

Annual Report 2023



Front cover: Sunset over the Waimakariri river mouth at Kaiapoi Inside cover: Gina weaving a wahakura (Harakeke bassinet for pepi) at a weaving wanan

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About us

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

WAITAHA PRIMARY HEALTH

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 healthcare 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

Nau mai, Haere mai

On behalf of the Board and Chief Executive Officer, we have pleasure in presenting our Annual Report and audited financial statements for the year ending 30 June 2023.

Our focus is to ensure the overarching goals of Waitaha Primary Health (WPH) result in equitable health services for our communities. The patient journey is paramount, through all aspects of the social and health pathways. Coordination and integration of available services translate to improved outcomes and a feeling of wellbeing for our patients. Most practices now have access to Health Improvement Practitioners and Health Coaches as well as Brief Intervention Counsellors. Navigators and Whānau Ora providers are already well established in our practices, enabling social and mental health support. This is complemented by our Whānau Ora providers through Te Pūtahitanga and our Pasifika networks. We thank them all for their advice and support. We know it is welcomed and valued by our General Practices and communities.

During the year, Te Whatu Ora and Te Aka Whai Ora have progressed to the new concept of healthcare provision. We appreciate it is a major change in process and function and a new foundation must be laid and developed. We will continue to support this as we know how important it is to our communities and to our partners.

Waitaha Primary Health has maintained its close relationships with Non-Government Organisations (NGO), its Territorial Land Authorities (TLA) and the various health committees and social service agencies. Last year saw strengthened relationships with pharmacies, Fire Emergency New Zealand (FENZ), Hato Hone St John and other government agencies such as Kāinga Ora, Ministry of Social Development, Work and Income, and Accident Compensation Corporation (ACC).

The TLAs, and specifically the Mayors and Council members, are interested in how the health changes will address the inequities of health service outcomes. This supports Te Pae Tata, Pae Ora legislation and future developments.



Dr Lorna Martin

Te Pae Ora (Healthy living) and Te Pae Tata (the Health Plan) are the foundation documents. At Waitaha Primary Health, we are delighted the focus on priority areas includes the health of our rural communities, Māori and Pasifika Peoples, and Women's Health and Disabilities. We must continue to enhance our strong patient-focused health service; we see this as the main role of our Primary Health Organisation.

On behalf of the Board of Waitaha Primary Health, I would like to thank the General Practice teams and the Waitaha Primary Health staff for their continued hard work and dedication. While change is on the horizon, we will continue to deliver high quality and equitable services through our partners.

I have not mentioned workforce challenges across the whole sector, increasing demand due to population growth and the ageing population. These are ongoing challenges which we, as a nation, must overcome.

We move into the 2023 – 2024 year committed to continuing the delivery of Primary and Community healthcare to our patients. Thank you

Dr Lorna Martin



Chief Executive's Report

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

Thank you to our primary healthcare teams for your commitment. Many of you are working extended hours to cope with the increasing complexity of our patients' health needs, and are under significant workforce pressure within a changing health delivery landscape. The ongoing impact of COVID-19 is another complicating factor.

Health Reforms and Our Future

As an organisation, Waitaha Primary Health supports a network approach. Our prudent financial management enables us to deliver value based healthcare across our region.

Our General Practices are funded and contracted to undertake this by the PHO Service Agreement, which also includes the main funding mechanisms for General Practice. Te Whatu Ora (Health NZ) is working with the sector to redesign this model to one that would commission Network Support Services within an overarching Comprehensive Primary Care funding and contracting model. As well as continuing to support General Practice in the ways that PHOs currently do, these support services would enhance the wider network of primary care providers that work alongside General Practice.

The other arm of our business provides clinical services and programmes as critical components of comprehensive primary care that sits within and alongside General Practices including our Māori, Pasifika, Mental Health and other NGO wellbeing services.

We expect our future to be as a provider of clinical services and programmes and a provider of network support services. These are likely to include:

- Supporting the implementation of Locality Plans
- Service development and integration of Provider Networks, including support services
- Facilitating workforce development
- · Clinical governance and leadership support
- · Data and digital capability
- Back office services/infrastructure
- · Quality improvement/change management support equity

In achieving the above, we acknowledge that we will partner with our Commissioners, Iwi Māori Partnership Board, Territorial Local Authorities, Te Aka Whai Ora and Te Whatu Ora, Māori, Pasifika and NGO provider entities.

Pae Ora Legislation

During the year, we were involved in supporting Hauora Taiwhenua to play a part in ensuring that a Rural Health Strategy was added to the legislation. I would like to acknowledge and thank them, and the wider membership, for their efforts to get the rural voice heard. I look forward to progressing this over the next 12 months.

PHO Activities

Once again our Annual Report highlights the activities of Waitaha Primary Health, General Practices and our partners to deliver healthcare services. These services would not be possible without this ongoing support and commitment and I look forward to further strengthening these vital relationships.



Bill Eschenbach

Team Efforts

I am very proud of the work, dedication and achievements of our team at Waitaha Primary Health. Everyone works to stand tall and strong, to deliver and improve the health services for our communities.

Similarly, the resilience and dedication of our General Practice colleagues, our Māori and Pasifika providers, our community organisations. Your timeless support across our network knows no bounds, as we continually focus on achieving equitable outcomes.

Waitaha values our relationships with Te Whatu Ora, Christchurch PHO, Pegasus Health, Hato Hone St John, Canterbury Clinical Network, Canterbury Primary Response Group, our local Mayors and Health Committees of our TLAs and our volunteer groups, especially in our rural areas. You all have supported us in the delivery of quality healthcare to our communities.

Thanks also to the WPH Board members and Chair, Dr Lorna Martin, for your continued wisdom and guidance.

Finally, the new health system presents genuine opportunities for Waitaha Primary Health. We have the right desire to do better through genuine partnerships and collaboration.

Ehara taku toa, 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



Dr Esther Avnit GP Representative, Ashburton



Tumanako Stone Howard Manawhenua ki Waitaha



Bill Eschenbach Chief Executive Officer



Tsarina Dellow Hurunui District Council – Community Representative



Lyn Leslie Christchurch City Council – Community Representative



Dan Gordon Waimakariri District Council – Community Representative

Board member update

Three members of the Waitaha Primary Health Board have moved into new phases of their busy lives. We thank them for their invaluable input, and wish them well for the future.

Toriana Hunt

Toriana was a member representing Manu Whenua Ki Waitaha. She was a strong advocate for the betterment of Māori health provision and communication. Toriana joined the board in November 2019, resigning at the end of 2022.



Georgie McLeod

Georgie was the representative of the Ashburton Territorial Land Authority, liaising with the local Council and health providers. She brought skills from a prior health-related background to her role on the board. Sadly for us, the lure of life in Samoa, linked with her husband's new role, was too great. Georgie joined in January 2020 and left in May 2023.



Victoria Peden

Victoria was a representative of the Christchurch City Council and represented the Akaroa Health Centre. Victoria provided a link with her community, Akaroa and Little River and brought issues of relevance to the Board, especially in the area of remote health services. Victoria joined in May 2022 and left in December 2022.







Clinical Governance Group

We're always looking at our programmes to see if there is something we can do better.

Our Clinical Governance Group (CGG) meets every six weeks to talk about the operational delivery of our programmes from a sound clinical, financial and reporting perspective.

During the year, the CGG provided input into COVID related programmes, Te Tumu Waiora and Emergency and Response challenges.

Looking ahead, the group will continue to provide feedback on current programmes, and areas for improvement and redesign. They will also advise of any upcoming changes in health reforms in our catchment.

Members:

Dr Martin Seers Dr Lorna Martin Dr Eti Avnit Alex De Roo Chris Long Dr Eric Spink Nerissa Cameron

Waitaha Primary Health Board



From left: Dr Lorna Martin, Dan Gordon, Tsarina Dellow, Bill Eschenbach (CEO), Lyn Leslie, Tracey Ruru (minute taker). Inset: Dr Esther Avnit, Tumanako Stone Howard.

Annual Report 2023

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

Our Practices

Total enrolled population

As at 1 July 2023 50,181





Enrolled population by age

< 5 yrs	5%	
5 – 14 yrs	12%	
15 – 24 yrs	10%	
25 – 44yrs	23%	
45 – 64yrs	26%	
65 yrs +	24%	

Enrolled population by Territorial Local Authority





Woodend Medical Centre

Of the total enrolled population



Rural Mental Health Service



COLLABORATION

Equity in focus: The Pae Ora Waitaha healthy lifestyles programme

Aotearoa New Zealand's public health system is seen as fragmented, inequitable, and inconsistent. For some population groups, in particular Māori, Pasifika Peoples and people with disabilities, it results in poorer health compared to others in our country.

The Pae Ora (Healthy Futures) Bill came into force mid last year and provides a new legal framework for the health system.

A new programme called Pae Ora Waitaha has been rolled out in response to the Bill. Waitaha Primary Health (WPH) is proud to be one of four partners selected to deliver this programme, alongside Purapura Whetu Trust, Tangata Atumotu Trust and Whānau Whanake. Based on models such as Whānau Ora and Fonofale, Navigators walk alongside, and support whānau referred into the programme who want to make lifestyle changes to improve their health and wellbeing. It can be adapted to individual needs and whānau/aiga (family) needs.

The equity focus on priority populations means Pae Ora Waitaha is for adults who have a lifestyle related physical health condition and are part of the Māori, Pasifika, Remote Rural (which means living in an R2 or R3 area), Culturally and Linguistically Diverse (CALD) or LGBTQIA+ communities.



Ellise and Pae Ora Tangata Whaiora on a hikoi

Also included in the programme are tamariki and rangatahi who have or are at risk of developing a lifestyle related physical health condition and are from these communities. People referred to the programme need to be willing to make lifestyle changes. Our Māori team collaborates with Pae Ora Waitaha partners to bring this whānau centred way of working to life. Managing the central triage function on behalf of the group, the team receives referrals directly from individuals and health providers through the WPH website referral form and ERMS.

The Pae Ora Waitaha WPH team consists of three Kaiururangi Navigators covering these referrals from the city to the rural areas of Mid Canterbury, Hurunui, Waimakariri and Banks Peninsula.

Once the Navigator receives a referral, a face-to-face hui is arranged at a time and place which works for the whānau, and the culturally appropriate holistic journey to better health begins. Supporting and walking alongside the whaiora and their whānau, the Pae Ora approach looks different for every person encompassing Mauri Ora/Healthy Individuals, Whānau Ora/Healthy Families and Wai Ora/Healthy Environments.

Our team attends regular Pae Ora hui including operations, outcome measures, governance and a quarterly wānanga to support collaboration with partners to guide Pae Ora Waitaha into the future.

COLLABORATION

Additional equity support to practices

Luisa Tausili is bringing her many talents to help General Practice teams with their recall systems.

Patients often have simultaneous healthcare needs. Patient recall allows time for both opportunistic and structured health reviews. Provided by General Practice teams, patient recalling can minimise duplicating visits and interventions for patients.

Recall appointments for patients with specific conditions or medications can be hardcoded into practice management systems. These systems support the recall process and mean reviews can be synchronised and managed together.

Recognising the continued challenges Primary Care faces in satisfying rising clinical demand with a limited budget and workforce, we are delighted with the success and resolve Luisa Tausili has added in her new role as Practice Recall Support. Targeting recall on equity helps us focus on Māori, high need, and Pasifika Peoples' health and through increasing Luisa's availability to support where she is most needed.

"Each practice already has an organised structured recall programme in place to optimise its effectiveness and I fit into their processes," Luisa says. "Once I was confident using and documenting with the recall tools, practice processes made sense and I could start connecting with patients about their health."

Luisa joined the Waitaha Primary Health team in January 2023. Although new to Primary Care, she brings patient focused, compassionate motivation from her experience working with Disability Support Services.

Luisa works collaboratively with the skilled practice teams on recall responsibilities. Her experience at individualising conversations to a patient's responsiveness is translating into higher patient contacts and screening bookings.



Luisa Tausili, Waitaha Primary Health Data Administrator

Constraints of practice room availability and team shortages are minimised as Luisa is also enabled to work offsite at Waitaha Primary Health, enabling specific practice funding and capacity to be reserved and progress tracked throughout the year.

COLLABORATION

Pasifika Support Services

Talofa lava, Kia orana, Malo e lelei, Fakaalofa lahi atu, Bula Vinaka, and Warm Pacific Greetings.

It's been another busy and successful year for our Pasifika team. Our focus is improving access to timely healthcare and increasing Pasifika Peoples' health knowledge so they can make informed decisions. The Pasifika Navigation team achieves this through partnership with other providers; education; raising awareness; advocating; and increasing both connection and engagement. And importantly, by being there. Our Pasifika team of Olivia and Sala are an integral part of this work.

During 2022, we were delighted to welcome Olivia as a Pasifika Support Navigator. She has a wealth of experience in health, most recently as a Health Promoter.

With the growing number of Pasifika Peoples in Canterbury-Waitaha, coupled with WPH's increasing enrolled population, we strengthened our cultural responsiveness and broadened our direct support and access to both health and social services. To this end, we also welcomed Sala to the Pasifika team; this role has purposely widened support for Pasifika Peoples living in the Ashburton district. As well as her work with Pasifika clients in Ashburton, Sala is responsible for enrolling people into the General Practices in the area.

Referrals to the service come from General Practice teams, hospitals, other health agencies, and from Pasifika communities. Often the Pasifika Peoples referred into the service are new to New Zealand, and new to Canterbury. They are not familiar with the health and social services available.

The Pasifika team works closely with schools, churches, workplaces, sports clubs and other health providers to increase engagement with Pasifika communities and to assist with both the understanding of and building trust in the New Zealand health services.

Closer connections also support improved access to health services, and a reduction in the health inequities that currently exist. Examples of this are basing Vaccination Clinics at Ashburton College, the Ashburton Samoan Methodist Church, and the Hampstead Rugby Club rooms; supporting the Pasifika breast-feeding mothers Talanoa at St Paul's Church in Christchurch; and supporting Pasifika targeted Bowel Screening activities in Canterbury.

Over the past year, the team has worked closely with several Pasifika health providers, including Tangata Atumotu Trust, Vaka Tautua and Pegasus Health/Etu Pasifika. Working together we are stronger and can provide a wrap-around service for Pasifika Peoples, as well as increasing their connectedness. Through consultation and collaboration with these vital Pasifika organisations and the community, WPH supports, promotes, participates in, and often coordinates health promotion activities for these communities.

We have also supported our General Practice teams by providing a workshop called 'Preparing the Va'. Well-attended, this explored ways to create safe and supportive Practice/Health environments that strengthen engagement with Pasifika patients and their families.

Support for Pasifika Peoples from the wider WPH team is really important too. It shows our commitment to the health and wellbeing of our Pasifika communities by providing culturallyresponsive and timely support for their health and welfare needs.











Waitaha Primary Health staff working with Pasifika commuinities

COLLABORATION

Expansion of Rural Mental Health Specialist services

Rural Mental Health Specialist services provide the next 'tier' of mental health support to practices and their patients.

The service model has been delivered to our practices in Hurunui and Ashburton since 2019.

Our Rural Mental Health Specialists work closely with the practice to provide assessment and intervention for youth and adults with moderate and severe mental health problems. They act as the conduit between Primary Care and specialist mental health to improve accessibility to services and they can assist with discharge. They also consult closely with community agencies and providers to ensure patients are supported in their local communities.

Without the same level of community and clinical support and equity that urban practices enjoy, both PHOs recognise this model works well with Rural Practices. As part of a collaboration, Pegasus Health approached us to deliver a Rural Mental Health Specialist service to their practices in Methven, Rakaia, and Eastfield. They also asked that the services be clinically supported by our team. As a result, Connie Quigley was appointed to the Rural Mental Health Specialist role in May 2023, and she hasn't looked backed.

Connie is a mental health nurse with vast experience and has spent the past few years working in Primary Care and community roles. She is based in Mid-Canterbury and knows that community well. She is keen to connect with and strengthen local services so they can better serve their vulnerable people.

Since she started, Connie has been establishing the role in these practices and working through the high demand of mental health need. Connie believes that once she gets on top of the clinical demand, she can devote more time to community projects and development – one of her real passions.

Both Pegasus Health and Waitaha Primary Health view this role as the future of mental health delivery for Primary Care, alongside current HIP and BIC services. It means people are supported in their community and helps reduce travel time, family disruption and burden on hospital beds. If well resourced, both PHOs believe this service model could be easily translated to their urban practices.



Rural Mental Health Specialist, Connie Quigley

COLLABORATION

Akaroa Emergency Service collaboration

Akaroa is a small rural town 1.5 hours' drive from Christchurch with a base of 800 residents that can swell to over 5000 in the summer.

The popular tourist and cruise ship destination encompasses several bays in the Banks Peninsula.

Akaroa Health is the only medical facility in the Akaroa and Bay areas and has 1,570 registered patients. It provides a GP service, four flexible use beds, eight permanent aged care residential beds as well as providing school, district nursing and PRIME services.

Akaroa has its own Hato Hone St John First Response Unit that is designed to quickly locate, assess, and transfer a patient to either a helicopter or ambulance. It is also supported by a volunteer Fire Emergency New Zealand (FENZ) crew. Finding volunteers for both services has always been a challenge but in 2022 Hato Hone St John numbers dropped to an all-time low. This meant most shifts were unfilled, leaving Akaroa Health and PRIME personnel to rely on an ambulance



A Hato Hone St John First Response Unit in rural Banks Peninsula

from Lincoln, Rolleston or Christchurch. In emergency situations, where it was not safe for the patient to remain, they had no way to transport the patient, putting them and the PRIME staff member at risk. To improve this unsustainable position, Akaroa Health asked us to help talks between Hato Hone St John, FENZ and Akaroa Health. Regular mediated and structured meetings with clear goals helped everyone to understand the challenges, allowed everyone to have a say, and agree a way forward. These relationships have greatly improved, making a big difference to the perception of Emergency Services in Akaroa.

Ten FENZ drivers have now registered with Hato Hone St John, receiving training to drive the First Response Vehicle when there are no available St John volunteers.

Hato Hone St John has an ongoing recruitment drive and are continuing to strengthen their relationships with the community by attending local forums and health expos. An open mindset and genuine desire to be involved in partnerships, and collaboration, has paved the way for a successful emergency response for the people of Banks Peninsula.

Equally Well prioritises serious mental health and addiction

The Equally Well (EW) Collaborative is a group of agencies and organisations that work together to improve the physical health outcomes of people with serious mental illness and/or addiction issues across Aotearoa.

A group of passionate people from the Community, Primary and Secondary healthcare system make up the Canterbury Equally Well Strategic Forum. This is the driving force behind the Equally Well movement in Canterbury, along with the Specialist Mental Health Service Equally Well group.

Paul Wynands represents us in this important work to tackle one of New Zealand's most significant health inequities. Statistics show that tāngata whaiora with serious mental

> Equally Well 🔷

illness or addictions die 25 years younger than the general population, with an average life expectancy of only 57 years. Within this cohort, Māori and Pasifika Peoples have poorer health outcomes than other ethnicities.

The Equally Well group has been meeting since 2018 and successfully gained extra funding for their appointments in Primary Care practices. It has continued to advocate for priority to be given to improved quality of, and access to physical health care for tāngata whaiora with serious mental health or addiction challenges. Collaboration processes were formalised in early 2023. Four workstreams report back to a Strategic Forum every two months. These

identifying target population,

include:

- engaging tāngata whaiora with physical health care – a proactive equitable approach,
- defining holistic health care to be offered encompassing behavioural and social aspects of health, and
- mapping current services aligned to Equally Well Future and improving collaboration of services.

Equally Well developments will focus on implementing and then evaluating these work



Paul Wynands Clinical Psychologist, Primary Mental Health Manager and Dr Lizzie Loudon GP Lead for Equally Well Canterbury

streams to ensure they provide improved health outcomes for tāngata whaiora across the system. We are scheduled to roll out our own programme targeting health checks and social support for tāngata whaiora at their General Practices in the next year. This programme will be closely aligned to strategic goals and workstreams developed by the Equally Well collaboration group.

COLLABORATION

Te Tumu Waiora: System-wide Collaboration

We have been part of the national rollout Te Tumu Waiora (TTW) to General Practice since 2019.

Te Tumu Waiora is a new way of delivering wellbeing, mental health and addictions support through General Practice. Across the country, Health Improvement Practitioners (HIPs), Health Coaches (HC) and Community Support Workers (CSW) have been integrated into General Practice. This is immensely valuable for both patients and General Practice teams with 63% of our practices now part of TTW, and more potentially coming on board.

Our practice teams appreciate having HIP and Health Coach roles integrated onsite. The main benefit is that patients are often seen on the same day. TTW staff also engage with hard-toreach patients and reduce the pressure on GPs and nurses by supporting patients to manage chronic illness and mental health. Practice staff said HIP and Health Coaches were more likely to prescribe a lifestyle intervention. Mental health issues were addressed and managed more easily, knowing there was an HIP or Health Coach there to support the practice. Health Coaches are employed by NGO, giving patients access to a range of community-based services outside Primary Care.

We employ four HIPs who are based in Ashburton and North Canterbury. Team lead Leanne Willett-Hall is in the role one day each week. She also clinically supports the HIPs employed by Christchurch PHO. The HIP team meets online each week and connects into the support and training provided by the wider TTW team, based at Pegasus Health. Waitaha Primary Health is also represented on the Te Tumu Waiora Sponsors Group that meets monthly.



PRACTICE SUPPORT

Foundation Standard Update

While navigating their current challenges, it has been difficult for some General Practice teams to achieve their Foundation Standard Certification.

The Foundation Standard process assesses legislative, regulatory, and clinical requirements that Practices must meet to deliver safe, quality care. The programme comprises 17 different indicators. Each one features criteria that define specific requirements that must be met.

In preparation, the General Practice team shows that all assessment criteria have been met. An assessor, who is endorsed by the Royal New Zealand College of General Practitioners (RNZCGP), then conducts a site visit. If the Practice meets all the criteria, they will be awarded their Foundation Standard Certification. Lasting for three years, certification is moderated by the Royal College.

In the 2022-23 year, Akaroa Health Centre, Kaiapoi Family Doctors and Hanmer Springs Health Centre achieved Certification. These Practices undertook the preparation, assessment, and the on-site audit in very challenging environments. We want to acknowledge their commitment and persistence.

A General Practice that has current Foundation Standard Certification signals to patients the care they will receive meets a benchmark for both safety and effectiveness.



Team members from Akaroa Health with the Foundation Standard certification they received in the last year, with Sarah Zino (right) Waitaha Primary Health Quality Facilitator



Hanmer Springs Health Centre celebrating their Foundation Standard certification



Kaiapoi Family Doctors proudly achieved Foundation Standard Certification this year

HEALTH PROMOTION

Practice Support Navigators

Our Navigators have had a busy year, with moving to different roles and new team members arriving.

The Navigators are often invited to support health education and promotion in and for the community. They received many referrals for specific patient/whānau support from General Practices and other Primary Care providers (both in health and in welfare). Some examples of the team's extensive work from the past year include:

Hauora Whānau Day

Held at Hakatere Marae on the outskirts of Ashburton. The team provided all sorts of health information at the Marae's Health Day. There were lots of opportunities for networking with the various whānau, communities and groups, and the team made great connections. This resulted in several referrals for WPH Navigator services.



Rachael providing a blood pressure check aboard a mobile clinic at the Hakatere Marae Health Day

Positive Ageing Expo

We gave advice on stopping smoking, did blood pressure checks, gave General Practice enrolment advice and answered questions about health. It was extremely well supported by people in the district.



The WPH team at the Ashburton Positive Aging Expo



Jo supporting attendees at Ashburton's Filipino community health day

Informing the Community

This was a great initiative organised by the team at the Akaroa Health Centre. It was a wonderful opportunity to meet with both the public and other providers of primary services that support the health and welfare of those living in Akaroa.

Supporting patients to enrol

The team receives multiple referrals for enrolment each week. The project has been running since mid 2020, and with more and more General Practices closing their books, we see more WPH people unable to enrol in a Practice. Once people have provided their consent and details, the team coordinates their enrolment.

Referrals are regularly received from other areas of the community, including local businesses such as ANZCO, and pharmacies.

Diabetes Education

Working together for the benefit of General Practice teams, our Navigators are supported by Diabetes Nurse Specialist Chris Harrison. This is a fantastic update for General Practice teams, hospital staff and those involved in Diabetes healthcare in the community. Dr Catherine Conway, Clinical Director Diabetes and Endocrinology, Christchurch Hospital was the workshop's guest speaker. It was great to see so many clinical staff from the Ashburton area at the presentation, taking time to update Diabetes knowledge and to network.

It was also an opportunity for our team to promote their services and introduce new staff members.

We acknowledge the Field Trial Trust Committee for their assistance.

Vaccination Clinic

We have supported several health activities at Pineacres, Kaiapoi. The most recent was a lunchtime vaccination clinic. It was wonderful to see some now familiar faces return for their vaccine boosters, and some for their flu shots, as well as the first timers. We thanked them for thinking of their families, their friends and their community.

Special thanks to the Te Whatu Ora (Health New Zealand) vaccination team who responded to our requests for this vaccination support, and to the wonderful St Vincent de Paul volunteers who turned up to support multiple clinics in Pineacres, and also to the fantastic Wayne from Pineacres who enabled access and facilities. Together we were able to make it happen for this large group of mainly unenrolled people.

Other work has included the on-going support of pop-up vaccination clinics around Canterbury, providing health promotion at local events such as health expos and local A & P Shows, and working closely with foodbanks, WINZ, and other welfare support providers.



Olivia distributing RAT tests at the Ashburton A & P Show

HEALTH PROMOTION

The Waka "Te Kauwaka o te Aroha" – on a smokefree journey in our communities

Taking health services into our communities with a mobile campervan we call the 'Waka' is now in full swing with regular rounds throughout Canterbury. This way of working addresses equity of access to services head on, especially in the rural and remote rural areas the PHO serves.

Our Stop Smoking team is leading the way, delivering mobile clinics in Mid Canterbury, Hurunui, Waimakariri and throughout the city. The team visits pre-arranged locations in the waka; these could include medical centre carparks or popular community spaces. Support to access these spaces has been fostered through collaboration with local councils and medical centres who value this mobile service.

The waka arrives fully equipped with Stop Smoking resources, including the tools to support people to quit smoking. Once set up on site, anyone can pop in to seek advice for themselves or whānau and have an obligation free chat with one of our Stop Smoking Practitioners (SSP). They can sign up to work with an SSP, which offers them one on one support to set a quit date in line with a plan that works for them.

To help spread the word, we use social media, advertising at the local General Practices, and text messaging. We send texts in advance to members of the smoking community enrolled at the local practices near the communities being visited. The text invites them to come and check out what's on offer. The SSPs



engage with Pegasus Health to send texts to patients enrolled in Pegasus practices in the communities we're visiting.

They also collaborate with other health providers offering several health check or education opportunities. Screen South and the Heart Foundation are valued and regular partners.

Our Stop Smoking Practitioners aim to consistently return with the waka to targeted communities, providing access for people who traditionally find it hard to reach services. We look forward to continuing this communitybased approach as we work towards Smokefree Aotearoa 2025 - the New Zealand Government's goal of having fewer than 5% of Kiwis smoking.



Waitaha Primary Health Stop Smoking Practitioner Jo supports a client at a mobile drop in clinic

HEALTH PROMOTION

Celebrating Matariki with Hakatere Marae



Māori Warden's ready to help out at Hakatere Marae

We were honoured to be part of Matariki celebrations this year, at Hakatere Marae on the outskirts of Ashburton.

This was the second year that Aotearoa has celebrated Matariki with a public holiday and the community support and interest grows each year. Matariki is the Māori name for the cluster of stars also known as the Pleiades. It rises in midwinter, and for many Māori, heralds the start of a New Year. The official Matariki date was 14 July but the star cluster can be seen anytime between late June and July.

There are nine stars in the Matariki cluster. Each of the stars is connected and has a purpose.

Waitaha Primary Health was part of the hauora area at Hakatere which represents the first star called Matariki and is connected to health and wellbeing.

The hauora area included free health checks, children's activities, health displays and information. We provided information on General Practice, enrolment, Māori and Pasifika health support and Stop Smoking advice, enrolment and support.

The day was a great coming together of community with kai, music, craft stalls and hauora in the name of Matariki. We look forward to being part of future celebrations.

HEALTH PROMOTION

Breastfeeding peer supporters fill vital role

Our Baby Feeding Services team works tirelessly and skilfully keeping new parents and babies well throughout the province.

The team includes two Lactation Consultants (Ruth and Vicki); a Peer Support Administrator/ coordinator (Claire); and many volunteer Mother for Mother (M4M) Peer Supporters. The M4M groups are attended by around 1000 mothers each quarter; and the Lactation Consultants receive around 95 referrals a month.



Breastfeeding Peer Supporter Roanna and Lactation Consultant Ruth

Referrals come from General Practice teams, child health services such as Plunket, LMCs, and Midwives. These referrers enable mothers and/or their babies to access extra support they may need to optimise their breastfeeding.

Partnering with Te Whatu Ora Canterbury/ Waitaha and Te Puawaitanga ki Òtautahi Trust, our Lactation Consultant, Ruth, runs clinics at the Phillipstown Hub each Tuesday. This coincides with the Ūkaipō East Breastfeeding Support Group that also runs at the Hub. The support group is facilitated by Breastfeeding Peer Supporter/Health Promoter, Roanna Archbold.

The Mother for Mother Peer Support groups are located around rural and urban Canterbury. Groups meet in Ashburton, Rangiora, Aranui, Lyttelton, Papanui, New Brighton, Halswell, Shirley and Rolleston.

Peer Support Coordinator Claire trains the programme's volunteers and supports our various breastfeeding groups around Waitaha, both urban and rural. Training includes 24 hours of course-related study.

Breastfeeding Peer Supporters have the knowledge and skills to offer valuable



Breastfeeding Peer Supporters proudly showing their course completion certificates.

information, support, and encouragement to mothers with new babies. It's a great example of the important work volunteers for Waitaha Primary Health undertake.

Thank you to our fantastic Peer Supporters for all your work with mothers and their babies. We are so fortunate to have your skills.

PRACTICE PROFILE

User-friendly Youth Sexual Health Clinic in Ashburton

Sexual health is a key concern for youth and the response to Mid Canterbury Youth Sexual Health Clinic in Ashburton has been positive with most appointment times booked.

For young people, the importance of effective sexual health services being user friendly, non-judgemental, and accessible is crucial. We endeavour to provide this with an approachable team offering a range of services acceptable to and visited by young people locally.

The service is a collaboration between Hype Youth Health Centre, Base Youth Centre, Waitaha Primary Health, and local General Practice team. It aims to improve youth access to sexual healthcare and advice in Ashburton.

The weekly clinics offer free confidential access to information and advice on any sexual health issue as well as a full range of contraception, testing and treatment for sexually transmitted infections (STIs) and support for pregnancy options.

The service evolved due to increasing numbers of marginalised, vulnerable young people who were not accessing other services when family planning services in the district were no longer an option. Youth needed a more flexible, informal setting where they can choose to participate. HYPE is ideally placed to provide the information and support to local teenagers. Their youth workers are trusted, and young people are more likely to confide in them about sensitive issues such as relationships and sex.

Sian Colenutt, Waitaha Primary Health's Performance Programme Facilitator, is delighted to be involved in this service.

"We know there continues to be a need for sexual health services for young people in the district, services which are effective at responding to the diverse needs of young people. So, we didn't hesitate with our support of this clinic. It's the right thing to do."

Young people can book a free and confidential appointment in a less intimidating environment, with someone who has a sincere understanding of their needs.

The small team can work with young people at a more flexible pace, which is rarely possible within regular services. The relationship between youth workers and young people is informal and engagement is voluntary.



HYPE's past coordinator Sheree says, "It's exciting to meet the needs of young people in our region by helping to remove the barriers, such as cost, access and hesitancy to go to your family doctor for sexual health issues".

The nurse led clinic is open once a week, after school for a couple of hours. The convenience of the clinic's location and opening hours are extremely important for young people, who may be restricted on where they can go and when.

Directory

Waitaha Primary Health Limited as at 30 June 2023

Principal Business Primary Health Organisation

Shareholder Waitaha Primary Health Trust

Registered Office

South Link House 5 Melville Street Dunedin

Directors

E Avnit T Dellow D Gordon T Hunt (Resigned 16/12/22) L Martin G McLeod (Resigned 05/05/23) V Peden (Resigned 17/02/23) T Stone-Howard

Solicitors

Saunders Robinson & Brown Christchurch

Bankers ASB Bank

Auditors Audit Professionals Limited Dunedin



Annual Report of Directors

For the year ended 30 June 2023

The Directors present the Annual Report including financial satements for the year ended 30 June 2023. Under section 211(3) of the Companies Act 1993, the shareholder of the Company has exercised its right and agreed that this annual report need not comply with Section 211(1) paragraphs (a) and (e)-(j) of the Act.

For and on behalf of the Board of Directors:

Director

Lorna mail Director Dated

20/10/23

Dated 20-10-2023

Statement of Financial Responsibility

For the year ended 30 June 2023

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 2023 and the results of its 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 2023.

For and on behalf of the Directors:

Director

dana mal Director 20.10.2023

20/10/23

Dated

Dated

Statement of Service Performance

For the year ended 30 June 2022

Vision:

A leader of innovative community whānau centered healthcare, ensuring social determinants of health and wellbeing are enhanced from grass roots up.

Purpose:

Achieve health equity outcomes across our vulnerable demographics, acknowledging partnerships, social mechanisms, resources that are required including utilising a Whānau Ora approach to improve service delivery for Māori and Pasifika.

Female

Values:

Male

Caring, collaborative, respectful and culturally appropriate transparent services acknowledging manaakitanga.

Unknown

Another gender

About Waitaha Primary Health (WPH)

WPH is funded to deliver and support a wide range of primary and community care programmes.

Our main aim is to enable the people of Banks Peninsula, Ashburton, Waimakariri and Hurunui to maintain and improve their health and wellbeing. We do this by supporting patients to enrol in general practices or community providers including offering or own clinical services to help General Practice Teams provide better care.

	Tear	remate		Mate	Another	genuer	UIKIIUWII	
Gender	22/23	48.6%)	50.5%		0.0%	0.8%	
	21/22	49.0%)	51.0%		0.0%	0.0%	
	Year	NZ European	Māori	Pas	sifika	Asian	Other	Unknown
Ethnicity	22/23	79.2%	8.9%	4	4.0%	6.3%	1.3%	0.4%
	21/22	79.0%	9.0%	2	1.0%	6.0%	1.0%	0.0%
	Year	00-04	05-14	15-24	25-44	45-64	65+	Total
Age bands	22/23	2580	6095	5111	11571	12992	11832	50181
	21/22	2875	6543	5411	12520	13831	11868	53048

NB: Rakaia Medical Centre left WPH with an enrolment of 2802 patients in 21/22 fiscal year

	Year	NZ European	Māori	Pasifika	Asian	Other	Unknown
BIC Referrals	22/23	820	118	17	28	9	11
	21/22	738	112	17	14	7	11
BIC Contacts	22/23	5040	732	96	176	88	44
	21/22	4610	556	132	112	43	49
Diabetes Review	22/23	939	81	41	42	3	
	21/22	827	65	40	43	1	
CVD Risk	22/23	4158	378	175	227	19	0
Assessments	21/22	3472	285	87	123	18	2
Cervical Smear	22/23	72	41	32	30	2	
	21/22	47	43	26	47	1	
End of Life	22/23	163	6	2	0		0
Registration	21/22	149	5	1	1		1
End of Life	22/23	584	27	1	0		0
Consult	21/22	699	35	1	5		3
Mental Health	22/23	1116	175	24	29	11	0
Extended Consults	21/22	1285	202	34	26	16	27

Year	8month Imms	Smoking Brief Advice	65+ Flu
22/23	89%	95%	76%
21/22	90%	87%	75%

What We Do:

1. Supporting those in our region to access primary and community care equitably by reducing barriers to access and deliver equity focused programmes.

We ensure that all those who live in our General Practice geographical regions have fair access and equitable access to primary healthcare services. WPH aims to identify and eliminate barriers preventing certain communities or individuals from accessing care e.g., Whānau Ora, Pae Ora and Pasifika Navigators.

2. Support primary care providers to continuously improve processes and care delivery through understanding data.

WPH recognises the importance of data driven decision making in healthcare. We help Primary Care providers to analyse data related to their services and patient outcomes by providing monthly information. This helps providers to identify areas of improvement in their care delivery processes ultimately leading to better patient care and outcomes.

3. Innovate and respond to the needs of our population, providers and changing health care system.

Currently the healthcare landscape is constantly evolving. We actively seek new approaches, technologies and partnerships to address the changing dynamics of healthcare. This includes responding to the unique needs of various different Local Government Authority populations and adapting to shifts in the broader healthcare system. Finally, WPH was successful in obtaining a contract for the Pae Ora healthy lifestyle program. This is a program targeting Māori and Pasifika wellbeing that had a full complement of staff recruited in June 2023. We can report on the success of program next year in accordance with the Te Pae Tata and the Pae Ora legislation frameworks. This is complementary to our contract with Te Pūtahitanga focusing on a Whānau Ora approach which is delivered in conjunction with our General Practice teams and NGO providers.

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2023

	Notes	2023 \$	2022 \$
Contract revenue - non exchange transactions		19,107,798	18,949,942
Total revenue from non exchange transactions		19,107,798	18,949,942
Contract payments		15,424,852	15,837,851
Wages, salaries and other employee costs		2,854,627	2,524,975
Other operating expenses	6	848,050	579,314
Total expenses		19,127,529	18,942,140
Interest income		15,624	3,749
Operating surplus / (deficit)		(4,107)	11,551
Other comprehensive revenue and expenses		-	-
Total comprehensive revenue and expenses for the y	/ear	(4,107)	11,551

Balance 30 June		409,806	413,913
Other comprehensive income		-	-
Surplus / (Deficit) for the year		(4,107)	11,551
Balance 1 July		413,913	402,362
	Notes	2023 \$	2022 \$

Statement of Changes in Net Assets

For the year ended 30 June 2023

Statement of **Financial Position**

As at 30 June 2023

	Notes	2023 \$	2022 \$
ASSETS		•	•
Current			
Cash and cash equivalents	7	1,495,872	930,295
Receivables from non exchange transactions	8	914,787	1,345,444
Prepayments		42,470	27,454
Total current assets		2,453,129	2,303,193
Non-current			
Plant and Equipment	9	205,970	228,192
Total non-current assets		205,970	228,192
TOTAL ASSETS		2,659,099	2,531,385
LIABILITIES			
Current			
Payables under non exchange transactions	10	400,033	381,126
Employee entitlements	11	183,161	192,320
GST payable		58,147	59,857
Finance lease payable	14	43,772	22,714
Deferred revenue	12	1,564,180	1,417,669
Total current liabilities		2,249,293	2,073,686
Non-current			
Finance lease payable	14	-	43,786
Total non-current liabilities		-	43,786
TOTAL LIABILITIES		2,249,293	2,117,472
NET ASSETS		409,806	413,913
EQUITY			
Share Capital	17	-	-
Accumulated Funds		409,806	413,913
TOTAL EQUITY		409,806	413,913

Approved for and on behalf of the Directors:

Lana Mahi Director Chairperson

20/10/23

Dated

20.10.2023 Dated

Statement of
Cash Flows

For the year ended 30 June 2023

	Notes	2023	2022
Cash flow from operating activities		\$	\$
Cash was provided from (applied to):			
Receipts from contract transactions and other income		19,684,966	18,376,871
Interest received		15,559	3,749
Payments for contract and supplier transactions		(16,215,739)	(16,290,784)
Payments for employees		(2,863,786)	(2,526,050)
Goods and services tax (net)		(1,710)	81
Net cash / (used in) operating activities		619,290	(436,133)
Cash flow from investing activities			
Cash was provided from (applied to):			
Acquisition of plant and equipment		(53,713)	(113,666)
Net cash / (used in) investing activities		(53,713)	(113,666)
Net cash / (used in) financing activities		-	-
Net increase / (decrease) in cash and cash equivalents		565,577	(549,799)
Cash and cash equivalents, beginning of the year		930,295	1,480,095
Cash and cash equivalents at end of the year	7	1,495,872	930,296

Notes to the Financial Statements

For the year ended 30 June 2023

1. Reporting Entity

These financial statements comprise the financial statements of Waitaha Primary Health Limited (the "PHO") for the year ended 30 June 2023.

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 19.

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, except as follows:

PBE IPSAS 41, Financial Instruments

This standard addresses the clarification, measurement and recognition of financial assets and liabilities and the impairment of financial assets. Financial assets, previously in 4 categories under the superseded PBE IPSAS 29, are classified in two categories of amortised and fair value.

PBE FRS 48, Service Performance Reporting

The Company presents service performance information in complience with the standards for the first time to describe what the Company has achieved throughout the reporting period to deliver on its broader aims and objectives. This is presented under the Service Performance Report.

These standards had a disclosure impact only on these financial statements.

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.

The Company applies the PBE IPSAS 41 simplified approach to measuring expected credit losses which uses a lifetime expected loss allowance for all receivables.

(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, "amortised cost", being financial assets held for the collection of contractual cash flows where those cash flows represent solely payments of principal and interest. After initial recognition these are measured at amortised cost using the effective interest method, less provision for any impairment.

(h) Provisions

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

Provisions are measured at the estimated expenditure required to settle the present obligation, based on the most reliable evidence available at the reporting date, including the risks and uncertainties associated with the present obligation. Provisions are discounted to their present values where the time value of money is material. The increase in the provision due to the passage of time is recognised as an interest expense.

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

(i) Employee entitlements

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

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

(j) Revenue

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

The Company assesses its revenue arrangements against specific criteria to determine if it is acting as the principal or agent in a revenue transaction. In an agency relationship only the portion of revenue earned on the Company's own account is recognised as gross revenue in the Statement of Comprehensive Revenue and Expense.

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

Revenue from non-exchange transactions

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

When non-exchange revenue is received with conditions attached, the asset is recognised with a matching liability. As the conditions are satisfied the liability is decreased and revenue recognised. When non-exchange revenue is received with restrictions attached, but there is no requirement to return the asset if not deployed as specified, then revenue is recognised on receipt.

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

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

Donations, grants and contract revenue

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

Interest income

Interest income is recognised as it accrues.

(k) Income tax

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

(l) Goods and Services Tax (GST)

The Company is registered for 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 the leased asset is measured at 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 PBE Standards 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. The main significant management judgements relate to the useful estimated lives of plant and equipment, which are reviewed regularly.

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

	2023 \$	2022
Administration expenses	Ş	\$
Advertising	942	285
Audit Fee	14,552	10,200
Bank Charges	671	916
Conference Expenses	1,639	-
Consultancy Fees	24,797	14,623
Education CME/CNE	22,936	1,473
General Expenses	71,651	13,568
Insurance	22,960	15,540
Legal Fees	676	-
Management Services	132,353	132,308
Motor Vehicle Lease	22,396	12,325
Motor Vehicle Running Costs	113,677	9,412
PHO Alliance Membership	4,329	12,492
Printing & Stationery	16,147	14,706
Repairs and Maintenance	1,437	-
Telephone & Tolls	17,065	9,196
Total administration expenses	468,228	247,044
Occupancy expenses		
Electricity	17,095	13,786
Office Cleaning	17,333	12,795
Rental	166,383	137,746
Total occupancy expenses	200,811	164,327
Governance expenses		
Board Expenses	35,375	30,146
Directors' Fees	59,000	63,635
Clinical Governance	8,707	6,558
Total governance expenses	103,082	100,339
Depreciation	75,929	67,604
Total	848,050	579,314

Annual Report 2023

7.	Cash and cash equivalents / investments The carrying amount of cash and cash		2023 \$	2022 \$
	equivalents approximates their fair value.	ASB current account	788,059	227,632
	The effective interest rate on term deposits in	Term Deposits less than 3 months	707,813	702,663
	2023 was 2.85%-4.00% (2022: 0.70%-1.10%).	Total cash and cash equivalents	1,495,872	930,295

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.

All overdue receivables have been assessed for impairment and appropriate allowances made. All receivables are subject to credit risk exposure.

Current Assets	2023 \$	2022 \$
Trade debtors Sundry receivables	911,368 3,419	1,344,619 825
Total	914,787	1,345,444

9. Plant and equipment

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

Carrying amount 30 June 2023	159,945	46,025	205,970
Closing balance	206,113	76,005	282,118
Disposals	-	(9,670)	(9,670)
Depreciation for the year	62,508	13,421	75,929
Revised opening balance	143,605	72,254	215,859
Opening adjustment	(5,229)	357	(4,872)
Opening balance	148,834	71,897	220,731
Accumulated depreciation and impairment			
Closing balance	366,058	122,030	488,088
Disposals	-	(9,670)	(9,670)
Additions	39,913	13,800	53,713
Revised opening balance	326,145	117,900	444,045
Opening adjustment	(5,236)	358	(4,878)
Opening balance	331,381	117,542	448,923
Gross carrying amount			
	\$	\$	\$
	Motor Vehicles	Equipment & Plant	Total
2023		Computer	

During the year to 30 June 2022 the Company acquired vehicles included in Motor vehicles with a carrying value of \$92,341 under a finance lease.

2022	Motor Vehicles \$	Computer Equipment & Plant \$	Total \$
Gross carrying amount	*	Ť	Ť
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)
Closing balance	148,834	71,897	220,731
Carrying amount 30 June 2022	182,547	45,645	228,192

10. Payables under non exchange transactions

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

	2023 \$	2022 \$
Current liabilities		
Trade creditors	349,013	286,429
Sundry payables	51,020	94,697
Total current	400,033	381,126
Total payables under non exchange transactions	400,033	381,126

11. Employee entitlements

Current liabilities	\$	\$
Annual leave entitlements	183,161	192,320
Total	183,161	192,320

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.

Total deferred revenue	1,564,180	1,417,669
Other income received in advance	-	46,417
Unexpended grants	-	-
Unexpended contract revenue	1,564,180	1,371,252
	\$	\$

2023

2022

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.

2023	Assets at amortised cost \$	Liabilities at amortised cost \$	Total carrying amount \$	Fair value \$
Financial Assets				
Trade and other receivables	914,787	-	914,787	914,787
Cash and cash equivalents	1,495,872	-	1,495,872	1,495,872
Total current assets	2,410,659	-	2,410,659	2,410,659
Total assets	2,410,659	-	2,410,659	2,410,659
Financial liabilities				
Trade and other payables	-	400,033	400,033	400,033
Finance lease payables	-	43,772	43,772	43,772
Total current liabilities	-	443,805	443,805	443,805
Finance lease payables	-	-	-	-
Total non-current liabilities	-	-	-	-
Total liabilities	-	443,805	443,805	443,805

2022	amortised cost \$	Assets at amortised cost \$	Liabilities at amount \$	Total carrying Fair value \$
Financial Assets				
Trade and other receivables	1,345,444	-	1,345,444	1345,444
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

14. Finance leases

The Company leases four motor vehicles. All leases are for a three year term and conclude on 2 September 2023. Interest is at a rate of 1.6% per annum.

Total		
More than five years	-	-
Between one and five years	-	43,786
Less than one year	43,772	22,714
Finance leases as payable as follows	2022 \$	2021 \$

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

 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 \$nil (2022:\$122)

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.

2023	Directors \$	Snr mgmt \$	Total \$
Salaries and other short-term employee benefits	59,000	618,367	677,367
Total remuneration	59,000	618,367	677,367
Number of persons recognised as key management personnel	5	5	10
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
Number of persons recognised as key management personnel	8	7	15

Close family members of key management personnel are employed by the Company on normal employment terms. The total aggregate remuneration paid to close family members was \$18,547 (2022: \$21,857).

16. Contingent assets and contingent liabilities Waitaha Primary Health Limited has no contingent assets and has one contingent liability relating to a bond provided to ASB Bank for \$308,570 for payroll purposes (2022: None).

As at 30 June 2023 Waitaha Primary Health Limited has no other capital commitments other than those disclosed in Note 14 (2022: nil).

17. Share Capital

As at 30 June 2023, 100 ordinary shares have been allocated to the shareholder and remain unpaid. They have no par value. All shares rank pari passu and have equal voting rights.

Operating Leases Commitment Non-cancellable operating leases as payable as follows	2023 \$	2022 \$
Less than one year	103,027	182,921
Between one and five years	12,072	141,917
More than five years	-	-
- Total	115,099	324,837

The Company leases premises, vehicles and business equipment.

19. Subsequent Events

18. Commitments

The Company has no events since 30 June 2023 that would impact these financial statements.

Independent Auditor's Report

To the Shareholder of Waitaha Primary Health Limited

Our Opinion

We have audited the financial statements and service performance report of Waitaha Primary Health Limited (the Company). The financial statements comprise the statement of financial position as at 30 June 2023 and the statement of comprehensive revenue and expense, the statement of changes in net assets and statement of cash flows for the year then ended, and the notes to the financial statements that include a summary of significant accounting policies and other explanatory information.

In our opinion:

- (a) the financial statements of the Company present fairly, in all material respects, the financial position of the Company as at 30 June 2023 and its financial performance and its cash flows for the year then ended on that date
- (b) the statement of service performance of the Company presents fairly, in all material respects, the service performance results for the year ended 30 June 2023 as compared with the Company's service performance criteria in accordance with accounting standard, Public Benefit Entities Reduced Disclosure Regime (PBE Standards RDR).

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)) and the audit if the service performance information in accordance with the New Zealand Auditing Standard (NZ AS 1) The Audit of Service Performance Informations (NZ). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Company in accordance with Professional and Ethical Standard 1 (Revised) *Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing ana Assurance Standards Board and the International Ethics Standards Board for Accountants' *Code of Ethics for Professional Accountants (IESBA Code)*, 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 auditors we have no relationship with, or interests in, the Company.

Director's Responsibilities for the Financial Statements and Service Performance Information

The Directors are responsible, on behalf of the Company for:

- (a) the preparation and fair presentation of the financial statements and service performance in accordance with Public Benefit Entity Standards;
- (b) service performance criteria that are suitable in order to prepare service performance information in accordance with Public Benefit Entity Standards; and
- (c) such inernal control as those charged with governance determine is necessary to enable the preparation of the financial statements and service performance report information 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 and Service Performance Information

Our objectives are to obtain reasonable assurance about whether the financial statements and service perfomarmance statement 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) and NZ AS 1 will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material, if individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements and service performance information.

A further description of our responsibilities for the audit of financial statements is located on the External Reporting Board website: https:// xrb.govt.nz/Site/Auditing_Assurance_Standards/ Current_Standards/Page8.aspx

This report is made solely to the Company's Shareholder. Our audit work has been undertaken so that we might state to the shareholder those matters which 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.



Andit Professionale limited

Audit Professionals Limited CHARTERED ACCOUNTANTS Dunedin, 20 October 2023.



Waitaha Primary Health Level 1 567 Wairakei Road Burnside Christchurch 8053

PO Box 14021 Christchurch Airport 8544 New Zealand

0800 800 743 enquiries@waitaha.health.nz facebook.com/WaitahaPrimaryHealth/

waitaha.health.nz



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