

Annual Report 2019



WAITAHA
PRIMARY HEALTH

Contents

About us
P. 3

Chair's Report
P. 4

Waitaha Primary Health Board Members
P. 5

Farewell to Sandy Hunt-Lockhart
P. 5

Chief Executive's Report
P. 6

Waitaha Primary Health Practices
P. 7

M4M breastfeeding support
programme wins award
P. 7

Welcome to Malu Tulia, our
new Pasifika Navigator
P. 8

Meet Whānau Ora Navigator
Deb Hough
P. 8

The year in review
P. 9

Fresh, new look for PHO
P. 10

New business manager joins
Waitaha Primary Health
P. 11

Thank you to departing
Canterbury mayors
P. 11

HIP pilot increases access to mental
health support
P. 12

Successful year for
Corrections Programme
P. 12

Mental Health Forum
P. 12

Rural Mental Health Specialists
P. 13

Mana Ake enhancing our children's
wellbeing and mental health
P. 13

Chatham Islands mental health
service going strong
P. 13

Celebrating the opening of
Akaroa Health Centre
P. 14

Collaboration key for Clinical
Governance Group
P. 15

Patient Experience Survey
P. 15

Supporting Transition to
MedTech Evolution
P. 16

H & S Committee focuses
on remote workers' safety
P. 16

Rural Research
P. 16

Men's health night in Culverden
P. 16

National and local alliances
P. 17

Café Health Clinics take health
education to rural Canterbury
P. 17

Workforce development
P. 17

Helping hand for Hurunui communities
P. 17

GP Locum Services
P. 17

Directory
P. 18

Statement of Financial Responsibility
P. 19

Statement of Comprehensive
Revenue and Expense
P. 20

Statement of Changes in Net Assets
P. 20

Statement of Financial Position
P. 21

Statement of Cash Flows
P. 22

Notes to the Financial Statements
P. 23

Independent Auditor's Report
P. 30



About us

Waitaha Primary Health is
passionate about your health,
your whānau and our community.

We provide and support health services in rural and urban Canterbury.

We work closely with General Practices and other community-based health providers to deliver exceptional health outcomes for the people in our region, including those with the greatest need.

The area we cover is incredibly diverse, stretching from Cheviot in the north, to Tinwald in the south, west to Hanmer Springs; and east to Akaroa.

In fact, we are the Canterbury Primary Health Organisation with the longest history and greatest knowledge of rural primary health care and the needs of rural communities. We carry this grassroots knowledge of New Zealand through to our work with urban General Practices and community services and work in a way that kiwis are renowned for. We build close relationships, talk things through and then get things done.

Our goal is to ensure that you (and everyone else in our communities) have the ability to enjoy your best life with good health and wellbeing. You, your whānau and our community are at the heart of everything we do.

Chair's Report

It is with great pleasure that I present Waitaha Primary Health's Annual Report for 2018-2019.

The fact that this is our first Annual Report as Waitaha Primary Health reflects the enormous amount of change that has taken place for our PHO in the last financial year.

The name or brand change was initiated by the Board, with the senior management team. We believe the name change and the process that was followed better reflects who we are and the contribution we make to the health of the people of Canterbury. The overwhelmingly positive feedback we have received from member practices, health partners and communities has confirmed for us that this change was important. Waitaha Primary Health has chosen to maintain its focus on forward-thinking and innovation.

As the year progressed, there were plenty of opportunities for us to demonstrate that we were truly progressive and willing to play an even greater role in tackling some of the major health issues facing our community and New Zealand as a whole.

The Christchurch Mosque Attacks on 15 March sadly made the need for additional mental health support in Canterbury an immediate concern. The response was a multi agency one, involving everyone from our own PHO and member practices to the wider Canterbury Health System. It brought into sharp relief the vulnerability of our population, with many people still recovering from the aftermath of the 2010, 2011 and 2016 earthquakes.

Waitaha Primary Health has funded and been involved in a number of initiatives this year to improve mental health services for Canterbury people. Stories about providing additional mental health services to rural communities; our Health Improvement Practitioner trial in a large Mid Canterbury practice; and our ongoing role in Canterbury prisons feature later in this report. We are also a partner in the Canterbury Clinical Network's Mana Ake Wellbeing programme for primary school children; we have a contract for the provision of mental health support to the Chatham Islands; and have a mental health focus that carries across the work of our Practice Support Navigators, Whānau Ora Navigators and our Pasifika Navigator.



I would like to thank, Paul Wynands, our Manager for Primary Mental Health Services and his team for their hard work and can-do attitude in leading this work.

In mid 2019, we participated in a Ministry of Health forum that discussed the allocation of funding for more mental health support in our region. I believe, we are well positioned to take up any future opportunities and continue this strong focus in supporting our member practices and the wider community.

Vaccination has been and continues to be a major issue in New Zealand, with the Auckland measles outbreak showing no signs of letting up as I write this report. It is a stark reminder that we as a PHO, and most importantly our practices, can't afford to take our eyes off the constant need to remind families to have their children vaccinated.

Our member practices responded efficiently to measles cases appearing in our own population earlier this year. This unfortunately coincided with an early start to the influenza season putting them under enormous pressure. Health agencies, including Waitaha Primary Health, rallied around all Canterbury practices and it was impressive to see the way each and every one of them responded. Despite this upheaval, I am proud to say that this PHO met its target for eight-month immunisations and smoking cessation. I would like to acknowledge all the practice teams and their hard work in achieving these national system level targets.

On behalf of the Board, I would also like to welcome all the new faces who have joined the Waitaha Primary Health team in the last year, in particular our new business manager Craig Watson; our quality facilitator Sarah

Zino; our new Whānau Ora Navigator Deb Hough; and our first Pasifika Navigator Malu Tulia. The dedication and enthusiasm with which each of these people have tackled their roles exemplifies the new energy and ways of thinking that are taking flight at Waitaha Primary Health.

Special thanks also to the people who have sadly left our organisation in the last year, especially our long standing Mana Whenua Representative on the Board, Sandy Hunt-Lockhart. I will especially miss her governance expertise and passion for addressing health inequities. We wish her well in her new opportunities.

The year ahead is looking particularly bright, as we continue to deliver our current services and look to new ways of supporting our member practices and the wider community. We have a fantastic group of clinicians working in our practices and community services, a dedicated support team, and a re-energised Board that is willing and eager to respond to the challenges ahead.

A huge thank you to our Chief Executive Bill Eschenbach, all of our staff, and Board for all that they bring to Waitaha Primary Health.

I would also like to add a personal thank you to the families of all who work at Waitaha Primary Health. We acknowledge that we ask a big commitment from our team and without their families' support we could not have achieved all that we have. Thank you.

The last year has been a busy one. We are looking forward to the challenges of 2019-2020. Thank you.

Dr Lorna Martin

Board Members

Waitaha Primary Health



Back row standing:

Dan Gordon
Waimakariri District Council
– Community Representative

Pam Richardson
Banks Peninsula Community Board
– Akaroa Subdivision

Dr Andrew Richardson
Hurunui District Council
– Community Representative

Pamela Campbell
Practice Nurse Representative

Sandy Hunt-Lockhart
Māori Representative
(Manawhenua ki Waitaha)

Bill Eschenbach
Chief Executive Officer

Front row sitting:

Dr Lorna Martin
Chair
GP Representative, Waimakariri

Dr Peter Sparks
GP Representative, Ashburton

Kerry Maw
Ashburton District Council
– Community Representative

Farewell to Sandy Hunt-Lockhart

This year, Sandy Hunt-Lockhart resigned from the Waitaha Primary Health Board but we were very fortunate to obtain her services for a short term as Acting Māori Health Manager.

Her role was to support member practices and the Waitaha Primary Health team in meeting our obligations to the Treaty of Waitangi and understanding the cultural values of the people we work with.

She says the most important aspect of being culturally aware is to recognise that we are

all different and everyone has a different relationship with their culture. "It's really important to acknowledge that and not take a one-size-fits-all approach."

A new Māori Health Manager will be appointed in the 2019/20 year as Sandy takes up further opportunities in health on the West Coast.

This Kohatu taonga was found in the Arahura river and gifted to the Waitaha Board at Sandy Hunt-Lockhart's last meeting as a Board member. The stone type is pipiwharau. Sandy named the stone "Te manawa o Waitaha" - The breadth of Canterbury.



Chief Executive's Report

In the last 12 months, our organisation has undergone considerable change, at the same time as continuing to meet the needs of our member practices and their patients across the region. As always, we have remained firmly focused on reducing inequities and improving the overall health of our population. I'm delighted to share our progress with you in our inaugural Annual Report as Waitaha Primary Health.

In May 2019, we said goodbye to our identity as Rural Canterbury Primary Health Organisation (RCPHO) and proudly revealed our new name and brand, Waitaha Primary Health. We were delighted with the positive response we received and I want to thank everyone who attended our brand launches. We remain committed to rural Canterbury but wanted our name and brand to reflect the breadth of our work across urban and rural communities in our region. It has been exciting to see our new look rolled out across our signage and vehicles through to our social media pages and brand new website.

There have been some significant achievements for our organisation in the last year. Later in this report we elaborate on some key events but I would personally like to mention some of the milestones that were achieved by Waitaha Primary Health and our member practices.

It was exciting to see the new Akaroa Health Centre officially opened in July. Congratulations to the Banks Peninsula community and Akaroa Community Health trustees for their hard work in driving the development of this purpose-built health facility for Banks Peninsula residents. Waitaha Primary Health was proud to be involved in supporting this venture and we look forward to seeing the Centre flourish.

I would like to congratulate our breastfeeding peer supporters who were presented with a Volunteering Canterbury Award this year. To give you an idea of the magnitude of this work, 55 of these volunteers worked with 1900 Canterbury mothers in just the first six months of 2019.

Our first Pasifika Support Navigator started work with us in the last year. Having someone in this role has proved highly beneficial, particularly for practices and patients in the Ashburton district, and the position has grown from a 0.6FTE to one FTE to complement our Whānau Ora and Practice Support Navigators.

Our GP Locum Service is also continuing to be well received. We had an additional locum



for six months from January to June and are exploring the option of recruiting another doctor for the second half of 2019.

A number of our practices have moved to the MedTech Evolution Practice Management System (PMS). However, we do continue to support practices using alternative systems.

MedTech Evolution has given users more advanced functionality. It is on an up-to-date platform, built on modern software technologies, that is constantly improving.

The advantages of being hosted in a cloud environment include the fact that infrastructure backups and software updates are looked after by Medtech and that there is the ability for much deeper analysis of the information in practice data bases.

We are also looking to support any practices that would like to adopt the Health Care Home Model for patient centred care.

We continue to provide highly valued support to Canterbury prisons via our Corrections contract. We currently have three clinicians working at Christchurch Men's Prison, one at Rolleston Prison and one at Christchurch Women's Prison. The clinicians provide brief intervention mental health support for offenders that have been referred through the health sector, prison officers or case workers. We are also collaborating with WellSouth to deliver mental health services to other South Island prisons as one of three providers.

Our primary care mental health services have also expanded through the development of rural mental health specialists in the Hurunui and Ashburton districts and we are trialling a new model of care for people with mild to moderate mental ill health in Ashburton. Stories about these initiatives are included later in this report.

We have continued to advocate for primary care at a national level and were involved

in the national Mental Health Inquiry, as well as having representation on the Rural Health Advisory Group, the Primary Health Alliance, the Federation and the National PRIME Committee. We have also continued to work with our alliance partners, including CDHB and the Canterbury Clinical Network, on a range of activities. I would like to acknowledge their support through various shared contracts and agreements.

In March 2019, we welcomed Quality Facilitator Sarah Zino to our team to support practices to participate in the quarterly Patient Experience Survey. The nationwide surveys are completed anonymously by patients and are designed to improve patient experiences at General Practices. They are also designed to improve relationships between patients and practice staff, and assist practices to operate in the most cost effective way. The introduction of these surveys is an important contribution to the quality assurance we provide to patients.

We were also pleased to appoint Craig Watson as our Business Manager in September 2018. Craig was well suited to the position, following a joint role with Canterbury District Health Board and the Canterbury Clinical Network as a rural health project manager. Since starting with us, he has played a significant part in the organisation's rebrand to Waitaha Primary Health. His other responsibilities have included working with the senior management team to ensure that practices receive the funding they need for the wide range of services they provide our communities, and looking for opportunities to assist new practices.

It has been a very successful year and I would like to thank all of our staff and volunteers for their continued hard work and dedication. I would also like to acknowledge the Clinical Governance Group; the Finance, Audit and Risk Committee (FRisk); our Waitaha Primary Health Board and in particular our Board Chair, Dr Lorna Martin. As always, their guidance and support has been invaluable.

In the next year, we will continue to collaborate with our partners to meet the changing needs of our communities and workforce. Our greatest commitment is to work closely with our member practices to ensure their voices and experience in providing care to patients are recognised, as we contribute to the development of new health services and policies to benefit Canterbury communities.

Bill Eschenbach

Waitaha Primary Health Practices



- 1 Hanmer Springs Health Centre
- 2 Amuri Community Health Centre
- 3 Cheviot Community Health Centre
- 4 Waikari Health Centre
- 5 Amberley Medical Centre
- 6 Good Street Medical Centre
- 7 Rangiora Family Doctors
- 8 Woodend Medical Centre
- 9 Kaye Buchan Medical Centre
- 10 Kaiapoi Family Doctors
- 11 Akaroa Health Centre
- 12 Rakaia Medical Centre
- 13 Three Rivers Health
- 14 Ashburton Health First
- 15 Moore Street Medical Centre
- 16 Tinwald Medical Centre

M4M breastfeeding support programme wins award

Waitaha Primary Health's Mother4Mother breastfeeding support programme was recognised with a Volunteering Canterbury Award in June 2019. Congratulations to the 55 Peer Supporters who continue to make the programme a success, and have supported 1900 mothers and babies throughout Canterbury to date.

The programme offers mothers the opportunity to meet in a relaxed, friendly environment and receive support with breastfeeding issues. It is designed to improve mothers' knowledge, skills and confidence around breastfeeding.

Peer Supporter and mother of three, Andrea Solzer, is passionate about helping mothers and babies. After working as a paediatric nurse and encountering the Peer Support training programme offered through Waitaha Primary Health, Andrea decided to create a support group close to home in Lyttelton.

"When it came to joining a group, I noticed that there was nothing really in the area. After having difficulties with my second child, I needed to talk to someone but there weren't many options for face-to-face support close by," she says. Andrea already knew several mothers who were interested in joining a casual, community-based group, which helped the Lyttelton group to get underway.

Andrea credits much of the group's success to the relaxed and supportive meeting style in which mothers can talk amongst themselves and share their thoughts. "Quite a few friendships have resulted from our meetings. It's been very rewarding to see," she says. Andrea notes that the community spirit and welcoming nature of the group is at the core of its success. "For me, the beauty of the breastfeeding group is that you don't need to have a problem to come along" she says.

Like Andrea, many other mothers have helped make the Mother4Mother



Andrea Solzer, Janine Pinkham and Claire Coates

programme a success this year, either through completing Peer Support training, or simply joining their local breastfeeding support group. Waitaha Primary Health looks forward to continuing this programme in the 2019/2020 year.

Welcome to Malu Tulia, our new Pasifika

The kindness of a stranger who helped her to stay warm during her high school years inspired our new Pasifika Navigator Malu Tulia to work in the health sector.

Malu, who is Waitaha Primary Health's first Pasifika Navigator, moved to Christchurch from Samoa in 1985, after her father was appointed as a local minister. She soon started at Hagley College but was ill equipped for the cold weather on her walk to school each day.

"I just didn't have the right clothes for cold winter mornings," she says. "Thankfully, an older lady half way along my route to school was watching me and one morning she stepped out on to the footpath and put a jacket around me. We stayed friends for a long time."

Malu's experience stayed with her through jobs as a seamstress, warehouse administrator, social welfare case manager and roles in various government departments. In 2003, she was offered her first role in health with Pacific Trust Canterbury but was set to resign after just a few weeks because she felt she lacked the qualifications. "They threw me in the deep end and I told my boss, thank you but I'm leaving. I'm not good at this job," she says. He refused her resignation and offered her the additional training she wanted.

"I could see how much help people needed and remembered the kindness of the lady that was there for me when I was at school," she says.

Working with Waitaha Primary Health, Malu responds to requests from General Practices, primarily in the Ashburton District, who are

seeking additional support for Pasifika people and their families.

"Normally I make a time to go and see people at their house. It's the cultural way of doing things and I need to go into their home to build a good relationship. If they are Samoan, I speak to them in their own language and assess what's going on, not just for them but the whole family," she says.

"For example, I might visit a home to talk about a baby with asthma and find that the father is a smoker and refer him to the smoking cessation programme. I'll talk to the mother about women's health and discover that she is due for a smear test. At the same time I'll take a look at the house and offer advice on how to keep it warm, air it out during the day and encourage the family to have their children outside in the fresh air."

After each visit, Malu usually prepares a plan for the family, so that they know what to do if anyone needs medical assistance and can make any recommended changes to their lifestyle. "I'll keep an eye on them for about a month and keep the nurse or doctor informed along the way," she says.

"The practice nurses love it because I can often learn more about people by speaking to them in their own language and find solutions that fit better culturally." Malu says she also feels well supported at Waitaha Primary Health. "The atmosphere is really great and everyone has welcomed this new role."

Over the next 12 months Malu will be working on making Pasifika people in Waitaha Primary Health practices more aware of the need to look after their health while they are well and visit their General



Pasifika Navigator Malu Tulia

Meet Whānau Ora Navigator Deb Hough



Whānau Ora Navigator Deb Hough

Waitaha Primary Health's partnership with Te Pūtahitanga o Te Waipounamu has continued to support Whānau Ora Navigation for patients enrolled in Waitaha Primary Health General Practices.

Our newest Whānau Ora Navigator Deb Hough, brings her wealth of experience in the health sector and passion for people to the role.

Before joining the team in March 2019, Deb had held a variety of whānau oriented roles including working as an alcohol and drug practitioner, and in various roles with the Ministry of Social Development and the Ministry of Business, Innovation and Employment.

Deb's appreciation of the Whānau Ora approach shapes her day-to-day work with people. "Keeping whānau at the centre of decision making is really important" she says. "It's my role to support people and provide a platform for them to become self-managing and independent."

While she is predominantly based in North Canterbury, Deb also works with people in the Ashburton district. She takes a holistic approach to her work, often encountering a broad range of health issues that need to be addressed to optimise individual and whānau wellbeing.

Navigator



Pasifika Navigator Malu Tulia

Practice. "Many of the people in our Pasifika families are working so hard and don't want to take time off for a doctor's appointment. I'm trying to convince them that if they don't do that they could spend a lot more time off work in the long run," she says.

She is also setting up health support groups around issues such as diabetes and asthma in Pasifika churches; encouraging employers of migrant workers to make health insurance part of their employment packages; and helping to educate people who are new to New Zealand about how to take care of their health and access health services.

"Waitaha Primary Health includes a big Pasifika population, mainly in Ashburton, so there's plenty for me to do."

She frequently works alongside whānau needing assistance with health, family and housing issues. For example, Deb recently provided support to a single mother who had four children with health issues. After losing their house and many of their possessions in a fire, Deb was able to assist the mother to find a new home, as well as address the family's health needs.

Helping whānau navigate life's challenges is what Deb finds especially rewarding about her work. "I'm passionate about communities and helping those who are less fortunate, or those who simply need a little guidance to achieve wellbeing for their whānau."

The year in review

Our Strategic Objectives

Waitaha Primary Health continues to perform consistently well among Primary Health Organisations around the country. Our staff and practices put considerable energy into meeting – and working to exceed – the targets that the government sets nationally. We also provide supports above and beyond the national targets. As you can see from this snapshot, we can be proud of what we've achieved over the 2018-19 year.

1,294

Brief Intervention Consultations

1,574

Mental Health Extended Consultations

1,462

Under 14s seen after hours for free

700

End-of-Life Consultations

1,002

Youth Sexual Health Appointments

476

Clients seen by our Stop Smoking Practitioners across greater Canterbury

With 235 clients confirmed as having quit for good.

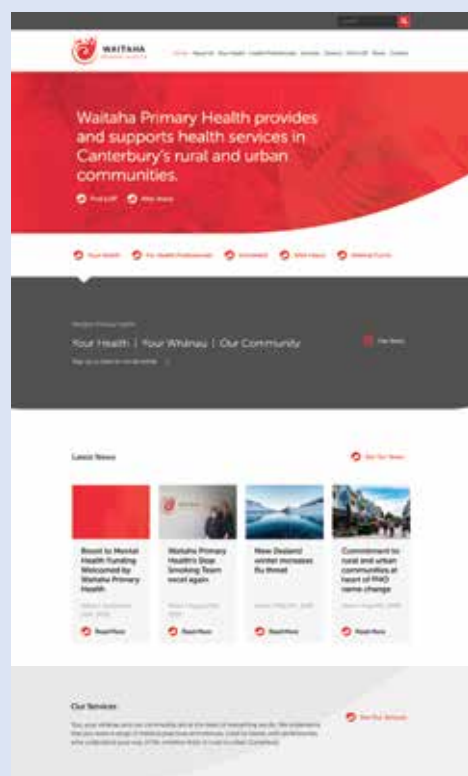
Fresh, new look for PHO

In May 2019 we revealed our new brand and name - Waitaha Primary Health.

Changing our name from Rural Canterbury Primary Health Organisation demonstrated our commitment to growth and innovation in supporting our General Practice teams and their enrolled populations in both rural and urban Canterbury.

The work included in our rebrand ranged from designing a fresh logo and visual identity, through to creating a new website and hosting launch events around Canterbury.

The new Waitaha Primary Health brand represents life, good health and wellbeing. The person at the centre of the logo shows



the connection between our General Practice teams, our people and our communities. It is protected by the circle of life.

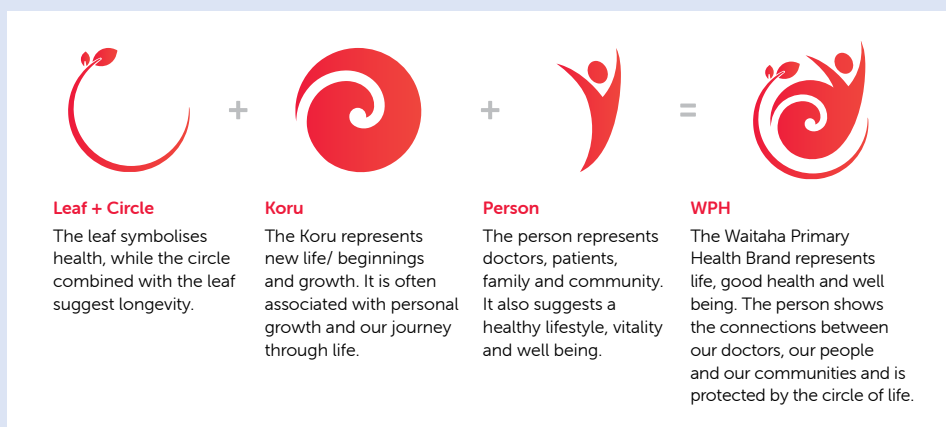
As part of refreshing our image, we wanted to make sure our new website was user-friendly and contained the latest information about our services and how people can enrol with our member practices. The new site has been designed to work on mobile devices and provides a digital home for referral forms, so they are easily accessible to General Practice teams.

Alongside the fresh image, the rebrand helped strengthen our strategic direction. Among our key focus areas are enhancing mental health service delivery; championing the work of our

Whānau Ora and Pasifika navigators; our GP locum service; and responding to the growing demand for breastfeeding support groups and lactation consultants. It is exciting to see our services continue to grow and meet the ever-changing needs of the community under the Waitaha Primary Health brand.

We are also helping our practices to make the most of the Telesmart system, which allows GPs to connect with patients via secure video. We will continue to support Canterbury Alliance activities and at a national level, PRIME and Primary Health Reviews.

We have received very positive feedback so far and look forward to continuing this exciting new chapter for our organisation.



New business manager joins Waitaha Primary Health

Kaikoura Peninsula Walkway

Waitaha Primary Health was delighted to appoint Craig Watson as Business Manager in September 2018. Training as a radiation therapist, and previous roles with the Canterbury District Health Board and the Canterbury Clinical Network as a rural health project manager, meant that Craig was well suited to working with the organisation.

"We have made a significant investment in our people in the past 12 months, introducing a Health Care Homes role, a quality facilitator role and Craig's role as business manager. All of these positions serve to increase support for practices," Chief Executive Bill Eschenbach says.

As Business Manager, a significant part of Craig's role in 2019 was to manage the organisation's rebrand from Rural Canterbury PHO to Waitaha Primary Health. His work has also involved looking for opportunities to assist new practices and ensuring that member practices receive the funding they need for the wide range of services they provide to their communities.

He says he is thoroughly enjoying working for Waitaha Primary Health. "I like the patient focus and grass roots approach that our team and member practices take. Waitaha Primary Health has a bright future as we continue to support member practices and community health services, as well as offer other practices a PHO with a fresh approach."



Craig Watson

Thank you to departing Canterbury mayors

Waitaha Primary Health would like to acknowledge the many years of support received from Hurunui Mayor Winton Dalley, Waimakariri Mayor David Ayers, and Kaikoura Mayor Winston Gray. All three are retiring at the end of their terms in 2019.

We would particularly like to thank Winton Dalley and David Ayers for their consistent support of primary health service delivery.

Winton played a strong role in setting up the four health trusts in Cheviot, Hanmer, Waikari and Amuri. The trusts have provided a sustainable model of health care for these rural communities and it has been exciting to see them working together to provide better health services for patients.

We wish Winton, David and Winston all the best for the future.



Mayor Winton Dalley, Waikari Health Centre Practice Manager Wendy Allan (left) and Quality Facilitator Sarah Zino (right).

HIP pilot increases access to mental health support



Paul Wynands

In the last year, Waitaha Primary Health has self-funded a trial of the Health Improvement Practitioner (HIP) model of care at Three Rivers Health in Ashburton.

Former Brief Intervention Coordinator (BIC) Connie Quigley was based at the Practice to implement the model and assist its 10 GPs to provide better support for people with mild to moderate mental health issues.

Paul Wynands, Manager of Waitaha Primary Health's Mental Health Services, says HIP is part of the PHO's service development work and is one response to the growing need for mental health care in Canterbury.

The model works by patients with mild to moderate mental health issues being referred directly from their GP to the HIP in the practice. After a brief assessment, behavioural goals that

the patient can work on outside of the clinic are developed. Generally, people will only require one or two 30-minute appointments and those thought to have more severe mental health issues are referred to secondary care. Treatment sessions can be delivered over the phone or at the General Practice.

Paul says, "In one day, a HIP might see patients as diverse as a person recently diagnosed with cancer, a parent struggling with childcare, someone with anxiety and another with mild depression."

HIP is based on the Primary Care Behavioural Health (PCBH) model - an approach to integrating behavioural health services into primary care settings that was developed in the United States. "It allows mental health practitioners to deliver effective interventions

across short, structured appointments and in fewer sessions than conventional talking-based referral therapy approaches," Paul says. "The benefit of having a HIP based at the practice means that the client receives a much faster mental health response, particularly if they need to be referred to other services".

"Integrating a HIP into a primary care team has been shown to increase access to care and enable better responses to psychosocial issues from all team members. It is also designed to build capacity in the General Practice through education."

Practitioners undergo a two phase training programme to learn the model of care. Phase II involves a HIP trainer observing the practitioner in practice for three days before awarding their accreditation.

Successful year for Corrections Programme

For the past two years, Waitaha Primary Health has been providing mental health services in Canterbury prisons as part of a contract with the Department of Corrections.

It currently employs five clinicians working across three prisons – Christchurch Men's, Rolleston, and Christchurch Women's. The service is collaborative and provided in partnership with other health providers that also work in the prisons.

"The rates of mental illness are much higher in prisons than the general population, so we are very pleased to be able to assist in meeting this large need," says Paul Wynands, Manager of Waitaha Primary Health's Mental Health Services.

"We know that improving the mental health of people, while they are in prison, increases their chances of being employed and decreases their rate of reoffending when they are released."

"A big part of my role is ensuring the team is providing a strong, robust clinical service

and that in working with other providers, we complement each other and there is no duplication," Paul says.

All Waitaha Primary Health clinicians are highly skilled in evidence based psychological therapy and are involved in regular professional supervision and ongoing training.

As a result of this work and the Government's 2019 budget announcement, that included allocating more than \$128 million to mental

health in prisons, Waitaha Primary Health has been invited to be involved in the design process for future mental health services in South Island prisons.

"We are working alongside WellSouth Primary Network, Emerge Aotearoa, Pillars and PACT in this process and are hoping it may provide opportunities for us to expand our service across probation services in the South Island," Paul says.

Mental Health Forum

A Ministry of Health Mental Health Forum in July 2019 provided the opportunity to discuss plans for better coordinated mental health services and greater collaboration between PHOs, DHBs and other mental health providers. The Ministry of Health

arranged the forum to discuss how these goals might be achieved through increased mental health funding, and the additional funding that will be available to mental health providers. The forum was well attended by the Waitaha Primary Health team.

Rural Mental Health Specialists

Waitaha Primary Health is proud to be providing additional mental health support to rural General Practices, through its Rural Mental Health Specialist (RMHS) Service.

Between January and the end of June 2019, our two specialists in the Hurunui and Kaikoura districts received 110 referrals and spent an average of 3-4 sessions with each patient.

"The rural mental health team does an impressive job of keeping people well in the community," says Paul Wynands, Manager of Waitaha Primary Health's Mental Health Services. "Our specialists are senior psychiatric nurses, who know how to work with a range of presentations, negotiate sometimes complex interactions and navigate their clients through the system for the best possible health outcomes".

GPs refer to the service electronically and our Primary Care Mental Health Liaison, Susan Kovacs, triages the referrals. Requests for assistance from the RMHS are received from North Canterbury and Ashburton practices, as well as those from the Hurunui and Kaikoura districts. Each case is assessed individually before the RMHS team begins to work with adult patients, who have moderate to sometimes severe mental health issues. Anyone experiencing a crisis or with severe mental health issues is referred to Canterbury District Health Board's Specialist Mental Health Service (SMHS).

The model of care is evidence-based and follows best practice guidelines. It also uses the Telehealth service for clinical review and

follow up if the patient is not able to attend a face-to-face meeting.

"It's a good model of rural mental health care," Paul says. "The specialists become a link into mental health resources and they are embedded in the community. They're very experienced, work alongside our General Practices and enjoy the autonomy the role offers".

Having people working across the Hurunui and Kaikoura districts reduces patient travel and the workload of General Practice teams and SMHS. The specialists also work with the patients' primary care teams and other community agencies to ensure they are well supported on their journey.

Mana Ake enhancing our children's wellbeing and mental health



More than 2,000* children have benefitted from dedicated wellbeing and mental health support since Mana Ake – Stronger for Tomorrow was launched early in 2018.

Designed to enhance positive mental health and wellbeing, Mana Ake helps children learn skills such as coping with change or challenges, managing their emotions, building positive relationships or overcoming grief and loss early, before issues have a chance to escalate.

Waitaha Primary Health felt strongly about partnering with the Mana Ake initiative, knowing how much our families, particularly those living in rural areas, could gain from additional support that's provided in the community.

The Mana Ake kaimahi have a diverse range of skills and include social workers, counsellors, teachers, youth workers and psychologists. They can work with

individual children and their families at school, in the community or at home; and with groups of children in schools. They also provide advice, guidance and support for teachers and family/whānau.

"It has been a great opportunity for Waitaha Primary Health to build relationships with different communities, and provide mental health and wellbeing support to children early on," Chief Executive Bill Eschenbach says.

Mana Ake is available to children in years 1 to 8 at Canterbury's 220 primary and intermediate schools.

It is a collaboration between the Ministry of Health, the Ministry of Education, Canterbury DHB, Police, non-government organisations, schools, Oranga Tamariki and consumers, led by the Canterbury Clinical Network.

* As of 30 June 2019, Mana Ake had supported 1,394 children individually and 1,054 in groups since the first kaimahi commenced in schools in April 2018.

Chatham Islands mental health service going strong

This year, Primary Mental Health Nurse and registered counsellor Paul Reet has continued to work with Waitaha Primary Health, making quarterly visits to the Chatham Islands as an Integrated Rural Mental Health Specialist. He also provides ongoing support via phone, email and video conferencing (Telehealth) between his visits to the General Practice team and patients in the Chathams.

Paul assists patients with issues such as stress, anxiety, depression, family violence, and addiction. This year, establishing close connections with the local police and Māori community services has helped enhance the services he provides.

Paul's quarterly visits to the Islands have allowed him to build a strong rapport with the community. "I've developed some great relationships with a few of the patients I regularly see, and we're continuing to receive an increased number of referrals." Paul continues to provide education and training about mental health issues to General Practice staff and is currently preparing a practice nurse to become a mental health ambassador.

Celebrating the opening of Akaroa Health Centre

Akaroa Harbour

After years of operating out of temporary facilities, Akaroa Health Centre is now back on its former site in a purpose-built place to call home.

Following the 2011 earthquakes, which rendered its 1926 Aylmers Valley hill building unusable, the Banks Peninsula community banded together to come up with a solution. Having a local health care facility was critical for the community, to minimise the number of times residents have to make the 90 minute trip to Christchurch for health care.

General Manager Jenni Masters says a community trust was formed to collaborate with the Canterbury District Health Board (CDHB) and Christchurch City Council (CCC). The group worked together on developing the concept of an integrated facility comprised of Pompallier Rest Home, a General Practice and CDHB hospital beds contracted for in-patient care. A Board has now been established to oversee the operation.

More than 30 staff will be working at the Centre once it is fully up and running.

"It's a beautiful building," Jenni says. "It is light and bright and makes the most of all the views. This has been a wonderful example of the community fighting really hard to make something happen. Building this has been a strong collaboration from everyone involved and we feel very proud and lucky to have such an amazing facility."

A community contribution of \$3 million (which included \$2.5 million for rest home beds and \$500,000 towards establishment costs) was underwritten by a rates levy of \$1.3 million approved by CCC.

Jenni says being able to provide four GP flexi-beds at the Centre, as well as aged care, meant locals had more health care options closer to home, particularly for palliative care. It also ensured the community would have health care available in the event of a natural disaster blocking access to the one and only road out of the town.

"After seeing how Kaikoura was affected [access-wise] following its earthquake, health becomes very important. If anything happened we are pretty isolated, so having the Centre will be great for community resilience."

Other services will gradually begin operating from the Centre, including a podiatrist, nutritionist and physiotherapist.

"Our overarching goal is to keep people as well as possible for as long as possible," Jenni says.



Collaboration key for Clinical Governance Group

It has been a busy year for Waitaha Primary Health's Clinical Governance Group.

The Group is elected every three years and advises the Waitaha Primary Health Board on clinical issues relating to the PHO such as quality improvement, health and safety, risk, and education. It also ensures that Waitaha



Dr Sue Fowlie

Primary Health's clinical programmes meet national standards and best practice guidelines.

Chair Dr Sue Fowlie, who was elected to the position in 2018, says the past year has seen numerous pieces of work completed by the group, including the review and rewriting of its Terms of Reference.

"Rewriting the Terms of Reference was something we worked hard on," she says. "GPs are becoming much busier and we needed to consider how we continued to ensure quality, safety and good communication. Working together, we looked at how we as a Primary Health Organisation could support GPs to give high quality care in the community."

As a result of the review, the membership structure of the Group will be adjusted to include a consumer representative.

"The addition is to bring us in line with the CDHB as they have always had consumer representation, and it is encouraged by the Ministry of Health. We wanted to make sure we had representation across the board and the right people around the table."

Another focus through the year, has been the development of nurses within the organisation and working with CDHB on their inclusion in the Professional Development and Recognition Programme (PDRP). The programme aims to recognise nurses' contributions to patient health outcomes and reward nursing expertise.

Dr Fowlie says the uptake has been positive so far and it was pleasing to be able to offer the programme as an option to Waitaha Primary Health nurses.

"We've also looked at how we can have a closer relationship with secondary care providers and better communicate patient care," she says.

Over the next 12 months, Dr Fowlie says the Clinical Governance Group will be taking a closer look at access to health care across the community including our Māori and Pasifika populations. "We will be examining the barriers these communities face, what support they need and put recommendations around that."

Patient Experience Survey

Waitaha Primary Health's Quality Facilitator Sarah Zino is passionate about improving health outcomes for patients. Since joining the PHO in March 2019, her main focus has been on supporting member practices to take part in the quarterly Patient Experience Survey.

The Survey is designed to anonymously capture patient experiences in primary care, so that the information can be used to improve health outcomes and relationships between patients and General Practice teams. "It is also important for General Practices in ensuring their systems are operating well and they are working as effectively as possible," Sarah says.

"The feedback is useful for Waitaha Primary Health in improving services for patients. We want to know that patients are receiving the best possible care from our practices, and if

general themes and needs emerge, we can be there to support any changes that need to be made," she says.

"The response from our General Practices to the Survey has been great. I really enjoy working with practice managers to promote the survey and encouraging as many patients as possible to take part."

Having two children with high health needs inspired Sarah to become an advocate for improved patient experience. Her previous roles have included being a representative on the Canterbury District Health Board Consumer Council and working for the Health Funding Authority and Waikari Medical Centre. She also holds a PhD in nutrition and biochemistry.

She says her hometown of Hawarden has given her a good grasp of the rural sector, from how people live, through to how they



Sarah Zino

access health services. "They often have a make-do attitude and will only go to see their doctor if they absolutely need to. It makes it even more important that we capture their experience when they visit their General Practice."



Supporting Transition to MedTech Evolution

This year, we worked closely with a number of our member practices, as they moved to the MedTech Evolution Practice Management System (PMS). We are also continuing to support practices using alternative systems.

We have found that MedTech Evolution is offering more advanced functionality for practices. It is on an up-to-date platform, built on modern software technologies, that is constantly improving.

The advantages of being hosted in a cloud environment include the fact that infrastructure backups and software updates are looked after by Medtech and there is the ability for much deeper analysis of the information in practice databases.

Rakaia Medical Centre is one practice that has been impressed with results from the change. Practice Manager Christine Milton says, "The migration was very well controlled at each stage of the process.



Having the MedTech team on hand during the early stages was definitely important to ensure all went according to plan."

"We have purchased their self-checking kiosk, which will be extremely useful as patients can self-check in for their appointment and update their registration details."

H & S Committee focuses on remote workers' safety

Our Health and Safety Committee continues to meet regularly and provide quarterly reports to the Waitaha Primary Health Board. "This year, it has had a particular focus on home visits, with the Board making a significant investment in car phones, to support our team when they are working in areas with

poor cellphone coverage," Chief Executive Bill Eschenbach says. "Our goal is of course to make our workplaces and practice as safe as possible for everyone that works here," he says. "We are always looking for opportunities for improvement and health and safety is a strong focus at our six monthly, all staff meetings."

Rural Research

Waitaha Primary Health was pleased with the announcement from the Health Research Council this year, that it was going to fund a research proposal to develop a consistent definition of 'rural'. A clear definition will improve accuracy in measuring rural health outcomes and will assist with developing effective rural health policy. Waitaha Primary Health welcomes the announcement and the improvements it will provide for its rural member practices.

Men's health night in Culverden

Earlier this year, Waitaha Primary Health highlighted the importance of addressing mental health and wellbeing issues through a free event focused on men's mental health. One of our Practice Support Navigator's, Rosie Carr, assisted in delivering the free event in Culverden, which offered a friendly environment where men could get together and discuss mental health issues.

The Mental Health Education Resource Centre (MHERC), and several Hurunui businesses collaborated with Waitaha Primary Health to make the event happen. Speakers on the night included clinical staff from Waitaha Primary Health and MHERC, and Canterbury Rugby League player and men's mental health advocate Gary Endacott. "They were very well received," Rosie says.



Café Health Clinics take health education to rural Canterbury

In the last year, Waitaha Primary Health's Practice Support Navigators Sarah Saunders and Julie McDonald have facilitated a number of Café Health Clinics. These free events have been hosted at cafés in rural Canterbury, with the aim of providing accessible general health information and health promotion to the community. To date, Café Health Clinics have been hosted in Waimakariri and Rakaia and have been very well received by those who attended.



community, especially to those who may not otherwise have access to it."

The idea to host these community-oriented events came about through a conversation between Sarah and a rural coffee shop owner. To encourage a friendly and relaxed atmosphere for the events, attendees were offered a complimentary cup of coffee on arrival, before hearing from a variety of health specialists. Julie, who facilitated the Café Health Clinic in Rakaia, believes there is a lot of value in providing this type of event. "The Café Health Clinics are a great way to get health education out into the

The Café Health Clinics are designed for all ages and provide information that anyone can incorporate into their everyday life. So far, attendees have had the opportunity to hear from dietitians, physiotherapists, exercise specialists, and local General Practice teams. Future topics include exercise, diabetes, nutrition, healthy aging and arthritis. Café clinics are also planned for Rangiora, Kaiapoi, Hanmer Springs and Akaroa.

National and local alliances

Waitaha Primary Health has continued to advocate for primary care at a national level through involvement in the national Mental Health Inquiry. The organisation is also represented on the Rural Health Advisory Group, the Primary Health Alliance, The Federation and the National PRIME Committee. At a regional level, we have continued our work with our alliance partners over a number of workstreams. This has included various community groups.

Workforce development

As a PHO, we have continued to play a strong role in health workforce development and have supported nursing students on placements throughout the 2018/2019 year. We have also supported lactation consultants, Whānau Ora Navigators and Pasifika Support Navigators with their training.

GP Locum Services

Waitaha Primary Health's GP Locum Service has continued to be well received in the 2018/2019 year. A second locum came on board for six months from January to June in 2019, joining the organisation's first GP locum, Dr Martin Gardner, who continues to work with Waitaha Primary Health. Both locums assist in providing cover for General Practitioners at Waitaha Primary Health's member practices. The option to recruit another GP locum for the second half of 2019 is being considered.

Helping hand for Hurunui communities

Since joining Waitaha Primary Health in April 2018, Rosie Carr has enjoyed the diversity of her role as a Practice Support Navigator for the Hurunui District.

Rosie is passionate about achieving the best possible health outcomes for patients and enjoys working through challenging issues. "I love that no day is the same, and with each referral, I get somebody new and something new to work through. I always find it rewarding when I can deliver a good solution for a patient," she says.

As part of her role, Rosie provides support to five medical centres in the Hurunui District including Amberley, Waikari, Cheviot, Amuri and Hanmer Springs. "When nurses and General Practice staff are struggling to find enough time to sort out an issue with a patient, that's where I come in. We all know that it's important that patients receive timely support for

good health outcomes," she says. Rosie also delivers a number of health promotion events as part of her role.

As a registered nurse and endorsed Pulmonary Rehabilitation provider, Rosie leads a Pulmonary Rehabilitation programme in Rangiora.



Directory

Waitaha Primary Health Limited
as at 30 June 2019

Principal Business
Primary Health Organisation

Shareholder
Rural Canterbury PHO Trust

Registered Office
South Link Health
Burns House, 10 George Street
Dunedin

Directors
P Campbell
D Gordon
S Hunt-Lockhart (Resigned 1/5/19)
L Martin
A Richardson (Appointed 25/7/18)
P Richardson
K Smith
P Sparks

Solicitors
Saunders Robinson & Brown
Christchurch

Bankers
ASB Bank

Auditors
Crowe Horwath New Zealand
Audit Partnership
Dunedin



Statement of Financial Responsibility

For the year ended 30 June 2019

The Directors are responsible for preparing the financial statements and ensuring that they comply with generally accepted accounting practice in New Zealand, and present fairly the financial position of the Company as at 30 June 2019 and the results of their operations and cash flows for the year ended on that date.

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

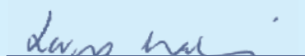
The Directors believe that proper accounting records have been kept which enable, with reasonable accuracy, the determination of the financial position of the Company and facilitate compliance with generally accepted accounting practice in New Zealand.

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

The Directors are pleased to present the financial statements of the Waitaha Primary Health Limited for the year ended 30 June 2019.

For and on behalf of the Directors:

Director



Dated

24.9.2019

Director



Dated

26.9.2019

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2019

	Note	2019 \$	2018 \$
Contract revenue - non exchange transactions		15,306,408	16,159,836
Total revenue from non exchange transactions		15,306,408	16,159,836
Contract payments		12,259,391	13,121,340
Wages, salaries and other employee costs		2,524,856	2,508,462
Other operating expenses	6	689,084	603,217
Total expenses		15,473,331	16,233,019
Interest income		56,900	58,451
Operating surplus/(deficit)		(110,023)	(14,732)
Other gains/(losses)		-	-
Surplus/(deficit) for the year		(110,023)	(14,732)
Other comprehensive revenue and expenses		-	-
Total comprehensive revenue and expenses for the year		(110,023)	(14,732)

Statement of Changes in Net Assets

For the year ended 30 June 2019

	Note	2019 \$	2018 \$
Balance 1 Jul 2018		588,628	603,360
Surplus/(Deficit) for the year		(110,023)	(14,732)
Other comprehensive income		-	-
Balance 30 June 2019		478,605	588,628

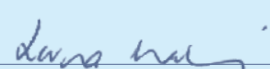
Statement of Financial Position

As at 30 June 2019

	Note	2018 \$	2017 \$
ASSETS			
Current			
Cash and cash equivalents	7	1,067,863	830,736
Term deposits	7	550,000	1,600,000
Receivables from non exchange transactions	8	824,645	426,939
Prepayments		9,983	17,174
Total current assets		2,452,491	2,874,849
Non-current			
Plant and Equipment	9	118,855	28,571
Total non-current assets		118,855	28,571
TOTAL ASSETS		2,571,346	2,903,420
LIABILITIES			
Current			
Payables under non exchange transactions	10	374,809	344,044
Employee entitlements	11	193,444	169,707
GST payable		41,955	55,388
Deferred revenue	12	1,482,533	1,745,653
Total current liabilities		2,092,741	2,314,792
TOTAL LIABILITIES		2,092,741	2,314,792
NET ASSETS		478,605	588,628
EQUITY			
Equity	17	-	-
Accumulated Funds		478,605	588,628
TOTAL EQUITY		478,605	588,628

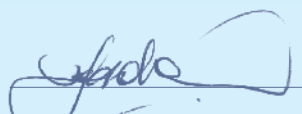
Approved for and on behalf of the Directors:

Chairperson


 24.9.2019

Dated

Director


 26.9.2019

Dated

Statement of Cash Flows

For the year ended 30 June 2019

	Note	2019 \$	2018 \$
Cash flow from operating activities			
Cash was provided from (applied to):			
Receipts from contract transactions and other income		14,638,082	16,321,574
Interest received		56,900	58,451
Payments for contract and supplier transactions		(12,883,100)	(13,791,753)
Payments for employees		(2,501,119)	(2,597,919)
Goods and services tax (net)		(13,433)	18,558
Net cash/(used in) operating activities		(702,670)	8,911
Cash flow from investing activities			
Cash was provided from (applied to):			
Disposal of plant and equipment		-	12,610
Acquisition of plant and equipment		(110,203)	(10,284)
Maturity of term deposit		1,050,000	100,000
Net cash/(used in) investing activities		939,797	102,326
Cash and cash equivalents, beginning of the year		830,736	719,499
Net increase/(decrease) in cash and cash equivalents		237,127	111,237
Cash and cash equivalents at end of the year	7	1,067,863	830,736

Notes to the Financial Statements

For the year ended 30 June 2019

1. Reporting Entity

These financial statements comprise the financial statements of Waitaha Primary Health Limited (the "PHO") for the year ended 30 June 2019.

The PHO is registered under the Companies Act 1993. The Company is a charitable organisation, domiciled in New Zealand.

The financial statements were authorised for issue by the Board of Directors on the date indicated on page 4.

2. Basis of Preparation

(a) Statement of compliance

The financial statements have been prepared in accordance with Tier 2 Public Benefit Entity (PBE) Financial Reporting Standards as issued by the New Zealand External Reporting Board (XRB). They comply with New Zealand equivalents to International Public Sector Accounting Standards with Reduced Disclosure Regime (NZ IPSAS with RDR) and other applicable Financial Reporting Standards as appropriate to Public Benefit Entities for which all disclosure exemptions have been adopted.

The Company is eligible to report in accordance with Tier 2 PBE Accounting Standards on the basis that it does not have public accountability and annual expenditure does not exceed \$30 million.

The Company is deemed a public benefit entity for financial reporting purposes, as its primary objective is to act as a primary health organisation for the rural Canterbury community and has been established with a view to supporting that primary objective rather than a financial return.

(b) Basis of measurement

The financial statements have been prepared on a historical cost basis.

The accrual basis of accounting has been used unless otherwise stated and the financial statements have been prepared on a going concern basis.

(c) Presentation currency

The financial statements are presented in New Zealand dollars, which is the Company's functional currency.

All numbers are rounded to the nearest dollar (\$).

(d) Comparatives

The comparative financial period is 12 months.

The net asset position and net surplus or deficit reported in comparatives is consistent with previously authorised financial statements.

(e) Changes in accounting policies

The accounting policies adopted are consistent with those of the previous financial year.

3. Summary of significant accounting policies

The accounting policies of the Company has been applied consistently to all years presented in these financial statements.

The significant accounting policies used in the preparation of these financial statements are summarised below:

(a) Accounting for associates

Associates are those entities over which the Company is able to exert significant influence but which are neither subsidiaries nor joint ventures. Investments in associates are accounted for using the equity method. Under the equity methods, the investment is initially recognised at cost, and the carrying amount is increased or decreased to recognise the Company's share of the profit or loss of the associate after the date of acquisition.

The Company generally deems it has significant influence over another entity when it has over 20% of the voting rights. If the ownership interest in an associate is reduced but significant influence is retained, only a proportionate share of the amounts previously recognised in other comprehensive income is reclassified to profit or loss where appropriate.

The Company's share of the associate's profit or loss is recognised in profit or loss, and its share of movements in other comprehensive income is recognised in other comprehensive income. The cumulative movements are adjusted against the carrying amount of the investment.

The Company determines at each reporting date whether there is any objective evidence that the associate investment is impaired. If this is the case, the Company calculates the amount of impairment as the difference between the recoverable amount of the associate and its carrying value and recognises the amount of the "share of

profit in an associate" in the statement of comprehensive revenue and expense.

(b) Cash and cash equivalents

Cash and cash equivalents include cash on hand, term deposits and other short-term highly liquid investments with original maturities of three months or less.

(c) Debtors and other receivables

Trade debtors and other receivables are measured at their cost less any impairment losses.

An allowance for impairment is established where there is objective evidence the Company will not be able to collect all amounts due according to the original terms of the receivable.

(d) Creditors and other payables

Trade creditors and other payables are stated at cost.

(e) Plant and equipment

Plant and equipment are measured at cost, less accumulated depreciation and any impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the asset.

Additions and subsequent costs

Subsequent costs and the cost replacing part of an item of plant and equipment is recognised as an asset if, and only if, it is probable that future economic benefits or service potential will flow to the Company and the cost of the item can be measured reliably. The carrying amount of the replaced part is derecognised.

In most instances, an item of plant and equipment is recognised at its cost. Where an asset is acquired at no cost, or for a nominal cost, it is recognised at fair value at the acquisition date.

All repairs and maintenance expenditure is charged to surplus or deficit in the year in which the expense is incurred.

Disposals

An item of plant and equipment is de-recognised upon disposal or when no further future economic benefits or service potential are expected from its use or disposal.

When an item of plant or equipment is disposed of, the gain or loss recognised in the surplus or deficit is calculated as the difference between the net sale proceeds and the carrying amount of the asset.

(e) Plant and equipment cont.

Depreciation

Depreciation is recognised as an expense in the reported surplus or deficit and measured on diminishing value (DV) basis on all plant and equipment over the estimated useful life of the asset. The following depreciation rates have been applied at each class of plant and equipment:

Computer equipment and plant 20-48% DV

The residual value, useful life, and depreciation methods of plant and equipment is reassessed annually.

(f) Impairment

At each reporting date, the Company assesses whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the Company estimates the asset's recoverable amount.

Recoverable amount is determined for an individual asset. An asset's recoverable amount is the higher of an asset's fair value less costs of disposal and its value in use.

Where the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

Impairment losses are recognised immediately in surplus or deficit.

(g) Financial instruments

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument in another entity.

Financial instruments are comprised of trade debtors and other receivables, cash and cash equivalents, trade creditors and other payables and borrowings.

Initial recognition and measurement

Financial assets and financial liabilities are recognised initially at fair value plus transaction costs attributable to the acquisition, except for those carried at fair value through surplus or deficit, which are measured at fair value.

Financial assets and financial liabilities are recognised when the reporting entity becomes a party to the contractual provisions of the financial instrument.

Derecognition of financial instruments

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or if the Company transfers the financial asset to another party without retaining control or substantially all risks and rewards of the asset.

A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

Subsequent measurement of financial assets

The subsequent measurement of financial assets depends on their classification, which is primarily determined by the purpose for which the financial assets were acquired. Management determines the classification of financial assets at initial recognition and re-evaluates this designation at each reporting date.

All financial assets held by the Company in the years reported have been designated into one classification, "loans and receivables", being non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment.

(h) Provisions

A provision is recognised for a liability when the settlement amount or timing is uncertain; when there is a present legal or constructive obligation as a result of a past event; it is probable that expenditures will be required to settle the obligation; and a reliable estimate of the potential settlement can be made. Provisions are not recognised for future operating losses.

Provisions are measured at the estimated expenditure required to settle the present obligation, based on the most reliable evidence available at the reporting date, including the risks and uncertainties associated with the present obligation.

Provisions are discounted to their present values where the time value of money is material. The increase in the provision due to the passage of time is recognised as an interest expense.

All provisions are reviewed at each reporting date and adjusted to reflect the current best estimate.

(i) Employee entitlements

Employee benefits, previously earned from past services, that the Company expect to be settled within 12 months of reporting date are measured based on accrued entitlements at current rate of pays.

These include salaries and wages accrued up to the reporting date and annual leave earned, but not yet taken at the reporting date.

(j) Revenue

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

The Company assesses its revenue arrangements against specific criteria to determine if it is acting as the principal or agent in a revenue transaction. In an

agency relationship only the portion of revenue earned on the Company's own account is recognised as gross revenue in the Statement of Comprehensive Revenue and Expense.

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

Revenue from non-exchange transactions

A non-exchange transaction is where the Company either receives value from another entity without directly giving approximately equal value in exchange, or gives value to another entity without directly receiving approximately equal value in exchange.

When non-exchange revenue is received with conditions attached, the asset is recognised with a matching liability. As the conditions are satisfied the liability is decreased and revenue recognised.

When non-exchange revenue is received with restrictions attached, but there is no requirement to return the asset if not deployed as specified, then revenue is recognised on receipt.

Condition stipulation – funds received are required to be used for a specific purpose, with a requirement to return unused funds.

Restriction stipulation – funds received are required to be used for a specific purpose, with no requirement to return unused funds.

Donations, grants and contract revenue

To the extent that there is a condition attached that would give rise to a liability to repay the grant or contract amount, a deferred revenue liability is recognised instead of revenue. Revenue is then recognised only once the PHO has satisfied these conditions.

Interest income

Interest income is recognised as it accrues.

(k) Income tax

Due to it's charitable status, the Company is exempt from income tax.

(l) Goods and Services Tax (GST)

All amounts in these financial statements are shown exclusive of GST, except for receivables and payables that are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the Inland Revenue Department (IRD) is included as part of receivables or payables in the Statement of Financial Position.

(m) Lease assets

Payments made under operating leases are recognised in the statement of comprehensive revenue and expense on a

straight line basis over the term of the lease. Associated costs, such as maintenance and insurance where applicable, are expensed as incurred.

(n) New standards adopted and interruptions not yet adopted

Certain new accounting standards have been published that are not mandatory for the current reporting period. It is not expected that these standards will have any material impact on the financial statements.

4. Significant accounting judgements, estimates and assumptions

The preparation of financial statements in conformity with NZ IPSAS with Reduced Disclosure Regime requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Where material, information on significant judgements, estimates and assumptions is provided in the relevant accounting policy or provided in the relevant note disclosure.

The estimates and underlying assumptions are based on historical experience and various other factors believed to be reasonable under the circumstances. Estimates are subject to ongoing review and actual results may differ from these estimates. Revisions to accounting estimates are recognised in the year in which the estimate is revised and in future years affected.

5. Capital Management Policy

The PHO's capital is its equity, being the net assets represented by accumulated surplus and other equity reserves. The primary objectives of the PHO's capital management policy is to ensure adequate capital reserves are maintained in order to support its activities. The PHO manages its capital structure and makes adjustments to it, in light of changes to funding requirements. To maintain or adjust the capital structure, budgetary discretionary expenditure is reduced to avoid the need for additional external borrowings.

6. Other operating expenses

Administration Expenses

	2019 \$	2018 \$
Advertising	189	304
Audit Fee	13,040	9,500
Bank Charges	908	719
Conference Expenses	3,134	783
Consultancy Fees	13,805	14,314
Education CME/CNE	3,825	5,228
General Expenses	49,092	17,978
Insurance	14,987	14,198
Legal Fees	-	3,855
Management Services	133,797	140,866
Motor Vehicle Lease	12,172	13,832
Motor Vehicle Running Costs	8,698	8,899
PHO Alliance Membership	7,346	8,086
Printing & Stationery	19,179	23,610
Repairs and Maintenance	3,888	854
Telephone & Tolls	10,416	14,296
Total Administration Expenses	294,476	277,322

	2019 \$	2018 \$
Occupancy expenses		
Electricity	24,649	22,427
Office Cleaning	19,873	14,023
Rental	209,591	164,651
Total occupancy expenses	254,113	201,101

Governance expenses

Board Expenses	38,178	37,394
Board Meeting Fees	71,813	67,530
Clinical Governance	10,585	15,184
Total governance expenses	120,576	120,108
Depreciation	19,919	4,686
Total	689,084	603,217

7. Cash and cash equivalents

The carrying amount of cash and cash equivalents approximates their fair value.

The effective interest rate on term deposits in 2019 was 2.65%-3.05% (2018: 3.00%-3.32%).

	2019 \$	2018 \$
ASB current account	467,863	830,736
Term Deposits less than 3 months	600,000	-
Total cash and cash equivalents	1,067,863	830,736

Term deposits

	2019 \$	2018 \$
Term Deposits 9-12 months	550,000	1,600,000
Term Deposits greater than 12 months	-	-
Total Term Deposits	550,000	1,600,000

8. Receivables from non exchange transactions

Trade debtors and other receivables are non-interest bearing and receipt is normally on 30 days terms. Therefore the carrying value of trade debtors and other receivables approximates its fair value.

As at 30 June 2018 and 2019, all overdue receivables have been assessed for impairment and appropriate allowances made. All receivables are subject to credit risk exposure.

	2019 \$	2018 \$
Accounts receivables	817,955	420,418
Sundry receivables	6,690	6,521
Total	824,645	426,939
Classified as:		
Current assets	824,645	426,939
Non-current assets	-	-
Total	824,645	426,939

9. Plant and equipment

Movements for each class of property, plant and equipment are as follows:

2019	Motor Vehicles \$	Computer Equipment & Plant \$	Total \$
Gross carrying amount			
Opening balance	25,522	58,458	83,980
Additions	47,573	62,630	110,203
Disposals	-	-	-
Closing balance	73,095	121,088	194,183
Accumulated depreciation and impairment			
Opening balance	12,080	43,329	55,409
Adj to opening balance	-	-	-
Depreciation for the year	10,767	9,152	19,919
Disposals	-	-	-
Impairment charge for the year	-	-	-
Closing balance	22,847	52,481	75,328
Carrying amount 30 June 2019	50,248	68,607	118,855

2018	Motor Vehicles \$	Computer Equipment & Plant \$	Total \$
Gross carrying amount			
Opening balance	50,204	48,174	98,378
Additions	-	10,284	10,284
Disposals	(24,682)	-	(24,682)
Closing balance	25,522	58,458	83,980
Accumulated depreciation and impairment			
Opening balance	21,124	44,179	65,303
Adj to opening balance	3,819	(3,819)	-
Depreciation for the year	6,709	2,969	9,678
Disposals	(19,572)	-	(19,572)
Impairment charge for the year	-	-	-
Closing balance	12,080	43,329	55,409
Carrying amount 2018	13,442	15,129	28,571

10. Payables under non exchange transactions

Trade creditors and other payables are non-interest bearing and normally settled on 30 day terms; therefore their carrying amount approximates their fair value.

	2019 \$	2018 \$
Current		
Trade Payables	282,963	310,614
Sundry payables	91,846	33,430
Total current	374,809	344,044
Total payables under non exchange transactions	374,809	344,044

11. Employee entitlements

	2019 \$	2018 \$
Current		
Annual leave entitlements	193,444	169,707
Total	193,444	169,707

12. Deferred revenue

The PHO receives funding for the delivery of specific health services. Unexpended funding where agreed upon services or conditions have not been fully completed at balance date and for which a return obligation exists are recognised as deferred funding and are expected to be recognised within the next one to 12 months.

	2019 \$	2018 \$
Unexpended contract revenue	1,391,089	1,637,768
Other income received in advance	91,444	107,885
Total deferred revenue	1,482,533	1,745,653

13. Financial instruments**(a) Carrying value of financial instruments**

The carrying amount of all material financial position assets and liabilities are considered to be equivalent to fair value.

Fair value is the amount for which an item could be exchanged, or a liability settled, between knowledgeable and willing parties in an arm's length transaction.

(b) Classification of financial instruments

All financial assets held by the PHO are classified as "loans and receivables" are carried at cost less accumulated impairment losses.

All financial liabilities held by the PHO are carried at amortised cost using the effective interest rate method.

Classification of financial instruments

The carrying amounts presented in the statement of financial position relate to the following categories of financial assets and liabilities.

2019	Loans and receivables	Liabilities at amortised cost	Total carrying amount	Fair value
Financial Assets				
Trade and other receivables	824,645	-	824,645	824,645
Cash and cash equivalents	1,067,863	-	1,067,863	1,067,863
Term Deposit	550,000	-	550,000	550,000
Total current assets	2,442,508	-	2,442,508	2,442,508
Total Assets	2,442,508	-	2,442,508	2,442,508

Financial liabilities				
Trade and other payables	-	374,809	374,809	374,809
Total current liabilities	-	374,809	374,809	374,809
Total liabilities	-	374,809	374,809	374,809

2018	Loans and receivables	Liabilities at amortised cost	Total carrying amount	Fair value
Financial Assets				
Trade and other receivables	426,939	-	426,939	426,939
Cash and cash equivalents	830,736	-	830,736	830,736
Term Deposit	1,600,000	-	1,600,000	1,600,000
Total current assets	2,857,675	-	2,857,675	2,857,675
Total Assets	2,857,675	-	2,857,675	2,857,675

Financial liabilities				
Trade and other payables	-	344,044	344,044	344,044
Total current liabilities	-	344,044	344,044	344,044
Total liabilities	-	344,044	344,044	344,044

14. Operating Leases

	2019 \$	2018 \$
Non-cancellable operating leases as payable as follows		
Less than one year	231,854	279,977
Between one and five years	107,260	314,305
More than five years	-	-
Total	339,114	594,282

15. Related party transactions

Related party transactions arise when an entity or person(s) has the ability to significantly influence the financial and operating policies of the Company.

The PHO has a related party relationship with its Directors and other key management personnel.

(a) Related party balances

- (1) L Martin is a director of the company and a partner of Rangiora Medical Centre Limited Partnership. Rangiora Medical Centre Limited Partnership received PHO funding on terms and conditions that are consistent for such transactions on a normal supplier basis. Balance outstanding as at balance date totals \$825 (2018:\$1,445)
- (2) P Sparks a director of the company is also a director of Moore Street Medical Centre Limited. Moore Street Medical Centre Limited received PHO funding on terms and conditions that are consistent for such transactions on a normal supplier basis. Balance outstanding as at balance date totals \$825 (2018:\$2,074).

(b) Key management compensation

The PHO has a related party relationship with its key management personnel. Key management personnel include the PHO's directors and senior management of the Company.

2019

	Directors \$	Snr mgmt \$	Total \$
Salaries and other short-term employee benefits	71,813	584,385	656,198
Total remuneration	71,813	584,385	656,198

Number of persons recognised as key management personnel	8	7	15
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2018

	Directors \$	Snr mgmt \$	Total \$
Salaries and other short-term employee benefits	67,530	657,643	725,173
Total remuneration	67,530	657,643	725,173

Number of persons recognised as key management personnel	8	7	15
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16. Contingent assets and contingent liabilities

Waitaha Primary Health Limited has no contingent assets or contingent liabilities (2018: None).

17. Equity

As at 30 June 2019, 100 ordinary shares have been allocated to the shareholder and remain unpaid. All shares rank pari passu.

18. Commitments

As at 30 June 2019 Waitaha Primary Health Limited is not aware of any capital commitments or contingencies (2018: nil).

19. Subsequent Events

There were no significant events after the balance date.

Independent Auditor's Report

To the Shareholder of Waitaha Primary Health Limited

Opinion

We have audited the financial statements of Waitaha Primary Health Limited (the Company) on pages 3 to 20, which comprise the statement of financial position as at 30 June 2019, and the statement of comprehensive revenue and expense, 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 accompanying financial statements present fairly, in all material respects, the financial position of the Company as at 30 June 2019, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards [Reduced Disclosure Regime] issued by the New Zealand Accounting Standards Board.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Company in accordance with Professional and Ethical Standard 1 (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, the Company.

Information Other Than the Financial Statements and Auditor's Report

The Directors are responsible for the other information. Our opinion on the financial statements does not cover the other information included in the annual report and we do not and will not express any form of assurance conclusion on the other information. At the time of our audit, there was no other information available to us.

In connection with our audit of the financial statements, if other information is included in the annual report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise

appears to be materially misstated. If, based on the work we have performed on the other information that we obtained prior to the date of our auditors' report, we concluded that there is a material misstatement of this other information, we are required to report that fact.

Responsibilities of the Directors for the Financial Statements

The Directors are responsible on behalf of the company for the preparation and fair presentation of the financial statements in accordance with Public Benefit Entity Standards Reduced Disclosure Regime issued by the New Zealand Accounting Standards Board, and for such internal control as The Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless those charged with governance either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (NZ), we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a

material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of the use of the going concern basis of accounting by the Directors and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Crowe Horwath

**Crowe Horwath New Zealand
Audit Partnership**

CHARTERED ACCOUNTANTS

Dated at Dunedin this 26th day of
September 2019

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WAITAHA
PRIMARY HEALTH

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YOUR WHANAU
OUR COMMUNITY

