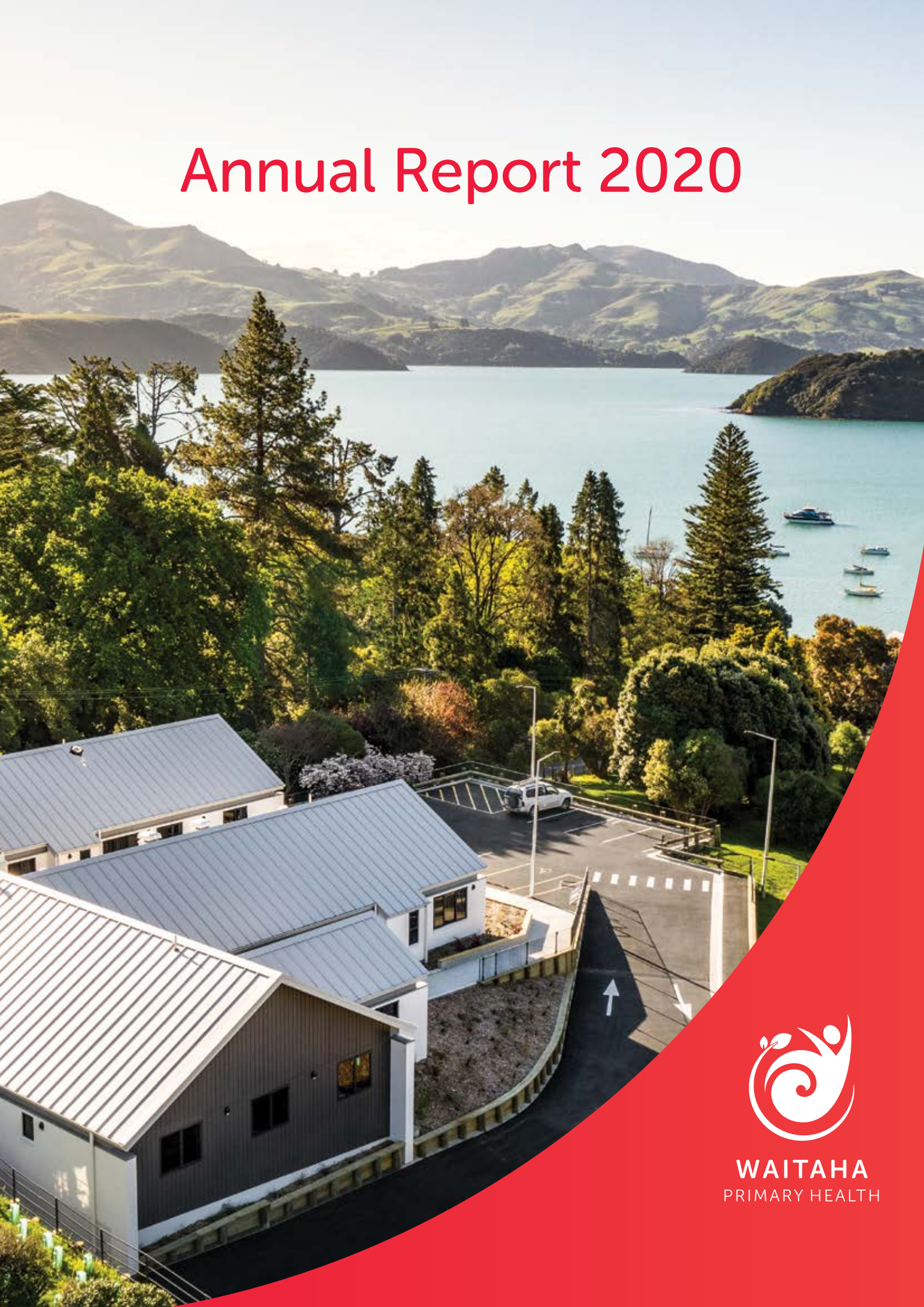
Annual Report 2020



WAITAHA
PRIMARY HEALTH

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Front cover: The new Akaroa Health Centre by Dennis Radermacher © Lightforge Photography

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WAITAHA
PRIMARY HEALTH

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 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 a pleasure to present the Annual Report for Waitaha Primary Health for the 2019-2020 financial year.

There are many special events from the last year that spring to mind, some large some small. As an organisation we strive to make the services we provide, the practice teams we support, and our interaction with NGOs as useful and appropriate to the needs of the population as possible. This is achieved with the highly qualified members of the management team and those who work with them.

The Board would like to thank everyone for their commitment and good humour throughout the year.

This has certainly been a year of multiple changes with much adaptation being required at every turn. The latter half of 2019 was business as usual, focusing on the delivery of services and supporting those who perform those tasks in Primary Care.

This enabled the expansion of services already in action, and increased support for suitable after hours delivery in rural areas, especially the Hurunui. This, as you are all aware, is a large territorial area with a scattered population and small centres. The logistics of providing after hours care has not been easy but progress has been made and after hours care has been established. Thank you to Bill and the Senior Management team, the practice teams, the TLA support especially Mayor Marie Black, and most importantly the population of the Hurunui, who have given great feedback and shown patience in the process. Such simple tasks as actually getting to a hospital outpatient clinic in normal business hours can be major when you live rurally. The local communities have risen to the occasion and in many areas have supplied a service that runs from the village (or can collect people from their home) to Christchurch Hospital. These services are a result of committed community members and Waitaha Primary Health would like to thank them.

After Hours provision of medical service is a national issue, especially in rural areas where practice teams and emergency services collaborate. Many national organisations have been involved in this process and as an organisation the Waitaha Primary Health team acknowledges and thanks Bill Eschenbach for his endless hours of commitment to this. Much progress has been made working with St John and the New Zealand Fire Service.

> *The early months of 2020 changed our focus, as it did with all other health providers and the community. COVID-19 had arrived on our shores. We are still in its grasp and it still holds a major focus for us all.*

Community Based Assessment Centres (CBACs) had to be established within a rapid time span. This kept multiple members of the Senior Management Team busy and out of the office for many days. Bill and Janetta

Akaroa, Canterbury

led a committed team of Waitaha Primary Health staff members, who worked with wider Primary Health Organisations, and did a sterling job, such that CBACs were up and running within a very short time in Ashburton, Rangiora and Amberley. More isolated practices that provided controlled nasal swab facilities were also well serviced. Often just getting the basic requirements to these practices was a major process in terms of time.

Despite the highs and lows of COVID-19, usual primary health activities continued, and as you will see from the highlights in this Annual Report, these were varied.

We are proud to note that the demographic of Waitaha Primary Health providers includes Nurse Practitioners, one qualified for some years and another qualifying in October 2020. These professionals are an asset to our health service and we are ever hopeful for more skilled nurses with higher qualifications.

As a Board, we were delighted to welcome Pari Hunt to lead the Whānau Ora team and lead the members of the Waitaha community into a new approach to Māoritanga.

Pari came to us from Te Pūtahitanga and his gift for educating us all is well appreciated. The Whānau Ora Navigators carry full workloads demonstrating both the need and the appreciation of this service. Thank you for your commitment.

We also have the opportunity to work with and learn from Malu Tulia regarding a Pasifika focused service. Thank you Malu, but I fear that we may be overworking you as you are in constant demand!

Mental health service delivery is always an issue but has been highlighted with the added issues around the COVID-19 pandemic. Paul Wynands has coordinated the response from the Senior Management Team. This is a challenging and ongoing high demand area of health supported by the Brief Intervention Coordinators. Thank you for sharing your skills. This will be an ongoing health issue but the prospect of more tools to utilise is much anticipated in light of the increasing mental health issues in society.

Added to local service delivery, the Mental Health team also oversee the delivery of mental health services to South Island Correction Centres, a demanding and important service.

One important focus for all Primary Health Organisations has been achieving serviceable

Dr Lorna Martin

outpatient appointments for those living in rural areas. The 8.30 am appointment for the 91 year old living in Hanmer Springs, for example. I am delighted to report that headway is being made for outpatient appointments and admission/discharge times have improved. Thank you everyone especially the CDHB for listening and acting on this issue.

The stories are numerous and I will leave that to the actual report.

The organisation continues to focus on appropriate services and the delivery of these services to our enrolled population, to improve the quality of outcomes and achieve 'better sooner, more convenient' and ' closer to home' delivery of health services.

We have data showing that we are achieving many aspects of this and we are working to do more.

Changes may not happen as fast as we would like but by working with the other Primary Health Organisations (Christchurch PHO and Pegasus Health) and the CDHB we are making progress. An example dear to Bill's heart is telehealth. The COVID -19 pandemic has opened the door within the CDHB and has led to another tool being available to the community. I would like to say thank you to Christchurch PHO, Pegasus Health and the CDHB. It would be remiss of me not to thank the Canterbury Primary Response Group for its major assistance in the COVID-19 response. Thank you

This year has seen the loss of members of the Board after many years and the introduction of new members.

Sadly after 12 years we said goodbye to Pamela Richardson, a strong advocate for Akaroa. Pam has a passion for health and I am pleased to report that has not been lost to the community, as she is very involved with the new hospital and practice facility in Akaroa. Thank you Pam for your years of appreciated input and support.

We also said farewell to Kerry Smith who sadly chose to move south. Our loss. Kerry is a strong international supporter of Rural Women and like Pam is missed.

The loss of two members does however mean that we have had the opportunity to welcome two new members to the Board.

Toriana Hunt representing Manawhenua ki Waitaha, and Georgina McLeod representing the Ashburton area.

Both come with an extensive background in health and health delivery plus skills in organisation and management.

Sadly we also came to the retirement of Susan Kovacs, who after twelve years with this organisation and fifty years of commitment to psychiatric nursing, has decided to take a well-earned retirement. Susan has been a stalwart of the Mental Health delivery team and will be much missed. Thank you Susan for everything that you have done. The list is long and very comprehensive.

So for the 2020-2021 year our aims are to expand the drive for quality in service provision and to support the practice teams to continue in delivering this.

Dr Lorna Martin

Chief Executive's Report

No matter how much planning we had done, we couldn't have anticipated what life would be like for our PHO and the rest of the health system in the last financial year. The impact of COVID-19 has been felt in every corner of the world, including ours at Waitaha Primary Health.

We certainly stepped up to the challenge, as highlighted later in this report, but much of the work we had planned for 2020 had to be relegated to the backburner while we tackled more pressing issues, such as supporting General Practice to respond to the crisis and continue to provide high standards of primary health care.

Our staff, our Board, and our internal COVID-19 response team worked incredibly hard, particularly during the lockdown period. We saw our role as helping to make life easier for people in our communities and everyone working in primary health care in Canterbury. We worked in unison with others in the health system, through the Canterbury Primary Response Group and the Emergency Operations Centre. Our expertise in rural primary care was recognised and we were given the mandate to get things done in ways that worked best for the teams in Community Based Assessment Centres (CBACs) and General Practice.

Our agility meant that we discovered and introduced new ways of working that will be useful long past the COVID-19 response. The ability to get telehealth and virtual consultations up and running in our member practices was a big win. General Practice moved to them almost overnight and didn't miss a beat in caring for their regular patients. Some patients struggled with the fact that they needed to pay for telephone and online consultations, but embedding this change would normally take time that we didn't have during the COVID-19 response.

Practices reported that they appreciated having easier access to Secondary Care Specialists during the lockdown period and the use of electronic prescriptions made life simpler. Tapping into welfare groups to assist with the delivery of medication and other necessities of life helped during this crisis and will undoubtedly be used again in the future. The generosity of these groups and all of the other agencies and volunteers that put their hands up to help was outstanding.

Given the importance of technology in the COVID-19 response, our 2019/20 focus on enhancing IT within our practices and at Waitaha Primary Health proved timely. While we remain agnostic about which patient management systems practices should be using, we have supported many to move from Medtech32 to Medtech Evolution. The more advanced Evolution system is delivering well. We are also continuing to support practices with whatever system they believe works best for them.

One of the most important national health events of the year was the release of the New Zealand Health and Disability System Review. This review, which was made public on 16 June 2020, highlighted many areas for improvement in the health system. In general, we were very pleased with the findings.

There was a strong focus on the lack of equitable health outcomes for rural communities, people with disabilities and different cultural groups, particularly Māori and Pasifika. It is important that these inequities are addressed, and we were pleased to see that these findings aligned with our views as a PHO, and the work we are currently doing to advocate for these groups. Our strong involvement in the New Zealand Rural GP Network, Rural Health Alliance Aotearoa New Zealand (RHAANZ), GPNZ and the Primary Health Alliance has enabled us to feedback our concerns and needs, and the opportunities that we see in the primary care sector.

Throughout the year, we continued our close association with the Canterbury Clinical Network (CCN), the Hurunui Health Service Development Group and the Ashburton Service Level Alliance. I would like to acknowledge all that these groups do in our region and the tremendous contribution they make to the health of our communities. For example, in the last year the Hurunui group, which includes members of the community and health professionals working alongside health service managers from Waitaha Primary Health and the CDHB, have developed plans to ensure better access to mental health services and pre and post-natal care for mothers and their babies.

Meanwhile, the Rural Health workstream is working to achieve increased equity of health outcomes across Canterbury. Its activities have included defining rural in the Canterbury context, promoting clinically and fiscally sustainable health services in rural areas, encouraging and recommending innovative solutions that support rural health services, and providing recommendations with a rural focus to other CCN workstreams and service level alliances. Recently, we have been working with the Otago Medical School and the Rural General Practice Network, supporting sixth year trainee intern elective placements in rural areas. We are planning to start this initiative in the first semester 2021.

The official opening of the new Akaroa Health Centre was cause for celebration in 2019. The Centre needed to be rebuilt after the Canterbury earthquakes and has now found a permanent home. We are grateful for the work of the Medical Centre team and community, Canterbury District Health and the Christchurch City Council.

In the last year we have lost some key people from our governance roles and wider team but have gained new, highly competent staff, who are already making very valuable contributions. I would like to make special mention of three people. Firstly, Susan Kovacs who I would like to acknowledge for

her many years at Waitaha Primary Health and contribution to mental health care in Canterbury Liaison team from 2008 and dedicated more than 50 years to psychiatric nursing. We wish her well in retirement. Secondly, Sandy Lockhart Hunt who supported us in backfilling our Māori Health Manager role, reviewing our Māori Health Plan and guiding us in optimising services for Māori. Thirdly, Dr Sue Fowlie who resigned as Chair of our Clinical Governance Group, following her purchase of the Rakaia Medical Centre. We are very grateful to Sue for her input into the clinical direction of Waitaha Primary Health and wish her all the best for her new role in Rakaia. Dr Martin Gardner has stepped into the Clinical Governance role.

> *I want to take this opportunity to acknowledge Waitaha's General Practice Team members for their tireless efforts to deliver and support patients/whānau health and wellbeing throughout the year.*

There are many stakeholders and funders that support the functioning of Waitaha Primary Health but in particular Rata Foundation, Advance Ashburton, Te Putahitanga, CCN and CDHB.

As always I want to acknowledge the Board, Clinical Governance Group, and Finance Audit and Risk Committee members for their stewardship throughout the year, with special thanks to our Chair, Dr Lorna Martin.

Finally, my thanks to every staff member for the professional way they undertake their roles. I look forward to continuing our efforts throughout 2020/21.

Bill Eschenbach

Board members

Waitaha Primary Health

Dr Lorna Martin
Chair
GP Representative, Waimakariri

Dr Andrew Richardson
Hurunui District Council – Community Representative

Dr Peter Sparks
GP Representative, Ashburton

Toriana Hunt
Māori Representative (Manawhenua ki Waitaha)

Georgina McLeod
Ashburton District Council Community Representative

Dan Gordon
Waimakariri District Council – Community Representative

Pamela Campbell
Allied Health Representative

Bill Eschenbach
Chief Executive Officer

Welcomes and farewells

We were delighted to welcome Georgina McLeod and Toriana Hunt to the Waitaha Primary Health Board in the last year. We also want to thank Sandy Hunt-Lockhart, Pam Richardson, and Kerry Smith, who have now stepped down from the Board, for their years of dedication and service. We wish them all well for the future.

Georgina grew up in Mid Canterbury before studying and moving to Wellington, where she spent 15 years working in policy and communications for several government agencies and NGOs. Now based in Mt Somers, she runs a family business and is also on the Deafblind Association of Aotearoa Board.

"I applied to join the Waitaha Board to bring a strong Mid Canterbury voice to the table. I also wanted to represent the interests of rural and remote whānau to ensure our systems meet the healthcare needs of our community," she says. "Being married to a Samoan, and having Samoan daughters, I know the importance of an inclusive healthcare system, and also particularly want to support the work Waitaha is doing with new and migrant communities in our area."

Earlier in the year, Toriana Hunt joined the Waitaha Primary Health Board as our new Māori representative (Manawhenua ki Waitaha). She follows in the footsteps of her mother Sandy Hunt-Lockhart, who is Waitaha Primary Health's former Māori representative.

Bill Eschenbach, Pam Richardson and Dr Lorna Martin

Toriana works as a child advocate for Māori in the Paediatrics Department at Christchurch Hospital. She is part of a multidisciplinary team and supports whānau around cultural and other issues, so that they feel supported and heard. She also represents Te Taumutu Rūnanga on Manawhenua ki Waitaha, the treaty partner to Canterbury District Health Board.

"I'm looking forward to learning more about the work Waitaha Primary Health does in our communities," she says. "I'm also grateful for having lots of support from previous Board members. I want to keep advocating for Māori by Māori and ensuring there is a strong voice at the Waitaha Primary Health Board table."

Board member becomes mayor

Congratulations to Waitaha Primary Health Board member Dan Gordon, who became Waimakariri District Council's new Mayor in October, last year. Mayor Gordon serves on the Board as the Waimakariri District Council TLA Community Representative. "We wish Dan well in his new role and are delighted he has decided to continue on the Waitaha Primary Health Board, despite his increased Council commitments," Board Chair Lorna Martin says.

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

Canterbury Plains

Pasifika service continues to flourish

Helping Pasifika families live healthier, happier lives is all in a day's work for Malu Tulia.

As Waitaha Primary Health's Pasifika Navigator, Malu supports families to access the support or education they need to improve their health and wellbeing. Referrals to Malu are made via Waitaha GP teams, from Cheviot to Hinds.

The connections she has built through this work proved to be incredibly valuable during the COVID-19 lockdown. During this period, Malu received about 600 phone calls from members of the Pasifika community.

"There were a lot of Pasifika families that didn't know how to use video calling or didn't have the right technology, so initially there was a bit of panic when they couldn't see their health professional. I tried to help them remain calm, encouraged them to call their GP if they were worried about running out of medication, for example, and supported them by joining phone calls with GPs if necessary."

During this time, she also helped about 30 families to develop personalised health plans.

Day-to-day living on the Islands is very different from New Zealand, she says. Most people do not have a family doctor and usually rely on their neighbours or other family members for support. When families move to New Zealand, often both parents will be working different shifts, with one at work during the day and one working at night, which can completely change the family's lifestyle.

"In the Islands, a lot of people will walk to school but here they just get in the car. Junk food is so cheap in New Zealand supermarkets so families will buy that," Malu says. "I take a holistic approach with the families I work with. I talk to them about what they enjoyed doing in the Islands, like dancing and singing, which they can do at home. It's a fun activity they can do as a family and keep in touch with their culture and language. I'll also help them to plan their supermarket shopping and shop smarter to include more fresh fruit and vegetables."

Ara Institute of Canterbury student Malaefou Pouli and Pasifika Navigator Malu Tulia

Asthma and diabetes are among the main health issues that Malu sees. One of her initiatives in the last year has been working with Pasifika churches to coordinate a health day, where different professionals and the community can come together to share their experience and knowledge. She says one day she would like to see a dedicated Pasifika health promotion and education team that can respond quickly to issues or needs in the community by providing tailored solutions such as community workshops or education sessions.

Rebuilt Akaroa Health Centre opens

A highlight of the year was the official opening of the Akaroa Health Centre, which was rebuilt following the Canterbury Earthquakes. After several moves within the township, during the rebuilding process, it finally arrived home. This was a truly collaborative effort between the Medical Centre team and their community, Canterbury District Health Board and the Christchurch City Council.

Welcome to Bernie Thomas
- Our new Mental Health Liaison

With an extensive background in community and hospital-based mental healthcare, Bernie Thomas was an ideal candidate for the role of Primary Care Mental Health Liaison with Waitaha Primary Health.

Bernie started in the role in June 2020, following Susan Kovacs' retirement. Before this, she worked in and out of Australia providing cover for rural midwives and nurses, so that they could take annual leave. When she was in New Zealand, she worked at Hillmorton Hospital.

> *"When I saw this role, I thought I was perfectly suited to it. I like community work and this role is very much community-based," Bernie says.*

As the Primary Care Mental Health Liaison, Bernie is the first point of contact for Waitaha Primary Health's member practices, when they are seeking mental health support for their patients. Bernie also works as a Brief Intervention Coordinator (BIC) from Kaiapoi Family Doctors, covering Kaiapoi and Waimakariri.

When a referral is received from a GP, Bernie will triage the case to match it with the appropriate BIC or rural mental health specialist. She says that after a comprehensive assessment has been completed, up to four sessions are provided to the person to help improve their mental health and establish a wellbeing pathway. People can also be referred to other services depending on the type of support they need. This might include alcohol and other drug issues or acute mental health care.

Since taking on the role, Bernie has been busy travelling around rural Canterbury meeting General Practice teams and completing assessments.


Bernie Thomas

"There has been quite a rise in referrals because of increased anxiety from COVID-19. The pandemic has made people quite fearful and we're starting to see job losses and pressure on families adding to that," she says. "We try to put some interventions in place for people before they require specialist care, as well as look at things such as cognitive behaviour therapy, mindfulness and relaxation techniques."

COVID focus for Clinical Governance Group

The COVID-19 response became the main focus for Waitaha Primary Health's Clinical Governance Group in 2020.

"We didn't have a lot of time to do anything else between January and June," Interim Chair of the Group Dr Martin Gardner says. "We were taking direction from the Ministry of Health, DHB and Canterbury Primary Response Group and trying to be as responsive as possible to the needs of Waitaha Primary Health General Practices."

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

During the 2019/20 year, Martin stepped into the role of Interim Chair of the Clinical Governance Group, replacing previous Chair Dr Sue Fowlie, who has taken up ownership of the Rakaia Medical Centre. Chief Executive Bill Eschenbach says Sue's guidance was much appreciated during her tenure on the group.

Applying an equity lens to all of Waitaha Primary Health's work will be a key feature of the 2020/21 year, Martin says.

"There's a lot of focus on equity in health from the minister down and we want to see the best results for our community. Waitaha Primary Health punches well above its weight, with the likes of our Whānau Ora and Pasifika navigators, but we can always do more. The impetus for change needs to come from all angles - the Minister, DHBs, the community and PHOs."


Dr Martin Gardner

Second locum needed

GP Locum Martin Gardner's working life was a roller coaster ride in the 2019/20 year, ranging from huge demand for his services in 2019, to a sharp drop during the nationwide lockdown, and rising need when COVID-19 alert levels lifted.

"During lockdown, I took the opportunity to run the CBAC (Community Based Assessment Centre) in Rangiora," he says. With the borders closed and no foreign doctors boosting the numbers of GPs, RMOs and locums in New Zealand, demand for locums escalated quickly again after New Zealand moved to Alert Level 2.

While Martin has been doing everything he can to support Waitaha Primary Health practices, he says at least one more person is needed to assist him. "I've worked in every practice except Three Rivers, and I'm booked to go there later in the year," he says.

"The locum service has been very popular right from the beginning. I was initially supposed to be locuming half-time and half-time in the office but from day one I've been in the community. "If I want a day in the office, I have to block it out several months in advance."

Looking ahead, Waitaha Primary Health is actively seeking to enhance this service, by recruiting a further GP.

Increasing Māori engagement

We were very pleased to welcome Pari Hunt (Ngāi Tahu, Te Āti Awa) as our new Māori Kaihautū, back in February.

As well as providing advice and cultural support to Waitaha Primary Health teams and General Practices, Pari works alongside our Whānau Ora navigators, developing and implementing policies and strategies to address Māori health issues. He is also responsible for our Māori health plans and supports competency and Te Tiriti o Waitangi training.

"If you look at it from an old-school navigator perspective, when Māori came to New Zealand, the whānau would jump on the waka and the navigator would take them where they wanted to go," Pari says. "On the way, he would teach them about how to get there. If I was to align that to the contemporary Māori world, I want to empower people to be able to get ahead themselves, rather than me (or people like me) always leading them there."

Pari covers an area from Akaroa to Waiau, taking into account more than 10,000 Māori patients – a lighter load than in his previous job as the Whānau Ora navigator coordinator for Te Pūtahitanga, the commissioning arm of Whānau Ora in the South Island.

There, Pari was responsible for overseeing 62 navigators covering the entire South Island, including Wharekauri (Chatham Islands) and Rakiura (Stewart Island).

During the COVID-19 response, Pari was involved in reviewing Waitaha Primary Health's response plan to ensure it would meet the needs of Māori. "It's important to really look at Māori and Pasifika needs," he says. "Often, when a crisis is too big, or too heavy, the response reverts to the default (the European way of doing things)."

> *"COVID-19 was an interesting time, I learnt a lot from it and for a lot of people it was a good time for reconnecting with whānau."*

However, Pari says adapting to new ways of working during lockdown was generally difficult for Māori who prefer face-to-face contact. "For people used to kissing, hugging, and hongi, it made things feel a bit uncomfortable when that was removed."


Pari Hunt

In his new role, Pari wants to improve the pronunciation of Te Reo and increase engagement with Māori in Waitaha Primary Health's member practices. He says, "It's often the simple changes that make the biggest difference, such as pronunciation. It's so important that the person at the front desk is able to say your name properly."

New HIP for Mid Canterbury

Counsellor Sue Louter sees first-hand how the Health Improvement Practitioner (HIP) model of care is making a difference in the Mid Canterbury community.

Following a successful pilot in Auckland General Practices in 2017, the model was extended to 23 practices across New Zealand by mid-June 2019. Waitaha Primary Health picked up the concept initially for Three Rivers Health in Ashburton.

Patients with mild to moderate mental health issues can be referred directly from their GP to the HIP based at 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 20-30 minute appointments and those thought to have more severe mental health issues are referred to secondary care.

Sue started working as the HIP at Three Rivers General Practice in Ashburton in mid-September 2019. Working from a solutions-focused and Dialectical Behaviour Therapy (DBT) background, she teaches clients valuable skills for their daily lives, such as how to live in the moment, cope healthily with stress, regulate emotions, and improve relationships with others.

> *She says, "Life does not wait for us to be ready before it throws a curve ball at us. The HIP model of care provides rapid, targeted brief intervention for people experiencing mental distress, or who need behavioural advice and support."*

It allows 'warm handovers', meaning a GP or nurse in a General Practice can offer someone who is experiencing distress, the option of seeing the HIP in the same location, often immediately. A support plan is developed, with follow-up as needed, tailored to individual circumstances. For some people, the initial session is enough to provide the support they need.

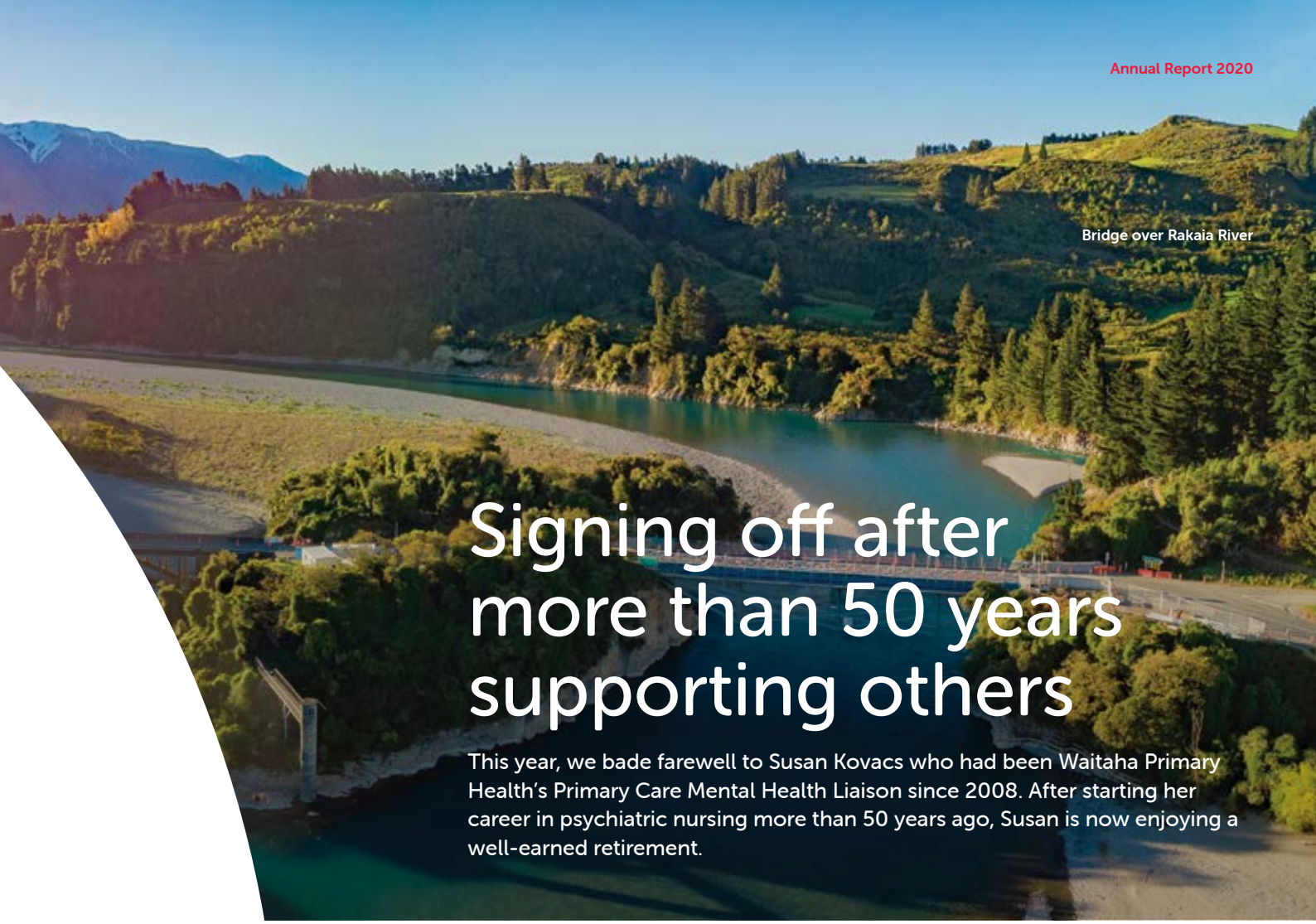
Sue says the government's aim is to extend the HIP model to other practices and provide support for an estimated 325,000 people by 2023/24. Funding from the Mental Health budget made way for the model to be implemented in many more General Practices.

During the COVID-19 lockdown, Sue moved quickly to offer phone and video consultations.


Sue Louter

This was an easy transition, she says, as the HIP model allows for plenty of flexibility.

"After lockdown was lifted, there was an influx of people needing assistance because of financial and occupational stressors. High numbers of patients presented with anxiety. The isolation also had a major impact on elderly people and increased the number presenting with low mood issues."



Bridge over Rakaia River

Signing off after more than 50 years supporting others

This year, we bade farewell to Susan Kovacs who had been Waitaha Primary Health's Primary Care Mental Health Liaison since 2008. After starting her career in psychiatric nursing more than 50 years ago, Susan is now enjoying a well-earned retirement.

While at the PHO, Susan's role included being the first point of contact for doctors and nurses wanting mental health support for their patients. She also managed her own caseload of about 30 patients and triaged referrals to other Waitaha Primary Health nurses and Brief Intervention Coordinators.

Earlier in the year, we featured a story in our monthly newsletter where Susan shared some of the many experiences of her career, including working under the directorship of the late Dr Edwin Hall and Dame Margaret Bazley. Among the biggest changes she had noticed over her long career was that people were becoming more open to talking about their mental health, and primary care was taking on a 'whole of health' approach. In primary care, GPs are not having to look after people with mental health issues by themselves and can deliver care for people from their practice. This can often lead to better outcomes through continuity of care and a greater level of privacy, she said.

"There's something comfortable about receiving care in a setting that's familiar. It brings about some of the best treatment options," said Susan. "People know themselves very well and know 'their usual self'. When there's a shift from that or when they feel stuck and notice a decline, that's when something needs to be addressed. Early intervention is the key."

One of the benefits of primary mental health care is its ability to respond flexibly, Susan said. The model can meet the needs of patients, rather than people having to fit the service parameters.

Recently, the nationwide COVID-19 lockdown presented a variety of challenges. Susan said social stressors had increased and she predicted there would be a higher demand for mental health support in the coming months.

> *"We can't ignore the impact of COVID-19. People are still getting their heads around it and the implications will be quite long standing. We need to make sure that funding is going to primary health so that care is accessible," she said.*

For her retirement, Susan is planning to spend more time with her children, grandchildren and pet dogs. "I don't have a bucket list, I'm just going to live my life and enjoy the freedom to do some of the things I haven't had time for previously. I've definitely got a few things I'm going to be able to finish now."

Susan Kovacs and Paul Wynands

"Having the support of the senior management team and the Chief Executive at Waitaha Primary Health has been remarkable. It enabled me to be in a role where I could work with the PHO to broaden the scope of the position," Susan says. "Working in primary health has been the very best part of all my years in practice. It's been a challenge but it's also been a joy, and very satisfying."

New system improves patient experience

A new data collection and reporting system has been introduced to upgrade the Patient Experience Survey. An organisation called IPSOS now holds the contract to conduct the survey, which was first introduced in February 2016.

Designed to anonymously capture patient experiences in primary care, the survey is used to improve health outcomes, as well as relationships between patients and General Practice teams.

Waitaha Primary Health's Quality Facilitator Sarah Zino says IPSOS will be working to ensure the changeover from the existing service is a positive experience for the sector, and meets data security and sovereignty requirements. "The wider project includes reviewing the primary care questionnaires, sampling methods, privacy impact assessment, cloud risk assessment, and ongoing communication and engagement with stakeholders," she says.

The February survey period was cancelled to allow IPSOS to make changes, and unfortunately due to COVID-19, the May survey round also had to be cancelled. This year, the survey had been amended to focus on the most recent appointment of each patient. Using feedback from the sector, international best practice and global trends in measuring patient experience (as well as extensive consultation with the sector

Sarah Zino

and testing with patients), a review was conducted. The survey was then refreshed before it was to be rolled out in August 2020.

IPSOS also ran a COVID-specific survey with interested PHOs from 22 June – 12 July 2020. "The goal of the survey was to understand the impact of COVID-19 on people's experience of accessing health care during and after the lockdown period, and how health services could learn and respond," Sarah says. The survey sample period covered the first two weeks of lockdown Level 3 (27 April – 10 May 2020). "This timeframe was selected to ensure that we covered a period of time when initial teething issues and patient expectations around new initiatives had settled," Sarah says.

The COVID-19 survey will help services understand, for example, which patients delayed or deferred care during the COVID-19 lockdown Levels 3 and 4 and why they did this. It also asked what they did instead of going to their GP and if this decision impacted on their health. "If they had a video or phone consult, what was their experience of this and did they prefer this approach?," Sarah asks. "What are the barriers people experienced and who had the most barriers?"

Out of Waitaha Primary Health's 16 practices, 15 participate in the Patient Experience Survey. "This is very heartening as understanding the patient experience is vital to improving patient safety and the quality of service delivery," Sarah says. "Growing evidence tells us that patient experience is a good indicator of the quality of health services. Better patient experience, stronger partnerships with consumers, and patient and family-centred care has been linked to improved health, clinical, financial, service and satisfaction outcomes."

Local doctor buys Rakaia Medical Centre

By purchasing the Rakaia Medical Centre, Dr Sue Fowlie has provided stability for her community and plans can now be put in place to expand the clinic.

Dr Sue Fowlie

The Medical Centre, which celebrated its twentieth anniversary in June, was previously run by the Rakaia Medical Centre Trust. Sue, who is also the practice's Clinical Director, took ownership on 1 April, in the middle of the COVID-19 lockdown.

She had been working at the centre for the previous four years after immigrating to New Zealand from the UK, keen to continue her work as a rural GP. "The Trust saw their job as done and asked if I would be interested in purchasing and working with Ashburton District Council to expand the premises," she says. "I sat down with my husband to discuss it and we came up with a 'yes'."

"We have a very good team here and I couldn't see myself working anywhere else."

A community meeting was held post-lockdown to discuss the purchase, and Sue says there was a great deal of support. "The community response was really positive. I've had patients and people saying, 'congratulations, we're really pleased it means you're going to stay. It gives the community stability."

While the Council owns the building, it has agreed to an extension and plans are underway.

"We have over 2500 patients now and four years ago we were only at 1800, so there's been massive growth in that time," she says. "We need to look at what other services would help this community now and in the future."

Sue says the team managed well during the COVID-19 lockdown, despite the added challenge of needing to source locum support. "It was a credit to our staff. Everyone works well together here and just got on with it. We communicated well, we had daily huddles and people felt comfortable and safe. We're a team that muck in and help."

Dedicated to helping whānau

Katie Gordon (Te Āti Awa ki Waikawa) joined the Waitaha Primary Health team as a Whānau Ora Navigator during the COVID-19 lockdown period, but she's quickly started to develop strong relationships with our member practices.

Katie, who has previously worked at He Waka Tapu and with Oranga Tamariki, says one of the biggest barriers to equity is bureaucracy. "As a navigator you can really help people through that."

In her first few weeks, she worked with a number of whānau on practical issues, such as obtaining blankets, bedding and kai. As she settles into the role she will receive referrals from practices and develop closer relationships with whānau in her area – South Hakatere to Ōnuku and Tinwald to Horomaka.

> *"It was really strange starting during COVID, when you couldn't talk to your new colleagues and couldn't say goodbye to others. I'm starting to develop relationships with Waitaha practices now and am really excited about my role."*

Katie Gordon

Busy year for Whānau Ora team

As a Waitaha Primary Health Whānau Ora Navigator, Deb Hough (Ngati Mutunga ki Wharekauri, Te Āti Awa) is dedicated to getting the best outcomes for whānau.

"I like to think I can navigate the people I work with into a good space," she says. "We take a strength-based approach and incorporate whakawhanaungatanga."

"You have to remember you are manuhiri when you go into someone's house. It's so important because the relationship starts at that point. It's a client-centred, whānau approach: it's not about ticking a box. We look at whatever the issue is for people at that time and then work through anything else that comes along."

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

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. She regularly works with other agencies and Waitaha Primary Health staff, such as the breastfeeding and mental health support teams.


Deb Hough

In the midst of the COVID-19 response, Deb says she dealt with quite a few complex cases from a whānau support perspective, and by the end of lockdown, she started to see even greater need developing. "During lockdown, people still had control of things, but by the end of it, they needed greater support from me and other agencies," she says. "I've been doing a lot of work with Oranga Tamariki and trying to get the best outcomes for whānau."

> *"A big issue during COVID was single parents being in lockdown with children by themselves and no other family around. Job insecurities and parents having to be teachers were among the other stressors affecting people."*

In her role as a navigator, Deb is well known for her ability to help house people quickly. She says, housing is one of the biggest barriers to wellness. "As a navigator, the aim is to provide value. We like to take the lead, so clients aren't overwhelmed by agencies and can get what they need quickly."

Supporting breastfeeding mums during lockdown

During the COVID-19 lockdown period, the Waitaha Primary Health Baby Feeding Team continued to help new mums navigate the challenges of breastfeeding, without added family support in their bubbles.

As soon as Lactation Consultants Ruth O'Donovan and Vicki Patterson were informed the country was moving into Alert Level 4, they collaborated with Waitaha Primary Health's IT team to ensure the right technology was in place. They informed LMCs, midwives, and any providers that have contact with mothers and babies, that their service would still be available via telehealth calls.

"Once we were in lockdown, we morphed into a different type of service," Vicki says.

> *"We are used to examining babies and having hands-on access to mothers and babies. Trying to observe things remotely via video conferencing was pretty tricky, but we discovered we can do more via phone than we had previously imagined."*

"Mothers appreciated that we were helping them but I think there's still a lot to be said for face-to-face connection," Vicki says.

During the COVID-19 quarter (April-June), Ruth and Vicki received 93 more referrals than the same quarter in the previous year. They also used the Mother4Mother Breastfeeding Support and Waitaha Primary Health Facebook pages to assist with communication, and had more contact with GPs and practice nurses.

"We saw less of the basic breastfeeding challenges because women were at home and not being interrupted by external life issues. So, for low-risk women, we saw very good weight gains for babies and that was definitely a positive," Ruth says. "For the women and infants who were considered more high-risk, we saw the same outcomes and had a lot more input and video calls. In the first three to four weeks of lockdown, stress levels were not that high, but towards the end of lockdown, there had been a longer period of time of not seeing a clinician face-to-face, and there was an increasing need for reassurance that things were okay. We were looking forward to coming out of it."

Ruth and Vicki are always trying to streamline the service. The aim is to see women with high needs, and the nine Waitaha breastfeeding support groups, including Breast Feeding Peer Supporters, work with women who require less one-on-one interaction.

The Baby Feeding Team receives close to 100 referrals each month. "Both of us have

Vicki Patterson and Ruth O'Donovan

nine years with Waitaha Primary Health," says Ruth. "We always get the same feedback, that women wish there was more accessibility to lactation consultants and there would be more of us in the community, but they are very grateful and feel fortunate that Canterbury has this service."

Breastfeeding support is a team effort at Waitaha Primary Health and we take time to acknowledge the Breast Feeding Peer Supporters and the nine Waitaha Primary Health groups across Canterbury.

Successful Corrections Programme extended

Waitaha Primary Health's provision of mental health services in Canterbury prisons is set to continue for at least another two years, following its contract renewal with the Department of Corrections.

A team of five clinicians have been working in Christchurch Men's, Rolleston and Christchurch Women's prisons for the past three years. All are skilled in delivering evidence based psychological therapy and work in partnership with other health providers that deliver services in the prisons.

Manager of the PHO's Mental Health Services Paul Wynands says the contract extension is a testament to the hard work of the clinicians and the results they have been achieving.

"The clinicians are seen as essential to mental health services in prisons. There is a high demand and need for their services." he says.

Throughout the nationwide COVID-19 lockdown, the clinicians continued to support prisoners via video conferencing and telephone sessions.

Another achievement from the past year has been Waitaha Primary Health's involvement in the redesign of mental health services in prisons, led by the Department of Corrections.

"We're now well established and able to be influential in the service design, working towards closer integration with other prison

Paul Wynands

services," Paul says. "Ultimately, we are looking at ways to make the client journey more streamlined and focussed."

Weka Pass Railway, Waikari

Improving fitness and boosting social connections with pulmonary programme

The Better Breathing pulmonary rehabilitation programme is providing exercise and education to people who live with long-term lung conditions.

A collaboration between Waitaha Primary Health and the Canterbury Clinical Network (CCN), the programme is run by registered nurse Rosie Carr and physiotherapist Catherine George. A number of Better Breathing courses are held in Rangiora each year. Participants are referred to Better Breathing through their General Practitioner.

Due to the impact of COVID-19, this year's courses were delayed, but when they returned, organisers were delighted to welcome 29 people on board. There is also a growing waiting list of people who wish to take part in the programme.

Rosie says the courses not only help to improve the fitness levels of people living with chronic lung conditions, they also act as a social opportunity. "The aim is to improve a patient's understanding of their condition," she says. "It helps people to improve their fitness and activity levels, reduce symptoms of living with a lung condition, and increase involvement in physical and social activities."

Pulmonary rehabilitation has been shown to be more effective than inhalers and second only to quitting smoking, Catherine says. "It can be hard for people to understand that getting moving and getting breathless will actually help them feel better and do more. When people attend the classes, and meet others in their position, and also our volunteers who have been through the programme, it can be life changing."

All participants have been diagnosed with a long-term lung disease or condition, such as Chronic Obstructive Pulmonary Disease (COPD) or Interstitial Lung Disease (ILD). Alongside exercise, educational sessions are held to help people understand their breathing condition; how and when to seek help; how to correctly use an inhaler; and to learn breathing exercises.

"A lot of people who attend the programme, struggle with basic, daily activities, like hanging out the washing, or walking to their post box," Rosie says. "When they first start, we run a comprehensive pre-assessment and we set goals with each person."

"At the end of the course, their fitness is usually improved, but it's a confidence thing as well. Last year, we heard really good feedback about the social connections, and self-confidence that had been developed."

As numbers continue to increase at the Rangiora programme, Rosie says Better Breathing may be extended, and an online element is also being considered.

Waitaha Primary Health appreciates the ongoing support from Deborah Callahan and the CCN team who enable this valuable project to run.

Rural knowledge vital in COVID-19 response

Waitaha Primary Health took a key role in the regional response to COVID-19, using its rural expertise to ensure clinical teams in wider Canterbury were well equipped to run Community Based Assessment Centres (CBACs) and continue to provide a high standard of primary health care.

Chief Executive Bill Eschenbach is a member of the Canterbury Primary Response Group (CPRG), which had the mandate for ensuring primary care was able to respond to COVID-19. He also took a key role in the Emergency Operations Centre (EOC).

EOC manager Deborah Callahan said, "Waitaha Primary Health was instrumental in keeping in touch with rural practices and reporting back to the EOC. The health emergency response is typically quite an urban dominated scene but Bill has consistently been the rural voice."

Canterbury's earthquakes have meant the PHO has become well practiced at responding to health crises. As in previous responses, it drew on its understanding of rural Canterbury, its networking with Territorial Local Authorities, and its ongoing contact with rural General Practices and pharmacies to provide the support that was needed.

These connections meant that Waitaha Primary Health was able to quickly provide information about vulnerable people in rural communities, so that the CPRG could assist in meeting their needs. "The CPRG worked with PHOs to make sure we had the equipment we needed and could get things going," Bill says.

The CPRG had been keeping a watch on COVID-19 since mid-January through the DHB's Infection Prevention Control Executive Committee. As the group includes representatives from most Canterbury health agencies, the health sector was well primed to respond when the Primary Emergency Operation Centre was activated on 17 March.

"We had been working up to the EOC activation with virtual meetings every day for weeks. We knew one of the first steps would be to set up CBACs and we quickly claimed the PPE gear that CDHB made available," Bill says.

> *"HealthPathways came on board, so that General Practices knew what to do at every step of the way. We worked with Community and Public Health and in close partnership with the labs to get tests processed quickly. There was an incredible amount of collaboration."*

Dr Chris Vodde and Practice Nurse Kirsty Deans working at the Amberley CBAC

A total of nine CBACs were set up in Canterbury, including three sites involving Waitaha Primary Health practices in Ashburton, Rangiora, and Amberley.

Mid Canterbury

In Ashburton, the CBAC was established on the local hospital site, with Waitaha Primary Health and Pegasus Health working together to set up IT facilities and provide equipment. "I loaded up some equipment we had in our office, procured the rest from Pegasus and headed down to Ashburton," Bill says.

Dr Sarah Clarke from Three Rivers Health led the CBAC and local response in Ashburton, bringing Bill and representatives from a wide cross section of other agencies together on a 7am Zoom conference every morning. "It was very much a united effort in Ashburton, involving key agencies, the community and a large number of volunteers," Bill says.

North Canterbury

"In Rangiora, we were very fortunate to procure the local hockey site. Once Koral Fitzgerald's (CCN) set up role had been completed, our locum doctor Martin Gardner was available to take the lead. Pegasus Health HR assisted us to find administrative, nursing and medical support to staff the site."

In Amberley, Waitaha Primary Health worked closely with the Amberley Medical Centre to ensure people could receive COVID-19 testing from the carpark and others needing general medical care could still access the Centre.

"Janetta Skiba, Rosie Carr, Darren Walmsley, John Blanchard and I worked together to provide essential services to the CBACs. The lack of traffic on the road made for quick trips between them. Despite the lockdown, I still don't know what it's like to work from home," Bill says.

"Work in the CBACs was driven by the definition of COVID-19 cases. We were asked to test, test, test but not if asymptomatic. This was so important as it reassured everyone that COVID-19 wasn't out there and that the public and government were doing the right thing."

Overall Response

A lot of planning went into how General Practices could look after people with flu symptoms and still take care of everyone else. Within 24 hours, they changed the way they worked from face-to-face consultations to primarily phone or virtual meetings. Influenza vaccinations were done while people sat in their cars and wearing a facemask all day became the norm. Often staff were split between working in their usual practice and working in the local CBAC.

Bill acknowledges that the overall COVID-19 response took a significant toll on General Practice finances. Income was generally down more than 40 per cent over lockdown, with over the counter payments greatly reduced. However, the support from the Government, Ministry of Health and CDHB was well received and appreciated.

"There is much to be learnt from the experience and more to come as we wait to see what further impact COVID-19 might have on our health system, economy and the health of our population," Bill says.

"I have been proud of the way Waitaha Primary Health has responded to this crisis and how everyone in the Canterbury health system has rallied together to do the very best for our communities."

All hands on deck in Amberley

Early in the COVID-19 pandemic, Amberley Medical Centre's Practice Manager, Denise Cope, spoke with Waitaha Primary Health about what the Hurunui district needed to do to ensure timely access to COVID-19 testing. Waitaha supported Amberley in setting up the district's Community based Assessment Centre (CBAC) in the carpark of the Amberley Medical Centre.

"Bill and Janetta from Waitaha Primary Health did a lot of great work which we want to acknowledge," Denise says. "Both were very hands on, with regular trips to the AMC to deliver equipment and supplies and help with the initial set-up.

"Bill even enlisted the help of his son to drop off equipment from the back of his trailer. We also want to thank Di Boss and Alex Shaw from the Canterbury Primary Response Group (CPRG) for their advice and guidance."

Dr Chris Vodde and Practice Nurse Kirsty Deans trained at the Christchurch CBAC before taking lead clinical roles in the Amberley CBAC. Denise says, "We were all extremely vigilant around our infection control processes, including the correct use of PPE. Having the CBAC helped us manage the demand for testing and keep symptomatic patients out of the practice."

The CBAC was supported by the community and local council, with the local school donating chairs and builders from around the district helping to get the CBAC ready.

At the height of the COVID-19 response, the centre was open every day, including weekends.

Ashburton response, a community effort

It was a team effort for Ashburton's COVID-19 response as the community banded together to support its CBAC and the staff steering the ship.

Dr Sarah Clarke of Three Rivers Health was the clinical lead for the Ashburton CBAC, which was initially set up in portacoms and marquees at Ashburton Hospital, before moving inside a hospital building. "Some days were really busy," she says. "On our busiest, we saw 78 people, and some days we only saw one. It varied a lot depending on what the Prime Minister said in her daily briefing."

She says the team had "amazing support" from the community. "People in rural centres are very practical and great at just getting things done." One of the community innovations to come out of lockdown was a local nurse and her husband renaming their holiday bus from Dream Chaser to COVID Chaser and offering it for pop up clinics. "We used it to provide COVID-19 testing to communities who may have been hesitant to visit the CBAC," Sarah says.

The COVID Chaser

"It was great to see so many people pitching in and turning up with things to lend us. We even had a workplace approach us asking if we needed anything and the next morning they delivered a refrigerator, kettle and microwave. A science teacher from one of the high schools also made us World Health Organisation grade hand sanitiser when it looked like there might be a shortage."

Sarah says support from Waitaha Primary Health was superb. "Bill would be at our 7am video conference meetings and if anything came up he would act as a conduit between us and the Canterbury Primary Response Group's (CPRG) Emergency Operations Centre (EOC). We would be in touch with him via phone and text several times a day and he was a fantastic advocate for us, championing authorisation on anything we needed. Janetta was a great help too."

Before the nationwide lockdown, a group of Ashburton-based emergency responders including police, ambulance officers, Ashburton District Council, Civil Defence, General Practice and pharmacists formed a local response group, which Sarah also led. Medical students Kieren Deng, Holly Barclay, Jack Sinclair and James Jin helped the group to gather intel and to set up Whatsapp and other technology to get a head start on the COVID-19 response.


Dr Sarah Clarke

Sarah says there was a lot of contact with CPRG during the lockdown period but ultimately local people were able to manage the response for their community, which was important. CPRG provided back office support to the CBAC including a booking system, phone triage, results follow up, information on HealthPathways and human resources support.

Hockey club becomes CBAC

With locum work slowing to a halt during the COVID-19 lockdown, Waitaha Primary Health's Medical Officer/GP Locum Dr Martin Gardner was able to take up the opportunity of leading the Rangiora Community Based Assessment Centre (CBAC) in North Canterbury.

The CBAC had been set up by Koral Fitzgerald from the Canterbury Clinical Network with the support of Rosie Carr and Janetta Skiba from Waitaha Primary Health. Based at the Rangiora Hockey Club, it ran for six to eight weeks.

Martin led the CBAC team, which included practice nurses from Rangiora and Oxford, a recently retired medical receptionist who jumped on board to help, and GPs from around the district.

"We are very grateful for the help we received from Civil Defence and the Waimakariri District Council. The Hockey Club were very happy for us to use their facilities and said they would do so again if needed. It all ran very smoothly," Martin says.

He says support from the Waitaha Primary Health team was also appreciated, in particular the work of Bill and Janetta, who put in a lot of extra hours addressing any supply shortages and other issues.

"The team were very good, we got along well and understood what we needed to do."


The Rangiora CBAC site

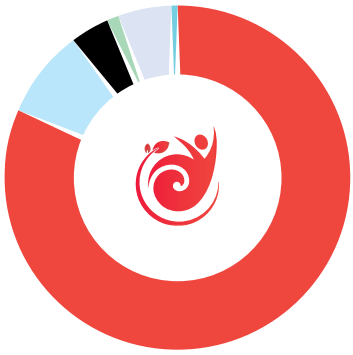
Braided River, Mid Canterbury

The year in review

Waitaha Primary Health is proud to provide and support health services in Canterbury. Our year in review offers a snapshot of the enrolled population that our member practices and staff work with across rural and urban communities.

WPH enrolled population by nationality

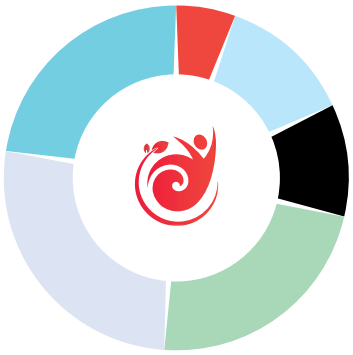
as at 1 July 2020



NZ European	38,724
Māori	3,915
Other	1,740
Pacific Island	562
Asian	2,376
Unknown	150

WPH enrolled population age

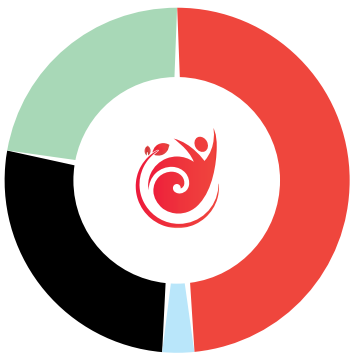
as at 1 July 2020



Under 5 yrs	2,717
5 - <15 yrs	5,963
15 - <25 yrs	4,966
25 - <45yrs	10,637
45 - <65yrs	12,549
65 yrs and over	10,635

Enrolled population by Territorial Local Authority

as at 1 July 2020



Ashburton	22,943
Hurunui	10,524
Waimakariri	12,535
Banks Peninsula	1,465

Member practices and staff

as at 1 July 2020

General Practices	16
General Practitioners (not FTEs)	48
Practice Nurses (not FTEs)	89

Directory

Waitaha Primary Health Limited

as at 30 June 2020

Principal Business
Primary Health Organisation

Shareholder
Waitaha Primary Health Trust

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

Directors
P Campbell
D Gordon
T Hunt (Appointed 12/2/20)
L Martin
A Richardson
P Richardson (Resigned 27/11/19)
G McLeod (Appointed 12/2/20)
K Smith (Resigned 27/11/19)
P Sparks

Solicitors
Saunders Robinson & Brown
Christchurch

Bankers
ASB Bank

Auditors
Crowe New Zealand Audit Partnership
Dunedin

Akaroa Jetty

Statement of Financial Responsibility

For the year ended 30 June 2020

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 2020 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 Waitaha Primary Health Limited for the year ended 30 June 2020.

For and on behalf of the Directors:

Director		**Director**	
Dated	24.9.2020	**Dated**	24.9.2020

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2020

	Note	2020 $	2019 $
Contract revenue - non exchange transactions		16,575,955	15,306,408
Total revenue from non exchange transactions		**16,575,955**	**15,306,408**
Contract payments		13,447,125	12,259,391
Wages, salaries and other employee costs		2,597,503	2,524,856
Other operating expenses	6	639,590	689,084
Total expenses		**16,684,218**	**15,473,331**
Interest income		20,765	56,900
Operating surplus / (deficit)		**(87,498)**	**(110,023)**
Other gains / (losses)		**-**	**-**
Surplus / (deficit) for the year		**(87,498)**	**(110,023)**
Other comprehensive revenue and expenses		**-**	**-**
Total comprehensive revenue and expenses for the year		**(87,498)**	**(110,023)**

Statement of Changes in Net Assets

For the year ended 30 June 2020

	Note	2020 $	2019 $
Balance 1 Jul		478,605	588,628
Surplus / (Deficit) for the year		(87,498)	(110,023)
Other comprehensive income		-	-
Balance 30 June		**391,107**	**478,605**

Statement of Financial Position

As at 30 June 2020

	Note	2020 $	2019 $
ASSETS			
Current			
Cash and cash equivalents	7	1,661,791	1,067,863
Term deposits	7	-	550,000
Receivables from non exchange transactions	8	495,429	824,645
Prepayments		18,329	9,983
Total current assets		**2,175,549**	**2,452,491**
Non-current			
Plant and Equipment	9	155,663	118,855
Total non-current assets		**155,663**	**118,855**
TOTAL ASSETS		**2,331,212**	**2,571,346**
LIABILITIES			
Current			
Payables under non exchange transactions	10	428,904	374,809
Employee entitlements	11	183,489	193,444
GST payable		58,658	41,955
Deferred revenue	12	1,269,054	1,482,533
Total current liabilities		**1,940,105**	**2,092,741**
TOTAL LIABILITIES		**1,940,105**	**2,092,741**
NET ASSETS		**391,107**	**478,605**
EQUITY			
Equity	17	-	-
Accumulated Funds		391,107	478,605
TOTAL EQUITY		**391,107**	**478,605**

Approved for and on behalf of the Directors:

Chairperson _____ **Director** _____

Dated 24.9.2020 **Dated** 24.9.2020

Statement of Cash Flows

For the year ended 30 June 2020

	Note	2020 $	2019 $
Cash flow from operating activities			
Cash was provided from (applied to):			
Receipts from contract transactions and other income		16,691,692	14,638,082
Interest received		20,765	56,900
Payments for contract and supplier transactions		(13,997,152)	(12,883,100)
Payments for employees		(13,997,152)	(2,501,119)
Goods and services tax (net)		16,703	(13,433)
Net cash / (used in) operating activities		**124,550**	**(702,670)**
Cash flow from investing activities			
Cash was provided from (applied to):			
Disposal of plant and equipment		-	-
Acquisition of plant and equipment		(80,622)	(110,203)
Maturity of term deposit		550,000	1,050,000
Net cash / (used in) investing activities		**469,378**	**939,797**
Cash and cash equivalents, beginning of the year		1,067,863	830,736
Net increase / (decrease) in cash and cash equivalents		**593,928**	**237,127**
Cash and cash equivalents at end of the year	**7**	**1,661,791**	**1,067,863**

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 2020.

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 23.

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 is 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 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 it's 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 derecognised 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

	2020 $	2019 $
Administration Expenses		
Advertising	85	189
Audit Fee	8,708	13,040
Bank Charges	867	908
Conference Expenses	-	3,134
Consultancy Fees	10,354	13,805
Education CME/CNE	4,045	3,825
General Expenses	26,512	49,092
Insurance	14,484	14,987
Legal Fees	9,691	-
Management Services	135,526	133,797
Motor Vehicle Lease	12,187	12,172
Motor Vehicle Running Costs	8,196	8,698
PHO Alliance Membership	6,854	7,346
Printing & Stationery	19,253	19,179
Repairs and Maintenance	831	3,888
Telephone & Tolls	9,377	10,416
Total Administration Expenses	**266,970**	**294,476**

	2020 $	2019 $
Occupancy expenses		
Electricity	20,315	24,649
Office Cleaning	19,546	19,873
Rental	187,076	209,591
Total occupancy expenses	**226,937**	**201,101**

Governance expenses		
Board Expenses	34,316	38,178
Board Meeting Fees	55,899	71,813
Clinical Governance	11,081	10,585
Total governance expenses	**101,296**	**120,576**
Depreciation	**44,387**	**19,919**
Total	**639,590**	**689,084**

7. Cash and cash equivalents / investments

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

The effective interest rate on term deposits in 2020 was 0.40%-1.75% (2019: 2.65%-3.05%).

	2020 $	2019 $
ASB current account	456,856	467.863
Term Deposits less than 3 months	1,204,935	600,000
ASB term deposit	-	
Total cash and cash equivalents	**1,661,791**	**1,067,863**

Term deposits

	2020 $	2019 $
Term Deposits 9-12 months	-	550,000
Term Deposits greater than 12 months	-	-
Total Term Deposits	**-**	**550,000**

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.

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

As at 30 June 2019 and 2020, all overdue receivables have been assessed for impairment and appropriate allowances made. All receivables are subject to credit risk exposure.

	2020 $	2019 $
Accounts receivables	494,046	817,955
Sundry receivables	1,383	6,690
Total	**495,429**	**824,645**
Classified as:		
Current assets	495,429	824,645
Non-current assets	-	-
Total	**495,429**	**824,645**

9. Plant and equipment

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

2020	Motor Vehicles $	Computer Equipment & Plant $	Total $
Gross carrying amount			
Opening balance	73,095	121,088	194,183
Additions	80,622	-	80,622
Disposals	-	-	-
Closing balance	**153,717**	**121,088**	**274,805**
Accumulated depreciation and impairment			
Opening balance	22,847	52,481	75,328
Adj to opening balance	-	-	-
Depreciation for the year	2 8,395	15,419	43,814
Disposals	-	-	-
Impairment charge for the year	-	-	-
Closing balance	**51,242**	**67,900**	**119,142**
Carrying amount 30 June 2020	**1 02,475**	**53,188**	**155,663**

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 2019	**50,248**	**68,607**	**118,855**

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.

	2020 $	2019 $
Current		
Trade Payables	291,622	282,963
Sundry payables	137,282	91,846
Total current	428,904	374,809
Total payables under non exchange transactions	**428,904**	**374,809**

11. Employee entitlements

	2020 $	2019 $
Current		
Annual leave entitlements	183,489	193,444
Total	**183,489**	**193,444**

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.

	2020 $	2019 $
Unexpended contract revenue	1,238,285	1,391,089
Other income received in advance	30,769	91,444
Total deferred revenue	**1,269,054**	**1,482,533**

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

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

Classification of financial instruments

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

2020	Loans and receivables	Liabilities at amortised cost	Total carrying amount	Fair value
Financial Assets				
Trade and other receivables	495,429	-	495,429	495,429
Cash and cash equivalents	1,661,791	-	1,661,791	1,661,791
Term Deposit	-	-	-	-
Total current assets	**2,157,220**	**-**	**2,157,220**	**2,157,220**
Total Assets	**2,157,220**	**-**	**2,157,220**	**2,157,220**
Financial liabilities				
Trade and other payables	-	428,904	428,904	428,904
Total current liabilities	**-**	**428,904**	**428,904**	**428,904**
Total liabilities	**-**	**428,904**	**428,904**	**428,904**

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**

14. Operating Leases

	2020 $	2019 $
Non-cancellable operating leases as payable as follows		
Less than one year	113,335	231,854
Between one and five years	12,021	107,260
More than five years	-	-
Total	**125,355**	**339,114**

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 Mendical Centre Limited Partnership. Rangiora Medical Centre Limited Partnership received PHO funding on terms and conditions that are consistent for such transactions on a normal suppier basis. Balance outstanding as at balance date totals $nil (2019: $825)

(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 suppier basis. Balance outstanding as at balance date totals $1,980 (2019: $825).

(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.

2020	Directors $	Snr mgmt $	Total $
Salaries and other short-term employee benefits	55,899	610,787	666,686
Total remuneration	**55,899**	**610,787**	**666,686**
Number of persons recognised as key management personnel	**9**	**6**	**15**

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**

16. Contingent assets and contingent liabilities

Waitaha Primary Health Limited has no contingent assets or continent liabilities (2019: none).

17. Equity

As at 30 June 2020, 100 ordinary shares have been allocated to the shareholder and remain unpaid. All shares rank pari passu.

18. Commitments

As at 30 June 2020 Waitaha Primary Health Limited is not aware of any capital commitments or contingencies (2019: nil).

19. Subsequent Events

There were no significant events after the balance date.

20. COVID-19

Prior to reporting date, COVID-19 became widespread globally. As a result, the World Health Organization announced that the outbreak should be considered a pandemic. The result of this pandemic has been a substantial reduction in economic activity throughout the world, as governments have introduced measures (such as the closure of all nonessential businesses and the cancellation of all public events) in a bid to halt, or at least slow, transmission of the virus.

As Waitaha is a healthcare organisation, it has been directly involved in the New Zealand health response in the Canterbury Region helping to organise and run community testing and other associated programmes this has resulted in increased demand for its services.

Waitaha continued to deliver on current contracts, on a lessor rate, and there were some delays in receiving contracts but the services continued.

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 18, which comprise the statement of financial position as at 30 June 2020, and the statement of comprehensive revenue and expense, statement of changes in net assets/equity 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 2020, 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 International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand) issued by the New Zealand Auditing and Assurance

Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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 notcover 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.

Emphasis of Matter

We draw attention to Note 20 of the financial statements, which describes the effects of the World Health Organisation's declaration of a global health emergency on 31 January 2020 relating to the spread of COVID-19. Our opinion is not modified in respect of this matter.

Responsibilities of the Directors for the Financial Statements

The Directors are responsible on behalf of the entity 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 tha 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.

Restriction on Use

This report is made solely to the company's shareholder, as a body. Our audit has been undertaken so that we might state to the company's shareholder those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's shareholder as a body, for our audit work, for this report, or for the opinions we have formed.

Crowe New Zealand Audit Partnership

CHARTERED ACCOUNTANTS

Dated at Dunedin this 24th day of September 2020

Ashburton mountainside

Waitaha Primary Health
Level 1
567 Wairakei Road
Burnside
Christchurch 8053

PO Box 14021
Christchurch Airport 8544
New Zealand

03 357 4970
enquiries@waitaha.health.nz
facebook.com/WaitahaPrimaryHealth/

waitaha.health.nz

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YOUR WHANAU
OUR COMMUNITY