasilisili role, making use of her previous teaching and research experience.

RN Lupe Helu – completed the Cervical screening course and greatly assists us with offering this service especially at our Kelston Mall Clinic.

RNs Ana Tatafu and Ana Moala are now qualified independent Authorised Vaccinators.

Fifth year medical students and MIT, Unitec and AUT Nurse Primary Care Practicums – we've enjoyed hosting a stream of medical students and Pacific (mainly Tongan) student nurses at our Langimalie clinics. Dr Glenn Doherty in his role as Senior Honorary Lecturer at the University of Auckland oversees the training and assessments of the medical students and Mele Vaka oversees the nursing students as clinical nurse preceptor.

Aniva Programme

Mele Vaka and Lupe Helu are both undertaking the Postgraduate Certificate in Speciality Care Pacific Health this academic year.

Mele Vaka

Aniva Postgraduate Master in Speciality Care Pacific Health.

Lupe Helu

Aniva Postgraduate Certificate in Specialty Care Pacific Health.

PDRP

The Professional Development Recognition Programme (PDRP) is a clinically focused competency-based programme for nurses. It is a national programme, endorsed by the Nursing Council of New Zealand and the New Zealand Nurses Organisation. All nursing staff have completed the requirements, and this has been confirmed and endorsed by the Auckland District Health Board assessment team.

University of Auckland Qualifications

Dr Glenn Doherty has recently been appointed as a Clinical Associate with the Maurice Wilkins Centre for Biomedical Research. THS has met with Prof Peter Shepherd and Dr Ofa Dewes to advance a Memorandum of Understanding to work collaboratively together on clinical research projects.

Retirement

Dr Glennis Mafi steps down from her roles as General Practitioner and Tasilisili Manager (Quality, Research & Training) as she retires fully from medical practice and resigns her post after seventeen years working for the Tongan Health Society.

Dr Glennis Mafi
MB, ChB, Dip Paeds, Postgrad Dip Geriatrics, FRNZCGP

Research Programme

as at 23/10/2018

RESEARCH PROJECT	KEY INVESTIGATORS	DATE APPROVED BY CEO & BOARD	STAFF INVOLVED	DATE COMPLETED
1 Living with dementia in a NZ Tongan community	Dr Chris Perkins Psychogeriatric CMDHB & ADHB Dr Sarah Cullum Consultant Psychiatrist CMDHB	20/04/2017	Dr Glennis Mafi Dr Staverton Kautoke Ms Makoni Havea Dr Siale Foliaki	Ongoing
2 Periodic Fasting & Daily Probiotics in Obese Pre-diabetics (PROFAST)	Dr Rinki Murphy University of Auckland	29/11/2016	Ms Fifita McCreedy Dr Glenn Doherty	Ongoing
3 Tongan Understanding & Experience with Genetic Counselling	Ms Heather Mann Massey University	09/11/2016	Dr Glenn Doherty Dr Glennis Mafi Ms Mele Vaka	Ongoing
4 Palliative Care for Pacific Populations	Dr Sunia Foliaki Massey University	17/10/2016	Dr Glenn Doherty Dr Glennis Mafi Ms Mele Vaka	Ongoing
5 An Exploration of Factors affecting preoperative attrition in Pacific clients who are eligible for publicly funded bariatric surgery from the perspective of health professionals	Prof. T. Cundy Dr Tamasin Taylor University of Auckland	18/05/2017	Dr Glennis Mafi Dr Glenn Doherty	Ongoing
6 Determining the feasibility and cost-effectiveness of a population-based abdominal aortic aneurysm screening programme for Māori residents of Waitemata DHB	Dr Peter Sandiford WDHB	22/06/2017	Dr Glennis Mafi Dr Glenn Doherty	Ongoing
7 Clinical trials for patients with Non-Alcoholic Steatohepatitis	Prof. Ed Gane Auckland Clinical Studies	22/06/2017	Dr Glennis Mafi Dr Glenn Doherty	Ongoing
8 Use of Suprasystolic Oscillometric Pulse Waveform for Atrial Fibrillation Screening	Prof. Robert Scragg School of Population Health University of Auckland	22/06/2017	Dr Glennis Mafi Dr Glenn Doherty	Ongoing
9 Longitudinal Study of New Zealand Children and Families	Dr. Cameron Grant FRACP PhD, Head of Department – Paediatrics: Child & Youth Health Professor in Paediatrics, University of Auckland Paediatrician, Starship Children's Health, Auckland, New Zealand	21/02/2018	Dr Glennis Mafi Dr Glenn Doherty	Ongoing

RESEARCH PROJECT	KEY INVESTIGATORS	DATE APPROVED BY CEO & BOARD	STAFF INVOLVED	DATE COMPLETED
10 NZ community pharmacy-based support for people with long-term health conditions with a focus on diabetes; healthcare consumer perspectives	Dr. Trudi Aspden School of Pharmacy Ms Lynne Bye School of Pharmacy Duncan Milne, Hyun Ji Oh, Joelson Villanueva	8/08/2018	Dr Glennis Mafi Dr Glenn Doherty	September 2018
11 The experiences of Tongan women diagnosed with breast cancer in NZ	Keleni Tupou (CMDHB Registered Nurse)	19/04/2018	Dr Glennis Mafi Dr Glenn Doherty	Ongoing
12 To compare two alternative treatments with the current standard of care treatment for mild-to-moderate impetigo among school children	National Hauora Coalition – Tongan Health Society School Based Clinics, South Auckland	19/10/2018	Dr Glennis Mafi Dr Glenn Doherty Mana Kidz Nurses Mana Kidz Whānau Support Workers Mrs. Mele Vaka, Clinical Services Manager	Ongoing
13 Women's Wellness After Breast Cancer	Professor Alexandra McCarthy, University of Auckland	31/01/2019	Dr Glenn Doherty Dr Ofa Dewes Dr Glennis Mafi	Ongoing
14 Insulin Initiation and Intensification in a cohort of Tongan Diabetics on maximum oral hypoglycaemics resistant to insulin	Dr Glenn Doherty Professor T. Cundy Professor R. Scragg Dr John Sluyter	06/03/2019	Dr Glenn Doherty Dr Glennis Mafi Mele Vaka Rachel Steed Deepika Sonia Fifita McCreedy	Ongoing
15 WORTH study predicting glucose lowering response to two oral diabetes medications: vildagliptin and pioglitazone, using clinical characteristics such as ethnicity, gender, BMI, age, and biochemistry (such as lipids, starting HbA1c, C-peptide) as well as genetics – Prof Rinki Murphy, Dr Ofa Dewes	Dr Glenn Doherty Professor Rinki Murphy, Assoc Prof in Medicine and Specialist Diabetes Physician – University of Auckland Rebecca Brandon	02/05/2019	Dr Glenn Doherty Dr Ofa Dewes Mele Vaka Rachel Steed Deepika Sonia Fifita McCreedy	Ongoing



Integrated Outcomes Unit



Kasalanaita Puniani
Operational Manager

The Integrated Outcomes Unit (IOU) continues to work towards becoming a unit of excellence in delivering health services with its unique model of care that is underpinned by IT technologies such as CRM, EXESS, FSS and MedTech.

The model of care addresses a wider scope of activities and skills required to make a difference for the communities that we serve. Staff continue to be supported with their on-going professional development in their specific field of work.

The IOU model of care provides a great platform for families to work in partnership with our navigators in planning, setting goals, and implementing pathways enabling families to achieve their health and wellbeing goals.

The IOU team consists of clinical nurses and non-clinical navigators (social workers and youth workers). The table below outlines contract services being delivered through the Unit.

Service Contracts	Value
ISA Contract	\$276,000.00
MSD Family Violence Contract	\$90,000.00
Parish Workforce Community Services	\$170,000.00
Healthy Village Action Zone	\$70,000.00
Wellchild Services	\$404,014.00
Elderly Group Programme/Youth Navigation	\$120,000.00
Ka Hao Tangata Grant	\$45,000.00
SME	\$9,000.00
Parenting Programme	\$9,000.00
Alcohol and Drugs Programme	\$20,000.00
Total	\$1,213,014.00



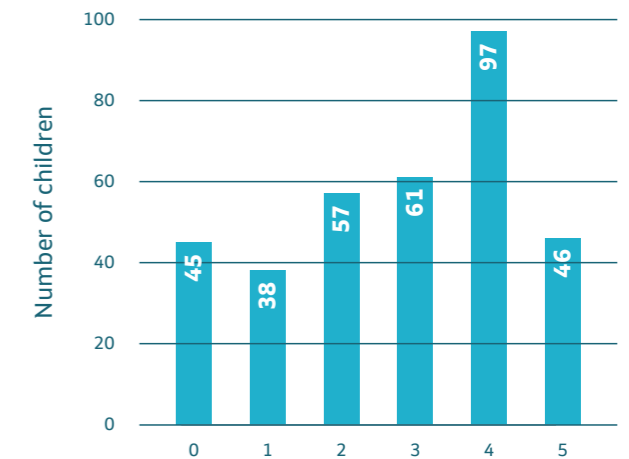
Well Child Services

Well Child Tamariki Ora is a home-based free service to all Pacific families and other nationalities. The primary objective of this service is to provide support for families to maximise children's developmental potential by establishing a strong foundation for their ongoing development. The Service has the capacity to enrol more children.

Before School Services Checks (B4SC)

This is an additional contract targeting four year old children in the ADHB catchment. This is a wide-ranging and development check for before they start primary school. B4SC operates on a fee for service financial model with no set volume.

Enrolled Well Child Population 0 – 5 years old



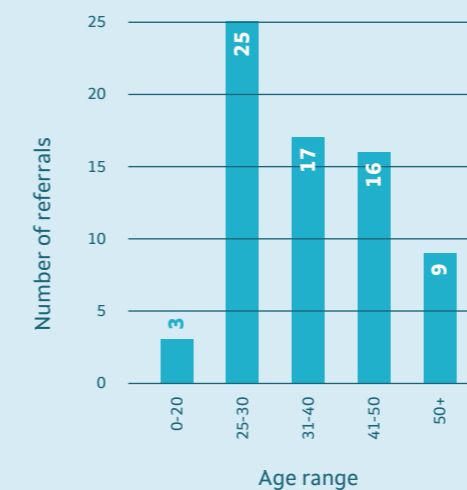
Social Services

I. Family Violence Cases – MSD

The main objective of the Family Violence Programme is to provide support services to Tongan families who have experienced family violence in the Auckland region. THS Social Services has successfully delivered this programme and exceeded the contracted target in the last 12 months.

'Ofa Tohi and Aswin Thomas are our Non-Clinical Navigators/ Social Workers.

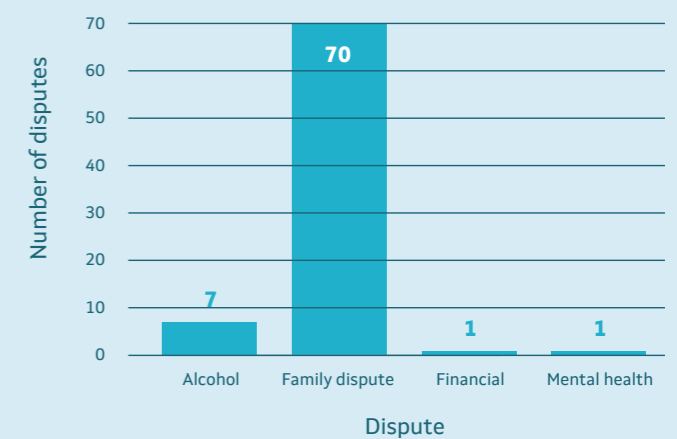
Age Groups of Referrals



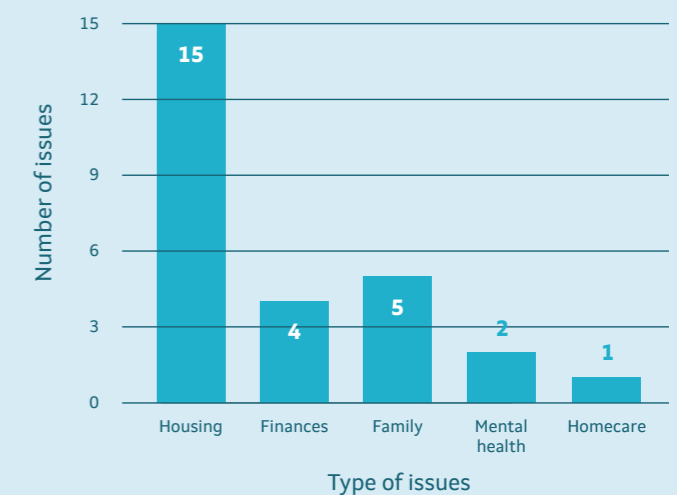
II. Non-Family Violence Cases

In the last 12 months THS social workers also successfully addressed other social needs such as housing, financial hardship, family issues, mental health, plus other forms of support, of our communities.

Causes of Family Violence Referrals



Type of Social Needs Addressed by Social Services





Parish Community Services

Parish Community Nursing's primary objective is to provide culturally appropriate and relevant nursing services that identify and address health needs of church members and navigate ways to improve their health outcomes. There are 14 participating churches. Key areas of focus include:

1. Physical activity
2. Nutrition
3. Quit smoking
4. Self-management education
5. Health promotion, health education and screening
6. Other projects such as the Aiga Challenge.



THS Pou Stand Tall Services

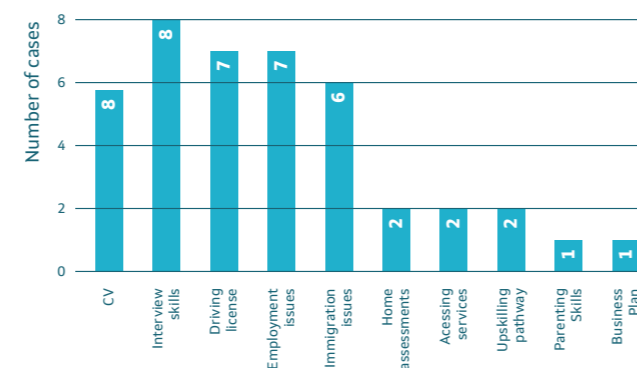
This is a Pacific youth-based church programme run across 14 churches over 12-months. The service aims to prepare clients for work readiness.

Target Population:

- Clients with special needs,
- Clients with social barriers to work readiness or health issues
- Migrants
- Prisoners who are transition into the community.

Referrals to the programme are made by Social Workers.

Reasons for referral



Self Management Education

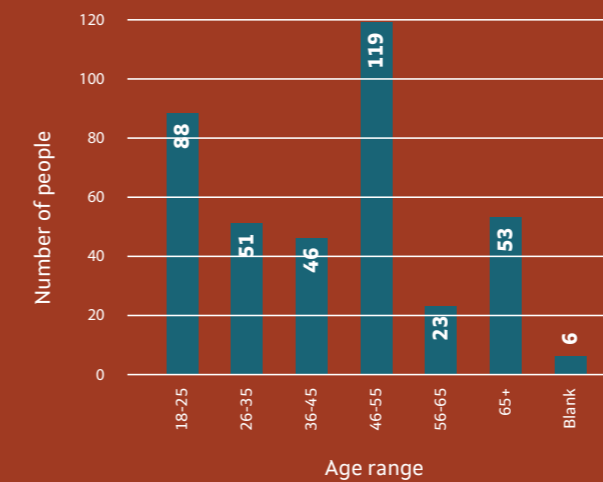
The aim of the service is to improve the self-management capacity of our Pacific population with long-term conditions through the delivery of the Stanford Self-Management Programme and follow up with diabetes Self-Management Education

Kasalanaita Puniani
Operational Manager

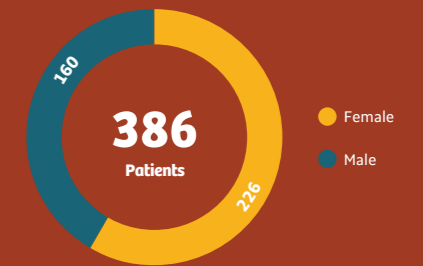


Mental Health

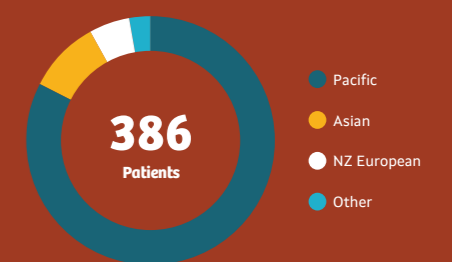
Age



Gender



Ethnicity

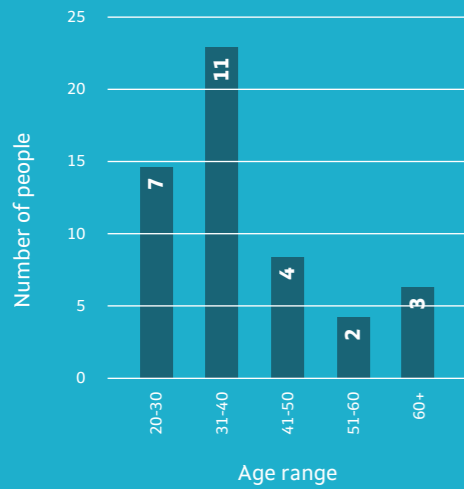


Diagnosis

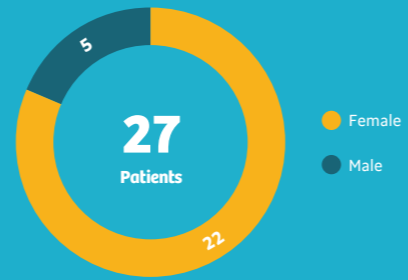


Social Services – Non MSD

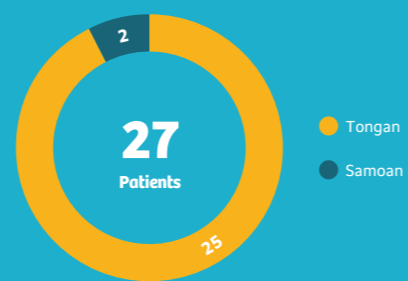
Age



Gender

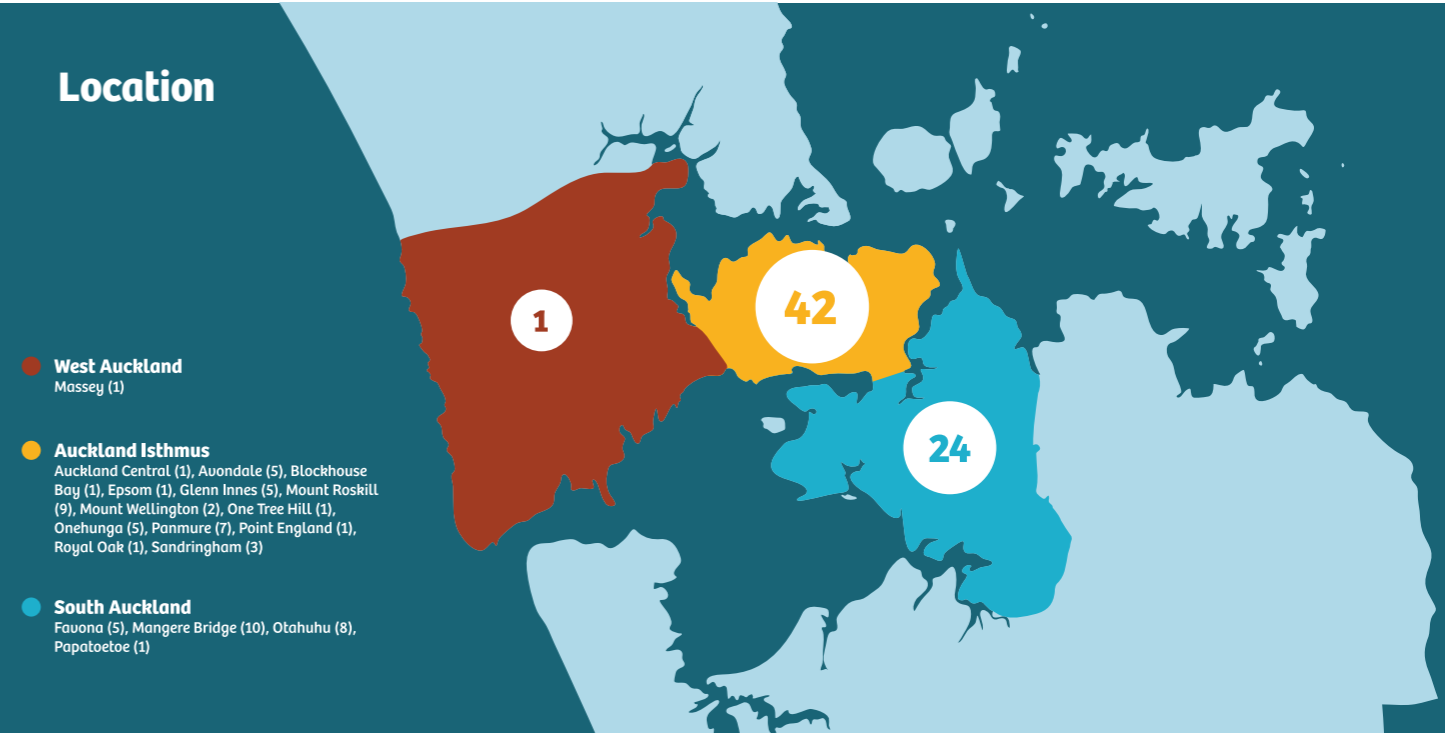


Ethnicity



MSD Data

Location



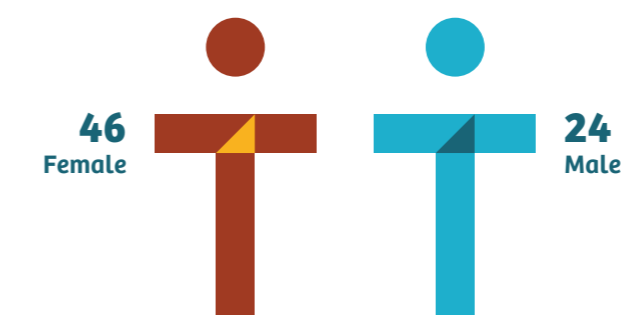
Client Challenges



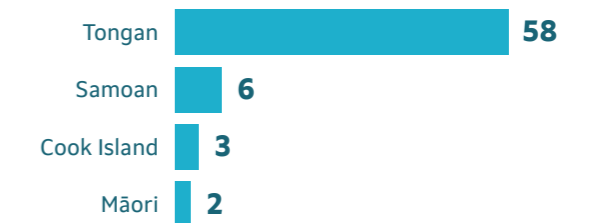
Referrals



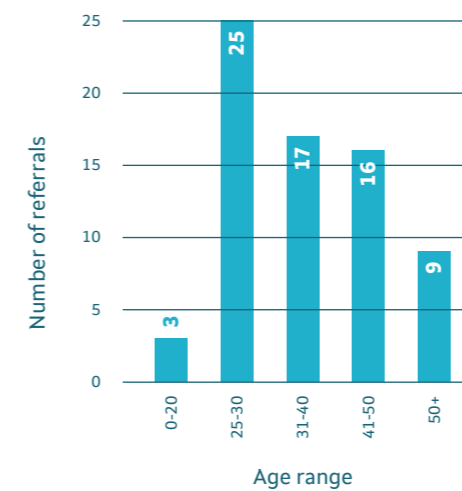
Gender



Ethnicity



Age



Dispute



Clinical Administration Manager's Report



Wendy Allen
Clinical Administration
Manager

**Mālō e lelei,
Kia Ora and
Welcome**

Acknowledgement

I would like to thank Dr Glenn Doherty CEO and Medical Director for his guidance, reassurance and trust in my capability as the Manager of Clinical Administration.

I have been with the Tongan Health Society for almost three years and enjoy my role and the people just as much as when I started.

I would also like to thank my wonderful team of ladies who work the front desk and are more than just medical receptionists. They are committed to helping the patients feel at ease, and making sure we

are following the correct processes and procedures to make this organisation successful.

These lovely ladies are Hena Kamitoni, Irene Vaka, Seini Lotulelei, Felisiti Vehikite (part-time) and recently on board at Panmure Clinic, Setesi Kaloni.

A thank you also to Deepika Sonia who is our Special Projects Analyst and has been working on our Cornerstone Accreditation and the Whakakotahi Project among many others.

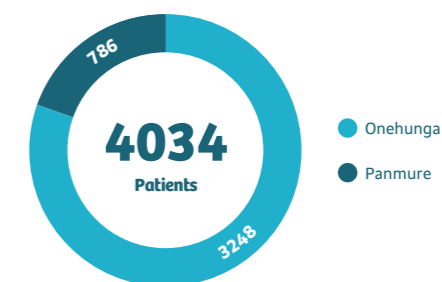
Onehunga and Panmure Clinics

As at 30 September 2019 we had a combined registered/funded population of 4034 patients at our Onehunga and Panmure Clinics. Tongan population is still our focus as they make up over 90% of registrations.

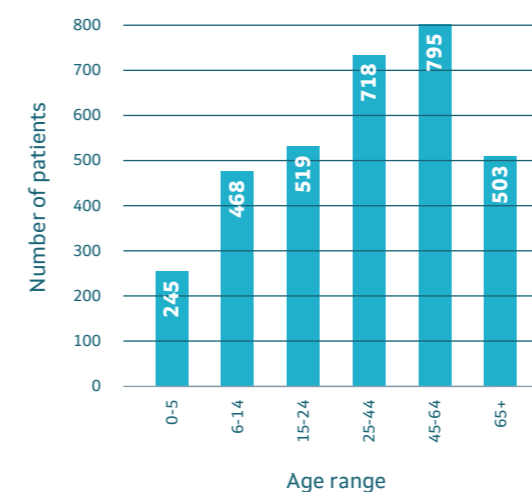
The 'age range' of our population reflects the high needs care required by our over 65-year-old population, which make up 15% of our registrations.

However, there is a growing population of high needs patients falling into the 45 – 64 age bracket and these patients make up nearly 20% of our population.

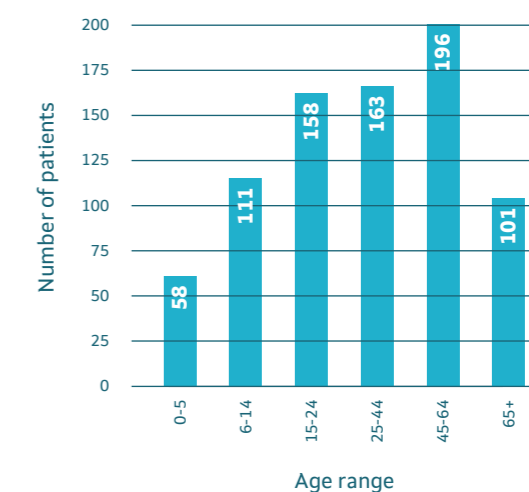
Total Patients Registered and Funded



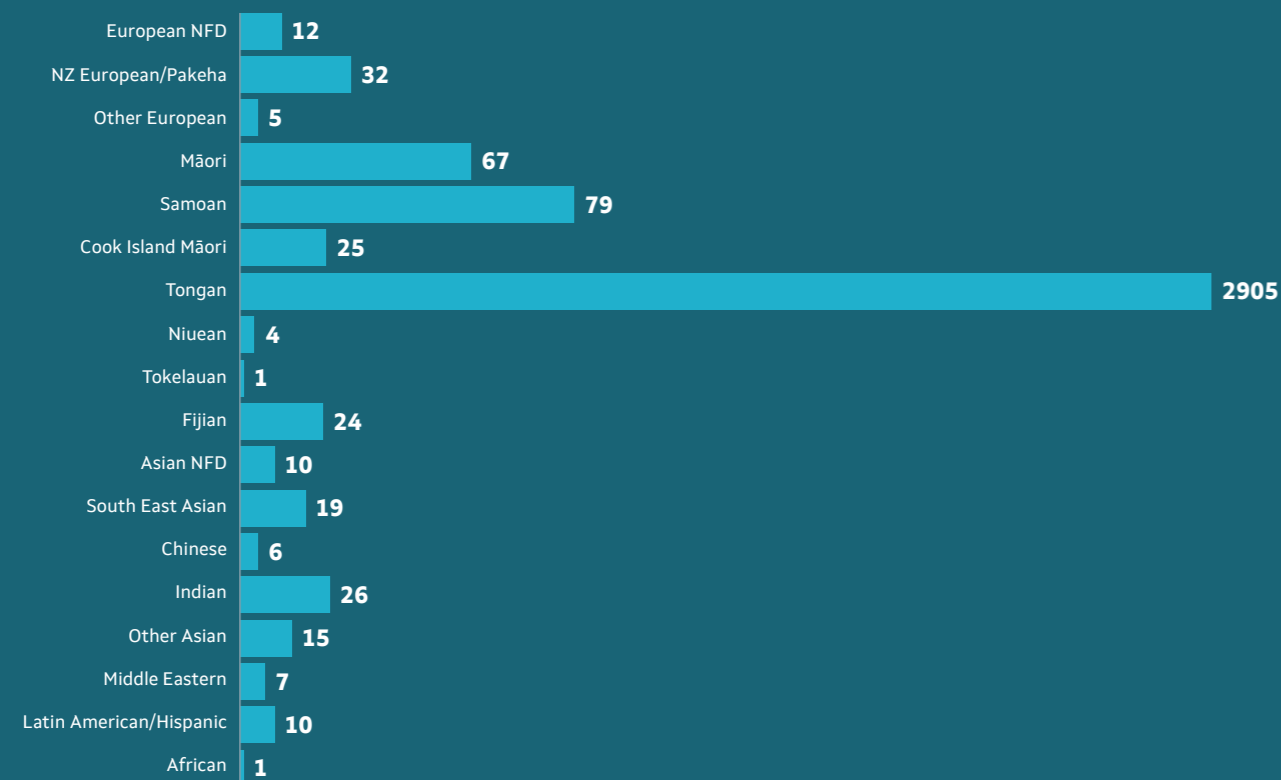
Onehunga Age Range



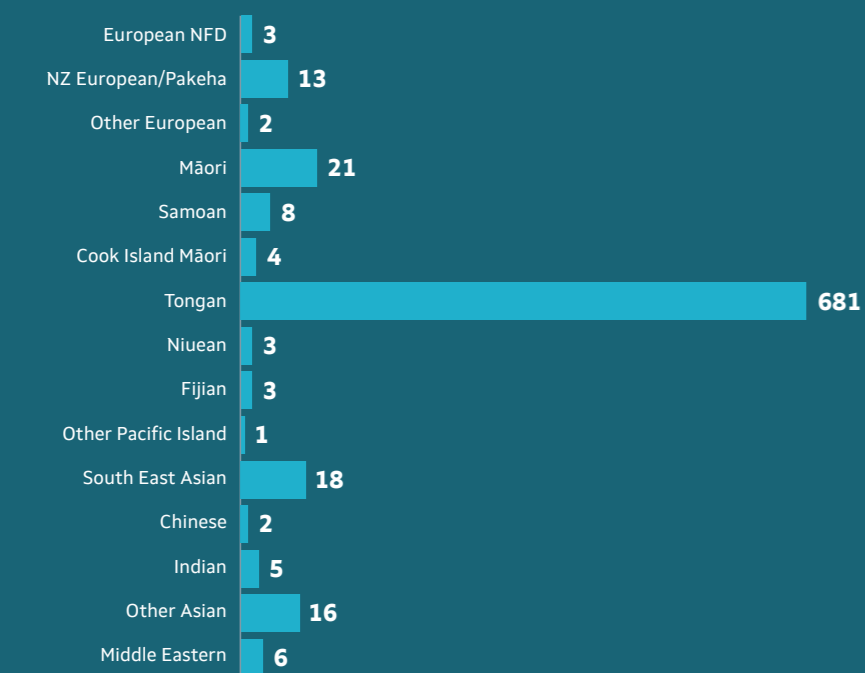
Panmure Age Range



Onehunga Ethnicity



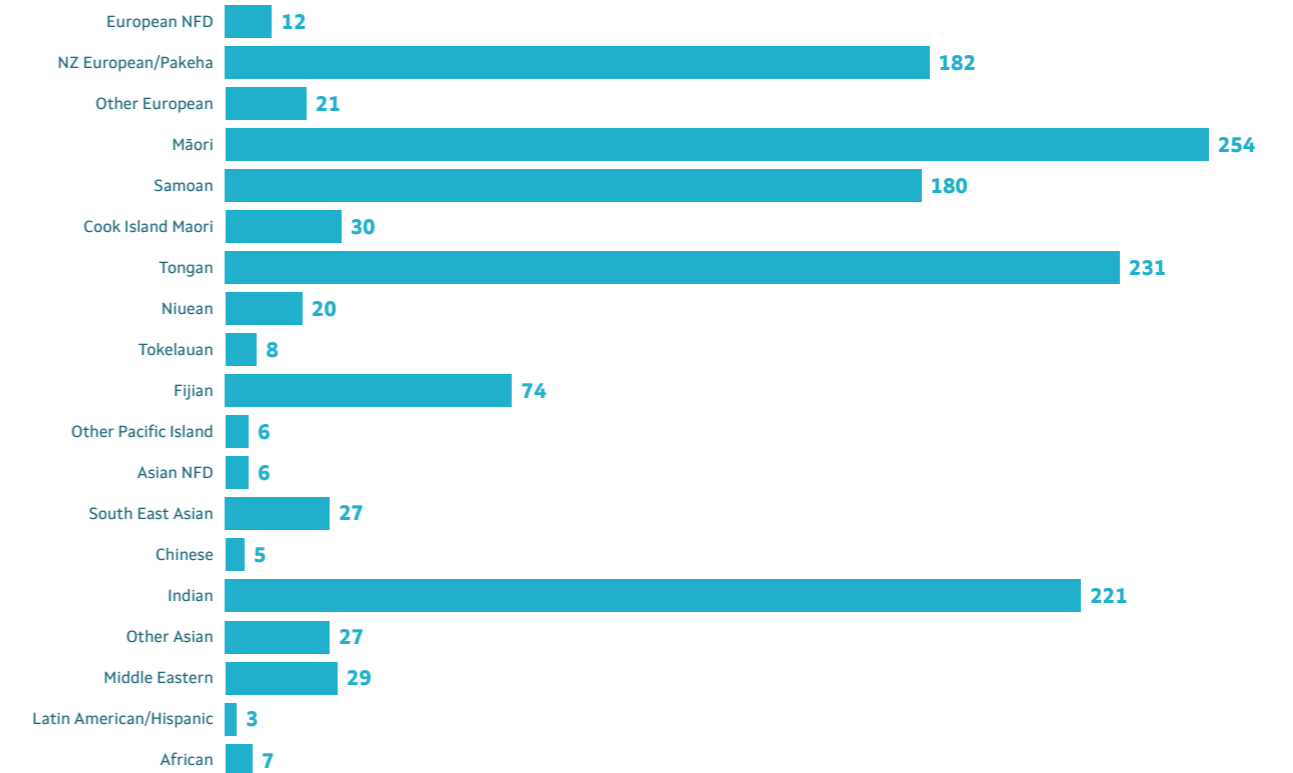
Panmure Ethnicity



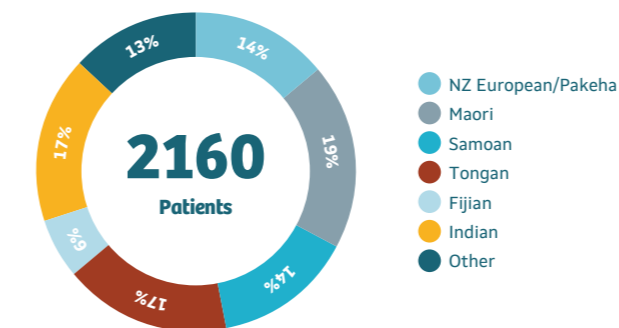
Kelston Mall Medical Centre

As the chart below illustrates there are a mix of ethnicities, however, it is becoming evident that there are six major groups, with Māori being the largest population of patients at 19%, followed closely by Tongan and Indian.

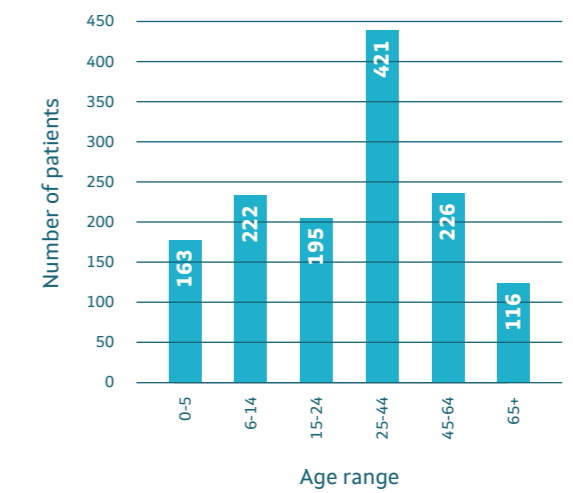
Kelston Ethnicity



Kelston Ethnicity by Major Groups



Kelston Age Range



Most patients are in the 25 to 44 year-old age group. This reflects a different demographic compared to the Onehunga and Panmure Clinics where the higher needs patients fall into the 25 to 65 age group.

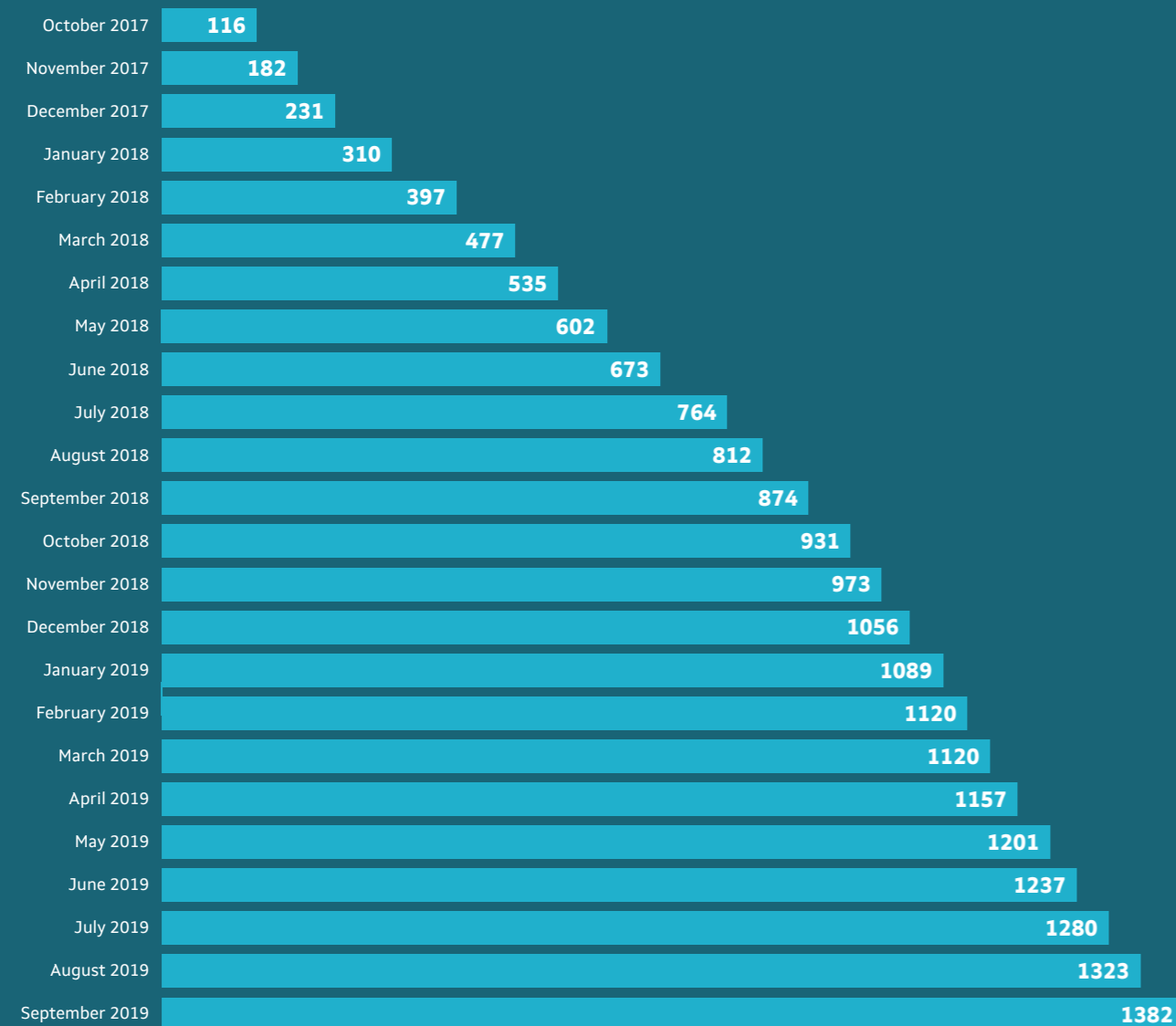
Kelston Mall Medical Centre

It has been two years since the opening of the Kelston Mall Medical Centre by HRH Princess Mele Siu'ilikutapu.

This clinic has gone from strength to strength and we now have 1382 registered/funded patients.

We have managed to register most of our NZ casual residents that we were seeing and now maybe see only a few a month leaving more appointments available for our registered/funded patients.

Kelston Growth



Other Services

We have a diabetes nurse who visits the clinic once a week and a podiatrist once a month.

The physiotherapist will finish their lease at the end of December and our resident podiatrist, Ana Kalolaine Funaki, will take over this space.

The Smile Dentist is now only days away from opening.

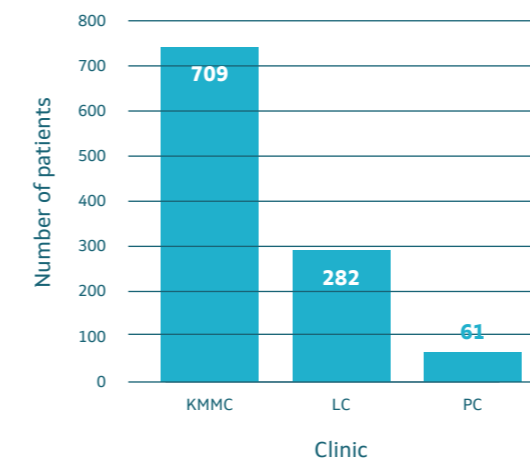
We now have staff from our Integrated Outcomes Unit visiting our patients in the West. This can be following up on new-born babies or mental health issues.

All Clinics

As can be seen below, we have had a significant increase in our patient numbers in the past 14 months. We are being more vigilant regarding registering our patients and making sure they stay with us by treating them with respect and the care they deserve.

All three of our Medical Centres are now Cornerstone Accredited, which everyone has worked tirelessly on to achieve this accreditation.

**Increase in Patient Numbers
All Clinics July 2018 to October 2019**



Staff Professional Development

I have a team of staff who are passionate about learning and take every opportunity to broaden their horizons within the health industry, this in turns benefits themselves as well as the organisation.

Wendy Allen

Certificate of Proficiency in Medical Terminology
PHO, RNZCGP and MOH Training Courses
PMAANZ Education Sessions
Practice Managers Conference

Hena Kamitoni, Irene Vaka, Seini Lotulelei

CALD Cultural Competency Courses
PHO, MOH Training Courses

Deepika Sonia

Health & Safety Representative Training
Whakakotahi Project

Wendy Allen

Clinical Administrator Manager

Clinical Services Manager's Report



Mrs Mele Finau Fetu'u Vaka
Clinical Services Manager

Fakafeta'i kihe 'Otua Mafimafi 'ihe'ene tauhi 'ofa lahi 'otau a'usia mai 'ae ngaahi 'aho ko'eni. Tau lea fakataha pe moe tangata mei tahi koe 'EIKI PE'. Fakatulou atu kau puke mu'a e faingamalie ko'eni keu fakahoko atu 'ae ngaahi fua fatongia kotoa pe 'oku mau fakahoko 'ihe 'api ko Langimalie.

Acknowledgement

I humbly acknowledge the many people who have worked with me this year. The members of the board, for their ongoing support, the CEO/Clinical Director DR Glenn Doherty for the support you provide, the managers and my colleagues for your ongoing support as well. It is a pleasure for me working with you all. As per Tongan proverb by Okusitino Mahina said "Lusia ki Taulanga"

"Lusia ki Taulanga."

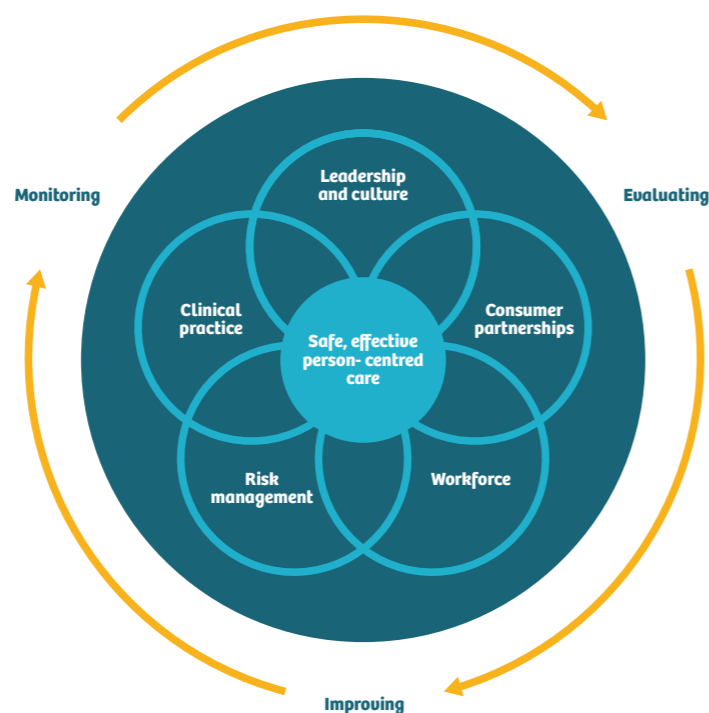
Though weather-worn, the boat sails right into the harbour. 'Oku 'uhinga ki ha taha kuo fepaki mo ha ngaahi faingata'a kae tutui pē ke a'u ki he feitu'u 'oku taumu'a ki ai. When someone faces many obstacles, but is determined to press on to their destination.

Clinical Services Manager Role

Clinical leadership may be defined as leadership by clinicians of clinicians. The term clinician in this context means all health professionals including doctors, nurses, nurse assistants, recall nurses, whānau health workers and allied health professionals involved in direct patient care. Clinical leaders may come from any of these disciplines.

The diagrams to the right shows how we deliver our nursing care by monitoring, evaluating and achieving successful outcome.

Person-centred Care Model



Clinics

There are three Clinics across the Auckland Region.

- Langimalie Clinic – Onehunga, Central Auckland
- Langimalie Clinic – Panmure, East Auckland
- Kelston Mall Medical Centre, West Auckland.

Our clinics provide the following services:

Podiatrist Services

This service is running every two weeks by a Tongan podiatrist specialist, 'Ana Kalolaine Funaki. A Podiatrist is a medical specialist who helps with problems that affect feet or lower legs. A podiatrist can treat injuries as well as ongoing issues like diabetes. Ana can do home visit as requested by patients.

'Oku malava 'ehe tokotaha toketa kihe va'e (Podiatrist) 'o sio kia kinautolu 'oku mo'ua 'ihe suka pe koe 'a'ahi ki 'api 'ihe taimi 'oku fiema'u ai 'ehe tokotaha suka 'okapau 'oku 'ikai lava mai kihe kiliniki.

Between 2017/2018, 173 diabetic patients were seen by the Podiatrist with different problems.

Dietician Service

Tongan dietician (Mafi Funaki) runs her clinic monthly on Saturdays. This service is very important for our diabetic cohorts. However, it is difficult getting people to attend this clinic. In 2017/2018 only 28 patients attended the clinic. Some were DNA (do not attend) and a few were cancelled and rescheduled. According to the Nutrition Dietetics overview, the food we eat has a significant impact on our health problems including obesity, diabetes and certain risks factors for cancer and heart disease.

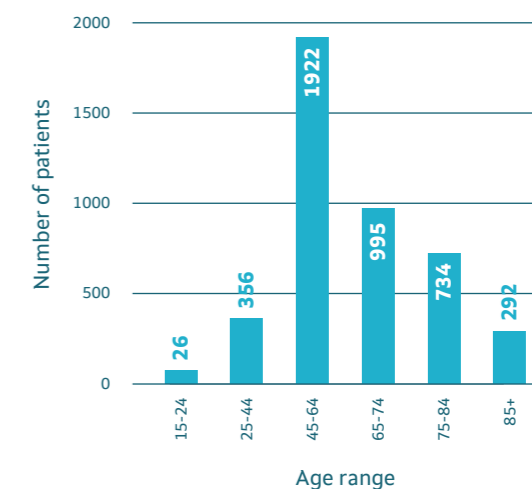
'Oku mahu'inga 'aupito 'ae taimi 'oe tokotaha ni ke faka'aonga'i 'e hotau kainga kihe fale'i kihe me'atokoni ki hono holoki hifo pe ta'ota'ofi 'ae mahaki suka, mahaki mafu, fu'u sisino, kanisa moe ngaahi mahaki kehekehe pe.

Diabetes Clinic Services

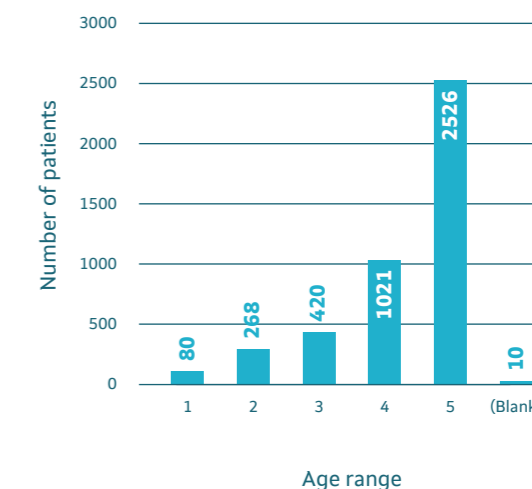
There are two diabetic nurse specialists running this service. Rachel (diabetic nurse Specialist) is running a home visit system and providing care at home for our diabetic cohorts including following up blood results (HbA1c), titrating insulin, blood test, diabetic education and insulin initiation. Fifita (diabetic nurse specialist) follows up, recall patients for Endocrinology Specialist appointments, and arranges DSME (Diabetic Self Management Education) and SME (Self – Management Education).

The majority of our diabetes cohorts are between 45 – 64 years of age. There are more females than males, and the majority assessed at Quintile five (socioeconomic deprivation and environmental risks). The diagrams to the right show these details:

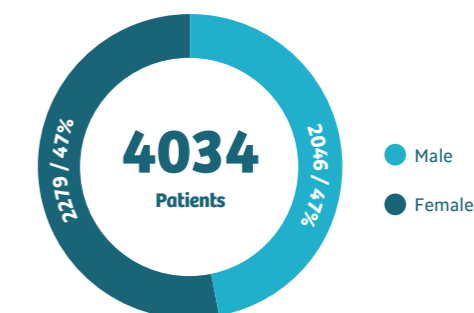
Diabetic Patients Seen by Age Group
From 1 July 16 to 30 June 17



Diabetic Patients Seen by Quintile
From 1 July 16 to 30 June 17



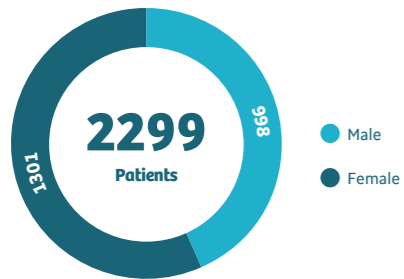
Diabetic Patients Seen by Gender
From 1 July 16 to 30 June 17



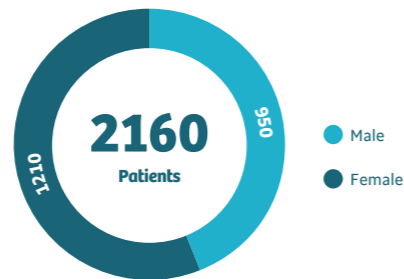
Services for Non-Resident

We are not funded for our non-resident patients, however, we still provide and serve them with the best of care. The number of non-resident patients is more than 2,000. Some patients are coming from Tonga every three months to see the doctor, before returning home.

Non Residents Seen From 1 July 16 to 30 June 17



Non Residents Seen From 1 July 17 to 30 June 18



Refugee Services

Tongan Health Society provides services for our refugee patients. Between 2017/2018 there were over 200 patients attending our clinic. The average per day is 13. It is very important to understand the different backgrounds and health need of refugees as most are at risk of significant health issues. Refugee families also need additional support and guidance as they learn to navigate a health system that is often very different to healthcare in their homeland and previous experiences in refugee camps or other countries.

Palliative Care

Palliative care involves providing assistance at all stages of a life-limiting illness – one that cannot be cured and at some time will result in the person dying.

Palliative care involves supporting and helping patients to live as comfortably as possible.

The average number of palliative patients in each quarter is 15. The majority are assessed at Quintile 5. The primary diagnosis for this population are heart failure, COPD (chronic obstructive pulmonary disease), renal failure, atrial fibrillation, and different types of cancer.

Mana Kidz School Programme (rheumatic fever screening programme)

There are five primary schools at South Auckland to which we provide care. We have four nurses and four whānau support workers are working collaboratively with schools to provide comprehensive care for our children in the Counties Manukau health region. They include rheumatic fever prevention services, skin infection treatment and health assessments.

Clinic and Workforce Development

THS continues to support clinicians with their

professional development. All nurses completed their PDRP (Professional Development and Recognition Programme). This is a requirement by the Nursing Council of New Zealand.

This is the first time that our nurses completed their portfolio assessment, even though some were assessed by New Zealand Nursing Council a number of years ago. We have had 13 nurses complete this PDRP and the majority are Level 3 Registered Nurse Competency and will be reviewed in three years.

Development activities include:

- Ongoing Clinical meeting (doctors and nurses)
- Ongoing monthly meeting for Mana Kidz team – Rheumatic Fever Screening Programme
- Ongoing training for medical students, nursing students (Auckland University of Technology), Unitec, and also Manukau Institute of Technology for health promoter students
- The Royal New Zealand College of General Practitioners Registrar.

Achievements and Awards

- Highest number of DAR & patients with an HbA1c <64mmol/mol and top 10 for triple therapy and microalbuminuria management, 2017 – 2018
- Achieved the highest numbers of sore throat swabs for Rheumatic Fever Prevention in 2017 – 2018
- Innovative approach to optimise performance and meet the needs of their enrolled population in 2017 – 2018
- Achieved the best performance in the System Level Measures Programme in 2017 – 2018.

Mrs Mele Finau Fetu'u Vaka Clinical Services Manager

Ako Langimalie Preschool Centre Report



Jennifer Lavemai
Ako Langimalie
Centre Supervisor

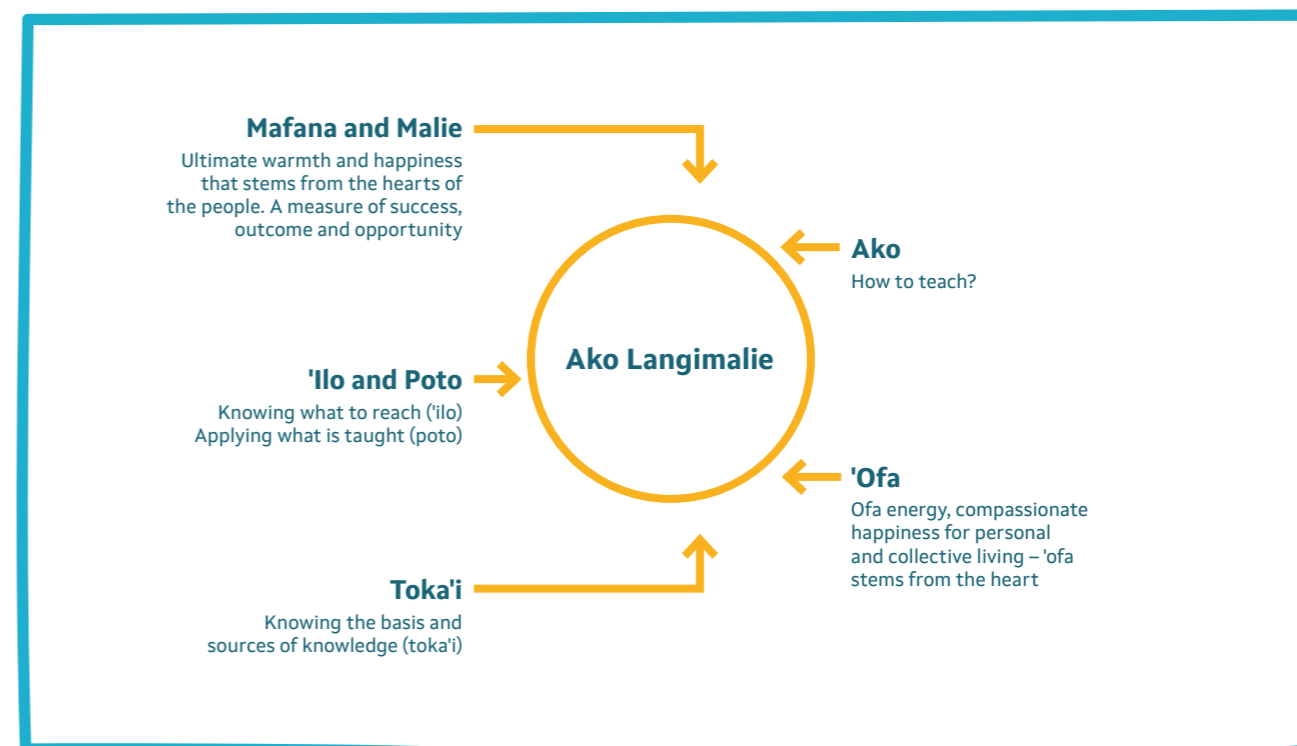
Ako Lanigmalie continues to provide a top quality service in a safe environment, fostering and maximising children's learning and development.

The Centre's philosophy, goals, and learning outcomes are all aligned with the Te Whāriki Curriculum and we continue to strive to become a Centre of Excellence in Early Childhood Education that will benefit families and all communities.

The Centre promotes education and care through a bilingual Tongan programme. The Centre's philosophy is underpinned by a holistic framework (see diagram on the next page) of wellbeing that is grounded in Tongan language and cultural values. Most of the children enrolled are of Tongan heritage. Ako Langimalie strives to:

- Maintain a natural, peaceful and unhurried environment
- Promote the bi-cultural practices of Aotearoa New Zealand and endeavour to ensure all children and their whānau are welcome here
- Emphasise the essence of heritage, traditional values, beliefs and practices
- Endeavour to align its goals, learning outcome with the ECE curriculum (Te Whāriki)
- Foster effective teamwork in a respectful environment with good communication to ensure children develop secure attachments.

AKO Langimalie Centre Philosophy



Focus for the Ako Langimalie 2019 financial year:

- Internal review (emergent/regular)
- Workforce
- Revenues and funding
- Professional learning development (quality in service).

Children Enrolments

Ako Langimalie is licensed for 50 children.

- Children over 2 – 40
- Children under 2 – 10.

Infants and toddlers have a separate indoor play space and their programme is lead by an experienced head teacher. The supervisor leads the programme for children over two.

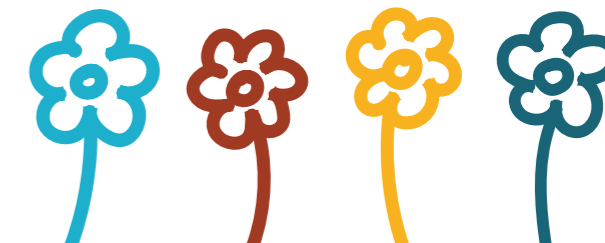
The ages of the children range from 6 months to <5 years old. The majority of the children are Tongan but we also have other nationalities such as Māori, Cook Island and Samoan children.

Workforce

Ako Langimalie is so blessed with hard working committed workforce who are all Tongan. Staff make-up is:

- Three qualified registered teachers (two current, one qualified registered to start soon)
- One unqualified teacher (have finished ECE level 4)
- One casual support worker
- One administrator.

The Ako Langimalie Early Childhood Centre has worked very hard to sustain its well-trained, skilled, competent, qualified workforce. Unfortunately, three of our registered teachers have moved on this year. However, we were so fortunate to gain a newly qualified experienced Tongan registered ECE teacher, who started with Ako Langimalie on the 21st of October.



Professional Development

There have been some significant changes in our ECE sector since the last year:

- The Ministry of Education has developed a cultural competencies framework known as 'Tapas'. Tapasā is a resource for all teachers of Pacific learners. It is designed to support teachers to become more culturally aware, confident and competent when engaging with Pacific learners and their parents, families and communities. It aims to contextualise quality teaching and planning within a Pacific learner setting by providing a Pacific lens to the standards for the teaching profession.
- The Education Council has also established a new resource known as 'Code of Professional Responsibility' which provides positive examples of what the principles of the commitment statements might look like in practice. Our commitment is to the society, teaching profession, learner and families and whānau. It also gives examples of behaviour that is unacceptable and would be in breach of these expectations.
- Ako Langimalie is aiming this year to be more familiar with the new 'Tapas Framework' and the 'Code of Professional Responsibility' by implementing quality practice and using the 'Tapasā' lens.
- Ako Langimalie continues to seek and utilise opportunities to grow our teachers' professional knowledge and skills through training.

Teachers and Parents

Teachers and whānau continue to work alongside their children as equal partners in children's learning. Parents are recognised as the children's first teachers for they know their children best.

We engage parents to be part of the community and work together for the benefit of the Ako Langimalie children. We envision the web of relationships to be extended as a natural part of the children's learning. Parents' involvement is expected including their children's portfolio, PTA talanoa meeting (parents led – twice annually), responding to questionnaires/surveys, and joining in social events or discussions.

Funding

The Centre aimed to minimise expenditure and maximise profit in the last financial year in the following areas:

Teachers – Students Ratio

The 80 – 100% teachers (registered) to students' ratio requirement is closely monitored as this has direct impact on funds received from the Ministry of Education.

School Fees

Ages	Fees
Infant; 0 – 1 year	\$70.00/week
1 – 3 years	\$50.00/week
Over 3 years	\$20.00/week

- Two siblings – 10% discount for the 2nd child's fees.
- Three siblings – another 10% discount from the third child's fees.
- Late pick up fees – \$15 charge for those who pick up their children late.

Marketing Strategy and Action Plan

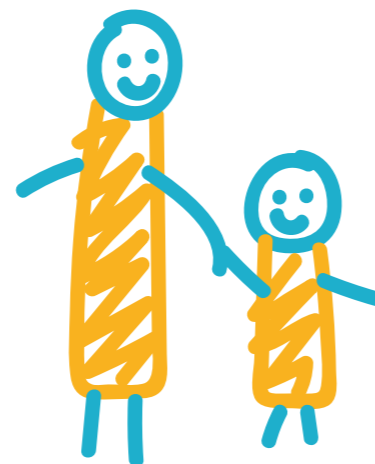
- The Marketing Strategy and Action Plans aim to achieve the Centres' allocated license numbers of 50 children
- Ako Langimalie has established a Facebook page to build an online community to increase the Centre's profile
- Preschool has been advertised through the Tongan News Paper 'Kakalu' and through radio programmes.
- School fees family promotion (10% discount for 2nd or 3rd sibling)
- Distributed 1,500 leaflet around the Manurewa community
- Our children's parents 'Word of mouth' promotion is powerful.

Seeking and Securing New Funds for New Services

The Centre will continue to proactively provide services that are needed by the community.

Suppliers and Services

We continue to review services and suppliers that are used by the Centre to minimise unnecessary expenditure without compromising the service.



Quality Services + Health and Safety

We continue to deliver accessible quality services that are responsive to the needs of our families and communities.

Below are some of the significant developments over the last 12 months:

- Ako Langimalie uses APT software programme for its database. APT stores all the children records and provides all data required for Ministry of Education reporting purposes
- Continue to enforce the 46 Health and safety practices standard: general policy
- Work in partnership with our providers such as Smile Care (previously known as Mighty Mouth) and Well Child Services (B4 school check – Hearing and Vision)
- Ako Langimalie has celebrated 'Healthy Heart Day' to support and to share the common goal, 'to make a positive impact on the heart health of New Zealand'
- Maintain Warrant and Fitness requirements for the Centre
- Incorporate health messages into children's learning, e.g. we have established a new policies and procedures at the beginning of this year based on healthy eating, lunch box and physical activities.

Significant Developments

Rito Award

Congratulations are due to Ako Langimalie for receiving the 'Rito Award' from the Healthy Heart Foundation. This award acknowledges our Centre for creating an environment that promotes healthy eating and physical activity. We are extremely proud of our team, children, and whānau for this great achievement. Our story was also shared and published as a blog in the Heart Foundation website and also the Early Childhood Council's 'Swings Roundabouts Spring 2019 Magazine.

Regular And Emergent Reviews

Teachers have successfully worked on their required internal reviews. This has resulted in significant transformation changes by creating space and adding value to our Centre's environment both indoor and outdoor spaces.

Worm Farm

Ako Langimalie Children has been focusing on teaching children about worms and the soil. Our field trip to the Manukau Botanic Garden was successful and our tamariki were able to explore the Edibles Garden and the worm farm. Children learnt:

- How to create a healthy garden by building biodiversity and through making compost and fertilisers
- More about earthworm and how it contributes to good soil.
- Our tamariki have now created their own little 'worm farm'.

Matariki Clendon Library

It was a pleasure to work with the Matariki Clendon Library staff, during their monthly reading visit with our children. Throughout the year, staff brought in books that were related to our children's learning focus and daily curriculum.

Parents Teachers Talanoa Interviews

We had our Parent Teacher Talanoa interviews on the 1st and 2nd of August. It was a good turn out and we also had some great feedback from the parents about our environment and the overall teaching practice. Parents have shared their aspiration for their children which is part our curriculum Te Whāriki; to encourage and allow them to contribute to the learning of their children.

Heritage Languages

Ako Langimalie has worked closely with our Pacific communities to maintain and promote heritage language. The Centre has recognised the important of these cultures and had the opportunity to celebrate the Samoan, Cook Island, Fijian, Te Reo Māori, as well as the Tongan Language week for 2019.





Ako Langimalie And Different Nationalities

We acknowledge and welcome families from different nationalities. With the rise of the Pacific population in New Zealand, the Ministry for Pasifika People has a strengthened role as custodians in promoting the profile of Pacific indigenous languages and cultures. This year we have celebrated different language week programmes including Samoan, Fijian, Cook Island, Tuvaluan, Niue, Māori and Tongan. These weeks not only celebrate our languages, but they also empower and encourage Pacific people to strongly hold on to their language as communities and as the knowledge holders and custodians of our Pacific customs.

Policies and Processes

Ako Langimalie's policies are developed by our THS Board, teachers/kaiako and families/whānau to clarify our principles and describe the best way to apply them. The agreed policies and procedures are written to support our kaiako, whānau, managers, and relievers to guide them in their everyday practice. The aim of these policies is to ensure consistent, safe and quality practice.

Acknowledgement

I would like to take this opportunity to express my sincere gratitude and to acknowledge all Ako Langimalie staff, Operational Manager Kasalanaita Puniani and the CEO, Dr Glenn Doherty for their hard work and endless support. Ako Langimalie would not be at this incredible stage today without your outstanding talents, skills and experiences merging successfully to make it all happen. I am confident that the journey ahead will be equally fulfilling and rewarding because the teachers and staff of Ako Langimalie are committed to the pursuit of excellent education for our children.

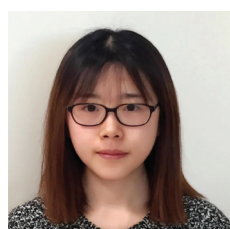
Jennifer Lavemai
Ako Langimalie Centre Supervisor

Financial Report

Financial Report



Jeff Muir
Board Treasurer



Zijia (Mika) Shang
Finance Officer

8 November 2018

Maika Veikune
Chairperson
Tongan Health Society Inc
PO Box 13569
Onehunga
Auckland

Financial Statements for the Year Ended 30 June 2018

Detailed below are the key issues relating to the Tongan Health Society Incorporated financial statements for the year ended 30 June 2018.

HLB Mann Judd, Chartered Accountants, audited the financial statements and the Society has received an unmodified opinion.

The unmodified audit opinion confirms that the financial statements reflect a true and fair view of the Society's financial position as at 30 June 2018 and this is the best audit opinion the Society can receive.

The key financial issues are summarised as follows:

Statement of Financial Position

The Cash and Cash Equivalents balance is \$197,177 as at 30 June 2018. (Last Year: \$635,496)

The Accounts Receivable amount of \$179,141 relates to the contract payments due as at 30 June 2018. (Last Year: \$98,222)

The Sundry Debtors amount of \$108,336 relates to the payments due as at 30 June 2018. (Last Year: \$248,710)

The Payments in Advance amount of \$24,388 relates to the payments paid prior to 30 June 2018 for services from July 2018 onwards. (Last Year: \$14,735)

The Society has Property, Plant and Equipment of \$2,636,419 as at 30 June 2018. (Last Year: \$2,311,018)

The GST Payable amount of \$80,836 relates to GST owing but not paid as at 30 June 2018. (Last Year: \$54,518)

The Accounts Payable amount of \$100,919 relates to creditor invoices received, but not paid as at 30 June 2018. (Last Year: \$128,037)

The Accrued Expenses amount of \$18,119 relates to expenses owing but not paid at 30 June 2018. (Last Year: \$68,598)

The Accrued Expenses – Personnel amount of \$213,836 relates to the wages accrual and annual leave expenses owing but not paid at 30 June 2018. (Last Year: \$199,450)

The Income in Advance amount of \$61,944 relates to income received as at 30 June 2018, however the

services will be provided in the 2019 financial year. (Last Year: \$43)

The Non-Current Liabilities of \$697,212 relates to the Mortgage on the Buildings. In addition to the Non Current Liabilities, the current portion of the Tenm Loans amounts to \$56,688. The total amount of the loans is \$753,900. (Last Year: \$539,910)

The Society has a retained earnings balance as at 30 June 2018 of \$1,915,907. (Last Year: \$2,317,624)

Statement of Financial Performance

Net Operating Deficit

The Society incurred a net operating deficit for the year ended 30 June 2018 of \$401,717. (Last Year: \$50,386)

The Health Services cost centres incurred an operating deficit of \$232,999 and this was due to the reduction of the Mental Health contract income and the end of the Rheumatic Fever project, the operational expenditure for the new Kelston Clinic and the reduction in enroled patient numbers in the Panmure and Onehunga clinics. (Last Year: \$105,965 surplus)

The Preschool incurred a net operating deficit of \$19,173 and this was due to a reduction in enroled children during the year. (Last Year: \$23,591)

Summary

The Society incurred a Net Operating Deficit of \$401,717 in the 2018 financial year and this was as a result of the Health Services, Preschool and Society cost centres expenditure exceeding the income received in the year. (Last Year: \$50,386)

The Cash and Cash Equivalents has reduced from \$635,496 in the 2017 financial year to \$197,177 in the 2018 financial year.

This reduction has been the investment into the Kelston Clinic and to cover the operational expenditure during the 2018 financial year.

The Mental Health Contract Income was reduced again in the 2018 financial year and the operational costs of the Clinics impacted on the 2018 financial year result.

The Kelston Clinic project was forecast to incur financial deficits in the 2017 and 2018 financial years due to the amount of funding received for the enroled patients and the monthly operational expenditure for a new clinic.

There is a quarterly delay in the amount received for the enroled patients and this has a significant impact on new clinics. The funding model is changing in February 2019 and the clinics will be paid for the enroled patients on a monthly basis.

The Kelston Clinic enroled patient numbers has significantly exceeded the forecasts and it is envisaged that the Kelston Clinic will return to a break even or surplus position by the end of the 2019 financial year or early into the 2020 financial year.

The collection of overdue patient and child care fees needs to be addressed as the patients and parents are not paying the fees owed for the services they have received and this impacts on the revenue received by the Society.

The Board and Management have been actively submitting proposals for new services during the 2018 financial year and it is envisaged that additional contracts will be achieved for the 2019 financial year.

The Charities Services Annual Return and a copy of the 2018 audited annual financial statements are required to be uploaded onto the Charities Services site by 31 December 2018.

If you have any queries regarding the above, please do not hesitate to contact me on (09) 422-7032 or 0274 831-259.

Yours sincerely

Jeff Muir
Director

Statement of Financial Position

As at 30 June 2018

	Notes	2018 \$	2017 \$
Current Assets			
Cash and Cash Equivalents		197,177	635,496
Accounts Receivable from Exchange Transactions		179,141	98,222
Sundry Debtors		179,141	248,710
Payments in Advance		24,388	14,735
Total Current Assets		509,042	997,162
Non-Current Assets			
Other accommodation		2,636,419	2,311,018
TOTAL ASSETS		3,145,461	3,308,180
Current Liabilities			
GST Due for payment	2(a)	80,836	54,518
Accounts Payable		100,919	128,037
Accrued Expenses		18,119	68,598
Accrued Expenses – Personnel		213,836	199,450
Income In advance		61,944	43
Term Loans – Current Portion	5	56,688	53,488
Total Current Liabilities		532,342	504,134
Non-Current Liabilities			
Term Loans	5	697,212	486,422
TOTAL LIABILITIES		1,229,554	990,556
NET ASSETS		1,915,907	2,317,624
Represented by:			
Accumulated Funds			
Opening Balance		2,317,624	2,368,009
Plus Excess (Deficit) of Income over Expenditure		(401,717)	(50,386)
TOTAL ACCUMULATED FUNDS		1,915,907	2,317,624

The accompanying notes form part of these Financial Statements and should be read in conjunction with the reports contained herein.



Chairperson

29 October 2018




Board Member

Dr Glenn Doherty
CEO & Clinical Director
 Tongan Health Society Inc
 Langimalie Integrated Family Health Centre
 1 Fleming Street, Onehunga, Auckland 1061
 PO Box 13569, Onehunga, Auckland 1643
 P 09 636 3529 F 09 636 3229
 NZMC No. 23768
 ACC No. PAB065



Statement of Changes in Net Assets

For the Year Ended 30 June 2018

	2018 \$	2017 \$
OPENING BALANCE	2,317,624	2,368,009
Surplus / (Deficit)		
Plus Excess (Deficit) of Income over Expenditure	(401,717)	(50,386)
Total recognised revenues & expenses	(401,717)	(50,386)
CLOSING BALANCE	1,915,907	2,317,624

Statement of Cash Flows

For the Year Ended 30 June 2018

	2018 \$	2017 \$
Cash Flows from Operating Activities		
Cash was provided from:		
Gross Revenue	4,067,515	3,844,701
	4,067,515	3,844,701
Cash was disbursed to:		
Payments to Suppliers	(1,339,017)	(1,028,238)
Payment to Employees	(2,916,074)	(2,666,633)
Interest Paid	(47,635)	(31,814)
	(4,302,726)	(3,726,685)
Net Cash Flows from Operating Activities	(235,211)	118,016
Cash Flows from Investing Activities		
Cash was provided from:		
Interest Received	1,247	2,598
Dividends Received	1,050	0
	2,297	2,598
Cash was disbursed to:		
Purchase – Property, Plant and Equipment	(419,396)	(122,023)
Sale Investments	0	(200)
Net Cash Flows from Investment Activities	(417,099)	(119,625)
Cash Flows from Financing Activities		
Cash was provided from:		
Loans	270,000	0
	270,000	0
Cash was disbursed to:		
Repayment of Loans	(56,010)	(53,490)
Net Cash Flows from Financing Activities	213,990	(53,490)
Net Increase (Decrease) in cash held	(438,320)	(55,099)
Cash at the beginning of year	635,497	690,596
Cash at the end of year	197,177	635,497



Statement of Comprehensive Revenue and Expenses

For the Year Ended 30 June 2018

	2018 \$	2017 \$
Surplus (Deficit) from Health Services	(232,999)	105,965
Surplus (Deficit) from Health Services	(19,173)	(23,591)
Other Income		
Non Exchange Income		
Donations Received	6,711	6,673
Exchange Income		
Interest Received	509	2,598
Dividends Received	1,050	1,035
Other Income	330	174
Total Income	(243,572)	92,854
Less Expenses		
Employee Expenses	0	7,200
Honorarium	45,960	48,355
Interest Expense	632	0
Interest and Penalties	1,471	0
Me'a'ofa	0	400
Operating Lease payments	0	1,334
Other Expense	110,082	85,951
Total Expenses	158,145	0
NET SURPLUS/ (DEFICIT)	(401,717)	(50,386)



Independent Auditor's Report



To The Members Of Tongan Health Society Incorporated

Opinion

We have audited the financial statements of Tongan Health Society Incorporated which comprise the statement of financial position as at 30 June 2018, statement of comprehensive revenue and expenses, statement of changes in net assets and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Society as at 30 June 2018, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards Reduced Disclosure Regime.

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 Society, in accordance with Professional and Ethical Standard 1 (Revised) Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than in our capacity as auditor we have no relationship with, or interests in Tongan Health Society Incorporated.

Boards' Responsibilities for the Financial Statements

The board are responsible on behalf of the Society for the preparation and fair presentation of the financial statements in accordance with Public Benefit Entity Standards Reduced Disclosure Regime, and for such internal control as the board determines 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 board are responsible on behalf of the Society for assessing the Society'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 board either intend to liquidate the Society or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

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

A further description of our responsibilities for the audit of the financial statements is located at the External Reporting Board's website at:

https://xrb.govt.nz/Site/Auditing_Assurance_Standards/Current_Standards/Page8.aspx

This report is made solely to the members, as a body. Our audit work has been undertaken so that we might state those matters which 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 members, as a body, for our audit work, for this report or for the opinions we have formed.

Yours sincerely

HLB Mann Judd

29 October 2018

Chartered Accountants
Auckland, New Zealand

Directory

As at 30 June 2018

Business Activity

Health care and education services provider

Board Memebers

Glenn Doherty

Eluate Saafi (Resigned 19 December 2017)

Pauline Taufa

Viliani Toafa (Resigned 13 February 2018)

Telesia Tonga

Nalesoni Tupou

Maika Veikune

Chartered Accountants

OBCA Ltd

Chartered Accountants

197 Omaha Drive

RD6

Warkworth

Bankers

ASB Bank Limited

Onehunga

Auckland

Auditors

HLB Mann Judd

Onehunga

Auckland

Charities Registration

Registration Number: CC22673

Registration Date: 8 April 2008

Tongan Health Society

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