



christchurch **pho**

ANNUAL REPORT

2020



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About Us

Christchurch Primary Health Organisation Ltd. (PHO) serves urban Christchurch. Established in 2003, the PHO currently supports 6-member general practices that are a mix of youth focused centres, small centres, and larger urgent care centres, providing primary care services to an enrolled population of around 37,500.

Ara Institute of Canterbury Health Centre	Whareora, Ara Campus, Christchurch
Burnside Medical Centre	368 Wairakei Rd, Burnside, Christchurch
Korowai Youth Wellbeing Trust	Unit 1, 25 Churchill St, Christchurch
Moorhouse Medical Centre	3 Pilgrim Place, Sydenham, Christchurch
Riccarton Clinic	6 Yaldhurst Rd, Church Corner, Christchurch
University of Canterbury Health Centre	University Campus, Ilam Rd, Christchurch

Mission Statement

Christchurch PHO exists to lead and facilitate the provision of high-quality primary healthcare services to the enrolled population, through distinctive general practices and innovative networks.

Values Statement

- Proven excellent, innovative, affordable and accessible services, that support the integration and continuity of health care;
- Outcome oriented and solution focused approach to our work;
- Strong connected relationships with the health service workforce;
- Actively empower people to be confident participants in their health care;
- Understand and address of the unique health needs of our enrolled population;
- Improve the health and well-being of our enrolled population; and
- Actively partner in the various alliances at a local, regional and national level.

Chair's Report

It's been a tumultuous year!

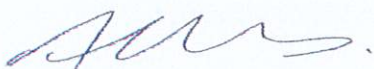
COVID-19 has dominated the latter part of it and had a massive effect on our whole country let alone the health sector. For Canterbury it has come on a background of multiple disasters which still affect our people - the mosque shootings are still fresh in many our lives and the earthquakes long shadows are making their presence felt. Perhaps these disasters have prepared us well to cope with COVID-19 but we would quite like them to stop.

From a PHO perspective the year has brought some uncertainty with the Health and Disability System Review recommending that PHOs not be mandatory anymore - although arguably they are not already. It has recommended that the number of DHBs be reduced while the Canterbury DHB is grappling with a giant deficit that it cannot bring under control.

Meanwhile the PHO has kept its head down and carried on with its job of supporting our teams to provide excellent healthcare to our populations. Again mental ill health has been a big focus of the PHO team. The mosque shootings have created significant increased demand and the effects of COVID-19 are starting to be felt. Although the Government has announced increased resourcing for mental health care, the roll out of this resource has been excruciatingly slow and 2 years after the announcement almost none of it has reached the front line which is a source of great frustration to our teams. I would like to thank our dedicated mental health team who have worked long, hard and efficiently to make a difference to our people's lives.

I would also like to thank our General Practice teams. It has been extraordinarily difficult to provide care during this time of COVID-19. Many of the team members have placed themselves in harm's way at the very front line of the COVID-19 response - without our teams stepping up to the mark to do the work to detect the virus we would be in a very different position. All the while dealing with great uncertainty about income, an influenza vaccine debacle, broken promises of funding and little in the way of support from the state. New Zealand can be proud of its primary care workforce.

Finally a word about our PHO management. We have a very small team focused on enabling our health workforce to deliver the best it can. It can be a thankless task asking practices to do many activities required by the Ministry of Health and the District Health Board which may not add much value to our system. COVID-19 has created significant extra work and stress for the PHO with no extra resourcing. The team have worked tirelessly without complaint in a difficult environment. Being such a small team means having to do a wide variety of work and they do it well. So my thanks to Laila Cooper, Sandi Malcolm and Katrina Banks for another year of a job well done.



Dr Angus Chambers

Chief Executive's Report

There is no doubt that this will be a memorable year worldwide, especially for those people working in the health sector. The second half of the year was disrupted by the COVID-19 pandemic which demanded an all-encompassing health response where primary care quickly became the public face of that response.

The pandemic response came on the heels of a most challenging 2018-19 year. General practice teams were still recovering from implementing the National Enrolment Service, the Community Services Card initiative and extended free after hours to include children aged 13 years. There had also been a national measles epidemic response and the ongoing impact of the Christchurch terrorist mosque attacks to manage.

That aside it was no surprise that general practice stepped up immediately to respond when the COVID-19 pandemic was declared in March 2020. Overnight general practice teams began delivering services in new and different ways to meet the urgent and pressing demands of the response. They then worked steadily to adjust to the ever changing case definitions and testing requirements, and alert levels. The two Urgent Care Centres also operated Community Based Assessment Centres (CBACs) whilst continuing their usual operations. The PHO Board made a one off payment to each practice to support them in their immediate response, prior to some Government assistance being made available. The Board also approved additional funding for practices to help identify those patients considered to be most vulnerable and needing additional support.

The role and contribution of general practice to the wider health system was acutely highlighted during the pandemic response, as was the importance of having well established relationships across the sector. The general practice contributions were truly remarkable, and reflected a high level of personal dedication, self-sacrifice and professionalism from all those working in intensely difficult circumstances. The PHO contractors also worked diligently and creatively to ensure continuation of services. A warm thank you to everyone who contributed so selflessly in their various roles over many months, and to those who are continuing to provide an ongoing pandemic response.

We remained concerned that our funder, the Canterbury DHB, faced another year with a significant budget deficit. The associated challenging funding decisions that this causes is always worrying. The erosion of funding for primary care services and the subsequent unsustainability of general practice and the reduced ability to provide a comprehensive range of services, were factors strongly highlighted during the pandemic response. These matters will require ongoing advocacy at a national level to address.

Reactions were mixed to the final report of the Health & Disability System Review released in June 2020. The Government has yet to fully consider all the recommendations and further details are expected after the 2020 election. It was encouraging to see the influence of the Wai2575 report on the final report, with a heightened awareness of the need to address health inequities.

At a national level, Christchurch PHO made an active contribution to the Primary Health Alliance and the Federation of Primary Health Care Aotearoa. Locally the PHO actively contributed to the Canterbury Clinical Network. These networks each have made a strong commitment to the equity agenda, and we look forward to continuing to work with them to achieve positive change.

The future remains very uncertain, and there will be many existing and new challenges ahead. However, it is always important to celebrate the successes and lessons we have learnt on the way. We are pleased to report that all our member practices maintained their Cornerstone accreditation or Foundation Standard certification. Christchurch PHO once again consistently exceeded the national target for the immunisation of 8-month old children. All member practices implemented the Primary Care Patient Experience Survey as part of their ongoing quality improvement activities. Five practices have implemented the New Zealand electronic Prescription Service (NZePS), and two have moved their patient management system to MedTech Evolution. Work has continued to implement elements of the Health Care Home model, and the PHO has participated in the roll out of the Te Tumu Waiora Canterbury programme.

My warmest thanks to everyone who has assisted Christchurch PHO this year to achieve our strategic objectives. A special thanks to the Karo Data Management team for their excellent service, and Waitaha Primary Health IT staff for their valuable support.

Our focus remains on improving health equity for the population we serve, with a focus on Māori, children and youth, and mental health. We have as usual operated leanly so as much funding as possible is passed through to general practice teams and services that benefit the enrolled population. We look forward to continuing our contribution to the wider local health system through the Canterbury Clinical Network and adding value to our member practices, while striving to be a high performing PHO.

Thank you to the Board and Chair, for their valued support and counsel; to member general practice teams for another year of outstanding service, through a most extraordinary time; to the PHO staff and contractors for consistently delivering committed and professional services; and to our colleagues in other PHOs and the Canterbury DHB for their friendly and collegial support. We look forward to continuing our work together in a year that will no doubt prove to be dynamic, ever changing and challenging on a range of levels.



Laila Cooper

The Christchurch PHO Board

Christchurch PHO operates as a non-for-profit limited liability Company and has a Governance Board of seven members. The members bring a diversity of background, skills and expertise to the monthly Board meetings.

The Board is responsible for the provision of primary health care services, to the population enrolled with the member contracted general practices within its area. It is also responsible for setting the strategic direction and organisational policy. During 2019-20 the following served as Board members:

Dr Angus Chambers	General practitioner representative & Chair
Dr Joan Allardyce	General practitioner representative & Deputy Chair
Ana Rolleston	Manawhenua ki Waitaha representative
Michelle Turrall	Manawhenua ki Waitaha representative
David Jones	General practice representative
Sharon McFarlane	Community representative (Christchurch City Council)
Rachel Brennan	Practice nurse representative

The Clinical Governance Group

The Clinical Governance Group is a Board Committee tasked with providing clinical advice to the PHO Board. The Group met monthly during 2019-20 and the following served as members:

Dr Angus Chambers	General practitioner representative & Chair
Dr Joan Allardyce	General practitioner representative
Dr Tearlach MacLean	General practitioner representative
Dr Neil Beumelburg	General practitioner representative
Dr Jason Pryke	General practitioner representative
Ana Rolleston	Manawhenua ki Waitaha representative
Rachel Brennan	Practice Nurse representative
Kirsten Carey	Practice Nurse representative
Joanne Comper	Clinical pharmacist representative

The Clinical Governance Group monitored progress against the System Level Measures, national health and PHO performance targets and provided advice to the Board about clinical programme planning and delivery, adverse event monitoring, and feedback to various consultation requests.

Dr Tearlach MacLean represented the PHO at the Canterbury DHB Clinical Board, and at the Pegasus Health Formal Review of Education meetings. Dr Angus Chambers met with the Chairs of the Pegasus Health and Waitaha Primary Health Clinical Governance Groups to discuss clinical matters of mutual interest. Dr Neil Beumelburg was a member of the Canterbury Clinical Network (CCN) Urgent Care Service Level Alliance, Dr Jason Pryke was a member of the CCN Laboratory Service Level Alliance, and Kirsten Carey was a member of the National Bowel Screening Programme Implementation Group. The PHO participated in the quarterly meetings of the national PHO Quality Improvement Network hosted by the Health Quality & Safety Commission.

The Enrolled Population

As at June 2020, the Christchurch PHO enrolled population was 37,644.

Analysis by Ethnicity

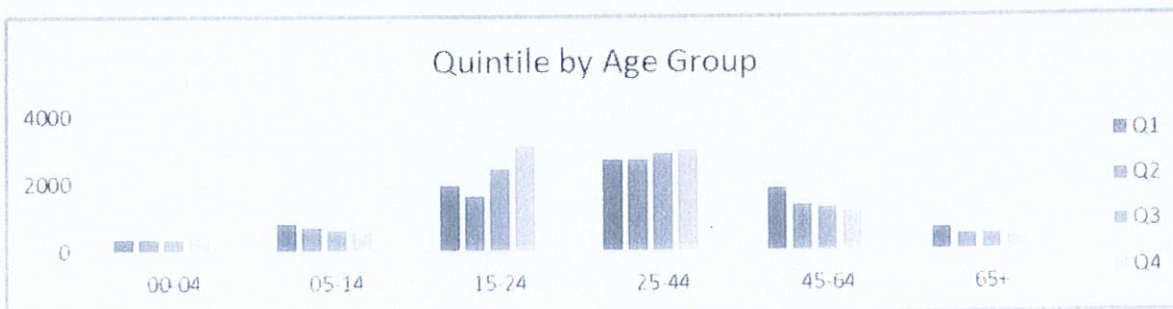
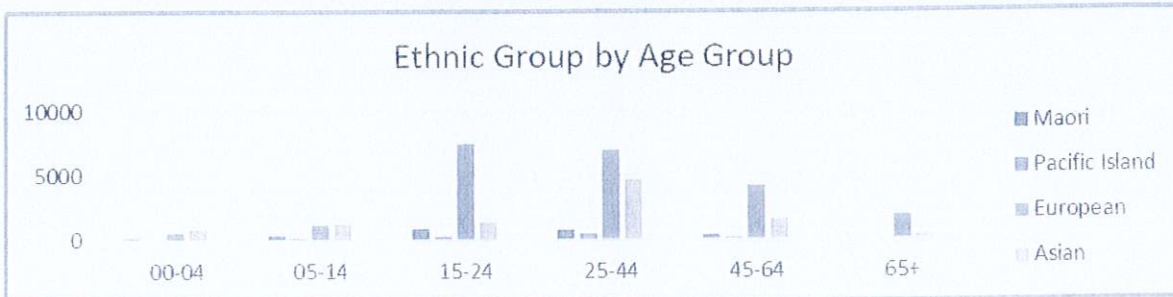
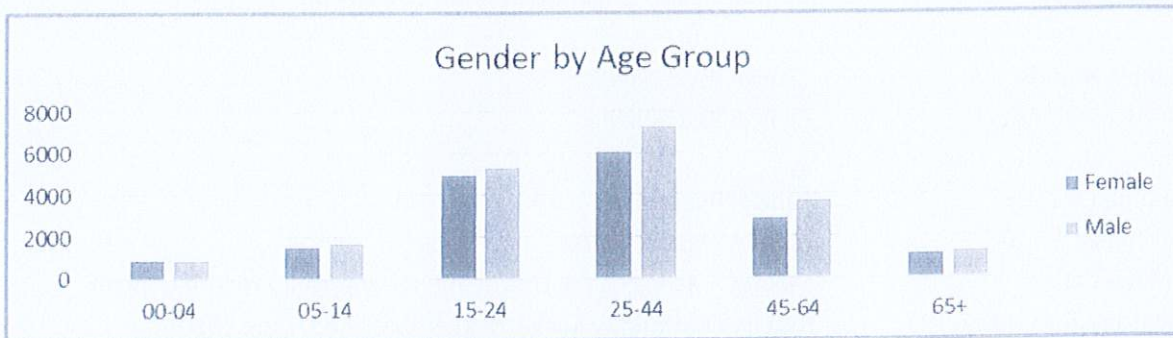
NZ European	Māori	Pacific Islanders	Asian	Other	Unknown	TOTAL
22,187	2,777	1,248	10,106	1,135	191	37,644

Analysis by Age Group

0-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	Over 65 yrs
1,816	3,203	10,266	13,361	6,613	2,385

Analysis by Quintile

Quintile 5	Quintile 1 to 4	Unknown
4,338	32,474	832



Christchurch PHO Service Team

The Team

Laila Cooper	Chief Executive
Sandi Malcolm	Service Development Facilitator
Katrina Banks	Administrator & Board Secretariat
Dr Angus Chambers	Clinical Advisor
Georgina Jardine	Mental Health Liaison, Triage Co-ordinator and Team Leader (resigned Jan 2020)
George Dobson	Mental Health Team Leader (from Jan 2020) & Intensive GP Liaison
Sharmaine Dobson	Triage Coordinator (from Jan 2020) & Intensive GP Liaison
Becky Baichoo	Mental Health Brief Intervention Counsellor & CBT Programme
Jan Bensemann	Mental Health Brief Intervention Counsellor & Intensive GP Liaison
Cath Finch	Mental Health Brief Intervention Counsellor
Monique Dalrymple	Mental Health Brief Intervention Counsellor
Sarah Taylor	Mental Health Brief Intervention Counsellor
Paul Wynands	Clinical Psychologist
Dr Ali Maginness	Clinical Psychologist
Joanne Comper	Clinical Pharmacist
Michelle Okeroa	Mobile Practice Nurse
Kirsten Carey	Mobile Practice Nurse University of Canterbury Health Centre
Whitney Taie-Hurley	Mobile Community Social Worker (resigned June 2020)
Annette Paulsen	Mobile Community Social Worker (from June 2020)

The Canterbury Clinical Network Alliance (CCN)

Christchurch PHO was an active partner in the Canterbury Clinical Network Alliance, working collaboratively with service providers, the Canterbury DHB and other Canterbury PHO's on various projects, programmes and initiatives. Among the wide range of activity, our involvement has included membership of the following groups:

- Alliance Leadership Team
- Alliance Support Team
- Population Health & Access Service Level Alliance
- Primary Care Capability Service Level Alliance
- Pharmacy Service Level Alliance
- Integrated Diabetes Services Development and Operational Groups
- Integrated Diabetes Podiatry Working Group
- Canterbury Primary Response Group
- Canterbury Influenza Group
- Urgent Care Service Level Alliance
- Laboratories Service Level Alliance
- Coordinated Access for Offenders on Release Working Group
- System Level Measures Framework Group
- ASH Rate Working Group
- Enhanced Capitation Working Group
- Te Tumu Waiora Sponsorship and Working Groups
- Integrated Family Health Service (IFHS) – Health Care Home Operational Group

Other collaborative work has included participating in:

- Pacific Reference Group
- Te Kāhui o Papaki Ka Tai (TKOP)
- Culturally and Linguistically Diverse Health Advisory Group
- Smokefree Canterbury
- Patient Experience Survey Working Group
- Intimate Partner and Family Violence Working Group
- Primary Care Equally Well Working Group
- PHO CEOs group
- Healthinfo Advisory Group
- CDHB Infection Prevention & Control Community Committee
- Cervical Screening Focus Group
- Family Violence Prevention Working Group

National Linkages

- Christchurch PHO has maintained active membership of the Primary Health Alliance, with Dr Angus Chambers serving as the Chair and as their representative to the PSAAP negotiations.
- Dr Angus Chambers served as a member of the Executive of the Federation of Primary Health Care Aotearoa.
- Laila Cooper served as a PHO representative member on the Ministry of Health National Diabetes Leadership Group, responsible for overseeing the implementation of the 'Living Well with Diabetes Plan 2015-2020'.
- Laila Cooper served as Deputy Chair of the Dietitians Board.
- Close links have been maintained with other South Island PHOs including attendance at regional meetings.
- The PHO was represented at the Health Quality & Safety Commission national PHO Network quarterly meetings.

Our Achievements

The Christchurch PHO team and member general practices provided quality primary care services to the enrolled population during a very busy and most challenging year. Notable achievements were how well the general practice and the mental health teams responded to the aftermath of the 15 March terrorist mosque attacks, and the changes required in service delivery during the COVID-19 pandemic response.

There were high rates for childhood immunisation and newborn enrolments, and Cornerstone accreditation was maintained by three practices and Foundation Standard certification maintained by the other three practices.

Other highlights included the following:

- **Primary Mental Health Services**

The Primary Mental Health team all went over and beyond the call of duty to meet the challenges of a most difficult year. Wait times were up to 3 weeks, with all referrals contacted and triaged within 3 working days.

Current funding remains inadequate to meet the level of demand and complexity of referrals. The PHO subsidised the service again this year, and the CDHB provided some additional funding to recognise the services that had been provided by the team to those people impacted by the March 2019 mosque terrorist attacks. The PHO remains very concerned about the future viability of the service, and the health and wellbeing of the primary mental health workforce across Canterbury.

1,486 mental health GP extended consultations and 2,757 brief intervention consultations were provided. The PHO Board continued to fund a cognitive behavioural therapy (CBT) programme for 10 people. Core components of the Primary Mental Health Services were brief intervention counsellors, psychologists, extended general practice consultations, an intensive GP Liaison service and Equally Well consultations.

- **Te Tumu Waiora Canterbury**

We welcomed the announcement of new primary mental health funding and participated in a combined Canterbury response to the Integrated Primary Mental Health and Addiction Services in Primary Care Request for Proposal (RFP). Work continued all year to implement the Canterbury proposal, known as Te Tumu Waiora Canterbury. The University of Canterbury Health Centre was selected as one of the first general practices to implement the new model. The programme is expected to be rolled out across Canterbury over the next 4-5 years, funding permitting.

- **Community Social Worker**

This was the 7th year of the 0.6 FTE Community Social Worker role. The Social Worker worked closely with member general practices and the primary mental health team, and the service was fully subscribed with a waiting list. The practices highly valued this service and appreciated the support networks available via the collaborative relationship with Presbyterian Support Upper South Island.

- **Mobile Practice Nurses**

The Mobile Practice Nurses reached priority populations, with a special focus on Māori and Pacific peoples with high health and/or social needs. They also offered other opportunistic health interventions, including onsite and home visits to provide free cervical smears and nursing interventions for women / their whanau. These included Māori, Pacific and Asian women, those who had never had a smear and those more than 5 years overdue.

The roles were an extension of the care provided by general practice nurses and embodied the whanau- ora philosophy of care. This service was evaluated and remained highly valued by member practices. A particular focus this year was on Equally Well, and vulnerable populations. The PHO Mobile Nurse in conjunction with the PHO Clinical Pharmacist identified Māori who had serious mental health and/or addiction concerns and offered these people a free consultation and health screening to address their unmet needs. This pilot project provided excellent outcomes with participants receiving holistic care to meet their identified needs and linkages developed with other services. During the COVID-19 lockdown member practices were provided additional funding to identify and contact their vulnerable and priority populations to identify and respond to any unmet needs.

The Nurses also provided opportunistic cardiovascular disease risk assessments, smoking brief advice and cessation services. The Mobile Nurse based at the University of Canterbury Health Centre provided services across the campus, health promotion initiatives, and provided nursing care to Māori and Pacific people and those with high health needs. This Nurse also worked closely with the Pacific and Māori Development teams at the University. Clinics held in collaboration with the Diabetes Centre to improve access for people with Type 1 Diabetes were very well attended.

- **Clinical Pharmacist**

The Clinical Pharmacist participated in multidisciplinary team reviews, clinical medication reviews, completed 21 medicines therapy assessments and led continuous quality improvement activities, completed clinical audits, and addressed individual clinician queries. She worked closely with the primary mental health team and the Mobile Nurse to address specific individual health needs and provided a valued pharmacist perspective to the PHO Clinical Governance Group. The PHO also contracted two Community Pharmacists to work with general practice teams to undertake reconciliation of hospital discharge summaries and provide yellow medication cards.

- **Korowai Youth Health & Wellbeing Trust ('298 Youth Health')**

The team provided a free health service to Canterbury youth. While the Trust received funding from the Canterbury DHB for doctor and nurse hours, and some capitation funding for their small enrolled population via the PHO, it relied on philanthropic funding and grants from charitable trusts and Ministry of Social Development funding to cover operational costs.

The team worked hard to respond to high numbers of youth presenting with mental distress, those seeking assistance with gender reassignment, and other acute and complex health issues. The service continued to develop over the year, and the team successfully adapted to provide an accessible youth health service during the COVID-19 pandemic lockdown. The Trust continued to support the work led by Dame Sue Bagshaw to establish a new Youth Hub, to better address the needs of youth in Canterbury.

Quality Improvement

Achievement against the 2019-20 Christchurch PHO Quality Plan is summarised as follows:

Consumer Engagement and Participation	
<ul style="list-style-type: none"> Implement Patient Portals. 	3 practices offered patient portals, and 3 practices have yet to commence. 29 % of the enrolled population had access to a patient portal.
<ul style="list-style-type: none"> Implement Patient Experience Survey (PES). 	All practices implemented the PES. The surveys are run for one week in each quarter, and results used to inform quality improvements. This year only 2 surveys were run, as a new survey provider was engaged, and then COVID-19 interrupted work.
<ul style="list-style-type: none"> Support Choosing Wisely Programme. 	Information / resources were provided to practices.
Clinical Effectiveness	
<ul style="list-style-type: none"> Implement programme of regular Clinical Pharmacist audits. 	<p>Audits were undertaken in response to identified issues in a practice. Examples of audits completed included:</p> <ul style="list-style-type: none"> All patients at high risk of serious illness or mortality from COVID-19 audit and medication management review Warfarin and INR management Polypharmacy in Māori and Pasifika HPV vaccination in teen and adult men aged 18 to 26 years Management of patients taking medicines discontinued or which have supply issues.
<ul style="list-style-type: none"> Use valid and reliable measures to evaluate aspects of service delivery and inform improvement, change and sustainability. 	<p>Changes were made to the smoking cessation programme to better align it to the Te Hā – Waitaha service in 2019-20 and these are to be evaluated in 2020-21.</p> <p>The Clinical Pharmacist completed 21 Medicines Therapy Assessments.</p>
Commitment to Quality Improvement and Patient Safety	
<ul style="list-style-type: none"> Implement National Adverse Events Reporting Policy 2017. 	A PHO reporting system for adverse events was implemented and all events are reviewed by the Clinical Governance Group.
<ul style="list-style-type: none"> Maintain Cornerstone Accreditation and Foundation Standard Certification. 	Three practices maintained Foundation Standard certification, and 3 practices maintained Cornerstone accreditation. Two practices maintained accreditation as Urgent Care Centres. Changes to the Foundation Standard and Cornerstone requirements were implemented by the Royal NZ College of GPs from 01 April 2020.
<ul style="list-style-type: none"> Support practices to submit applications to CDHB Annual Quality & Innovation Awards. 	No applications were made this year.

Engaged Effective Workforce	
<ul style="list-style-type: none"> Develop capacity and capability of Board, Clinical Governance Group and PHO staff in quality improvement. 	<p>Information and resources from the Health Quality & Safety Commission website and other sources were regularly shared with general practice teams and discussed with the Clinical Governance Group and the Board.</p>
<ul style="list-style-type: none"> Support quality improvement leaders in general practice. 	<p>No further action was taken this year to join the Canterbury DHB Professional Development and Recognition Programme for Nurses due to other competing workforce priorities.</p> <p>Work has progressed with the Canterbury Integrated Family Health Service (IFHS) to promote and assist with the implementation of elements of the Health Care Home programme in CPHO practices.</p>

PHO Programmes

The Ministry of Health via the Canterbury DHB funds the majority of PHO programmes and the PHO also funds some additional programmes. The following is a brief summary of the key programmes offered during 2019-20:

Alcohol Harm Reduction	A programme that supported general practice teams to deliver a brief intervention approach to alcohol harm minimisation.
Before School Checks	A free well child-screening programme offered to all enrolled children aged 4 years. Trained practice nurses and/or public health nurses delivered the checks, which involved measuring height and weight, calculating BMI and referral of children in the 98% percentile for follow up, checking oral health, vision, hearing, behaviour, and general development and health.
Chronic Packages of Care	867 packages of care were delivered to meet the needs of people with chronic diseases or those identified with significant high-risk factors of developing long-term health concerns.
Diabetes Care Improvement Packages (DCIP)	A Canterbury wide programme intended to provide equitable, consistent and high-quality care to people diagnosed with diabetes. General practice teams supported 1,220 people who were known to have diabetes.
Discretionary Fund	PHO funding that allowed the purchase of health-related services for people who were unable to access care through other mechanisms and were experiencing financial barriers.
End of Life Care	General practice teams provided 58 consultations for people in their last three months of life.
Enhanced Capitation	A Canterbury wide programme that provided general practices with greater flexibility in how funding could be used to focus on the delivery and coordination of care for people with complex health needs.
Equally Well	A programme that provided up to 4 free consultations for people who had severe mental health concerns to address their unmet physical health issues, or for youth to address their mental health concerns where there were barriers to access. An Equally Well pilot project was implemented by the CPHO Mobile Nurse and Community Pharmacist.
Free GP Consultations for Offenders on Release	Free consultations designed to support the pathway to primary care were provided for people on release from prison, or newly arrived Australian deportees, by removing cost as a barrier to access.
Free Under 14s Health Care	Free health care after hours was provided for children aged under 14 years. Two Urgent Care Centres provided free after hours care consultations for this population group.
Language Line & Interpreter Services	On call translation and interpreter services were provided to New Zealand residents who did not speak English as a first language, when they accessed health services.
Access to Low Cost Contraception and Long Acting Reversible Contraceptives (LARC)	Access to low cost contraception included the ability to access long term reversible contraception for women aged 18 upwards who met the eligibility criteria.
Māori Health	Additional health care support was provided when identified as being required for the enrolled Māori population.

<p>More Heart and Diabetes Checks</p>	<p>General practice teams supported people identified as being at high risk of cardiovascular disease. The checks were specifically targeted at Māori and Pacific, men aged 35 to 75 years and women aged 45 to 75 years; all other men aged 45 to 75 years and all other women aged 55-75 years. An additional focus was made on Māori men aged 35-44 years.</p>
<p>Podiatry treatment for people with high risk feet & people with diabetes</p>	<p>The PHO funded two podiatry programmes. One designed to reduce pain, falls and complications associated with foot health problems. People with high-risk feet and those at risk of developing foot complications received up to three free visits to a community podiatrist. The other, a Canterbury wide podiatry service, was for people with diabetes and identified as being at high risk of developing foot complications. Eligible people received up to 6 free visits to a community podiatrist.</p>
<p>Primary Mental Health</p>	<p>The team provided brief intervention counselling services, psychology services, CBT, and an intensive GP Liaison service. General practice teams were also able to claim extended mental health consultations.</p>
<p>Rheumatic Fever</p>	<p>People diagnosed with rheumatic fever were provided with the timely medical care necessary to prevent damage to their heart, joints and central nervous system.</p>
<p>Smoking Cessation Programme</p>	<p>Brief interventions, cessation consultations and up to 6 follow-up appointments were offered by general practice teams to people who wished to become smoke free. Uptake has remained steady over the past 7 years. The PHO funded 1,215 brief advice and 131 cessation consultations.</p> <p>The CDHB Smoke-free team also provided extra support to practices by providing brief advice and cessation services to the enrolled population via the Te Hā – Waitaha Service.</p> <p>Following an evaluation of the PHO programme, quality improvement changes were introduced in July 2019. Referrals were also made to the Te Hā -Waitaha Stop Smoking service, particularly for Māori / Pacific and pregnant women.</p>
<p>Youth Sexual Health</p>	<p>1,082 people were offered free sexual health consultations when the main purpose of the consultation was for a sexual health or contraception matter. The aim was to reduce sexually transmitted infections, unintended pregnancies and terminations.</p> <p>There was a significant reduction in the consultations provided in 2019-20 due to the tightened DHB eligibility criteria.</p> <p>From Oct 2019 the eligible age changed from those aged under 21 years to those aged 14 to 17 years only. Concerns remain about the lack of services for young men 18 years and older.</p>

The enrolled population was also able to access other Canterbury wide programmes such as:

Acute Demand Service	The Acute Demand Team hosted by Pegasus Health, provided short-term assessments, treatment, and support to patients who may have otherwise been admitted to or have been recently discharged from hospital. Patients were referred to the team by either their General Practitioner (GP) or the hospital. The service was free of charge once a patient had been accepted under care by the team.
Appetite for Life (AFL)	Hosted by Pegasus Health, the 6-week weight management and healthy lifestyle programme focused on health gain rather than weight loss, and supported small changes in eating, activity and behaviour helping people to feel good about themselves throughout the process.
Canterbury Initiative Support Services (GP subsidised procedures)	Subsidised procedures delivered in general practice included skin cancer excisions, steroid injections, pipelle biopsies, Mirena and LARC insertions, musculoskeletal steroid injection, spirometry tests, sleep assessments, IV iron infusions, hepatitis C treatment and support for people newly diagnosed as diabetic and insulin starts.
Community Respiratory Services	A programme designed to increase access to a variety of respiratory services previously only available in hospital. Spirometry testing and sleep studies were provided by some general practices, and pulmonary rehabilitation in the community.
Community Rehabilitation Enablement & Support Team (CREST)	A community-based supported discharge team facilitated earlier discharge from hospital to appropriate home-based rehabilitation services. Referrals were accepted directly from general practice, providing older people with care and support to be rehabilitated in their own homes, so as to avoid hospital admission altogether.
Green Prescription	Provided by Sport Canterbury, this programme supported people to become physically active, following advice and referral from their health professional.
Immunisation	General practice teams and school-based programmes delivered immunisations to children and adults.
Infant Feeding Service	Hosted by Waitaha Primary Health the service aimed to protect, promote and support breastfeeding. It comprised a community based Lactation Consultation Support Service and the Mother4Mother Breastfeeding Peer Support Programme.
Mana Ake – Stronger for Tomorrow	A Canterbury wide programme designed to promote wellbeing and positive mental health for children in years 1-8 across schools. The collaboration was between the Ministry of Health, the Ministry of Education, Canterbury DHB, Police, NGOs, schools, Oranga Tamariki and consumers, and the Canterbury Clinical Network (CCN) responsible for leading the design and delivery.
Refugee Service	Hosted by Pegasus Health, the service provided primary health care and community-based support services to the enrolled refugee population.
Senior Chef	Hosted by Pegasus Health, the programme was designed to teach older people living alone or with one other person, practical cooking skills, meal planning, budgeting, shopping tips and good nutrition. Eligible people are Māori or Pasifika aged 55 years+ or other ethnic groups 60 years+.

Here Toitū (previously Step Up Programme)

Hosted by Pegasus Health, an MSD funded programme that helped to reduce barriers to employment by assisting people with health conditions or disabilities to find and stay in work or to engage in education or training. The programme was revised and renamed in 2019.

Continuing Education for General Practice Teams

In addition to the CDHB funded education and training programmes provided by Canterbury Initiative and Pegasus Health, Christchurch PHO provided funding support to member general practice teams for their staff continuing education requirements. This funding was used by practices to provide professional development activities best suited for their team’s individual needs, over and above the programme that was provided Canterbury wide.

This year there were no new graduate nurses completing their Nursing Entry to Practice Programme (NetP) in a Christchurch PHO general practice.

The System Level Measures Framework

The 6 measures in the Ministry of Health the System Level Measures Framework (SLM) applied to general practice are:

- i. Ambulatory sensitive hospitalisation rates for children under 4 years (focus on keeping children out of hospital)
- ii. Acute hospital bed days per capita (focus on using health resources effectively)
- iii. Patient experience of care (focus on person-centred care)
- iv. Amenable mortality rates (focus on prevention and early detection)
- v. Babies living in smoke-free homes (focus on a healthy start to life)
- vi. Youth access to, and utilisation of, youth appropriate health services (focus on youth being healthy, safe and supported).

The 2019-20 Canterbury System Level Measure Plan was developed in response to these measures. The PHO and general practice teams worked hard to achieve the contributory measures.

The Ministry of Health provided SLM funding intended to build the capability and capacity of PHOs and general practices to meet improvement milestones. Christchurch PHO passed through 66% of this funding directly to general practice teams, to assist them in achieving the Canterbury SLM Plan.

Some examples of the Christchurch PHO contribution to the Canterbury SLM Plan contributory measures included:

Measure	Result
Increased new-born enrolments	Indicative result at June 2020 was 86%, which represents the proportion of babies at 6 weeks who were enrolled with a general practice.
Reduce inappropriate polypharmacy	The Clinical Pharmacist conducted regular audits and completed 21 Medicine Therapy Assessments. Community Pharmacists completed medicines use reviews.
Primary Care's engagement with Patient Experience Survey	All member practices implemented the Primary Care Patient Experience Survey which is run quarterly. Due to changes to the provider of the survey these were put on hold for the February and May 2020 quarters. The PHO worked with general practices to assist them to interpret and use the results as part of ongoing quality improvement initiatives.

Heath Promoting Lifestyle Services	<p>Funding was contributed towards the Appetite for Life programme.</p> <p>5 clinicians completed the Motivational Interview training. Due to Covid19 the training programme was suspended from January to July 2020.</p>
Physical Health & Mental Health	<p>397 free Equally Well consultations were provided.</p> <p>Referrals were made to the Te Ha – Waitaha smoking cessation programme, in addition to the cessation programme provided by the general practice teams.</p> <p>Cervical cancer screening was provided especially for priority women.</p>

PHOs performance against two national health targets were also measured. These were 'Better Help for Smokers to Quit' and 'Increased Immunisation for 8-month-old Children'. Christchurch PHO again achieved some pleasing results against these two health targets. Other measures, while no longer national targets, were important measures of primary care.

Target	National Target	Quarter 4 Result Apr-Jun 2020	Comment
<i>Better Help for Smokers to Quit</i>	90%	83%	131 smoking cessation consultations were provided by general practice teams. 19% were for Māori and 4% for Pasifika.
<i>Increased immunisation For 8-month old's</i>	95%	96.4%	The PHO again maintained a consistently high immunisation rate for 8-month-old children, being one of the top performers nationally.
<i>Cervical Screening for women aged 25-69 years</i>	80%	63%	The Christchurch PHO mobile nurse provided free smears for priority women Māori, Pacific, Asian women in collaboration with ScreenSouth Ltd. All screening programmes were put on hold during the COVID-19 lockdown which resulted in fewer screens being completed.
<i>More Heart and Diabetes Checks</i>	90%	73%	5,324 people were assessed for a cardiovascular disease. Māori men aged 35-44 years were offered free CVD assessments with a 55 % uptake. The COVID-19 lockdown resulted in fewer assessments being completed.

<i>Before School Checks for 4-year-old children</i>	90%	79%	296 children were checked. The population target for Māori for June was exceeded(130%). Fewer checks were completed in April and May 2020 due to the Covid19 lockdown.
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The Christchurch PHO Clinical Advisor, Service Development Facilitator and the Clinical Governance Group assisted practices to identify practice-based strategies and implementation plans to reach and exceed the targets.

Quarterly reports were provided to the DHB and Ministry of Health about progress with completing cardiovascular disease risk assessments and offering smoking brief advice and/or cessation services. The Ministry of Health provided additional funding for general practice and PHOs to target eligible populations. This was used to provide education for staff about cardiovascular risk assessments, improved IT support and audit tools, and clinical leadership to practices.

The transition to the new National Enrolment Service (NES) was completed and the service is now well embedded. Karo Data Management Services provided monthly reports about capitation-based funding, service utilisation, fee for service and performance based on the monthly snap short from the NES.

Financial Statements

The Financial Statements presented for the year ended 30 June 2020 are in the Tier 2 reporting format and include an independent Auditor's Report.

Statement of Financial Responsibility

The PHO Directors are responsible for preparing the financial statements, ensuring they comply with the generally accepted accounting practice in New Zealand, and present fairly the financial position of the Company as at 30 June 2020 and the results of their operations and cash flows for the year ended on that date.

The Directors consider the financial statements of the Company have been prepared using appropriate accounting policies, consistently applied and supported by reasonable judgements and estimates 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 accepting accounting practice in New Zealand.

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

The Directors are pleased to present the financial statements of the Christchurch PHO Ltd for the year ended 30 June 2020.

Signed for and on behalf of the Directors



Dr Angus Chambers
Director



Christchurch PHO Limited

Financial Statements

For the year ended 30 June 2020

Christchurch PHO Limited

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Christchurch PHO Limited

Statement of Financial Responsibility

For the year ended 30 June 2020

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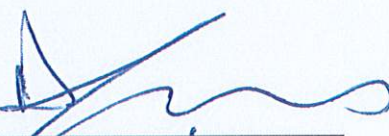
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The Directors are pleased to present the financial statements of the Christchurch PHO Limited for the year ended 30 June 2020.

For and on behalf of the Directors:

Director:  _____

Dated: 27/10/20

Director:  _____

Dated: 27/10/20

Christchurch PHO Limited

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2020

	<i>Note</i>	2020 \$	2019 \$
Contract revenue - non exchange transactions		8,503,473	7,672,581
Other income		13,828	32,045
TOTAL REVENUE FROM NON EXCHANGE TRANSACTIONS		8,517,301	7,704,626
Contract payments		7,956,173	7,186,725
Wages, salaries and other employee costs		273,796	265,093
Other operating expenses	6	268,882	280,318
TOTAL EXPENSES		8,498,851	7,732,136
Interest income		8,118	19,389
OPERATING SURPLUS / (DEFICIT)		26,568	(8,121)
OTHER GAINS / (LOSSES)		-	-
SURPLUS / (DEFICIT) FOR THE YEAR		26,568	(8,121)
OTHER COMPREHENSIVE REVENUE AND EXPENSES		-	-
TOTAL COMPREHENSIVE REVENUE AND EXPENSES FOR THE YEAR		26,568	(8,121)

Christchurch PHO Limited
Statement of Financial Position
as at 30 June 2020

	Note	2020 \$	2019 \$
ASSETS			
Current			
Cash and cash equivalents	7	978,057	673,317
Term deposits	7	200,000	400,000
Receivables from non exchange transactions	8	243,198	146,613
GST receivable		-	10,208
Prepayments		10,832	7,534
Total Current Assets		1,432,087	1,237,672
Non-current			
Plant and Equipment	9	7,938	10,521
Total Non-current Assets		7,938	10,521
TOTAL ASSETS		1,440,025	1,248,193
LIABILITIES			
Current			
Employee entitlements	10	17,624	19,755
Payables under non exchange transactions	11	357,533	367,983
GST payable		32,364	-
Deferred revenue	12	608,792	463,311
Total Current Liabilities		1,016,313	851,049
		-	-
TOTAL LIABILITIES		1,016,313	851,049
NET ASSETS		423,712	397,144
EQUITY			
Share Capital	17	1	1
Accumulated Funds		423,711	397,143
TOTAL EQUITY		423,712	397,144

Approved for and on behalf of the Directors

Chairperson

27/10/20
Date

Director

27/10/20
Date



Christchurch PHO Limited

Statement of Changes in Net Assets

For the year ended 30 June 2020

	<i>Notes</i>	<i>2020</i>	<i>2019</i>
		\$	\$
Opening Balance 1 July		397,144	405,265
Surplus / (Deficit) for the year		26,568	(8,121)
Other comprehensive income		-	-
Closing Balance 30 June		423,712	397,144

Christchurch PHO Limited

Statement of Cash Flows

For the year ended 30 June 2020

	<i>Note</i>	2020 \$	2019 \$
Cash flow from Operating Activities			
Cash was provided from (applied to):			
Receipts from contract transactions and other income		8,572,197	7,693,157
Interest received		8,118	19,390
Payments for contract and supplier transactions		(8,236,115)	(7,327,417)
Payments for employees		(275,927)	(263,648)
Goods and services tax (net)		42,572	(16,789)
Net cash / (used in) Operating Activities		110,845	104,693
Cash flow from Investing Activities			
Cash was provided from (applied to):			
Acquisition of property, plant and equipment		(6,105)	(2,793)
Maturity of term deposit		200,000	200,000
Net cash / (used in) Investing Activities		193,895	197,207
Cash and cash equivalents, beginning of the year		673,317	371,418
Net increase / (decrease) in cash and cash equivalents		304,740	301,900
Cash and cash equivalents at end of the year	<i>7</i>	978,057	673,317

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2020

1. Reporting Entity

These financial statements comprise the financial statements of Christchurch PHO Limited (the "PHO") for the year ended 30 June 2020. The PHO is a public benefit entity for the purposes of financial reporting in accordance with the Financial Reporting Act 2013.

The PHO is registered under the Companies Act 1993. The Company is a charitable organisation, domiciled in New Zealand. The financial statements were authorised for issue by the Board of Directors on the date indicated on page 4.

2. Basis of Preparation

(a) Statement of compliance

The financial statements have been prepared in accordance with New Zealand generally accepted accounting practice (NZ GAAP) Tier 2 Public Benefit Entity (PBE) Financial Reporting Standards as issued by the New Zealand External Reporting Board (XRB). They comply with International Public Benefit Accounting Standards with Reduced Disclosure Regime (PBE Standard with RDR) and other as appropriate for Tier 2 Not for Profit (NFP) Public Benefit Entities for which all disclosure exemptions have been adopted.

The Company is eligible to report in accordance with Tier 2 PBE (NFP) 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 Christchurch 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 (\$), except when otherwise stated.

(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.

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2020

3. Summary of significant accounting policies

The accounting policies of the Company been applied consistently to all years presented in these financial statements. The significant accounting policies used in the preparation of these financial statements are summarised below:

(a) Cash and cash equivalents

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

(b) Debtors and other receivables

Trade debtors and other receivables are measured at their cost less any impairment losses. An allowance for impairment is established where there is objective evidence the Company will not be able to collect all amounts due according to the original terms of the receivable.

(c) Creditors and other payables

Trade creditors and other payables are stated at cost.

(d) Plant and equipment

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

Additions and subsequent costs

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

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

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

Disposals

A 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 property, plant and equipment over the estimated useful life of the asset. The following depreciation rates have been applied at each class of property, plant and equipment:

Computer equipment and plant	10-48% DV
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The residual value, useful life, and depreciation methods of property, 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.

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2020

(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, "loans and receivables", being non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment.

(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.

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2020

(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 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.

(j) Income tax

Due to its charitable status, the Company is exempt from income tax.

(k) Goods and Services Tax (GST)

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

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

(l) Lease assets

Payments made under operating leases are recognised in the statement of comprehensive revenue and expense on a straight line basis over the term of the lease. Associated costs, such as maintenance and insurance where applicable, are expensed as incurred.

(m) 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.

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2020

4. Significant accounting judgements, estimates and assumptions

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

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

5. Capital Management Policy

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

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2020

6. Other Operating Expenses

	2020	2019
	\$	\$
Administration Expenses		
Audit Fee	7,218	8,950
Bank Charges	416	433
Conference Expenses	691	773
Education CME/CNE	13,561	15,395
Insurance	10,736	10,461
General Expenses	2,702	14,864
Legal Fees	376	-
SLH and Other Consultancy	69,748	72,778
PHO Alliance Membership	6,199	6,230
Printing & Stationery	4,868	4,775
Repairs and Maintenance	-	35
Special Projects	-	1,373
Telephone & Tolls	8,288	4,994
Total Administration Expenses	124,803	141,061
Occupancy Expenses		
Rental	54,423	57,371
Total Occupancy Expenses	54,423	57,371
Governance Expenses		
Board Expenses	13,981	13,741
Board Meeting Fees	59,524	54,896
Clinical Governance	9,936	10,931
Total Governance Expenses	83,441	79,568
Depreciation	6,215	2,318
Total	268,882	280,318

7. Cash and Cash Equivalents / Investments

	2020	2019
	\$	\$
ASB current account	478,057	473,317
Term deposits less than three months	500,000	200,000
Total cash and cash equivalents	978,057	673,317

Term Deposits	2020	2019
	\$	\$
Term Deposits 9 - 12 months	200,000	400,000
Term deposits less than three months	-	-
Total cash and cash equivalents	200,000	400,000

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

The effective interest rate on term deposits in 2020 was 0.15% - 1.15% (2019: 2.75%-3.10%).



Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2020

8. Receivables from Non Exchange Transactions

	2020	2019
	\$	\$
Accounts receivables	243,060	144,100
Sundry receivables	138	2,513
Total	243,198	146,613

Classified as:

Current assets	243,198	146,613
Non-current assets	-	-
Total	243,198	146,613

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

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

9. Plant and Equipment

	2020	2019
	\$	\$
Gross carrying amount		
Opening balance	26,746	20,641
Additions	3,632	6,105
Disposals	-	-
Closing balance	30,378	26,746
Accumulated Depreciation and Impairment		
Opening balance	16,225	13,907
Depreciation for the year	6,215	2,318
Disposals	-	-
Impairment charge for the year	-	-
Closing balance	22,440	16,225
Carrying amount 30 June	7,938	10,521

Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2020

10. Employee Entitlements

	2020	2019
	\$	\$
Current		
Annual leave entitlements	17,624	19,755
Total	17,624	19,755

Short-term employee entitlements represent the PHO's obligation to its current and former employees that are expected to be settled within 12 months of balance date. These mainly consist of accrued holiday entitlements at the reporting date.

11. Payables under Non Exchange Transactions

	2020	2019
	\$	\$
Current		
Trade Payables	263,171	336,170
Sundry payables	94,362	31,813
Total current	357,533	367,983
Total payables under exchange transactions	357,533	367,983

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

12. Deferred revenue

	2020	2019
	\$	\$
Unexpended contract revenue	608,792	450,841
Other income received in advance	-	12,470
Total deferred revenue	608,792	463,311

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.

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2020

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.

2020	Loans and receivables	Liabilities at amortised cost	Total carrying amount	fair value
Financial Assets				
Trade and other receivables	243,198	-	243,198	243,198
Cash and cash equivalents	978,057	-	978,057	978,057
Term Deposit	200,000	-	200,000	200,000
Total Current Assets	1,421,255	-	1,421,255	1,421,255
Total Assets	1,421,255	-	1,421,255	1,421,255
Financial liabilities				
Trade and other payables	-	357,533	357,533	357,533
Total Current Liabilities	-	357,533	357,533	357,533
Total Liabilities	-	357,533	357,533	357,533

2019	Loans and receivables	Liabilities at amortised cost	Total carrying amount	fair value
Financial Assets				
Trade and other receivables	146,613	-	146,613	146,613
Cash and cash equivalents	673,317	-	673,317	673,317
Term Deposit	400,000	-	400,000	400,000
Total Current Assets	1,219,930	-	1,219,930	1,219,930
Total Assets	1,219,930	-	1,219,930	1,219,930
Financial liabilities				
Trade and other payables	-	367,983	367,983	367,983
Total Current Liabilities	-	367,983	367,983	367,983
Total Liabilities	-	367,983	367,983	367,983

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2020

14. Operating Leases

	2020	2019
	\$	\$
<i>Non-cancellable operating leases as payable as follows</i>		
Less than one year	18,673	8,346
Between one and five years	3,226	654
More than five years	-	-
Total	21,899	9,000

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.

The following arrangements existed with related parties:

(a) Related party balances

(1) A Chambers is a director of the company and a director in Riccarton Clinic Limited. Riccarton Clinic 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 \$61,997 (2019: \$140,250)

(2) Dr J Allardyce is a director of the company and an employee at Canterbury University. Canterbury University 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 \$53,210 (2019: \$55,807)

(3) G Davidson and Dr D Jones are directors of the company. G Davidson is employed at Moorhouse Medical Centre, and Dr D Jones is a director of Moorhouse Medical Centre. Moorhouse Medical Centre 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 \$30,040 (2019: \$28,663)

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2020

(b) Key Management Compensation

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

	2020		
	Directors	Snr mgmt	Total
	\$	\$	\$
Salaries and other short-term employee benefits	62,011	107,985	169,996
Total remuneration	62,011	107,985	169,996
Number of persons recognised as key management personnel	7	1	8

	2019		
	Directors	Snr mgmt	Total
	\$	\$	\$
Salaries and other short-term employee benefits	59,524	101,908	161,432
Total remuneration	59,524	101,908	161,432
Number of persons recognised as key management personnel	7	1	8

16. Contingent Assets and Contingent Liabilities

Christchurch PHO Limited has no contingent assets or contingent liabilities (2019: None).

17. Equity

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

18. Commitments

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

19. Subsequent Events

There were no significant events after the balance date.

20 Covid - 19

On 11 March 2020, the World Health Organisation officially declared COVID-19, the disease caused by novel coronavirus, a global pandemic. In March 2020, the New Zealand Government announced the COVID-19 alert system (Levels 1-4) which specified the level of risk and restrictions that were to be followed. New Zealand entered alert 'Level 4' lockdown on 25 March 2020, which required mandatory nationwide suspension of all 'non-essential' services. The Company's operation were considered an 'essential' service and therefore the Company continued to operate during the nationwide lock-down.

At the date of approving these financial statements the Directors believe there will be a minor COVID-19 impact on the future financial performance on the Company. The situation continues to be monitored and managed through business continuity planning.



Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2020

(c) Key Management Compensation

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

	2020		
	Directors	Snr mgmt	Total
	\$	\$	\$
Salaries and other short-term employee benefits	62,011	107,985	169,996
Total remuneration	62,011	107,985	169,996
Number of persons recognised as key management personnel	7	1	8

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At the date of approving these financial statements the Directors believe there will be a minor COVID-19 impact on the future financial performance on the Company. The situation continues to be monitored and managed through business continuity planning.

INDEPENDENT AUDITOR'S REPORT

To the Shareholder of Christchurch PHO Limited

Opinion

We have audited the financial statements of Christchurch PHO Limited (the Company) on pages 3 to 18, which comprise the statement of financial position as at 30 June 2020, and the statement of comprehensive revenue and expense, statement of changes in net assets and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as at 30 June 2020, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards Reduced Disclosure Regime issued by the New Zealand Accounting Standards Board.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Company in accordance with Professional and Ethical Standard 1 *International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand)* issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than in our capacity as auditor we have no relationship with, or interests in, the Company.

Information Other Than the Financial Statements and Auditor's Report

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

In connection with our audit of the financial statements, if other information is included in the annual report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed on the other information that we obtained prior to the date of our auditors' report, we concluded that there is a material misstatement of this other information, we are required to report that fact.

Emphasis of Matter

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

Responsibilities of the Directors for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of the use of the going concern basis of accounting by the Directors and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our



auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Restriction on Use

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

A handwritten signature in blue ink that reads "CROWE".

Crowe New Zealand Audit Partnership
CHARTERED ACCOUNTANTS

Dated at Dunedin this 27th day of October 2020

christchurchpho

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