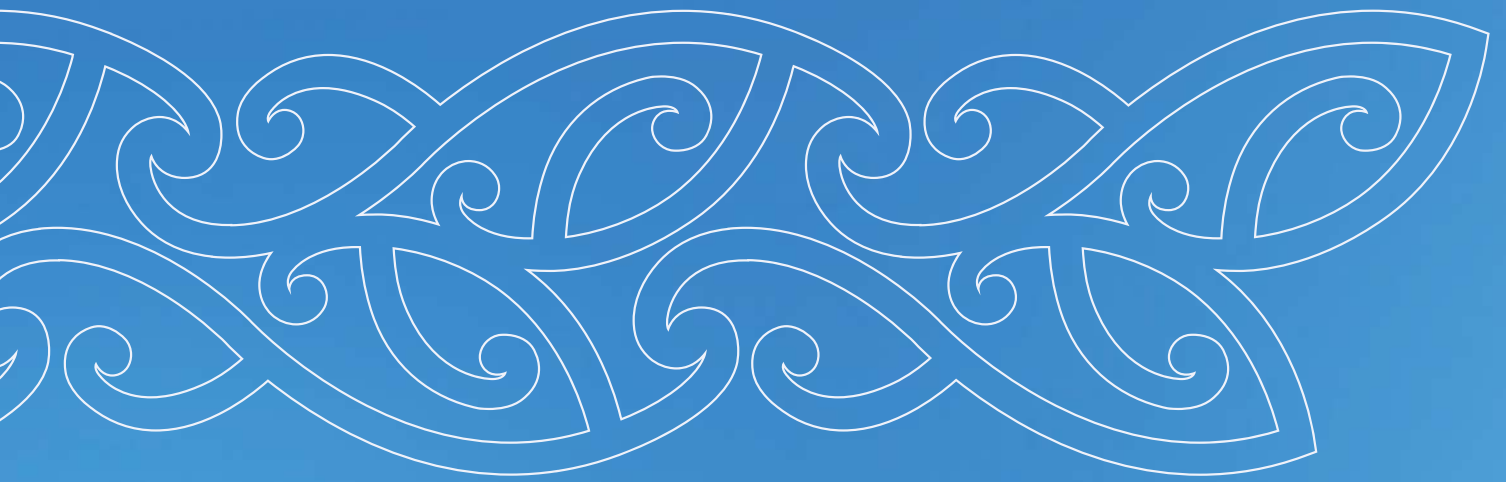




WAITAHA
PRIMARY HEALTH

Annual Report 2022



Front cover: Waitaha Primary Health staff with
Te Kauwaka o te Aroha – The Waka of Care.
Inside cover: The Ashburton River / Hakatere
flowing across Mid Canterbury.

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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

Welcome to the Waitaha Primary Health Annual Report for 2021-2022.

Despite another busy and demanding year, Waitaha Primary Health has supported its member practices and Canterbury's population exceptionally well. This Annual Report is a great showcase of the breadth of work our kaimahi have been doing, alongside General Practice teams and other health providers across the region. It also highlights how adaptable the organisation has been.

From delivering urgent COVID-19 supplies to rural clinics, to supporting mass vaccination events, the commitment and professionalism of the team has been impressive. Waitaha Primary Health has also done an excellent job of keeping BAU services running smoothly, even during trying circumstances. The Board is very pleased with the organisation's performance.

One of the many highlights from the last year has been getting Te Kauwaka o te Aroha – The Waka of Care on the road. In 2021, Te Pūtahitanga o Te Waiponamu (Whānau Ora commissioning agency) provided funding to Waitaha Primary Health and He Waka Tapu to purchase a camper van, which has since been driven to various parts of Canterbury offering vaccinations. It is also being used by the Stop Smoking Service to run a mobile clinic, and will provide a base for health checks at the A&P show days around the Canterbury region.

I would like to congratulate the IT team for its successful TeleOra trial in Hurunui. One part of achieving more equitable health outcomes is improving access to GP care. Digital appointments, through initiatives like TeleOra, are likely to be an important contributor to this in the future.

The Practice Support Navigators, Whānau Ora team, and Pasifika Navigators have worked tirelessly to assist community partners and member practices to vaccinate people, while also providing individuals and families with support to address other health and wellbeing issues.



Dr Lorna Martin

The transformation of Aotearoa's health system has now begun. While Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority are rolled out and the finer details released, we will start to gain a clearer idea of where Waitaha Primary Health and other PHOs around the country will fit into this new way of delivering health outcomes.

We have a long history of working with rūnanga and healthcare providers in our geographical area and these links will be extremely important in the future. Working together, we learn from each other and improve what we do and how we do it to benefit the community. This focus will certainly continue, as will our work to improve access to care. I believe this local knowledge and the trust that has been built over the many years the PHO has served Canterbury will be highly advantageous. We have a lot to contribute.

Although 2021-2022 will be remembered for the social and health impacts caused by COVID-19 and other global issues, it has challenged us to think differently and take a broader look at how care is provided and what our communities need. Change is on the horizon but Waitaha

Primary Health's commitment to delivering high quality, equitable services is unwavering.

On behalf of the Board, I would like to thank the Waitaha Primary Health and General Practice teams for their continued hard work and dedication to supporting people throughout Canterbury. We are very proud of all that has been achieved in the last year and look forward to delivering even stronger outcomes over the next 12 months.

Dr Lorna Martin

Chief Executive's Report

Tēnā ra koutou, i runga i ngā āhuatanga o te wā

The challenges of delivering Healthcare Services across Aotearoa in 2021-22 will be remembered for years to come!

I am incredibly proud to say that our organisation, Waitaha Primary Health practices, our partners and other health providers responded as they always have, with passion, enthusiasm, and their sleeves rolled up to get through this difficult time. Along the way, we have adapted to many changes and made progress in providing more equitable healthcare with strong outcomes for our communities.

COVID-19, including the Delta variant and then Omicron continued to challenge us all. General practice teams, pharmacies, and our Māori and Pasifika primary care providers were busier than ever testing for the virus, administering vaccines and at the same time delivering regular services to ensure people's healthcare needs were being met.

The support from our DHB, PHO colleagues, Canterbury Primary Support Group, and Territorial Local Authorities (TLAs) ensured that we and other Canterbury health providers could respond in a united and equitable way to COVID-19, giving everyone an opportunity to be vaccinated. It was a highly admirable response that gave me great confidence in the future of our local health services and our place amongst them.

At the same time, we were preparing for the proposed health reforms, which officially began on 1 July 2022. This major shake up of the health system has included 20 District Health Boards being combined into a single national agency, with the introduction of localities and Iwi Partnership Boards. One of the major goals of the reforms is to support health services at the community level to better meet the needs of local populations and address inequities in health outcomes across each rohe.

We work consistently with other organisations, we establish true partnerships, we are resilient, and we have proven that we can adapt quickly if we need to change. Our focus is always on providing care and support for our patients,



Bill Eschenbach

clients, whānau and communities. While we don't yet have a full picture of what the new health system will look like, we do know that trusted organisations with deep connections and partnerships with the communities they serve, and who can support, coordinate and implement change, will play a key role in the future.

This year's Annual Report describes how our Waitaha team and General Practices have worked together, and with other providers, to deliver healthcare services, introduce new programmes, enhance Whānau Ora and Pasifika services, and support our communities. This was despite ongoing social and financial pressures, workforce challenges, and a COVID-19 environment that curtailed business as usual. Looking back over the year, I am proud of the role that we played in working with our partners, fostering relationships, and supporting solutions.

There are a number of people I would like to thank for their support. Firstly, I would like to express my wholehearted appreciation of our General Practice team members and our Waitaha Primary Health staff for the tremendous amount of good work they have done in the last year. You have all performed exceptionally well in often incredibly difficult circumstances.

I have also highly valued our relationships with Te Whatu Ora; Christchurch PHO; Pegasus Health; CCN; CPRG; and the mayors of our local TLAs. They have been critical in both responding to COVID-19 and supporting the delivery of high quality healthcare in our communities.

A special mention to our Māori and Pasifika providers - we very much appreciated working alongside you and my desire is that these relationships will continue to strengthen.

Thanks also to our many volunteers. Your ongoing support, especially in our rural areas, is critical in assisting us in all that we do. Thank you to our Board and Chairperson Dr Lorna Martin. I look forward to working with you in the year ahead.

Finally, there is still a lot to be achieved, and the new health system presents genuine opportunities for Waitaha Primary Health. I believe we are incredibly well placed for the future. We have the right people and skills, and a desire to do better together through genuine partnerships and collaboration. I am looking forward to the challenges ahead.

"Ehara taku toa i te toa takitahi, engari he toa takitini" - Success is not the work of an individual, but the work of many.

Bill Eschenbach
Chief Executive Officer

Board members

Waitaha Primary Health



Dr Lorna Martin
Chair
GP Representative,
Waimakariri



Tsarina Dellow
Hurunui District Council –
Community Representative



Dr Esther Avnit
GP Representative,
Ashburton



Toriana Hunt
Māori Representative
(Manawhenua ki Waitaha)



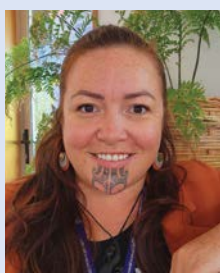
Georgina McLeod
Ashburton District Council –
Community Representative



Victoria Peden
Akaroa/Waiwera Community
Board Representative



Dan Gordon
Waimakariri District Council –
Community Representative



Tumanako Stone Howard
Manawhenua ki Waitaha

Welcomes and farewells

We were delighted to welcome Tsarina Dellow, Tumanako Stone Howard and Victoria Peden to the Waitaha Primary Health Board within the last year.

Thank you to Andrew Richardson and Pamela Campbell, who have stepped down from the Board, for their years of contribution and service.



Andrew Richardson



Pamela Campbell

Tsarina Dellow - Hurunui District Council TLA Community Representative

Tsarina is a Chartered Accountant who has previously worked as an administrator at Hanmer Springs Health Centre and as a St John volunteer. She sits on the Boards of Wellbeing North Canterbury and Compass FM, and brings a wealth of knowledge to the Waitaha Primary Health Board. She is an enthusiastic advocate for improving the equity of rural health care provision.

Tumanako Stone Howard - Manawhenua

Tumanako has joined the Waitaha Primary Health Board as our Manawhenua representative. She currently works as a Lead Maternity Carer (LMC) midwife and has spent several years as a midwife in the hospital sector. She has also worked with the New Zealand Flying Doctors Service assisting pregnant mothers in rural areas.

Tumanako is the co-chair of Māori Midwives ki Tahu and the National Maternity Monitoring Group for the Ministry of Health. She is passionate about promoting and supporting Te Reo Māori and traditional birthing practices.

Victoria Peden - Akaroa/Waiwera Community Board Representative

Victoria is from Wairewa (Little River) and has years of experience working with community organisations. Some of the organisations Victoria has worked with or advocated for include Heart Kids, Canterbury Ostomy Society and local fire brigades. Victoria has a special interest in helping rural communities and has also been involved in bowel cancer campaigns to raise awareness of early diagnosis and treatment.

BOARD MEMBERS

Clinical Governance Group

The way Waitaha Primary Health delivers care is influenced by the Clinical Governance Group. Its role is to advise the Waitaha Primary Health Board on clinical aspects of the PHO's work. Members are elected every three years.

The group's areas of interest include quality improvement; health and safety; clinical issues and risks; education; and ensuring that programmes define and target at-risk populations and minimise barriers to accessing care.

It also ensures that Waitaha Primary Health's clinical programmes meet national standards and best practice guidelines. Members may be re-elected after serving their three-year term.

Clinical Governance Group membership consists of:

- two General Practitioner representatives,
- a practice nurse representative,
- the Waitaha Primary Health Medical Advisor,
- a community representative,
- an iwi representative,
- a pharmacy representative,

- a Community and Public Health Medical Officer – ex-officio,
- secondment as required.

Alex de Roo is the pharmacy representative on the Group, and was appointed in 2019, just before the start of the COVID-19 pandemic. He says that while community health is dominated by the virus and its effects, an important part of his role is to provide input about COVID-19 vaccinations, boosters, and antiviral medication to the Group and Board.

Alex owns and operates a pharmacy in Rangiora and two in Christchurch. He has a particular interest in promoting multidisciplinary health care and is also involved in encouraging best practice health care in the aged-care sector.

"I have a strong connection to Rangiora and have been working as a pharmacist for more than 15 years," he says. "As someone who has a real interest in clinical governance and is involved in different spheres of pharmacy, I like to be involved wherever I think I can be useful. I always like to encourage integration between pharmacy, general practice and community care."

Over the coming year, Alex says that some of the priorities for the Clinical Governance Group include ensuring the best possible feedback and data are being provided to the PHO, so that it can improve equity and access to primary health care. He says there is a lot of change on the horizon with the launch of Te Whatu Ora and Te Aka Whai Ora.

"There is significant change coming to our health system which will shift our whole perspective on things. Change management will be an important part of what we do over the next few years," he says.

Welcome to new members

The Clinical Governance Group was delighted to welcome Dr Esther Avnit, Dr Eric Spink and Dr Martin Seers to the table last year. Dr Avnit is a GP at Tinwald Medical Centre in Ashburton, and a member of the Waitaha Primary Health Board. Dr Spink is a GP at Woodend Medical Centre and Dr Seers is a GP at Selwyn Village Healthcare.

Waitaha Primary Health Board



Waitaha Primary Health Board, from left: Georgina McLeod, Dr Esther Avnit, Bill Eschenbach, Tsarina Dellow, Dr Lorna Martin, Dan Gordon, Victoria Peden, Toriana Hunt. Absent: Tumanako Stone Howard.

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.

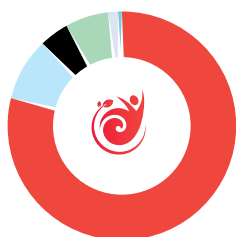


Waitaha Primary Health enrolled population data

At 1 July 2022

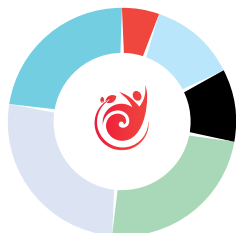
Enrolled population by ethnicity

NZ European	41,933
Māori	4,743
Pasifika	2,134
Asian	3,336
Other	739
Unknown	154



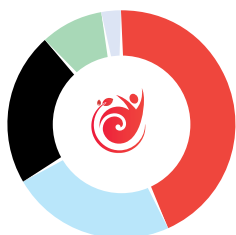
Enrolled population by age

< 5 yrs	2,870
5 - < 15 yrs	6,544
15 - < 25 yrs	5,420
25 - < 45 yrs	12,492
45 - < 65 yrs	13,827
65 yrs +	11,886



Enrolled population by Territorial Local Authority

Ashburton	23,036
Hurunui	11,421
Waimakariri	12,356
Christchurch	4,658
Banks Peninsula	1,568



Our Practices

Akaroa Health Centre
Amberley Medical Centre
Amuri Community Health Centre
Ashburton Health First
Cheviot Community Health Centre
Good Street Medical Centre LP
Hanmer Springs Health Centre
Kaiapoi Family Doctors
Moore St Medical Centre
Rakaia Healthcare Ltd
Rangiora Family Doctors
Selwyn Village Healthcare
Three Rivers Health
Tinwald Medical Centre
Waikari Health Centre
Woodend Medical Centre

Referrals from Ashburton Hospital for people seeking support to enrol in general practice

July 2021 – June 2022

Total referrals

97

Of the total enrolled population

87% of current smokers have received smoking cessation advice and support

70% have had a CVD risk assessment

95% immunisation of eligible population at milestone age of eight months

Referrals to our Lactation Consultant Support

1013

RESPONSE TO COVID-19

All on board to vaccinate our communities

Whether you were at school, doing the grocery shopping, at the pub, or staying at home, General Practices in the Hurunui District were willing to go wherever they were needed to provide COVID-19 vaccinations.

Hanmer Springs Health Centre Practice Manager Paul Walmsley says there was a lot of collaboration between Waitaha Primary Health and its five member practices in the Hurunui District, throughout the COVID-19 lockdown and vaccination drives over the last year.

“It was a huge operation and a fantastic Hurunui team effort. The feedback we had from people was really positive,” he says.

When all of Aotearoa moved to Alert Level 4 in late 2021, it presented the challenge of finding alternative ways to keep the country’s COVID-19 vaccination programme going.

“There was great collaboration between various organisations to get a drive through vaccination clinic up and running,” Paul says. “The Thermal Pools and Spa provided us with their car park, Hurunui District Council supplied gazebos and IT equipment, and our Civil Defence team helped with the setup. We also had trained traffic management staff helping. People were able to drive through and be vaccinated and then monitored for 20 minutes in their cars. We even called on some of our local St John team to help manage observations.”

Paul says the volume of people they were able to vaccinate was much higher than what could have been managed in a clinic.

The practice employed an extra staff member to phone each of its enrolled patients to talk to them about what was happening and give them reassurance. He says they also called people to encourage them to get their booster shots when



Mobile COVID-19 vaccination clinic with the Jabber Waka in Hanmer Springs.

they were being rolled out, prioritising patients who were at the highest risk.

“We were able to support our community well because of the backing we had from Waitaha Primary Health too. They went above and beyond. They helped us out from driving to Hanmer Springs to drop off RAT tests and provide face masks, to attending the briefing calls we set up between the Hurunui practices, so they could share the big picture information about what was happening around Canterbury and the rest of New Zealand,” Paul says.

Along with various vaccination initiatives, the team ran walk-in clinics during the weekends so that tourists and people who had travelled from

other parts of Canterbury could get vaccinated while they were visiting the village.

“The Hurunui practices all shared the Jabber Waka mobile vaccination clinic too. After we went into the Hanmer Springs school and talked to whānau and answered questions, we thought we would make getting vaccinated a fun experience so we got dressed up and made it a family event. It made a big difference for a lot of tamariki, and their parents could get vaccinated at the same time,” Paul says.

“We also did something similar for the Super Saturday vaccination push in October, where we set up another drive through clinic on the local domain to deliver vaccinations in our costumes and we ran a sausage sizzle for people in their cars.”

Hanmer Springs had its first positive COVID-19 cases in late February 2022. Paul says the team supported COVID-19 positive patients by contacting them and checking in on them from the day they returned a positive test, including over the weekends.

“We were also going into the community to provide our more vulnerable patients with pulse oximeters to measure their vitals and dropping off RAT tests in the letterboxes of families who were isolating,” he says.

“I am really proud of our staff at the practice and everyone else who worked really long hours over the last 12 months to provide quality healthcare for our community during the pandemic, while continuing our day-to-day clinical work.”



The Hanmer Springs Health Care team dressed up to help vaccinate tamariki.

RESPONSE TO COVID-19

More than 12,500 vaccines administered in Amberley

The Amberley Medical Centre administered more than 12,500 COVID-19 vaccinations to their patients and the wider community in the last year.

The centre was a designated vaccination clinic and was able to treat people who were COVID-19 positive.

“We had a special area set up for people with COVID-19 to come in for appointments so that they weren’t in contact with other patients,” Nurse Manager Chris Long says. “We also did a lot of triaging in our carpark to help prevent transmission.”

The team supported mobile vaccination clinics around the district, taking the Jabber Waka mobile clinic out into the community throughout December, and hosting walk-in vaccination clinics in the Amberley Domain and farmers’ market.

The medical centre’s substantial pandemic response was provided in addition to meeting the community’s day-to-day health needs.

“It has been a very busy time but everyone has worked exceptionally hard to make a real difference in the district,” Chris says.



Amberley Medical Centre nurses Chris Long and Janet Murray preparing for a vaccination clinic.

Pasifika vaccination events in Ashburton

The Waitaha Primary Health team worked hard to support Mid Canterbury’s Pasifika community to get vaccinated against COVID-19.

Uptake of the vaccine was noticeably lower for Pasifika people as the vaccination programme began rolling out. Recognising the disparity, the PHO partnered with Tangata Atumotu Trust, the Congregational Christian Church of Samoa (ESKA) in Ashburton and more recently Etu Pasifika to deliver a series of vaccination clinics and education drives.

“Through the great work of our Pasifika Navigator, we connected with community leaders and organisations to bring the vaccine into community spaces, provide information, and offer opportunities for as many people as possible to get vaccinated,” says Waitaha Primary Health Director of Nursing Janetta Skiba.

Finding a large, accessible space to host the clinics was made possible thanks to the generosity of Ashburton College Principal, Ross Preece who offered up one of the school’s buildings.

“Ross was incredibly supportive and accommodating. He came in on weekends and afterhours to open and close the building for us, which made it possible for the clinics to run at the most effective and accessible times for the community,” Janetta says.

Pasifika Navigator Malu Tulia says one of the challenges was overcoming misunderstandings and uncertainty about the vaccine.



Some of the team at the Ashburton vaccination event.

“A number of people were hesitant to be vaccinated. When we’d talk, you’d learn that much of the uncertainty had been influenced by friends or things they’d seen on social media.”

“People had a lot of questions about the vaccine, and we made sure a doctor or nurse could talk to them and provide information that would help them to make a decision.”

Janetta says the clinics’ culturally-responsive approach made a significant impact.

“We had a line of people winding all the way back to the carpark at our first clinic in August,

which was really encouraging to see. There was also a big turnout at the following clinics.”

“For us, the initiative demonstrated how great outcomes can be achieved through organisations working together to benefit our communities. We would not have been able to vaccinate as many people as we did without Malu’s dedicated work and the fantastic support of Tangata Atumotu Trust, CDHB, ESKA, Etu Pasifika, Vaka Tautua and Ashburton College,” Janetta says.

A number of the Waitaha Primary Health team also supported the Pasifika vaccination drives in Christchurch.

RESPONSE TO COVID-19

Pineacres vaccination clinic

When concerns arose that people in the small Pineacres community, north of Kaiapoi, were not receiving their COVID-19 vaccinations, Waitaha Primary Health teamed up with Canterbury District Health Board (CDHB), St Vincent de Paul (Rangiora), and the Pineacres Holiday Park to take the vaccines to the community.

Director of Nursing and Education Coordinator Janetta Skiba says the vaccination clinics were crucial for providing accurate vaccine information, enabling good access and ensuring people did not miss out.

“We approached the CDHB and asked for their assistance with the provision of vaccinators, and they were more than happy to support this initiative. People really liked us being there, supporting the community.”

The team hosted four clinics at the Holiday Park, which were all well attended.

Pineacres Holiday Park Manager Wayne Curragh says it was great to see the camaraderie and community spirit that the clinics fostered.

“I was very grateful to the Waitaha Primary Health team for bringing the vaccine clinics to Pineacres. There are quite a few elderly people here and some of them don’t have cars which made it difficult for them to travel to a vaccine centre. Until the clinics came here, many residents had been reluctant to get vaccinated.”

“The team made everyone feel comfortable. There was food and places to sit and talk. They really went out of their way to help our community,” he says.

St Vincent de Paul Society Rangiora President Jenny Carter says the organisation supported the three vaccine clinics at Pineacres by helping with the barbecue, and welcoming people receiving their vaccinations.

“These clinics were important for the families who live there so they could access the COVID-19 vaccines in a timely way,” she says. “St Vincent de Paul Rangiora connects the families with food and other support twice a week, and we were delighted to be able to work with Waitaha Primary Health and the DHB vaccination programme.”



Shared kai being prepared for the event.



A warm welcome was given to people at the Pineacres vaccination drive.



Super Saturday vaccination events were kept bright and cheery to make getting vaccinated an easier experience for people.



Waitaha Primary Health helped set up and stock the Coldstream Road RAT test collection site in Rangiora earlier in the year.

RESPONSE TO COVID-19

Improving Pasifika health outcomes

Education, awareness, advocacy, and engagement were the top priorities for Waitaha Primary Health's Pasifika Navigator, Malu Tulia, as she worked to connect the region's Pasifika community with health services in 2021.

She says diabetes, bowel screening and healthy living presentations, as well as home and workplace visits, were delivered to empower people with information and address the inequalities in health service delivery and outcomes for Pasifika people.

"I worked closely with churches, schools, sports clubs, and workplaces to engage with our communities and build trusting relationships. It's been important in understanding what health-related issues people want to learn about and providing culturally-responsive support for their health and welfare needs."

Referrals made to Malu through General Practices and hospitals were followed up with

home visits to assess what the person and their family might need.

"Many Pasifika people that are referred to me are quite new to Aotearoa and its health system, and are not familiar with the services available to them. I really enjoy going to visit people to share that information with them and see what they can do to live well."

Home visits also assist in identifying issues that might be affecting someone's health, as was the case for one Pasifika family whose children were experiencing repeated eczema flare-ups.

"The family had been to a doctor and received treatment but after a month the eczema had come back. I brought a doctor along with me to visit the family at home, and we noticed that they were using an automated bug spray around the house.

"It turned out that the spray was causing the skin irritation. We'd never have identified that without visiting the family in their home," Malu says.



From left: Brenna Russell, Janetta Skiba and Malu Tulia.

Through her regular meetings with community groups, other Pasifika organisations and Waitaha Primary Health's providers, Malu also helped coordinate health promotion activities for Pasifika communities.

A Pasifika Health Day was held at an Ashburton community centre in August, which provided an opportunity for attendees to complete a health quiz and learn about exercise through dance.

"An important part of my work is sharing information and helping empower people to take ownership of their health, whether that's enrolling with a GP, getting involved in sports activities, or understanding what foods are best for good health."

"The support from the wider Waitaha Primary Health team has been wonderful, and I've really appreciated their commitment to helping me assist our Pasifika communities," she says.



Malu and Brenna with a local police officer during one of the Pasifika health promotion events.

MĀORI HEALTH TEAM

Farewell to Suzi Clarke

The team farewelled Kaitukutuku Manaaki Suzi Clarke in June 2022. We wish her all the best in her new role and thank her for her mahi.



The Māori Health team at Suzi's farewell. From left: Whānau Ora Navigator Deb Hough, Suzi Clarke, Māori Health Advisor Kaihautū Pari Hunt, and Whānau Ora Navigator Katie Gordon.

MĀORI HEALTH TEAM

Māori Health Team supporting whānau across the region

Waitaha Primary Health's Māori Health team had a busy and successful year supporting whānau in hard-to-reach communities.

The Whānau Ora Navigators used their extensive community networks to reach people and check if they needed support, particularly during the COVID-19 lockdown in late 2021. Kaihautū/Māori Health Advisor Pari Hunt says a lot of parents were stressed about providing for their families, and the team were able to assist many of them to access the Whānau Ora Te Taura Tautoko fund to help them through their rough patch.

"Some people had lost their jobs because of COVID-19 and the navigators were going out to

help people where we could," Pari says. "Our team has been involved in counselling and providing support to whānau who have been having difficulties in their communities. We have been working to ensure they have the essentials like electricity, kai and support for tamariki attending school camps."

Te Kauwaka o te Aroha

In 2021, Te Pūtahitanga o Te Waiponamu (The commissioning agent for Whānau Ora) provided funding to Waitaha Primary Health and He Waka Tapu to purchase a camper van. "The van has been used to provide vaccinations in places

where whānau, who are less involved with a GP or health hub, can go to get one," Pari says. The van was aptly named 'Te Kauwaka o te Aroha' - The 'Waka' of care.

For example, a clinic held at Tuahiwi Marae was well attended, and attracted people that the Whānau Ora Navigators could assist in a variety of ways. The team also ran a vaccination clinic for a gang in Ashburton. "They were respectful and good to the vaccinators, and stayed for some kai and conversations with the people who were there," Pari says.

Te Waka Hourua o Waitaha

The Whānau Ora team have also been instrumental in developing Te Waka Hourua o Waitaha (TWHoW) – an initiative that Pari sees as a "once in a lifetime opportunity".

TWHoW was proposed by the team in 2021, in response to the new health reforms. Its primary aim is to increase equity for Māori, adhering to the principles of Te Tiriti o Waitangi. As a stand-alone entity, it will work alongside the PHO to embed a Māori approach to service delivery.

"Essentially, TWHoW will mirror the new Māori Health Authority, creating an in house micro-Māori directorate for Māori, by Māori," Pari says. "Work has already started on embedding TWHoW into Waitaha Primary Health, such as exploring funding options, branding and copyright."



Suzi Clarke making deliveries to whānau in need.

TeleOra service trialled in Hurunui

Waitaha Primary Health's telehealth application, TeleOra, has had a successful trial in the Hurunui district, helping whānau access healthcare without needing to leave their homes.

TeleOra has been built for practices, other health practitioners and whānau, to deliver digital care. It enables GPs to talk to patients via a video link, prescribe medication online and send the prescription to their patient's chosen pharmacy.

TeleOra supports people who live in rural areas, have high health needs, or experience mobility challenges. It also has a focus on empowering Māori and Pasifika whānau to use the service to manage their health and wellbeing.

Twenty-five whānau from five Waitaha Primary Health member practices were identified to take

part in the pilot phase of the project in 2021 and were provided with digital devices to use for their appointments. All whānau were in the Hurunui district.

Waitaha Primary Health Kaihautū/Māori Health Advisor Pari Hunt says two free GP consultations were allocated to each whānau. Some whānau required additional consultations and others less, but he says the important thing was that they were able to access health care if and when they needed it.

"The beauty is that patients don't have to do anything, they can just book an appointment and be emailed a link to click when it is time for their appointment. They can wait in a virtual waiting room, or until they get an alert on their device saying the doctor is ready to see them," Pari says.

"TeleOra helps improve access to healthcare because it removes barriers such as transport and not having to be in a waiting room with other people who may be sick."

Waitaha Primary Health received funding for the TeleOra pilot from the Ministry of Health's Digital Enablement Programme, which provides support for innovation in digital health care. The practices taking part in the pilot were also given digital devices which Pari said enabled staff to move from room to room, if needed, which gave them greater flexibility while providing their consultation.

MĀORI HEALTH TEAM

Busy year in Canterbury for Whānau Ora Navigators

Waitaha Primary Health's Whānau Ora Navigators have had another busy year, working with families across Canterbury to help them stay as healthy as possible.

The Navigators work in the greater Christchurch area, with Katie Gordon (Te Āti Awa ki Waikawa) also covering Banks Peninsula and Mid Canterbury, and Deb Hough (Ngāti Mutunga ki Wharekauri, Te Āti Awa) also working in Hurunui and North Canterbury.

Over the last year, with COVID-19 spreading throughout the country, Deb says the pair had to adapt how they worked so they could continue providing support to whānau. This included donning PPE to safely visit people who needed urgent support, and assisting with vaccination events involving Waitaha Primary Health.

"We try to meet whānau in their own homes," Deb says. "The relationship isn't the same if we meet them in the office and there are often transport challenges. Whānau feel more comfortable and can be themselves at home, which helps them to open up, share their life stories with us, and trust us."

"Our job is quite complex as we provide support across a range of areas, from helping people reintegrate back into the community, to assisting them to access housing and navigate Oranga Tamariki and other agencies," she says. "Our approach is a skill. It's whānau-centred and we don't judge the people we work with. We support them with what they want to achieve to help them live well."

"The beauty of Whānau Ora is being able to look at the whole picture holistically, walking alongside whānau advocating to achieve good outcomes for families."

Both Navigators have extensive networks of community, government and NGO contacts throughout Canterbury who they regularly collaborate with. Their referrals come from these contacts and Waitaha Primary Health's member practices.

Katie says that a lot of the whānau they work with have experienced both generational and agency trauma, so a key part of the Navigators' mahi is to build trusting relationships.

"Throughout the COVID-19 pandemic, we worked with whānau who were dealing with



Deb Hough

Katie Gordon

housing and employment challenges, along with other high level risks, while trying to keep well," Katie says.

"We work holistically and help whānau by being a buffer between them and other agencies so that they don't feel overwhelmed. It minimises miscommunication, and helps whānau to understand processes they may need to go through."



Whānau Ora Navigator Deb Hough (right) says the team likes to meet whānau at their homes.

Achieving great outcomes for whānau

When Alice* was first put in touch with Waitaha Primary Health, she was facing the harsh reality of having to sleep in her car. But, thanks to the support of our Whānau Ora Navigators, she now has a home and feels like "the luckiest person in the world".

Alice had been diagnosed with cancer and found herself in a difficult situation after selling her home to move in with one of her children.

To help, her nurse put her in contact with The Princess Margaret Hospital and respite care was arranged. However, after one month of respite care turned to three, Alice became distressed. When she was close to buying a caravan and living off the land, or sleeping in her car, a whānau member suggested that Waitaha

Primary Health might be able to help, and they called Māori Health Advisor, Pari Hunt.

This came unfortunately just as the COVID-19 lockdowns hit, but Pari still managed to connect Alice with Whānau Ora navigator Deb Hough, who spent time listening to Alice's story and helped put support systems in place.

"She's an angel, I couldn't have wished for a better person," Alice says. "She checked in on me to see if I was okay and arranged a family meeting, which meant I was able to voice my opinions. "When I was asked if I wanted a support person, I said 'yes'. I wanted Deb to be that person because I trusted her."

"The day she rang me and said, 'we have a house', I couldn't believe those words," she says.

"Now, I have a home, and it's all thanks to her. She never looked down on me, she understood my needs, and that's all I wanted in life - somewhere to call home."

Alice has now been in remission for two-and-a-half-years and never wants to leave her property.

"Whenever I'm having a bad day, I can sit out in my chair and look out at my garden," Alice says. "It's wonderful. Pari and Deb have made this happen for me, my garden, my home... I haven't got enough words to thank them. I feel like the luckiest person in the world."

"Thank you from the bottom of my heart."

*Name has been changed to protect identity and privacy.

MENTAL HEALTH TEAM

Accessible mental health services helping to meet increased demand



Paul Wynands

A well-established Health Improvement Practitioner (HIP) service and new tools for people to engage with clinicians, are helping to increase early interventions and access for people seeking Waitaha Primary Health's mental health services.

In the last year, HIPs, Rural Mental Health Specialists, and Brief Intervention clinicians introduced virtual and over-the-phone options for people needing support - moves that were welcomed by a number of people referred to their services.

Primary Mental Health Manager Paul Wynands says while COVID-19 lockdowns played a role in some people's need for mental health support, they also presented opportunities to increase access.

"Lockdowns and self-isolation occasionally made it difficult for people to access face-to-face support, however our teams worked really well to implement virtual solutions that have become another useful way for people to engage with us."

"For people in rural communities or out on the farm, a 30 or 40 minute drive to an appointment can be expensive and time consuming. Additionally, as people have stayed home with COVID-19 or other illnesses, the option of talking to our specialists via Zoom or phone has been well received."

He says many people have appreciated the tools' benefits.

Paul says the mental health teams worked incredibly hard to meet an increased need for support throughout the year, with more than 560 referrals made to the PHO's four Rural Mental Health Specialists, and 301 referrals made to Brief Intervention.

These efforts were supported by the two HIPs, based in Ashburton and Kaikoura, who

have established strong relationships with the medical centres they work with and their communities.

"Our HIPs are making a real difference for people experiencing mild to moderate mental health challenges. Their presence in medical centres allows GPs to refer people for assessment in the same practice, often immediately."

"Being able to see a clinician quickly and early is proving to be a valuable model of care, as it helps prevent situations from escalating," Paul says.

Waitaha Primary Health's mental health services in three Canterbury prisons also continued to meet high clinical demand.

"There is an ongoing need for mental health support in prisons. A number of people in prison experience complex and acute mental health challenges, and our clinicians are dedicated to improving health outcomes."

Professional development making a difference in mental health services

For Anna Wilson, one of our four Rural Mental Health Specialists (RMHS), undertaking postgraduate studies in 2022 was a valuable decision in her efforts to increase her knowledge, and enhance her mental health practice.

Anna is a registered nurse with a diploma in mental health and addictions, and she has started a postgraduate Diploma in Cognitive Behavioural Therapy. She says the study has helped to cement treatment approaches and expand her understanding of adaptive therapies for people in rural communities.

"In my area of work, I've found that people really want a tool or skill to take away with them to help manage their mental health. Undertaking this Diploma has been a natural progression."

"Doing this study is about improving my practice even more, so that I feel confident that I'm giving people all that I can. Rural mental health is incredibly busy, and having a sound, well-developed process or modality informing my work reinforces the support I provide."



Rural Mental Health Specialist Anna Wilson

Anna says Cognitive Behavioural Therapy (CBT) is a type of psychotherapy that explores the links between a person's thoughts, emotions, and behaviour. "It's about empowering people with tools that they can use to help themselves for a variety of mental health challenges."

Through her study, Anna has been able to implement evidenced-based learnings about the therapy into her practice. "The client and I work together on formulating a treatment plan

that's tailored to their individual needs. If they have a fear of leaving their house, for example, we might conduct a behavioural experiment in a social situation and reflect on the thoughts and beliefs they experience at the time. That reflection then leads to self-discovery and support to develop strategies to manage their own conditions and behaviours."

A great benefit of CBT is its adaptiveness to people of all cultures and genders, making it an ideal therapy for the diverse rural populations Anna works with.

"The feedback I get from people is great. They feel more confident in their treatment plan, and it can also be a fun and creative process."

Anna undertook the first year of the Cognitive Behavioural Therapy Diploma in 2022, and has two years of study to go.

PRACTICE SUPPORT NAVIGATORS

Varied year for Practice Support Navigator, Brenna Russell

While a lot of our Practice Support Navigators' work over the past year has been focused on COVID-19, there has been a steady flow of BAU work to support Canterbury communities.

Practice Support Navigator Brenna Russell says that although activities were frequently postponed, the events the PHO was able to run or support were successful. Among these were parenting events in Rakaia and Methven, disaster recovery workshops at a number of rural community halls, and the annual White Ribbon Quiz to raise awareness of domestic violence against women.

"We have a lot of things planned for the coming year, such as being part of the safety village at the Ashburton A&P Show, which will hopefully still go ahead," Brenna says. "We're also involved in activities with a number of local organisations like the Hakatere Multicultural Council, Safe Communities, and the Refugee Settlement Service.

"One of the great things about Waitaha Primary Health is we are flexible and can adapt to what the community needs. The medical centres really value our support as we are able to go out to them, even the more isolated ones, and have a presence in their communities," she says.

Unenrolled patients

Multiple referrals are being received every week through a project aiming to increase the number of enrolled patients in Mid Canterbury. The project has been running since June 2020.

The referral system was adapted from a successful scheme used in Christchurch Hospital's

Emergency Department. Patients who come to Ashburton Hospital, mainly through the Acute Assessment Unit (AAU), and do not have a GP, are assisted to join a medical practice. Once patients have provided consent and details, Brenna coordinates their enrolment.

"Between June 2021 and June 2022, there were 97 referrals of unenrolled patients to Waitaha Primary Health from the AAU at Ashburton Hospital, and we were able to enrol 71 of those with local medical centres," Brenna says.

Referrals were received from other areas of the community, including local businesses such as ANZCO, where Waitaha Primary Health helped enrol a number of their new employees towards the end of 2021.

Ongoing flood recovery support

In Ashburton, Waitaha Primary Health has been involved in flood recovery work since May 2021, supporting welfare teams organised by Ashburton District Council.

"One of the main parts of this work involved organising free GP appointments through the CDHB for people affected by the flooding, which all of our member practices were able to offer up to the end of August 2021," Brenna says.

"The GP visits were there if people needed them, and as a resource for agencies like Rural Support Trust and Federated Farmers, so we have been maintaining contact with these groups as preparation for any future events."



Events that were able to go ahead were well attended by the public.

New Navigator

Waitaha Primary Health was delighted to welcome Rochelle to the team as a new Practice Support Navigator.

Rochelle will primarily work in the Hurunui district, supporting practices and helping patients access health, welfare and social services in the community.

Mask fitting and RATs essential to healthcare

As COVID-19 began spreading throughout the country when restrictions eased, the safety of clinicians and vulnerable people in our communities became a top priority.

During 2021, Practice Support Navigator Brenna Russell and B4SC Nurse Rachael Settle were trained as FIT testers, and worked with the Waitaha Primary Health medical centres to fit N95 masks for clinical staff. This involved training staff and ensuring the masks were the right model, style, and size for each worker and

that they fitted securely, to prevent airborne contamination by viruses.

"The masks were a hugely important part of protecting people from COVID transmission," Brenna says.

As part of the disease prevention process, the Waitaha Primary Health team regularly delivered N95 masks, other PPE, and Rapid Antigen Tests (RATs) to medical centres. The RATs enabled kaimahi to test themselves and patients.



One of the Waitaha Primary Health cars loaded with RAT tests.

STOP SMOKING SERVICE

New waka helps Stop Smoking team widen community reach

Waitaha Primary Health's stop smoking practitioners will soon be zipping around the region with a mobile service to help Cantabrians stop cigarette smoking.

Stop Smoking Practitioner Jo Butler says preparations are well underway to start using a recently purchased campervan, "The Waka", to provide clinics wherever they are needed.

"One of the obstacles we had over the last year was being unable to provide face-to-face support to people, with all of the winter ills and COVID-19 in the community. General Practices also needed to restrict the number of extra people coming in to their clinics, which limited where we could offer consultations," Jo says.

"To ensure we could still support people face-to-face, we came up with the idea of running a travelling clinic, and are partnering with practices to deliver the service somewhere local, or even in the practice's car park."

The Stop Smoking team covers most of Canterbury, with Jo looking after North Canterbury and Gina Straker covering Mid and

South Canterbury. Jo says she has seen an increase in the number of people using vaping as a quitting tool and the main motivation for them to try to quit smoking was to save money.

Jo joined the Waitaha Primary Health team in November 2021 and has more than five years' experience of supporting people to quit smoking. She has taken up the role from Carol Reardon, following her retirement.

The main goal of the Te Hā - Waitaha service is for long term smoking cessation, which people are supported to do in a variety of ways.

"Although the number of people we usually see has dipped slightly, with COVID-19 still an issue, we are starting to see the numbers pick up again and are supporting people over the phone or through texts and video calls," she says.

The Stop Smoking team visits community groups and workplaces, something Jo says can help motivate people to want to quit smoking because they can have an appointment on-site and not need to take time away from work. Workmates can also support each other and provide encouragement during their journey to being smokefree.



Jo Butler

"We create a programme for people who are wanting to quit smoking and tailor it to them and what their goals are. I'm also really passionate about working with youth and schools to help them be smokefree. We want to be really accessible, especially to rural people," Jo says.

"We do get some people re-enrolling with us who have tried to quit and not been successful long term, or have relapsed and are wanting to give it another go. Only about three percent of people can quit smoking cold turkey without using any kind of nicotine replacement therapy or motivational support, so most people need more than one try."



Farewell Carol

In December 2021, Waitaha Primary Health farewelled Stop Smoking Practitioner Carol Reardon, who has retired.

Carol was very influential, and provided Te Hā - Waitaha Stop Smoking services to our rural communities for seven years. She was passionate about her work and dedicated more than 20 years of her life supporting people to become smokefree.

Waitaha Primary Health Stop Smoking Practitioner Gina Straker, who worked closely with Carol, recalled how she believed in language being part of the solution. "You see the person first, they are a person who smokes and not a smoker," she says. Gina says Carol would phrase the question, "Do you want to become smoke-free?", instead of asking, "Do you want to quit?"

We wish Carol every happiness in her retirement.

Carol Reardon



Te Hā - Waitaha Quit Coaches running a mobile clinic in the community.

PRACTICE SUPPORT

Foundation Standards Update

It has been a challenge for some practices to achieve their Foundation Standard while navigating COVID-19 complexities, but Waitaha Primary Health has made it a priority to complete accreditation for all member practices within the next six months.

Waitaha Primary Health Quality Facilitator Sarah Zino says the Foundation Standard combines all of the legislative, regulatory, and clinical requirements practices must meet to deliver safe, high quality care.

“It provides a consistent benchmark of quality assurance that qualifies practices for capitation funding, as required by the Primary Health Service Agreement Amendment Protocol (PSAAP),” she says.

Practices complete a self-assessment exercise in an interactive software platform called Smartsheet, and then an assessor who is endorsed by the Royal New Zealand College of General Practitioners (RNZCGP) will conduct a site visit. If the practice meets all of the criteria, they will be awarded their Foundation Standard certification, which lasts for three years.

The programme is organised into five different standards, and each standard has one or more indicators that a practice needs to meet. The criteria ranges from providing a safe and



accessible building, to complying with patients' rights and meeting the Hazardous Substances Regulations 2017.

The Foundation Standard also aims to lift the levels of health equity across Aotearoa.

Cheviot Community Health Centre proudly showing their Foundation Standard certification.



Team members from Amuri Community Health Centre with the Foundation Standard certification they received in the last year.

PRACTICE SUPPORT

Welcome Tracey Ruru



Tracey Ruru

Returning home to Aotearoa after more than two decades overseas, Waitaha Primary Health's new Executive Assistant Tracey Ruru says she feels like she has come full circle.

Tracey grew up in Ōtautahi and began her career at just 16 years old,

following work experience in administration in Christchurch Hospital's surgical department. She has since worked in Melbourne, Asia, Nelson and in health administration in Saudi Arabia.

"It's exciting to be working in the New Zealand health sector again. There's such a broad range

of services within our organisation, and I'm looking forward to using my background and skills to help things run efficiently," she says.

Tracey says one of the things that stood out to her about Waitaha Primary Health was its commitment to providing culturally appropriate services.

"After being overseas for so many years it feels exciting to have an opportunity to learn and embrace my Māori culture as I work alongside such a diverse team," she says.

Tracey has taken up her role from Diane Walker, one of the organisation's founding staff members, who is enjoying a well-earned retirement after 18 years of dedicated service to Waitaha Primary Health.

"I'm proud to be a part of the administration team as we enter an exciting new phase of our healthcare system. I believe change is

good," Tracey says. "I enjoy connecting with my colleagues and the trust and responsibility that comes with my role."



Waitaha Primary Health Board Chair Dr Lorna Martin with Diane Walker at her retirement function.

BREASTFEEDING SUPPORT TEAM

Adaptive baby feeding team responds to COVID-19 challenges

Waitaha Primary Health's baby feeding team, encompassing our Peer Support Administrator and two community-based Lactation Consultants, continued to work tirelessly supporting mothers and babies throughout the year, despite COVID-19 restrictions.

With face-to-face support not possible from August to May, the team worked hard delivering services remotely via Zoom and mobile phones, and liaised closely with medical centres in providing wraparound support.

Lactation Consultant Ruth O'Donovan says the year presented many difficulties for new parents. Due to the stress on maternity units at this time, and with restricted visiting conditions during lockdowns, many new mothers were discharged home early. This impacted breastfeeding, placing an increased demand on the baby feeding service.

"We were working with new mums who were grieving that their birth experience was not what they'd hoped for due to hospital COVID-19 safety protocols. Then there was the added stress of being in lockdown with a newborn."

"We constantly reviewed our service to deliver it in the safest and most effective way. Zoom meetings made it possible to help mothers when we couldn't visit in person, but we were very

happy when we could re-establish the home visits in May," she says.

These efforts were supported by the work of General Practitioners and nurses, who went above and beyond to see mothers needing extra support, as well as Lead Maternity Carers (LMC) and Tamariki Ora Well Child Providers.

"If we had any concerns about a baby's weight or mother's health, we liaised closely with medical centres to arrange follow up. Their workloads were often already high, as they were one of few sectors still allowed to see people in person, plus they were administering vaccines."

"We could not have provided the level of care and support mothers needed at the time without the support of the GPs and practice nurses. It was a wonderfully collaborative approach," Ruth says.

Training for Mother-4-Mother Peer Support Programme volunteers also continued under the restrictions, with Administrator Claire Coates delivering the training programme via Zoom. When person-to-person contact became possible again, the team adapted their services to keep new parents and babies well.

"Masks, social distancing at support groups, and regular testing have been important for helping keep each other, and mothers and babies safe," Ruth says.

Throughout the year, the team also reviewed the current Peer Support training programme to ensure it met the needs of Canterbury communities and incorporated the National Breastfeeding Strategy. Claire worked through the previous programme to identify key gaps in the delivery of cultural support. She has worked with New Zealand Breastfeeding Alliance Māori Advisor, Carmen Timu-Parata, to ensure education is current and delivered in a manner that is respectful for te ao Māori.

"The first aspect identified by the Strategy is the commitment to uphold the mana of Te Tiriti o Waitangi," Ruth says. "The aim is to ensure the breastfeeding needs and aspirations of wāhine Māori and their whānau are reflected in the Strategy's whāinga (goals), whakaarotau (priorities), and putanga (outcomes)."

"This has been a great foundation on which to base the new support programme. It aims to deliver more appropriate support for Māori and other priority groups within the community."

With groups able to meet again in May 2022, Claire has been supporting the original nine groups, a recently developed Filipino group based in Riccarton, and a Brazilian mothers' group in Phillipstown.

Plans are also underway to provide Peer Support training to Pasifika mothers and develop a support group.

PRACTICE SUPPORT

High-Risk Podiatry service for diabetics

In the 2021/2022 year, 223 people were supported by the High-Risk Podiatry service for diabetics, which is provided through an agreement between Waitaha Primary Health and local podiatrists.

Waitaha Primary Health Clerical Provider Caroline Eschenbach says “GPs will do a clinical assessment and then send a referral to a service if podiatry care is needed. The PHO

will fully fund up to four podiatry visits per year for enrolled patients who have some kind of deterioration in their feet, as a result of diabetes.”

“We receive really good feedback about the initiative from the podiatry teams, who tell us that the people who use it really appreciate it,” Caroline says.

“Many older patients see their visit to the podiatrist as a social occasion, especially if they have been feeling isolated or staying at home to avoid COVID-19. The High-Risk Podiatry service is just one of the things Waitaha Primary Health does to make health care more accessible.”

IT TEAM

IT Team trials new ways of working

IT Manager Darren Walmsley says it has been business as usual for his team this year, making sure IT systems are running smoothly in-house and in member practices.

At the start of 2022, TeleOra, an application that enables healthcare to be provided digitally, was rolled out as a pilot project in Hurunui. As part of this work, Waitaha Primary Health supplied 25 tablet devices to whānau in the community, as well as practices.

“Another important piece of work that has been completed this year has been transitioning Waitaha Primary Health emails to a fully cloud-based system. This gives us higher availability. For example, if we lose internet access at the office and therefore access to our servers, staff can still see our emails using mobile data,” Darren says. “It also removes any syncing



issues, and taking away the onsite mail server reduces the need for maintenance and the risk of being hacked.”

One of the major changes in the IT department has been the addition of Technical Support

Engineer Bhupesh Bhanot to the team. “He has a lot of experience working for other PHOs in the IT space, so he is a valuable addition to our department,” Darren says.

Over the next few months, a new enrolment process that is more inclusive of gender diversity will be developed and rolled out across practice management systems.

Darren says IT is an integral part of the operations at Waitaha Primary Health.

“We will also continue to develop our portal programmes as there are always new features to be added that assist our Health Improvement Practitioners, and NGOs associated with us, who collect data for their reporting.”

Introducing Bhupesh Bhanot

We were delighted to have Bhupesh Bhanot join the Waitaha Primary Health IT team in March 2022 as a Technical Support Engineer.

Before this, he was with Pegasus Health for several months, following a 10-year stint in Tauranga, where he worked for a tertiary education provider and Ngā Mataapuna Oranga, a kaupapa Māori PHO.

“It has been great getting to know the Waitaha Primary Health team. Everyone is very approachable and respectful, and I’m enjoying the work,” he says.

One of the main projects he has worked on so far has been setting up a customer support ticketing

system for PHO staff and practices to lodge IT requests. Other projects have included hardware upgrades and working with practices to update their software or move their emails into cloud-based systems.

“Previously, people would just send an email if they needed IT support but having a ticket system helps us to prioritise tasks, request more information, assign jobs and keep everything related to the request in one location, so we can keep everything running smoothly,” he says.

Bhupesh says he enjoys how varied his job is. His day-to-day work can involve “anything from adding new information to the Waitaha

Primary Health website, to responding to IT support requests from member practices, to server maintenance, and collecting data.

“I like working for a PHO because it’s really diverse and there is always something new to do or learn. We have a lot of different services and many of them have different platforms, so the variation is good and keeps things interesting” Bhupesh says.



Bhupesh Bhanot

Directory

Waitaha Primary Health Limited
as at 30 June 2022

Principal Business
Primary Health Organisation

Shareholder
Waitaha Primary Health Trust

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

Directors
E Avnit
P Campbell (Resigned 2/3/22)
T Dellow (Appointed 18/2/22)
D Gordon
T Hunt
L Martin
G McLeod
V Peden (Appointed 9/5/22)
A Richardson (Resigned 3/11/21)
T Stone-Howard (Appointed 10/1/22)

Solicitors
Saunders Robinson & Brown
Christchurch

Bankers
ASB Bank

Auditors
Crowe New Zealand Audit Partnership
Dunedin

Rock formations on the Weka Pass, between Waipara and Waikari.

Statement of Financial Responsibility

For the year ended 30 June 2022

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 2022 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 2022.

For and on behalf of the Directors:

Director

Dana Hume

Dated

17.10.2022

Director

[Signature]

Dated

17/10/2022

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2022

	Notes	2022 \$	2021 \$
Contract revenue - non exchange transactions		18,949,942	17,042,466
Total revenue from non exchange transactions		18,949,942	17,042,466
Contract payments		15,837,851	13,707,245
Wages, salaries and other employee costs		2,524,975	2,669,557
Other operating expenses	6	579,314	663,341
Total expenses		18,942,140	17,040,143
Interest income		3,749	8,932
Operating surplus / (deficit)		11,551	11,255
Other gains / (losses)		-	-
Surplus / (deficit) for the year		11,551	11,255
Other comprehensive revenue and expenses		-	-
Total comprehensive revenue and expenses for the year		11,551	11,255

Statement of Changes in Net Assets

For the year ended 30 June 2022

	Notes	2022 \$	2021 \$
Balance 1 July		402,362	391,107
Surplus / (Deficit) for the year		11,551	11,255
Other comprehensive income		-	-
Balance 30 June		413,913	402,362

Statement of Financial Position

As at 30 June 2022

	Notes	2022 \$	2021 \$
ASSETS			
Current			
Cash and cash equivalents	7	930,295	1,480,094
Receivables from non exchange transactions	8	1,345,444	542,582
Prepayments		27,454	19,294
Total current assets		2,303,193	2,041,970
Non-current			
Plant and Equipment	9	228,192	204,843
Total non-current assets		228,192	204,843
TOTAL ASSETS		2,531,385	2,246,813
LIABILITIES			
Current			
Payables under non exchange transactions	10	381,126	314,189
Employee entitlements	11	192,320	193,394
GST payable		59,857	59,775
Finance lease payable	14	22,714	22,714
Deferred revenue	12	1,417,669	1,187,879
Total current liabilities		2,073,686	1,777,951
Non-current			
Finance lease payable	14	43,786	66,500
Total non-current liabilities		43,786	66,500
TOTAL LIABILITIES		2,117,472	1,844,451
NET ASSETS		413,913	402,362
EQUITY			
Equity			
Accumulated Funds	17	413,913	402,362
TOTAL EQUITY		413,913	402,362

Approved for and on behalf of the Directors:

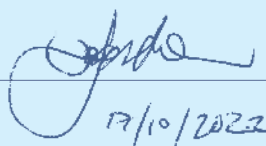
Chairperson



Dated

17-10-2022

Director


17/10/2022

Dated

Statement of Cash Flows

For the year ended 30 June 2022

	Notes	2022 \$	2021 \$
Cash flow from operating activities			
Cash was provided from (applied to):			
Receipts from contract transactions and other income		18,376,871	16,914,138
Interest received		3,749	8,932
Payments for contract and supplier transactions		(16,290,784)	(14,406,957)
Payments for employees		(2,526,050)	(2,659,652)
Goods and services tax (net)		81	1,117
Net cash / (used in) operating activities		(436,133)	(142,422)
Cash flow from investing activities			
Cash was provided from (applied to):			
Disposal of plant and equipment		-	25,900
Acquisition of plant and equipment		(113,666)	(65,175)
Net cash / (used in) investing activities		(113,666)	(39,275)
Cash flow from financing activities			
Cash was provided from (applied to):			
Reinvestment of term deposit		-	-
Net cash / (used in) financing activities		-	-
Net increase / (decrease) in cash and cash equivalents		(549,799)	(181,697)
Cash and cash equivalents, beginning of the year		1,480,095	1,661,791
Cash and cash equivalents at end of the year	7	930,296	1,480,094

Notes to the Financial Statements

For the year ended 30 June 2022

1. Reporting Entity

These financial statements comprise the financial statements of Waitaha Primary Health Limited (the "PHO") for the year ended 30 June 2022.

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 it does not have public accountability and annual expenditure does not exceed \$30 million.

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

(b) Basis of measurement

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

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

(c) Presentation currency

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

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

(d) Comparatives

The comparative financial period is 12 months.

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

(e) Changes in accounting policies

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

3. Summary of significant accounting policies

The accounting policies of the Company have 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) 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.

(b) 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.

(c) Creditors and other payables

Trade creditors and other payables are stated at cost.

(d) 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

Motor vehicles 30% 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 its 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) Finance leases

Lease arrangements where substantially all the risk and rewards of ownership are classified as finance leases.

Upon initial recognition to the leased asset is measured at an amount equal to the lower of its fair value and present value of minimum lease payments.

(n) Operating leases

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.

(o) 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

	2022 \$	2021 \$
Administration expenses		
Advertising	285	-
Audit Fee	10,200	10,200
Bank Charges	916	881
Conference Expenses	-	906
Consultancy Fees	14,623	14,877
Education CME/CNE	1,473	9,796
General Expenses	13,568	16,072
Insurance	15,540	14,999
Legal Fees	-	5,304
Management Services	132,308	131,663
Motor Vehicle Lease	12,325	12,151
Motor Vehicle Running Costs	9,412	8,585
PHO Alliance Membership	12,492	12,082
Printing & Stationery	14,706	18,283
Repairs and Maintenance	-	1,815
Telephone & Tolls	9,196	8,440
Total administration expenses	247,044	266,054
Occupancy expenses		
Electricity	13,786	20,354
Office Cleaning	12,795	19,912
Rental	137,746	173,441
Total occupancy expenses	164,327	213,707
Governance expenses		
Board Expenses	30,146	33,956
Board Meeting Fees	63,635	65,385
Clinical Governance	6,558	4,930
Total governance expenses	100,339	104,270
Depreciation	67,604	79,310
Total	579,314	663,341

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 2022 was 0.70%-1.10% (2021: 0.25%-0.35%).

	2022 \$	2021 \$
ASB current account	227,632	778,713
Term Deposits less than 3 months	702,663	701,381
Total cash and cash equivalents	930,295	1,480,094

8. Receivables from non exchange transactions

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

As at 30 June 2021 and 2022, all overdue receivables have been assessed for impairment and appropriate allowances made. All receivables are subject to credit risk exposure.

	2022 \$	2021 \$
Accounts receivables	1,344,619	542,302
Sundry receivables	825	280
Total	1,345,444	542,582
Classified as:		
Current assets	1,345,444	542,582
Non-current assets	-	-
Total	1,345,444	542,582

9. Plant and equipment

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

2022	Motor Vehicles \$	Computer Equipment & Plant \$	Total \$
Gross carrying amount			
Opening balance	246,750	121,088	367,838
Additions	84,631	13,520	98,151
Disposals	-	(17,066)	(17,066)
Closing balance	331,381	117,542	448,923
Accumulated depreciation and impairment			
Opening balance	83,203	79,792	162,995
Depreciation for the year	65,631	9,392	75,023
Disposals	-	(17,287)	(17,287)
Impairment charge for the year	-	-	-
Closing balance	148,834	71,879	220,713
Carrying amount 30 June 2021	182,547	45,645	228,192

During the year the company acquired vehicles included in Motor Vehicles with a carrying value of \$92,341 under a finance lease.

2021	Motor Vehicles \$	Computer Equipment & Plant \$	Total \$
Gross carrying amount			
Opening balance	153,717	121,088	274,805
Additions	154,389	-	154,389
Disposals	(61,356)	-	(61,356)
Closing balance	246,750	121,088	367,838
Accumulated depreciation and impairment			
Opening balance	51,242	67,900	119,142
Depreciation for the year	67,417	11,892	79,309
Disposals	(35,456)	-	(35,456)
Impairment charge for the year	-	-	-
Closing balance	83,203	79,792	162,995
Carrying amount 30 June 2021	163,547	41,296	204,843

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.

	2022 \$	2021 \$
Current		
Trade payables	286,429	191,145
Sundry payables	94,697	123,044
Total current	381,126	314,189
Total payables under non exchange transactions	381,126	314,189

11. Employee entitlements

	2022 \$	2021 \$
Current		
Annual leave entitlements	192,320	193,394
Total	192,320	193,394

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.

	2022 \$	2021 \$
Unexpended contract revenue	1,371,252	1,113,035
Other income received in advance	46,417	74,844
Total deferred revenue	1,417,669	1,187,879

13. Financial instruments

(a) Carrying value of financial instruments

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

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

(b) Classification of financial instruments

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

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

Classification of financial instruments

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

2022	Loans and receivables	Liabilities at amortised cost	Total carrying amount	Fair value
Financial Assets				
Trade and other receivables	1,345,444	-	1,345,444	1,345,444
Cash and cash equivalents	930,295	-	930,295	930,295
Total current assets	2,275,739	-	2,275,739	2,275,739
Total assets	2,275,739	-	2,275,739	2,275,739
Financial liabilities				
Trade and other payables	-	381,126	381,126	381,126
Finance lease payables	-	22,714	22,714	22,714
Total current liabilities	-	403,840	403,840	403,840
Finance lease payables	-	43,786	43,786	43,786
Total non-current liabilities	-	43,786	43,786	43,786
Total liabilities	-	447,626	447,626	447,626

2021	Loans and receivables	Liabilities at amortised cost	Total carrying amount	Fair value
Financial Assets				
Trade and other receivables	542,582	-	542,582	542,582
Cash and cash equivalents	1,480,094	-	1,480,094	1,480,094
Total current assets	2,022,676	-	2,022,676	2,022,676
Total assets	2,022,676	-	2,022,676	2,022,676
Financial liabilities				
Trade and other payables	-	314,189	314,189	314,189
Finance lease payables	-	22,714	22,714	22,714
Total current liabilities	-	336,903	336,903	336,903
Finance lease payables	-	66,500	66,500	66,500
Total non-current liabilities	-	66,500	66,500	66,500
Total liabilities	-	403,403	403,403	403,403

14. Finance leases

The company purchased four motor vehicles. All leases are for a three year term and conclude on 2/9/2023. Interest is at a rate of 1.6%.

	2022 \$	2021 \$
Finance leases as payable as follows		
Less than one year	22,714	22,714
Between one and five years	43,786	66,500
More than five years	-	-
Total	66,500	89,214

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.

Related party balances

- (1) L Martin is a director of the company and a partner of Rangiora Medical Centre Limited Partnership. Rangiora Medical Centre Limited Partnership received PHO funding on terms and conditions that are consistent for such transactions on a normal supplier basis. Balance outstanding as at balance date totals \$122 (2021: \$1,886)
- (2) P Sparks, a director of the company, is also a director of Moore Street Medical Centre Limited. Moore Street Medical Centre Limited received PHO funding on terms and conditions that are consistent for such transactions on a normal supplier basis. Balance outstanding as at balance date totals \$nil (2021: \$nil).

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.

2022	Directors \$	Snr mgmt \$	Total \$
Salaries and other short-term employee benefits	63,882	730,606	794,488

Total remuneration	63,882	730,606	794,488
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Number of persons recognised as key management personnel	8	7	15
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2021	Directors \$	Snr mgmt \$	Total \$
Salaries and other short-term employee benefits	65,384	558,241	623,625

Total remuneration	65,384	558,241	623,625
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Number of persons recognised as key management personnel	8	5	13
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16. Contingent assets and contingent liabilities

Waitaha Primary Health Limited has no contingent assets or contingent liabilities (2021: none).

17. Equity

As at 30 June 2022, 100 ordinary shares have been allocated to the shareholder and remain unpaid. All shares rank pari passu.

18. Commitments

As at 30 June 2022 Waitaha Primary Health Limited is not aware of any capital commitments or contingencies (2021: nil).

Operating Leases Commitment

Non-cancellable operating leases as payable as follows

	2022 \$	2021 \$
Less than one year	182,921	151,656
Between one and five years	141,917	99,562
More than five years	-	-

Total	324,837	251,218
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19. Subsequent Events

The PHO is economically dependent on the Canterbury District Health Board, the Ministry of Health and other funding bodies and the funding they provide. District Health Boards have been replaced by Health NZ (a centralised government health agency) from 1 July 2022. Assurance has been received that revenues contracts will be vested in this agency as part of the enabling legislation.

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 19, which comprise the statement of financial position as at 30 June 2022, and the statement of comprehensive revenue and expense, statement of changes in net assets and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as at 30 June 2022, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Accounting 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. The other information comprises the information included in the Directory on page 1 but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the financial statements, 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, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Directors' Responsibilities for the Financial Statements

The Directors are responsible on behalf of the Company for the preparation and fair presentation of the financial statements in accordance with Public Benefit Entity Accounting 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 the Directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of the use of the going concern basis of accounting by the Directors and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Restriction on Use

This report is made solely to the Company's Shareholder. 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, 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 17th day of October 2022.



The title 'Partner' conveys that the person is a senior member within their respective division and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is external audit, conducted via the Crowe Australasia external audit division and Unison SMSF Audit. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.

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The Cathedral Cliffs overlooking Gore Bay in Hurunui.



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