Annual Report 2025

WAITAHA
PRIMARY HEALTH

Front cover: Boats on the Kaiapoi River
Inside cover: Children at the Te Puawaitanga ki Ōtautahi Trust's celebration of 20 years as a registered kaupapa Māori provider.

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Facade of the former Junction Hotel, High Street, Rangiora

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 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 for which Kiwis are renowned. 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.

WAITAHA
PRIMARY HEALTH

Chair's report

Nau mai, Haere mai

It is my pleasure to present the Annual Report of Waitaha Primary Health for the year ending 30 June 2025.

In many ways this year has been business as usual except that I am not sure how to define usual in the health system any more.

Like most primary health organisastions, the year was spent adjusting to the many changes implemented by the Government and Health New Zealand. We are fortunate to have an extraordinary management team and Board who take the ever-changing environment in their stride, allowing our highly skilled people to focus on delivering high quality community health and social care.

Our Board comprises representatives from the communities in which we work and I'm extremely grateful for their support. Their expertise is invaluable and covers not only their personal and professional skills but their relationships in each of those communities. As you are aware our territorial coverage includes both rural and urban, and the urban fringe that continues to undergo rapid change.

The needs of the general practices and the communities from these areas are variable. Thankfully we have wide expertise from Mana Whenua, local territorial bodies and consumer representation plus health professionals to keep us current with these needs.

Chair Dr Lorna Martin

We also have close working relationships with other national bodies with whom we can raise issues relevant to Waitaha Primary Health. These include the many people who represent us on both Te Waipounamu wide and national organisations.

In this time of ongoing rapid change within health, this representation is vital to decision making. Closer working relationships of management with representatives of Te Waipounamu especially have been a welcome asset as we negotiate the changes for the South Island. We share much common ground and issues.

I am delighted to report that in the second quarter of the year, we passed a Health NZ audit with flying colours. It was the first such audit in many years and we received a 100% pass rating.

Thank you to all our people for your commitment and hard work — you are the reason for our stellar result.

We expect yet more changes in the 2025–2026 year but our goal is unwavering; to improve health and social outcomes for the communities we serve. We look forward to the year with enthusiasm and confidence.

Dr Lorna Martin

Chief Executive's report

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

I want to start by thanking our General Practice Primary Health Care teams and partners for your commitment in working extended hours to ease the increasing complexity of patient health needs and significant workforce pressures, while operating in an ever-changing health delivery landscape.

As a team reflecting on the year, we acknowledge the challenges with funding and resources provided to support General Practice and Primary Care services across Ōtautahi.

Critical to the delivery of both Primary Care and After Hours, Urgent and Unplanned Care, is general practice sustainability. We recognise that healthy general practice is a key indicator of a robust health care system. With support from partners Hauora Taiwhenua, GPNZ and GenPro, we continue to advocate for sustainable funding for General Practice.

Waitaha is honoured and proud to be the only non-Māori organisation to offer Whānau Ora services. Although we were not successful in securing additional funding through the recent RFP, we remain committed to supporting our community. We have successfully continued to provide some Whānau Ora services within our team, specifically within the mental health space, ensuring these valuable services benefit those in need.

This year also marked the conclusion of our eight-year partnership with the Department of Corrections. While the end of this contract is disappointing, the knowledge, skills, and relationships we gained, particularly around working within complex environments, position us well for future opportunities. Our commitment to innovative, community-focused care remains firm, and we are proud of the resilience and professionalism demonstrated by our clinicians during this significant chapter.

Once again, Waitaha Primary Health's commitment to strengthening our partnerships in primary and community services is showcased in our Annual Reports. The focus is to deliver accessible services that strengthen our obligations to the Pae Ora Wellbeing Strategy, thereby addressing some of the inequalities for Māori and Pasifika within our geographical catchment area.

Special activities

During the year, we have been involved with various workstreams led by the rural Commissioner Team Te Whatu Ora. This has seen excellent development of a Rural Urgent & Unplanned Care plan, and we look forward to progressing this over the next 12 months.

Our new Lactation Consultant Referral System further exemplifies our focus on delivering accessible, family-centered care, making support easier and faster for whānau.

We underwent a comprehensive audit conducted by Health New Zealand, and we are pleased to confirm that no corrective actions were identified in the final report. This outcome reinforces the dedication and quality of the work we are supporting in practice and within the community. It reflects our ongoing commitment to maintaining high standards and delivering effective health services.

South Canterbury

From August to December 2024, a number of General Practice owners in South Canterbury invited Waitaha Primary Health (WPH) to present our ways of working in collaboration, with a view to forming a PHO.

What followed in early 2025 was a request for us to make a submission, answering questions prepared by the business owners. We have been informed that our submission was successful, and in the coming year, we look forward to not only onboarding these practices but understanding the population needs across Aoraki, in conjunction with the various health providers.

Chief Executive Bill Eschenbach

Team effort

I continue to be extremely proud and grateful for the work, dedication and commitment of our team at WPH. Everyone strives to deliver and improve health services for our communities.

WPH values our relationships with Health New Zealand, Pegasus Health, Christchurch PHO, Hato Hone St John, Garden City Helicopters, Canterbury Primary Response groups, all Māori and Pasifika providers, our local government agencies and their Health Committees—all of which have supported us in delivering quality healthcare to our communities.

As always, I would like to thank our Board Chair, Dr Lorna Martin, our Board, Clinical Governance group and The Finance Risk Committee for their ongoing support and stewardship throughout the year.

I look forward to the challenges ahead. We know that working collaboratively will ensure the current health reforms are realised.

Ehara tōku toa i te toa takitahi, engari he toa takitini.

Success is not the work of an individual, but the work of many.

Our Board
Waitaha Primary Health

Dr Lorna Martin
Chair
GP Representative, Waimakariri

Tsarina Dellow
Hurunui District Council Community Representative

Dr Esther Avnit
GP Representative, Ashburton

Lyn Leslie
Christchurch City Council Community Representative for Banks Peninsula

Joseph Tyro
Manawhenua ki Waitaha

Dan Gordon
Waimakariri District Council Community Representative

Jaana Kahu
Manawhenua ki Waitaha

David Matthews
Ashburton District Council TLA Community Representative

Welcome

We were delighted to welcome Joseph Tyro to the Waitaha Primary Health Board within the last year.

Joseph Tyro
Manawhenua ki Waitaha

Ko Ngāi Tahu rātou ko Te Ati Haunui-a-Pāpārangi ko Ngāti Rangi ngā Iwi

Ko Joseph Tyro tōku ingoa

Joseph was raised in Ohinehou Lyttelton, close to his Papatipu marae Te Hapū o Ngāti Wheke. Joseph is a registered social worker and for the past 30 years has worked in social services, social work and the health sector in clinical, management and executive leadership roles. He is currently an Adjunct Social Work Lecturer for Open Polytech, Kaihautū Māori for Hōhepa Canterbury and has recently been appointed as Kaihautu Tuarua for Te Tauraki. Joseph has a Masters from the University of Canterbury and Auckland Institute of Technology and is a member of New Zealand Institute of Directors. Joseph serves a number of communities, hapū, regional, national and international governance roles. He is a proud recipient of many community, health, leadership and governance awards. Joseph is driven by the hopes and dreams of his grandparents and is passionate about advancing the aspirations of tangata whenua Māori.

Ngā mihi nui ki a koutou katoa.

Farewell

Tumanako Stone Howard
Manawhenua ki Waitaha

Over the years we have been blessed to have a stable committed and enthusiastic Board. It is with regret that over this last year we have had to accept the resignation of Tumanako Howard-Stone due to her increasing professional workload. Tumanako was a Manu Whenua representative , but also a much needed Midwife. We would like to acknowledge the value of her input to the Board not only as Manu Whenua but also as a health professional.

Clinical Governance group

The way Waitaha Primary Health delivers care is influenced by the Clinical Governance group. Its role is to provide Governance of Clinical Standards within the Primary Health Organisation.

The Group is responsible for reporting to and advising on achieving and optimising health outcomes for the enrolled population of Waitaha Primary Health. It also advises on clinical issues relating to the PHO such as quality improvement, health and safety, clinical issues and risks, education, and ensures that programmes are defined and target at-risk and priority populations and minimise barriers to accessing care. It also ensures that Waitaha Primary Health's clinical programmes meet national standards and best practice guidelines.

Looking ahead, the group will continue to provide feedback on current programmes, areas for improvement, and redesign. They will also advise of any upcoming changes in health reforms in Waitaha PHO's widespread geographical area.

Members are elected every three years and may be re-elected after their three-year term.

The Clinical Governance group membership consists of:

- Two General Practice representatives
- Two Practice Nurses
- A pharmacy representative
- A Tangata Whenua representative
- Members of the Waitaha Primary Health senior management team as required
- Secondment as required

Members:

Dr Martin Seers, GP, Chair, Christchurch
Dr Lorna Martin, GP, Rangiora
Dr Eti Avnit, GP, Ashburton
Alex De Roo, Pharmacist, Rangiora
Chris Long, Registered Nurse, Amberley
Dr Eric Spink, GP, Christchurch
Nerissa Cameron, Registered Nurse, Amuri

CLINICAL GOVERNANCE GROUP REFLECTIONS 2024–2025

Strengthening community healthcare

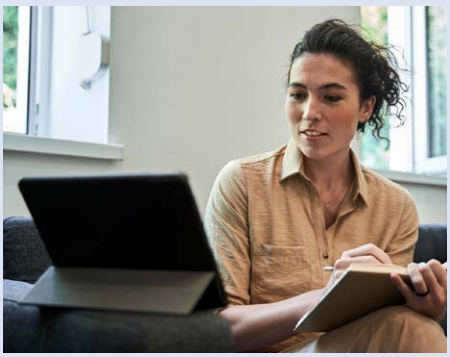
This year has been one of momentum and reflection as we work to strengthen primary and community-based healthcare across Waitaha. Clinical leaders from across Te Waipounamu continued to focus on shifting services closer to home—building sustainable models of care that reduce hospital demand, strengthen equity, and make the best use of our workforce. Early priorities such as avoiding hospital, nurse prescribing, integrated dermatology, and improved post-discharge care are already shaping new opportunities for General Practices.

"... a shared commitment to equity, to integration, and to reimagining care so that every person in Waitaha can access the support they need, when they need it."

Alongside this, the Canterbury Primary Mental Health Review highlighted the urgency of addressing system gaps—especially for those who fall into the "missing middle". With more than 600 voices contributing, its recommendations for a regional stepped-care model, universal access, and stronger integration offer a clear pathway to more equitable, responsive, and sustainable mental health support.

The Clinical Governance group's 2025 workplan reflects these themes, with a focus on system-level measures, patient experience, and equity. Areas such as immunisation, stopping smoking, mother and child wellbeing, Pasifika and Māori health initiatives, and school-based services remain central to our collective mahi.

Innovation is part of our journey. The mental health team is currently trialling Heidi, an AI-based assistant, to help improve patient flow through note-taking and clinical documentation support,



reducing administrative burden. This carefully monitored pilot is exploring how AI can safely and ethically complement clinical practice, freeing up time for practitioners to focus on whānau.

As a governance group, we are proud of the progress made, yet are aware of the challenges ahead. Our work this year reflects a shared commitment to equity, to integration, and to reimagining care so that every person in Waitaha can access the support they need, when they need it.

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

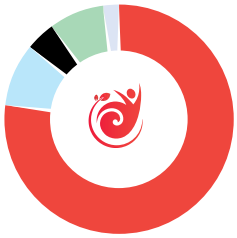
Waitaha Primary Health enrolled population data

Total enrolled population

As at 1 July 2025 — 54,137

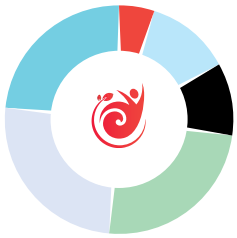
Enrolled population by ethnicity

NZ European	77%
Māori	9%
Pasifika	4%
Asian	8%
Other	2%



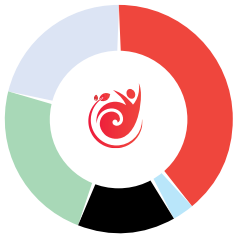
Enrolled population by age

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



Enrolled population by Territorial Local Authority

Ashburton	39%
Banks Penisula	3%
Christchurch	14%
Hurunui	23%
Waimakariri	21%



Our Practices

- Akaroa Health Centre Limited
- Amberley Medical Centre
- Amuri Community Health Centre
- Ashburton Health First
- Bryndwr Medical Rooms
- Cheviot Community Health Centre
- Hanmer Springs Health Centre
- Kaiapoi Family Doctors
- Rangiora Family Doctors
- Selwyn Village Healthcare
- Tend Ashburton
- Three Rivers Health
- Tinwald Medical Centre
- Waikari Health Centre

Of the total enrolled population

- 91% of current smokers have received smoking cessation advice and support
- 71% have had a CVD risk assessment
- 91.3% 24-month cohort immunisations
- 1,022 referrals for Lactation Consultant Support
- 554 Before School Checks done

Total patient contacts at General Practice — 211,500

Rural Mental Health Service

- 100% support coverage in practices
- 1,212 mental health referrals
- 6,961 mental health patient contacts
- 2,198 Te Temu Waiora referrals
- 5,054 Te Temu Waiora assessments

MĀORI HEALTH TEAM

Pae Ora ki Waitaha

"Take care of what they hear.
Take care of what they see.
Take care of how they feel.
For as the children grow, so shall the shape of Aotearoa."

These famous words of wisdom were spoken by the inimitable — and formidable — wahine toa, Dame Whina Cooper. They remind us that the seeds we plant — our tamariki — must be nurtured, loved, and provided with the right environment to ensure they grow into healthy, vibrant, empathetic, and resilient adults. Dame Whina also reminds us that our development, potential and identity as a nation depends on the messages and modelling to which our tamariki are exposed.

We continue to support tamariki, rangatahi, pakeke, whānau and communities to achieve improved hauora through initiatives such as the Pae Ora ki Waitaha Healthy Lifestyles Programme. In conjunction with our Pae Ora partner organisations — Purapura Whetu, Whānau Whanake, Tangata Atumotu Trust — our Waitaha Primary Health (WPH) Pae Ora Kaiururangi/Connectors tautoko whai ora to support wellbeing changes to the physical, nutritional, and social needs of individual whai ora but also, to support the needs of whānau.

By working alongside whai ora and adopting a holistic, kaupapa Māori informed lens, Kaiururangi promote concepts of mana motuhake/self-empowerment to implement realistic and achievable goals that support healthy lifestyle changes.

The Pae Ora Healthy Lifestyles Programme works with tamariki, and their whānau, from the age of four through to kaumatua, who often require support around mobility, social connectedness, and improved lifestyle balance.

Referrals to our service can be submitted through a GP or health practitioner, social service agencies or via self-referral (acceptance criteria are available on the Waitaha Primary Health page).

Rāpaki Marae Hauora/Immunisation

In June this year, the Māori Health Roopu (Pae Ora and Whānau Ora teams) organised a combined hauora promotion and immunisation day for kaumatua and the wider community at Rāpaki marae, located on Te Pātaka o Rakaihautū/Banks Peninsula.

Despite the crisp winter morning, the warmth of the sun helped awhi our teams onto the marae through the mihi whakatau process. After the formalities, our teams met with the community from Rāpaki and shared in kai, kōrero, and katakata/laughter. The morning coincided with the local kaumatua exercise roopū, which typically sees around 50 or more kaumatua (and whanaunga) come together to participate in exercise, kai, waiata, and whanaungatanga.

Taking these events to our marae helps to reduce some of the barriers, such as transport and immunisation accessibility, that our kaumatua and whānau experience. Providing these services in spaces, such as marae, also allows for pūrākau around topics such as vaccination.

Waitaha Primary Health's Pae Ora team at the Christchurch Pasifika Mātua Olympics, Pioneer Stadium. From left: Shannon Robinson, Kahlia Godinet and Marie Clarke.

We would like to mihi to Te Hapū o Ngāti Wheke for inviting us into this space and, also, our WPH Health Promotion kaimahi and partners for making this day a memorable event — mauri ora!

Pae Ora Impact Evaluation Report

The Pae Ora team was invited to attend the launch of the Pae Ora Impact Evaluation Report in August, hosted by our partner, Purapura Whetu Trust. The Evaluation Report was the culmination of a two-year study (2022-2024) conducted to evaluate the outcomes of the Pae Ora Healthy Lifestyles Programme.

Overall, the study recognised the benefits — and success — of a culturally grounded programme, highlighting the positive engagement between whai ora and Kaiuruangi. These relationships contributed to improved health and wellbeing outcomes for individual whai ora but, also, generated positive ripple effects within whānau, leading to improved exercise and dietary habits, and self-efficacy.

We would like to acknowledge whai ora and their whānau who shared their journeys and pūrākau with the research team. We would also like to mihi to the community researchers, Dr Phil Borell and Daisy Lavea-Timo (Cross-Polynate Ltd.), our Pae Ora partners, and Purapura Whetu for extending their manaakitanga.

Pae Ora Wānanga

Waitaha Primary Health hosted the quarterly Pae Ora wānanga in September at our office on Wairakei Road. The event is an opportunity to bring together our Pae Ora partners and engage in whanaungatanga, manaakitanga, and matauranga/skill development. These wānanga are also a space to reflect on some of the challenges, successes, and aspirations for the important mahi to which Pae Ora contributes.

The kaupapa for our wānanga was based on the domains of taha hinengaro/

Waitaha Primary Health's Māori Health Roopu at Rāpaki Marae. From left: Kahlia Godinet, Bill Eschenbach, Shannon Robinson, Olivia Tusa, Cole Gillman, Gina Straker, Marie Clarke.

emotional wellbeing and taha wairua /spiritual. Although Pae Ora focuses strongly on the tinana/physical and nutritional needs of whai ora, the Pae Ora programme is underpinned by a holistic framework, Te Whare Tapa Whā, which recognises that each domain cannot be separated from the other; in order to live a healthy, balanced life, each domain must be nurtured.

The agenda for the day included activities that incorporated mindfulness, such as designing kohatu/stones and 'peg' people (play based/therapeutic activities that can be used to identify whānau dynamics), tī rākau/stick games and waiata (useful for developing coordination, memory, linguistic skills, and a lot of fun!) and also, learning some focused relaxation and breathing techniques to support emotional regulation.

We were incredibly spoilt to have a rongoā Māori practitioner attend throughout the day, providing mirimiri and mātauranga around the use of traditional Māori healing practices.

Community Hauora events

The Pae Ora team has been working alongside our Health Promotion team to support community hauora days and promote the services we offer.

In September, the team attended Te Whare Tapere o Te Mata Hapuku/ Birdlings Flat, Banks Peninsula, for "a cuppa, cake, and kōrero" to discuss Mental Health and Smokefree support, Specialist Services, and support with enrolments for doctors/practices.

In October, they also attended the Christchurch Pasifika Mātua Olympics, held at Pioneer Stadium in Christchurch. The overcast weather didn't deter whānau from attending — and participating in — some fierce competition.

These events provide wonderful opportunities for whai ora and whanau to engage in community wellbeing initiatives and to meet kanohi ki te kanohi/face-to-face with our services. A big mihi to all involved.

Mana Wāhine group

Pae Ora Team superstars Shan and Kahlia began facilitating a Mana Wāhine group at the Matatiki Hornby Pool throughout term four. The kaupapa of the group is to tautoko and empower wāhine on their wellbeing journey by providing a safe, non-judgmental space to visit. Wahine who would like to attend, or register interest in future groups, can contact the Māori Health Team by calling our general office: 03 357 4970.

Mauri ora

By Luana Swindells

Māori Health Team Lead Luana Swindells

MĀORI HEALTH TEAM

Navigators walk alongside whānau

Whānau Ora navigation continued to be highly sought throughout the year in review.

We received many referrals from a variety of agencies working in our rural communities — with an overwhelming need in North Canterbury. This correlates with an 11% (Census figures 2018 - 2023) increase in the catchment's population. The district has grown at a faster rate than infrastructure and services can manage, with many whānau struggling to cope with day-to-day stressors or having access to basic needs. It is not only lower income whānau who are struggling. Our Whānau Ora Navigators have also seen stress among medium income whānau under the current economic and social conditions.

The navigators continue to walk alongside and provide advocacy for our tangata whai ora and their whānau. The scope of this mahi includes (but is not limited to) attending school forums, Oranga Tamariki proceedings, meetings with health professionals, housing negotiations and mental health service referrals. We provide support to whai ora to manage whānau dynamics and conflict, age-related concerns, parenting and custody processes, court attendances and charges, family-harm safety planning, self-harm and suicidal crises, budgeting, and sourcing kai. As Whānau Ora Navigators, we take pride in being a safe person for whai ora to talk to and to provide a listening ear.

Our kaupapa is whānau centered. Although a referral will identify someone needing support, a holistic, tikanga Māori informed approach requires consideration of the wider whānau. These are, however, opportunities for multiple services to collaborate:

"Ehara toa i te toa takitahi, engari, he toa takitini" — My strength is not that of one person but that of many."

We are proud to support whānau on behalf of Waitaha Primary Health and Whānau Ora Services. We take pride in knowing that our Board is applying to continue our services as a Whānau Ora provider with Te Tauraki Limited, a subsidiary of Ngāi Tahu. A new era with — potentially — new and exciting directions.

We owe our gratitude to our outgoing partner, Te Pūtahitanga o Te Waipounamu. To all those who have supported us in our roles over the years.

"kia ora — and go well. Ka kite, e hoa mā — the vision of mana motuhake will continue!"

Whānau Ora Navigator Marie Clark

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

Team members from the Ashburton HYPE Youth Health Centre at a local event.

COLLABORATION

Empowering practices with data

An advanced analytics platform is giving clinicians and practice teams powerful insights into the health of their enrolled populations.

Thalamus™ has been successfully rolled out to our practices this year, providing easy-to-read dashboards and reports about patients. It draws on routinely collected health data to highlight key trends, risks, and opportunities for proactive care.

What this means for practices:

- **Patient demographics at a glance.** Practices can easily see the make-up of their enrolled populations by age, gender, ethnicity, and other key factors, helping them better understand the communities they serve.
- **Immunisation coverage.** The platform highlights immunisation rates across different age groups, allowing practices to identify and follow up with whānau where coverage is lower and equity gaps exist.
- **Clinical indicators.** Practices can track performance against key health measures, such as diabetes and cardiovascular disease management, cancer screening rates, and long-term condition prevalence. This enables more targeted planning and care.
- Better planning and service design. With timely, accurate data, practices can focus quality improvement projects where they are most needed and monitor the impact of their efforts.

Early feedback from practices has been very positive. By making health data more accessible and actionable, Thalamus is helping to strengthen clinical decision-making, improve equity of care, and ultimately achieve better outcomes for whānau.

Thalamus™ reflects Waitaha Primary Health's commitment to equipping practices with the tools they need to deliver smarter, data-informed, and patient-centred care.

Unlocking health insights with Te Waipounamu data

The rollout of the Te Waipounamu Data Insights Platform (TWDIP) is a major step forward in understanding the health of our communities across the South Island.

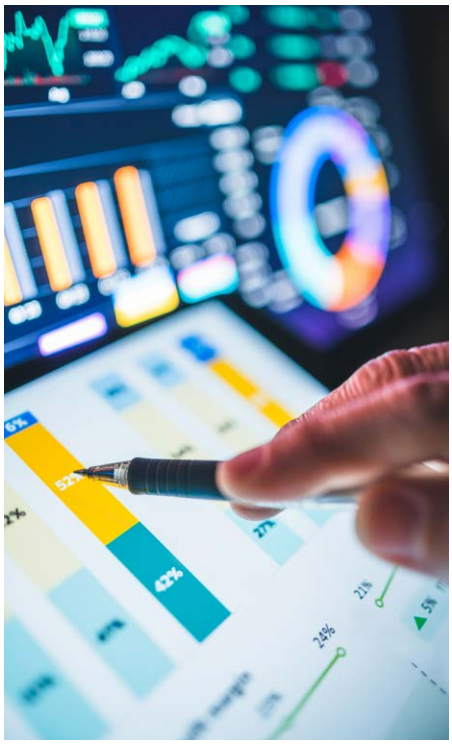
The platform aggregates data from primary care, hospitals, and other health services to provide a comprehensive view of population health. By bringing together these datasets, TWDIP enables Waitaha Primary Health and other PHOs to make evidence-based decisions, identify trends, and respond proactively to health needs.

Key benefits include:

- **Population health insights:** Access to high-level data on patient demographics, long-term conditions, immunisations, and other clinical indicators helps PHOs understand their communities' health status.
- **Equity and outcomes:** The platform allows PHOs to identify inequities in care delivery and target interventions where they are most needed.
- **Service planning and improvement:** Aggregated data supports better resource allocation, program planning, and monitoring of health initiatives.

Since its introduction, TWDIP has already started to provide actionable insights that inform service design, improve equity, and enhance patient-centred care. By making comprehensive population health data accessible, the platform strengthens the ability of Waitaha Primary Health and our partners to deliver coordinated, proactive, and high-quality care to whānau across the region.

The Te Waipounamu Data Insights Platform represents a significant step in leveraging data to improve health outcomes and support equity within the South Island.



PRACTICE SUPPORT

New Lactation Consultant referral system

We now have a dedicated Lactation Consultant Service referral system for Canterbury, introduced during 2025. This gives clinicians a clear and consistent way to connect mothers and their babies with specialist lactation support.

Referrals previously relied on manual processes, creating extra administration tasks and some delays. The new system has streamlined this by enabling clinicians (including Plunket and well child nurses, midwives, LMCs, GPs and hospital-based clinicians) to enter referrals directly into the platform, where they land straight into our Lactation Consultants' triage system.

The key benefits of the new system include:

- **For clinicians:** A simple, secure, and standardised referral process that saves time and ensures no information is lost.
- **For Lactation Consultants:** Referrals arrive directly into the system, reducing administration work, and providing full visibility of workloads. This enables the Lactation Consultants to triage, prioritise, schedule, and manage caseloads more effectively.
- **For those utilising Lactation Consultant services:** Faster access to timely, whānau-centred support that helps address breastfeeding challenges early.

The new referral system has also automated some of the required quarterly reporting.

This initiative demonstrates our commitment to delivering equitable, coordinated, and family-focused care, and to supporting the vital role breastfeeding makes to lifelong health.

Lactation Consultants; Vicki Patterson and Ruth O'Donovan, with IT team; Will Zhao and Darren Walmsley.

We want to formally acknowledge Lynn Li of Lincoln University for her valuable contribution to both leading and supporting the initial and most challenging component of this project which was then progressed and completed by our IT team.

Breastfeeding advice plays vital role

Emily was 21, pregnant with her first baby, and attending antenatal education for young parents when she met Ruth, one of our Lactation Consultants.

She learned that she could access our Baby Feeding Service before the birth of her baby to discuss any concerns. Emily contacted the service and connected with Ruth.

At Emily's first home visit, they discussed the possible challenges that she would face and prepared a feeding plan. Unfortunately, due to many factors, feeding did not work out.

But Emily learned so much from this experience that she was better prepared for the arrival of her second baby and was able to breastfeed her for the first year. It was a huge accomplishment, giving her a great self-learning opportunity.

When she became pregnant with her third baby, Emily was fiercely determined to breastfeed. She saw Ruth again before giving birth and together they had a rock-solid plan in place for when her baby boy was born. Emily said this "included filling their freezer with donor breastmilk from incredible mums from the community before his birth".

Emily and Granger.

Once her son was born, he latched beautifully after he had a tongue tie snipped when he was six days old, thanks to Ruth noticing it during his first couple of days. Emily said she was "absolutely stoked" that her baby was latching.

Ruth continued to visit Emily at home and together they worked out how to best support her boy while he fed, as he had some complicating health issues.

"We had some ups and downs with him but Ruth helped me get him back on track again. With her help and encouragement, regular pumping, and the support from a physiotherapist, we managed to keep him feeding until he was over six months old," Emily said.

"I absolutely put all of my successes with breastfeeding and pumping down to Ruth and the Lactation Consultants and will be forever grateful for the support, encouragement, and hands on help we received.

"I was so much more successful with breastfeeding and pumping than I ever thought possible and I put that largely down to the education and support the Lactation Consultant gave me during the tricky times."

"I would love to one day study to become a Lactation Consultant myself because I just love breastfeeding so much. Hopefully we cross paths again one day!"

HEALTH PROMOTION

Mother 4 Mother support

A new group of fantastic mothers (some photographed here) have completed 24 hours of training for Mother 4 Mother Breastfeeding Peer Support.

They are now ready to offer valuable information, support and encouragement to families with new babies.

We have five venues where mothers can drop in to get breastfeeding support from trained peers; groups run in Aranui, Ashburton, Burwood, Halswell, and Lyttelton.

We welcome queries from any other mothers who are interested in this training programme, overseen by our Peer Support Coordinator, Claire, several times a year.

PRACTICE PROMOTION

Clinical Pharmacist a welcome addition

Meet Alex de Roo, a community pharmacist at Hanmer Springs Health Centre.

Thanks to CPCT (Community Primary and Community Team) funding, he regularly works at the centre, providing significant clinical and operational benefits.

"Alex's expertise directly supports safer, more effective medication use and improved patient outcomes, particularly in our rural setting where access to pharmacy services is very limited," says Paul Walmsley, the Practice Manager at Hanmer Springs Health Centre.

Paul says benefits to patients include:

- **Improved Medication Safety:** Pharmacist-led medication reviews helped identify and resolve any discrepancies in medication regimens, especially during transition of care (e.g. hospital discharge), reducing the risk of missed changes or adverse drug events.
- **Optimised Treatment Plans:** Ensuring patients are on the most appropriate therapies for their conditions, minimising side effects and maximising
- **Patient Medications:** Renal Function Monitoring; and Chronic Condition Support are also reviewed more quickly.

Other benefits include audits on repeat prescribing and medication reconciliation processes; updated and maintenance of medical alerts to reflect current safety and funding information; and Targeted Medication Audits on discontinued medications, high-risk medications and changes in medication funding.

Pharmacist Alex de Roo, working with Hanmer Springs Health Centre General Practitioner Dr Judith Clemett.

Alex is enjoying his time assisting at the Hanmer centre.

"I value the opportunity to offer my clinical pharmacist skills in a rural setting to help complement the medical team in providing care to the community. Engaging pharmacists in rural medical practices is an opportunity to increase access to specialist advice where there may not otherwise be ready access to a pharmacist."

Hanmer Springs Health Centre Practice Manager Paul Walmsley

COLLABORATION

The power of partnership in Primary Mental Health

The most impactful healthcare solutions are born from collaboration. Take the role of Clinical Coordinator Becky Baichoo.

For the past 15 years, Becky has served as a Brief Intervention Coordinator (BIC), helping make the work between the Christchurch PHO a success. She now brings her invaluable experience to a Clinical Coordinator role that is sub-contracted to Waitaha Primary Health. Becky, along with the Primary Mental Health Manager, plays a key role in connecting the two PHOs, supporting both organisations and their communities.

As Clinical Coordinator, Becky oversees the Brief Intervention Service team, ensuring that people in Christchurch receive the right mental health support at the right time. Her responsibilities include triaging referrals, supporting clinicians, and liaising with Health Improvement Practitioners (HIPs) and practices to provide a true stepped-care model.

The Brief Intervention Service plays a pivotal role in supporting Christchurch people. It offers short-term, evidence-based support for adults and young people experiencing mild to moderate mental health issues. This includes care that helps our community when they need us most.

Effective triage and referral management are at the heart of Becky's work. She ensures that all referrals are assessed for risk within one to three days and that clients receive an initial text explaining wait times and providing emergency contacts. She also conducts brief assessments by phone, refers high-risk clients back to their GPs, monitors borderline cases, manages session limits, respects client preferences, and follows clear processes for clients who cannot be contacted.

Clinical Coordinator Becky Baichoo

Becky's leadership and team support are equally crucial. Through regular meetings, guidance, note reviews, supervision, workload management, and risk monitoring, she fosters a supportive environment that promotes professional development and ensures high-quality service delivery.

"Early intervention and careful triage help prevent clients from needing more intensive services."

The outcomes and impact of this collaboration are clear. Early intervention and careful triage help prevent clients from needing more intensive services, while the collaborative model strengthens GPs' confidence and ability to manage mental health in primary care. Feedback from clients and GPs further underscores the value of having this accessible and effective support.

At Waitaha Primary Health, we are proud to partner with exceptional people like Becky Baichoo. Her expertise, leadership, and commitment to collaboration are essential in delivering individual, responsive, and effective mental health care across Canterbury. We look forward to continuing our work with Becky and our partners at Christchurch PHO to build a healthier future for all.

Check out our Facebook page as it's really good, really current and informs people of upcoming events, and what we've been up to.

facebook.com/WaitahaPrimaryHealth

COLLABORATION

A chapter closes on Corrections Mental Health services

Public sector funding constraints have sadly marked the end of an eight year chapter providing our Improving Mental Health (IMH) Services and Packages of Care (PoC) to the Department of Corrections.

The Corrections contract represented more than just service delivery — it was a pioneering venture that established Waitaha Primary Health (WPH) as a trusted provider beyond traditional health services. Working in partnership with WellSouth Primary Care Network, which delivered identical contracts across Otago and Southland prison facilities, we provided essential primary mental health services to three Canterbury prisons. This collaboration was one of our first major contracts outside our core health portfolio, making it strategically important for our growth and diversification.

Building excellence

During the relationship, WPH and WellSouth developed strong working relationships with Corrections staff locally and nationally, together with NGO partners. This collaborative approach enabled us to refine a specialised care model designed specifically for the unique needs of prisoners — a group often marginalised and facing complex mental health challenges.

The service required significant human resources, with WPH employing five clinicians for IMH roles and a dedicated PoC contractor. Recruiting qualified professionals willing to work within the prison environment presented ongoing challenges, as did managing the consistently high demand for mental health services while also supporting Corrections staff.

Overcoming challenges

Operating within the Corrections system demanded exceptional resilience and adaptability. The team regularly navigated complex ethical, employment, and organisational challenges that tested our problem-solving capabilities and professional standards. Despite these hurdles, our dedicated professionals met clinical targets month after month — a testament to their skill, commitment, and the organisational support provided to help them navigate the often complex environment.

We invested significantly in supporting our clinical staff both professionally and clinically, recognising the unique demands of working within the Corrections system. This investment in staff development was crucial to maintaining service quality and meeting contractual obligations.

Learning and growth

While we are disappointed the contract has finished, it has been invaluable for our development, and shown us that we can deliver quality services in challenging environments.

We established ourselves as a resilient and reliable contract provider, earning respect within the Corrections system. The collaborative working relationships built, leadership skills developed, and quality improvement processes implemented have positioned us strongly for future opportunities beyond traditional health services.

Should similar opportunities arise, we are confident in our ability to develop competitive proposals based on proven collaborative working relationships, demonstrated leadership capabilities, and a strong foundation of quality improvement practices.

We are a versatile and reliable service provider, ready to embrace new challenges and opportunities as they emerge.

Primary Mental Health Manager Paul Wynands

Snow-capped Southern Alps and Waimakariri River

PRACTICE SUPPORT

Expanding our reach into South Canterbury

This year marks a significant milestone in our journey as we celebrate expanding our services into South Canterbury.

The decision not only represents organisational growth but also a renewed commitment to improving healthcare access and equity for an additional 61,000 people. The expansion extends our proven model of community-focused primary care across Timaru, Mackenzie, Waimate, and Waitaki and reflects the collaboration and unwavering support we receive from General Practices, local communities, and key stakeholders.

Thank you to South Canterbury's general practices who indicated their confidence in us. This endorsement, along with positive responses from local Rūnanga leaders, Māori and Pasifika providers, and multicultural community groups, affirms the value of our equity-focused service models and our eagerness to work collaboratively.

Central to our approach is a dedication to co-design and local decision-making. We have actively engaged with Te Rūnanga o Arowhenua and Te Rūnanga o Waihao to embed Māori health priorities and ensure culturally safe practices. Our team remains committed to honouring Te Tiriti o Waitangi and supporting local mana motuhake. We also acknowledge the invaluable support of Te Tauraki, recognising their role as the Iwi Māori Partnership Board and Whānau Ora commissioning agency for Te Waipounamu.

Our expansion strategy is guided by a phased transition, ensuring a seamless integration of services while honouring existing contracts and funding. Phase 1 emphasises community engagement, establishing robust governance and legal structures, and preparing data management and reporting systems.

"As we extend our reach, we remain steadfast in our commitment to maintaining the high standards of care that define Waitaha Primary Health."

We will leverage our robust infrastructure, including real-time performance dashboards (Thalamus), secure data-sharing platforms, and innovative resources like the "Waka Hauora" mobile outreach van.

Our success in South Canterbury will be measured through robust performance monitoring, continuous quality improvement, and ongoing stakeholder engagement. We will prioritise data-driven decision-making, and cultural responsiveness, with a focus on the unique needs of the communities we serve.

Our Board has made it clear that while we are committed to grow, we will ensure continuity of service and support for our current practices, and maintain our well-earned reputation for excellence. This means enhancing our governance structure with increased representation from South Canterbury and strategically growing our team to meet the demands of the region.

We see an opportunity to champion integrated healthcare services and strengthen community partnerships, contributing to improved health outcomes across Te Waipounamu. Together, we can build a healthier future for all.

Community connections

The Practice Support Navigators have had a busy year.

Health promotion/disease prevention is integral to their work, and they have been involved in a variety of health promotion activities and events. Special thanks to the wonderful services and teams we work with, together we have shared timely, accurate health and wellness information.

Community events have taken the team to Rangiora, Akaroa, Halswell, Christchurch, Ashburton, Cheviot, Hanmer Springs, at high schools, sports events and at the Hakatere Marae. These events include health screening, health expos, immunisations, and healthy lifestyles.

The type of support our Navigators provide varies. Enrolment in a General Practice is a high priority for the team, as is enabling and supporting access to health services. The team are always pleased to be invited to any community event, where they can answer a myriad of health queries and questions, link people with General Practice teams, and expand their network of community support.

Thank you to everyone who has come and met our wonderful Navigators at the various health promotions. In the upcoming year, we are already looking forward to engaging with Pasifika Early Childhood Education centres in Canterbury; the Matua Olympics; Rural High Schools; and participating in Health Screening Events and Elder Persons Expos.

PRACTICE SUPPORT

Exceptional results in external audit

We are immensely proud to announce the outstanding results of an recent external audit conducted by Health New Zealand late last year.

This comprehensive review marked the first external audit of Waitaha Primary Health (WPH) by Health New Zealand in over 15 years, making the outcome even more significant.

The audit team performed a thorough assessment of WPH, encompassing all aspects of our operations from 11-14 November 2024, including compliance with Health New Zealand contracts, adherence to Ngā Paerewa Health and Disability Services Standards, and alignment with recognised business practices. It reviewed our governance, financial management, service delivery, service quality, and cultural responsiveness. The audit confirmed that we met all of our obligations to Health New Zealand. We fully complied with all requirements, exceeding the expectations. The audit team noted our robust systems, well qualified staff and the dedication to the community we serve.

What made this audit particularly rewarding was not only the result but the recognition of strengths in:

- A well-qualified and experienced leadership team, including a strong clinical and programme performance backbone.
- Robust financial systems and controls, with effective segregation of duties and strong internal oversight.
- High-performing clinical governance structures, supported by regular reporting and risk monitoring.
- Demonstrated commitment to equity, with tailored services for Māori, Pasifika, rural, and high-need and other priority populations.
- Comprehensive IT systems, security protocols, and disaster recovery planning aligned to national standards.
- A solid record of service delivery across more than 30 individual funding streams with no compliance concerns.

No corrective actions were identified in the final report.

Our result reflects the hard work, commitment, and expertise of our entire team, and demonstrates our unwavering commitment to high-quality, equitable, and accessible primary healthcare to our communities. It validates our efforts to continuously improve our services, strengthen our governance, and foster a culture of collaboration and innovation.

We would like to thank our staff, Board members, practice partners, and community stakeholders for their dedication and support. Together, we are making a positive difference in the health and well-being of our population. We are well-positioned to continue our track record of excellence and are proud to scale those qualities across South Canterbury.

Operations Manager Cole Gillman

Secretary for the Ministry for Pacific Peoples, Gerardine Clifford-Lidstone with Pasifika Navigator Olivia Tusa.

Directory

Waitaha Primary Health Limited

as at 30 June 2025

Principal Business
Primary Health Organisation

Shareholder
Waitaha Primary Health Trust

Registered Office
Polson Higgs Limited
139 Moray Place
Dunedin Central

Directors
E Avnit
T Dellow
D Gordon
L Leslie
L Martin
D Matthews
J Tyro

Solicitors
Saunders Robinson & Brown
Christchurch

Bankers
ASB Bank

Auditors
Audit Professionals Limited
Dunedin

Wharf and Boat Club, Kaiapoi

Annual Report of Directors

For the year ended 30 June 2025

The Directors present the Annual Report including financial statements for the year ended 30 June 2025.

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 _____

Director _____

Date 17-10-2025

Statement of Financial Responsibility

For the year ended 30 June 2025

The Directors are responsible for preparing the financial statements and statement of service performance 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 2025 and the results of its operations and cash flows and the level of service performance 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 and statement of service performance.

The Directors are pleased to present the financial statements and statement of service performance of the Waitaha Primary Health Limited for the year ended 30 June 2025.

For and on behalf of the Directors:

Director _____ **Director** _____

Dated 17/october/2025

Statement of Service Performance

For the year ended 30 June 2025

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.

Values:

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

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 our own clinical services to help General Practice Teams provide better care.

	Year	Female	Male	Another gender	Unknown
Gender	24/25	49.4%	50.3%	0.0%	0.3%
	23/24	48.9%	50.6%	0.0%	0.4%

	Year	NZ European	Māori	Pasifika	Asian	Other	Unknown
Ethnicity	24/25	77.0%	8.9%	4.0%	8.5%	1.4%	0.2%
	23/24	77.6%	8.8%	4.1%	8.0%	1.4%	0.2%

	Year	00-04	05-14	15-24	25-44	45-64	65+	Total
Age bands	24/25	2,723	6,441	5,596	12,959	13,470	12,948	**54,137**
	23/24	2,589	6,221	5,279	12,185	12,947	12,058	**51,279**

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.

	Year	NZ European	Māori	Pasifika	Asian	Other	Unknown
BIC Referrals	24/25	965	172	21	29	16	9
	23/24	974	135	21	37	7	11
BIC Contacts	24/25	5,520	922	118	137	101	57
	23/24	5,246	857	99	175	38	65
Mental Health Extended Consults	24/25	1,007	208	17	29	13	2
	23/24	1,117	181	28	32	5	4
CVD Risk Assessments	24/25	2,856	286	70	186	18	0
	23/24	3,081	329	100	197	22	6
End of Life Registration	24/25	116	5	1	1	0	0
	23/24	163	4	3	0	0	1
End of Life Consult	24/25	394	25	0	2	0	0
	23/24	676	22	16	0	0	5
Bowel Screening	24/25	60	4	0	0	1	0
	23/24	87	4	0	2	0	0
HIP Contacts	24/25	2,607	217	17	77	21	2
	23/24	1,649	186	10	33	12	0
HPV	24/25	788	194	65	129	22	1
	23/24	661	197	87	125	14	4

We remain focused on improving health outcomes for Māori and Pasifika communities. Currently, we are closely reviewing immunisation data capture processes, with particular attention to vaccination rates and coverage within these populations.

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2025

	Notes	2025 $	2024 $
Contract revenue - non exchange transactions		22,743,652	21,329,608
Total revenue from non exchange transactions		**22,743,652**	**21,329,608**
Contract payments		18,595,221	17,368,347
Wages, salaries and other employee costs		3,118,193	3,143,749
Other operating expenses	6	1,016,797	892,340
Total expenses		**22,730,211**	**21,404,436**
Interest income		26,909	26,105
Operating surplus/(deficit)		**40,350**	**(48,723)**
Other comprehensive revenue and expense		-	-
Total comprehensive revenue and expense for the year		**40,350**	**(48,723)**

Statement of Changes in Net Assets

For the year ended 30 June 2025

	2025 $	2024 $
Balance 1 July	361,083	409,806
Surplus/(deficit) for the year	40,350	(48,723)
Other comprehensive income	-	-
Balance 30 June	**401,433**	**361,083**

Statement of Financial Position

As at 30 June 2025

	Notes	2025 $	2024 $
ASSETS			
Current			
Cash and cash equivalents	7	1,984,934	1,620,503
Receivables from non exchange transactions	8	867,341	1,288,455
Prepayments		16,391	16,310
Total current assets		**2,868,666**	**2,925,268**
Non-current			
Plant and equipment	9	118,082	153,789
Total non-current assets		**118,082**	**153,789**
TOTAL ASSETS		**2,986,748**	**3,079,057**
LIABILITIES			
Current			
Payables under non exchange transactions	10	275,924	403,818
Employee entitlements	11	198,739	196,636
GST payable		41,059	87,124
Deferred revenue	12	2,069,593	2,030,396
Total current liabilities		**2,585,315**	**2,717,974**
TOTAL LIABILITIES		**2,585,315**	**2,717,974**
NET ASSETS		**401,433**	**361,083**
EQUITY			
Share Capital	16	-	-
Accumulated Funds		401,433	361,083
TOTAL EQUITY		**401,433**	**361,083**

Approved for and on behalf of the Directors:

Chairperson Dana Mackenzie **Director**

Dated 17/10/2025 **Dated** 17/october/2025

Statement of Cash Flows

For the year ended 30 June 2025

	Notes	2025 $	2024 $
Cash flow from operating activities			
Cash was provided from/(applied to):			
Receipts from contract transactions and other income		23,203,963	20,688,125
Interest received		26,909	26,105
Payments for contract and supplier transactions		(19,614,576)	(17,434,269)
Payments for employees		(3,116,090)	(3,130,274)
Goods and services tax (net)		(46,044)	28,977
Net cash from operating activities		**454,162**	**178,664**
Cash flow from investing activities			
Cash was provided from/(applied to):			
Acquisition of plant and equipment		(22,174)	(10,261)
Net cash used in investing activities		**(22,174)**	**(10,261)**
Cash flow from financing activities			
Cash was provided from/(applied to):			
Repayment of finance leases		(67,557)	(43,772)
Net cash used in financing activities		**(67,557)**	**(43,772)**
Net increase in cash and cash equivalents		364,431	124,631
Cash and cash equivalents, beginning of the year		1,620,503	1,495,872
Cash and cash equivalents at end of the year	7	**1,984,934**	**1,620,503**

Notes to the Financial Statements

For the year ended 30 June 2025

1. Reporting Entity

These financial statements comprise the financial statements of Waitaha Primary Health Limited (the "PHO") for the year ended 30 June 2025.

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 21.

2. Basis of Preparation

(a) Statement of compliance

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

The Company is eligible to report in accordance with Tier 2 PBE Accounting Standards on the basis that is does not have public accountability and annual expenditure does not exceed $33 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.

Certain reclassifications have been made to the prior period comparatives to conform to the current year's presentation. These reclassifications had no effect on previously reported net surplus or deficit, cash flows or total equity.

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.

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.

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 25-33% DV

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

(e) 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.

(f) 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.

(g) 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.

(h) 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.

(i) 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 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.

(j) Income tax

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

(k) 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.

(l) 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 an amount equal to the lower of its fair value and present value of minimum lease payments.

(m) 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.

(n) New standards adopted and interruptions not yet adopted

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

4. Significant accounting judgements, estimates and assumptions

The preparation of financial statements in conformity with 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

	2025 $	2024 $
Administration expenses		
Advertising	4,892	8,906
Audit fee	11,735	12,155
Bank charges	609	700
Bad debts recovered	(5,651)	-
Conference expenses	829	1,284
Consultancy fees	17,913	16,043
Education CME/CNE	34,115	34,037
General expenses	61,488	53,939
Insurance	50,161	19,879
Legal fees	749	1,413
Management services	167,191	136,656
Motor vehicle lease	67,557	18,108
Motor vehicle running costs	118,849	131,378
PHO alliance membership	26,305	17,698
Printing and stationery	12,679	13,895
Repairs and maintenance	2,122	554
Telephone and tolls	17,068	18,015
Total administration expenses	**588,611**	**484,660**
Occupancy expenses		
Electricity	16,056	18,852
Office cleaning	16,603	17,346
Rental	237,077	197,606
Total occupancy expenses	**269,736**	**233,804**
Governance expenses		
Board expenses	35,492	31,002
Directors' fees	77,000	73,097
Clinical governance	6,339	7,335
Total governance expenses	**118,831**	**111,434**
Depreciation	**39,619**	**62,442**
Total	**1,016,797**	**892,340**

7. Cash and cash equivalents

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

The effective interest rate on term deposits in 2025 was 2.85% - 4.20% (2024: 2.85%-4.20%).

	2025 $	2024 $
ASB current account	1,259,245	903,837
Term Deposits less than 3 months	725,689	716,666
Total cash and cash equivalents	**1,984,934**	**1,620,503**

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	2025 $	2024 $
Trade debtors	796,678	1,286,604
Sundry receivables	70,663	1,851
Total	**867,341**	**1,288,455**

9. Plant and equipment

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

2025	Motor Vehicles $	Computer Equipment & Plant $	Total $
Gross carrying amount			
Opening balance	376,319	122,030	498,349
Additions	22,174	-	22,174
Disposals	(45,703)	-	(45,703)
Closing balance	**352,790**	**122,030**	**474,820**
Accumulated depreciation and impairment			
Opening balance	256,234	88,326	344,560
Depreciation for the year	32,045	8,353	40,398
Disposals	(28,220)	-	(28,220)
Closing balance	**260,059**	**96,679**	**356,738**
Carrying amount 30 June 2025	**92,731**	**25,351**	**118,082**

2024	Motor Vehicles $	Computer Equipment & Plant $	Total $
Gross carrying amount			
Opening balance	366,058	122,030	488,088
Additions	10,261	-	10,261
Disposals	-	-	-
Closing balance	**376,319**	**122,030**	**498,349**
Accumulated depreciation and impairment			
Opening balance	206,113	76,005	282,118
Depreciation for the year	50,121	12,321	62,442
Disposals	-	-	-
Closing balance	**256,234**	**88,326**	**344,560**
Carrying amount 30 June 2024	**120,085**	**33,704**	**153,789**

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.

	2025 $	2024 $
Current liabilities		
Trade creditors	235,769	355,297
Sundry payables	40,155	48,521
Total current liabilities	**275,924**	**403,818**
Total payables under non exchange transactions	**275,924**	**403,818**

11. Employee entitlements

	2025 $	2024 $
Current liabilities		
Annual leave entitlements	198,739	196,636
Total	**198,739**	**196,636**

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.

	2025 $	2024 $
Unexpended contract revenue	2,069,593	2,030,396
Total deferred revenue	**2,069,593**	**2,030,396**

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 "amortised cost" and 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.

2025	Assets at amortised cost $	Liabilities at amortised cost $	Total carrying amount $	Fair value $
Financial Assets				
Trade and other receivables	867,341	-	867,341	867,341
Cash and cash equivalents	1,984,934	-	1,984,934	1,984,934
Total current assets	**2,852,275**	**-**	**2,852,275**	**2,852,275**
Total assets	**2,852,275**	**-**	**2,852,275**	**2,852,275**
Financial liabilities				
Trade and other payables	-	275,924	275,924	275,924
Total current liabilities	**-**	275,924	275,924	275,924
Total non-current liabilities	**-**	**-**	**-**	**-**
Total liabilities	**-**	**275,924**	**275,924**	**275,924**

2024	Assets at amortised cost $	Liabilities at amortised cost $	Total carrying amount $	Fair value $
Financial Assets				
Trade and other receivables	1,288,455	-	1,288,455	1,288,455
Cash and cash equivalents	1,620,503	-	1,620,503	1,620,503
Total current assets	**2,908,958**	**-**	**2,908,958**	**2,908,958**
Total assets	**2,908,958**	**-**	**2,908,958**	**2,908,958**
Financial liabilities				
Trade and other payables	-	403,818	403,818	403,818
Total current liabilities	**-**	**403,818**	**403,818**	**403,818**
Total non-current liabilities	**-**	**403,818**	**403,818**	**403,818**
Total liabilities	**-**	**807,636**	**807,636**	**807,636**

14. 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.

(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 $1,746 (2024:$1,860).

(2) E Avnit is a director of the Company and a director in Tinwald Medical Services Limited. Tinwald Medical Services 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 $2,309 (2024:$2,040).

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.

2025	Directors $	Snr mgmt $	Total $
Salaries and other short-term employee benefits	77,000	649,579	726,579
Total remuneration	**77,000**	**649,579**	**726,579**
Number of persons recognised as key management personnel	**5**	**5**	**10**

2024	Directors $	Snr mgmt $	Total $
Salaries and other short-term employee benefits	73,097	619,823	692,920
Total remuneration	**73,097**	**619,823**	**692,920**
Number of persons recognised as key management personnel	**5**	**5**	**10**

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 $25,349 (2024: $21,689).

15. 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 (2024:Same).

16. Share Capital

As at 30 June 2025, 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.

17. Commitments

As at 30 June 2025 Waitaha Primary Health Limited has no other capital commitments other than those disclosed in Note 14 (2024:Same).

Operating Leases Commitment	2025 $	2024 $
Non-cancellable operating leases as payable as follows		
Less than one year	191,080	191,080
Between one and five years	111,464	302,544
More than five years	-	-
Total	**302,544**	**493,624**

The Company leases premises.

18. Subsequent Events

The Company has no events since 30 June 2025 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 2025 and the statement of comprehensive revenue and expense, the statement of changes in net assets and the 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 2025 and its financial performance and 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 for the year ended 30 June 2025 in that the service performance information in appropriate and meaningful and prepared in accordance with the Company's measurement bases or evaluation methods in accordance with the accounting standard, Public Benefit Entities Standards 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 and 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 overall presentation, structure and content of the service performance information in accordance with Public Benefit Entity Standards;

(b) the selection of elements/aspects of service performance, performance measures and/or descriptions and measurement bases or evaluation methods that present service performance information that is appropriate and meaningful in accordance with Public Benefit Entity Standards; and

(c) such internal control as the Directors 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 performance 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 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.

Audit professionals limited

Audit Professionals Limited

CHARTERED ACCOUNTANTS

Dunedin, 20 October 2025

Audit PROFESSIONALS LIMITED

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