



christchurch **pho**

ANNUAL REPORT

2021



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About Us

Christchurch Primary Health Organisation Ltd. (PHO) is based in 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 38,000.

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 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

The 2021 year has been dominated for all in our community by the Covid 19 Pandemic. Health has been affected in a particular way and the impact on our PHO and practice teams has been profound.

Changes in the way we do things, changing fast to meet new challenges thrown up by the pandemic and operating in an environment of great uncertainty has taken its toll on us all.

I believe our practices have formed a significant part of the foundation for managing Covid 19 responses and I would like to thank all the members of those teams who provide healthcare in these troublesome times. There has been an element of danger in their work, but its pleasing to see protection in terms of vaccination now being provided to our front-line workers, albeit somewhat belatedly.

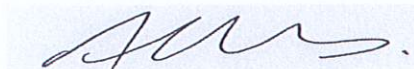
Thanks is also due to our Mental Health team. Unprecedented volumes with high complexity continue to tax the team. Concerningly, resources promised for mental health care are not finding their way to the coalface.

For our PHO management staff it has been onerous, but they have worked without complaint. Our team is very lean and there is a complex interplay between our practices, the PHO, the District Health Board and the Ministry of Health to be negotiated. It can be hard dealing with competing demands, often with urgent time frames and no extra resourcing.

All the while the entire health system is being restructured which is leading to uncertainty and concerningly a paralysing effect on efforts to improve our system now.

Christchurch PHO has created several of the elements needed to respond to the increasing challenge of providing care to our communities, with a clinical pharmacist, a mobile practice nurse and a social worker provided to practices to enhance the care they provide. It remains to be seen whether the new system will accommodate these vital team members.

Until we know more the PHO will continue to operate in its efficient manner doing its best to support front line healthcare delivery. For this I'd like to acknowledge our CE Laila Cooper, ably assisted by Sandi Malcolm and Katrina Banks.



Dr Angus Chambers

Chief Executive's Report

*"It was the best of times, it was the worst of times,
it was the age of wisdom, it was the age of foolishness,
it was the epoch of belief, it was the epoch of incredulity,
it was the season of light, it was the season of darkness,
it was the spring of hope, it was the winter of despair."*

— Charles Dickens, *A Tale of Two Cities*

It's always insightful to reflect on the activities of the previous year especially as you recognise how much has been achieved. Every year brings its own set of challenges and opportunities with 2020-21 being no different. When the year began, a weary health sector was hopeful of quieter calmer times. However, that was not to be. Instead, the sector endured a tumultuous year that was dominated by a difficult mix of an ever-changing COVID19 pandemic response, industrial action, high levels of respiratory syncytial virus (RSV), and the announcement of major health and disability system reforms.

We couldn't be prouder of what the PHO team and member general practices have achieved in these most challenging of circumstances and the extra workload they have carried. It was a particularly testing time for practice teams when acute patient presentations reduced overnight when the COVID19 Alert Level 4 lockdown began, impacting negatively on general practice revenue. Some practices were able to mitigate this to some extent by providing COVID swabbing tests and operating CBACs. In response the Ministry of Health provided some financial support, as did the PHO.

A major challenge of the year was adapting to the ever-changing alert levels, requirements of the pandemic response, and the vaccination programme roll out. The PHO, in liaison with the Ministry of Health and the local Primary Response Group, provided guidance to general practice teams. As the situation and advice changed frequently, teams responded and adapted swiftly to the new requirements.

During the lockdowns teams changed service delivery, providing services by phone or video appointments, and in-person sessions when appropriate. Efforts have continued to promote the digital capability of the PHO and general practice teams. When the lockdown restrictions eased, teams faced the challenge of managing an increased demand for services. This was especially evident in the spike in referrals to the primary mental health services, and the subsequent trend of increasing referrals.

The national COVID vaccination programme rollout began in February 2021, and over the following months general practice teams and pharmacies joined the programme. One member practice also operated a Vaccination Centre as part of the regional response.

While there was little influenza this year, there was a high level of RSV, and a focus on increasing the measles vaccination rate and childhood immunisation rates in general. New services included the roll out of the National Bowel Screening programme in Canterbury from October 2020.

Other disruptions to the health sector occurred nationally and locally. These included industrial action by primary care nurses protesting their concerns about the lack of progress being made to address pay parity with their colleagues in secondary care. In response the Ministry of Health provided some financial support in recognition of the new nursing step 6 in the Primary Health

MECA. The PHO Chair actively advocated at a national level for more appropriate funding for this new step, and for sustainable funding for primary care. A ransomware attack on a DHB resulted in a renewed focus on cyber security across the health sector, and increased compliance costs. The sudden resignation of 7 of the 11-member Canterbury DHB Senior Leadership Team in August 2020, caused major disruption during a time of intense financial constraints. For several months much of the Canterbury Clinical Network work programme was paused while staff were seconded to assist with the vaccination programme rollout. Other CDHB and staff from Canterbury PHOs were also seconded to assist.

The tenth anniversary of the February 2011 earthquake, and the second anniversary of the March 2019 terrorist mosque attacks commemorated in early 2021, provided sobering reminders of the traumas people in the region have experienced over the past decade.

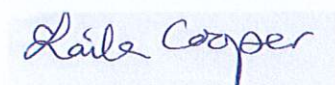
In April the Minister of Health announced details of a major overhaul of the health system, in response to the Health & Disability System Review Report. While the reforms have the welcome goals of improving equity and integration, strengthening the voice of Māori, and a commitment to honouring Te Tiriti o Waitangi, there remains uncertainty about the future of PHOs and primary and community care and how high-level policy and strategy will be translated into service delivery on the ground.

During all these changes the PHO has endeavoured to respond to the many varied demands on it and has continued its focus to be a high performing PHO that improves health equity for the population we service. The focus on Māori, children, youth, and mental health has remained. The PHO has also continued with its philosophy of operating with a lean infrastructure, so as much funding is available to support general practice and service delivery.

We are pleased to report that all our member general practices have maintained Foundation Standard certification. Other highlights included consistently high levels of childhood immunisation and new-born enrolment, and a successful Equally Well programme.

This will be a memorable year for everything that was achieved by an already stretched primary health care sector. We are very grateful for the efforts of all those who have contributed to the success of the PHO. Thank you to the PHO staff, contractors, and general practice teams for your committed and professional work, for your contribution to the COVID pandemic response, and for delivering clinical programmes under extraordinary circumstances, relentless demands, and a period of high uncertainty. It is a most remarkable achievement and a testament to people's commitment, courage, dedication, and resilience. Thank you to you all!

Thank you also to the Board and Chair for your support and counsel; to Karo Data Management, South Link Management Services and I.T.Online for your professional services; and to our colleagues in other PHOs, the Canterbury Clinical Network and the Canterbury DHB for your friendly and collegial support. We look forward to our continued association as we navigate the many changes ahead for the health sector.



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 2020-21 the following served as Board members:

Dr Angus Chambers	General practitioner representative & Chair
Dr Joan Allardyce	General practitioner representative & Deputy Chair
Ana Verdult (nee Rolleston)	Manawhenua ki Waitaha representative
Michelle Turrall	Manawhenua ki Waitaha representative
David Jones	General practice representative
Sharon McFarlane	Community representative (Christchurch City Council) to May 2021
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 2020-21 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 Verdult (nee 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, and PHO performance targets and provided advice to the Board about clinical programme planning and delivery, adverse event monitoring, quality improvement, clinical effectiveness, equity 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 2021, the Christchurch PHO enrolled population was 38,130

Analysis by Ethnicity

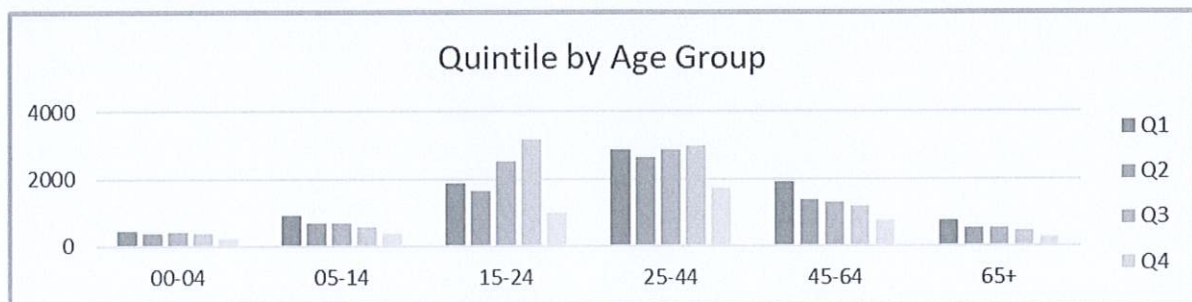
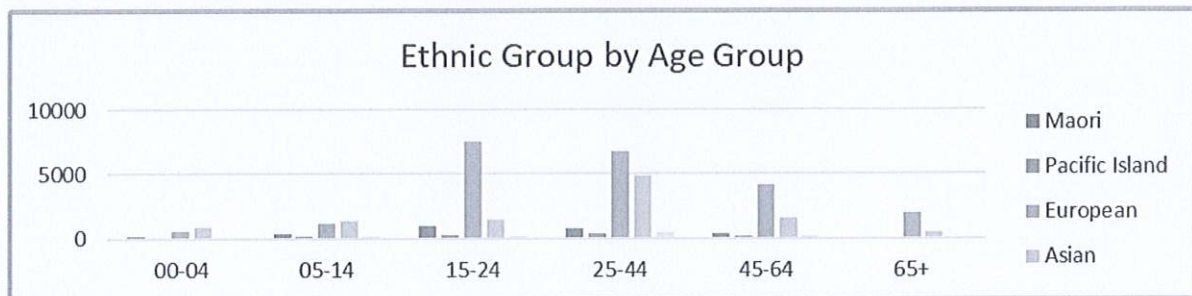
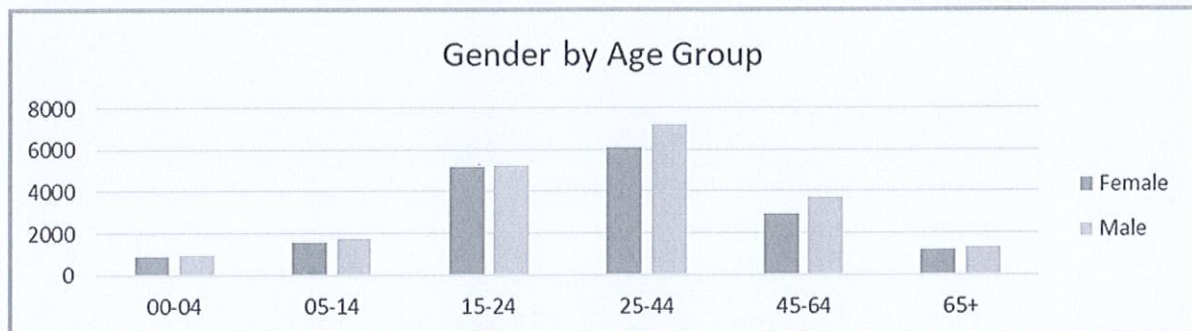
NZ European	Māori	Pacific Islanders	Asian	Other	Unknown	TOTAL
22,186	2,822	1,216	10,605	1,136	165	38,130

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	Quintiles 1 to 4	Unknown
4,307	32,986	837



Christchurch PHO Team

The Team

Laila Cooper	Chief Executive
Sandi Malcolm	Service Development Facilitator
Katrina Banks	Administrator & Board Secretariat
Dr Angus Chambers	Clinical Advisor
George Dobson	Mental Health Team Leader & Intensive GP Liaison
Sharmaine Dobson	Triage Coordinator & Intensive GP Liaison
Becky Baichoo	Mental Health Brief Intervention Counsellor & CBT Programme
Jan Bensemam	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
Imogen Brown	Mental Health Brief Intervention Counsellor
Paul Wynands	Clinical Psychologist
Dr Ali Maginness	Clinical Psychologist
Joanne Comper	Clinical Pharmacist & Quality Facilitator
Michelle Okeroa	Mobile Practice Nurse
Kirsten Carey	Mobile Practice Nurse, University of Canterbury Health Centre
Annette Paulsen	Mobile Community Social Worker
Suzi Clarke	Whanau Ora Kaitukutuku Manaaki(from May 2021)

The Canterbury Clinical Network Alliance (CCN)

Christchurch PHO, as one of the 12 partners in the Canterbury Clinical Network Alliance, has actively collaborated with service providers, the Canterbury DHB and other Canterbury PHO's about 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 (this was paused for a period)
- Pharmacy Service Level Alliance
- Integrated Diabetes Services Development Group
- Integrated Diabetes Podiatry Working Group
- Canterbury Primary Response Group
- Urgent Care Service Level Alliance
- Laboratories Service Level Alliance
- Coordinated Access for Offenders on Release Working Group
- System Level Measures Framework Group
- Enhanced Capitation Working Group
- Te Tumu Waiora Sponsorship Group
- 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 & Regional Equally Well Working Group
- Healthinfo Advisory Group
- CDHB Infection Prevention & Control Community Committee

National Linkages

- Christchurch PHO maintained active membership of the Primary Health Alliance, with Dr Angus Chambers serving as the Chair and as their representative to the PSAAP negotiations, until the Alliance wound up in March 2021.
- Dr Angus Chambers served as a member of the Executive of the Federation of Primary Health Care Aotearoa.
- Laila Cooper served as a member of the Dietitians Board.
- Close links have been maintained with other South Island PHOs including attendance at regional meetings, the South Island PHO mental health services, and the national group of GPNZ PHO CEOs.
- The PHO was represented at regular meetings of the Health Quality & Safety Commission PHO Improvement Network.

Our Achievements

The Christchurch PHO team and member general practices provided quality primary care services to the enrolled population during another busy and most challenging year, all in the context of a COVID19 pandemic response. One practice operated a Canterbury wide COVID19 vaccination centre, while the other general practices prepared to come on board with the COVID vaccination programme.

The PHO maintained very high rates for childhood immunisation and new-born enrolments and all general practices were Foundation Standards certified.

An initiative that provided free screening and follow up by the CPHO Mobile Nurse and Community Pharmacist was implemented for Māori who had serious mental health and or addiction and unmet physical health concerns. The outcomes were very encouraging. Participants could access free general practice consultations as well as wrap around services designed to meet their needs. Funding for this project was provided by the CDHB Equally Well funding stream as well as via Service to Improve Access. Unfortunately, the CDHB Equally Well funding ceased from July 2020 so the CPHO Board will continue funding the programme in 2021-22.

Other highlights included the following:

- **Primary Mental Health Services**

The Primary Mental Health team provided an impressive and committed response to the challenges of the difficult year. Wait times extended to an average of 3 weeks or longer, with all referrals contacted and triaged within 3 working days.

Current funding remains inadequate to meet the level of demand and more importantly the complexity of referrals. The PHO subsidised the service again this year and remains concerned about the future viability of the service.

1,083 mental health GP extended consultations and 1,183 brief intervention consultations were provided and over 10,700 patient contacts completed. The PHO Board funded 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**

The Integrated Primary Mental Health and Addiction Services in Primary Care is a joint initiative led by the CCN, in partnership with PHOs, NGOS, the Canterbury DHB and general practice. The first Health Improvement Practitioner and Health Coach roles were rolled out across general practices in Canterbury. The University of Canterbury Health Centre trialled the new model before withdrawing and plans to implement this again in 2021/22. Other practices are considering the timing for implementation.

- **Community Social Worker**

The PHO funded 0.6 FTE Community Social Worker role was well received by general practices and was invaluable as an additional support to the CPHO mental health team and the mobile nursing service.

- **National Bowel Screening Programme**

The National Bowel Screening Programme for people aged 60-79 years was rolled out in Canterbury via PHOs from October 2020, with a greater than expected uptake.

- **Whanau ora- Kaituktuku Manaaki**

Waitaha Primary Health was successful in securing a joint two year contract for a Whanau Ora Kaitukutuku Manaaki role to support both PHOs enrolled populations. The appointee was seconded to assist in the implementation of equitable access for Māori to receive the COVID19 vaccination. Once this has been completed it is planned to socialise the role to member practices.

- **Mobile Practice Nurses**

The Mobile Nurse at the University of Canterbury Health Centre provided health promotion activities and support to students and those residing in the Halls of Residence. The nurse collaborated with the Māori and Pacific Development teams on campus to assist with the COVID 19 vaccination programme rollout. Clinics held in collaboration with the Diabetes Centre to improve access for people with Type 1 Diabetes continued to be very well attended.

The second Mobile Nurse supported the five other CPHO practices, in conjunction with the PHO Clinical Pharmacist. One special project they completed was to identify Māori and some Pacific with serious mental health and/or addiction concerns. These people were then offered a free consultation and health screening to address their unmet needs. The screening tool was developed and modified for primary care in collaboration with the secondary care Equally Well Liaison Nurse. The project provided excellent outcomes with participants receiving holistic care to meet their identified needs and linkages were developed with other services. Collaborative working relationships with Māori and Pacific NGOs, including Tangata Atumotu, were strengthened through this initiative. These relationships were invaluable in supporting the roll out of the COVID19 vaccination programme to vulnerable populations.

The Nurses also provided opportunistic cardiovascular disease risk assessments, smoking brief advice and cessation services. One nurse completed the Stop Smoking Practitioner training programme and supported practices to prepare for the transition from the current CPHO funded Smoking Cessation programme to the Canterbury wide Te Hā Waitaha Stop Smoking Canterbury from 1 July 2021.

During the COVID19 vaccination programme the Mobile Nurses and PHO team supported the practices to contact vulnerable groups via telephone and other ways, to offer the COVID19 vaccination. This required significant focus and resource in the final week of June 2021 following the mandated requirement from the Ministry of Health to contact all eligible people in Tier 2 and 3 to advise them of their eligibility, and to then invite them to be vaccinated.

- **Clinical Pharmacist**

The Clinical Pharmacist participated in multidisciplinary team reviews, clinical medication reviews, completed medicines therapy assessments, clinical audits, and addressed individual clinician queries. The Pharmacist provided a valued perspective to the PHO Clinical Governance Group, reporting on audit outcomes and adverse events.

- **Quality Facilitator**

The Quality Facilitator supported practices with continuous quality improvement activities, and how to access and use the results of the Primary Care Patient Experience Survey and embed elements of the Health Care Homes initiative including telehealth, patient portal, clinical triage, and E-prescribing.

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

The team provided a free health service to Canterbury youth with funding from the Canterbury DHB for doctor and nurse hours, and some capitation funding via the PHO for their small, enrolled population. However, the Trust relied heavily 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 team also successfully adapted to provide an accessible youth health service during the COVID19 pandemic response.

Quality Improvement

Achievement against the 2020-21 Christchurch PHO Quality Plan is summarised as follows:

Consumer Engagement and Participation	
<ul style="list-style-type: none"> Implement Patient Portals. 	These have been fully implemented in 50% of the member practices with several in the onboarding phase.
<ul style="list-style-type: none"> Implement Patient Experience Survey (PES). 	All practices implemented the PES. The survey week was extended to run for two weeks in each quarter to encourage greater participation and over sampling of Māori and Pacific population. A Quality Facilitator supported practices to access and use the results of the survey to identify indicators that exceeded the national averages and opportunities for improvement.
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"> Type two diabetes Augmentin prescribing Methotrexate BPAC <p>The Pharmacist also completed 15 Medicines Therapy Assessments and is completing training to become a Pharmacy Prescriber.</p>
<ul style="list-style-type: none"> Use valid and reliable measures to evaluate aspects of service delivery and inform improvement, change and sustainability. 	Changes were made over the previous year to the smoking cessation programme to better align it to the Te Hā – Waitaha Service. Following an evaluation by the Clinical Governance Group, the Board agreed to transition the CPHO Smoking Cessation programme to the Te Hā Waitaha Stop Smoking Canterbury Service from July 2021.
Commitment to Quality Improvement and Patient Safety	
<ul style="list-style-type: none"> Implement National Adverse Events Reporting Policy 2017. 	Adverse events reporting using the National Adverse Events System via the practice's web portal was implemented and all reported events were reviewed by the Clinical Governance Group. Themes and learnings from the reviews were shared with practices.
<ul style="list-style-type: none"> Maintain Cornerstone Accreditation and Foundation Standard Certification. 	All practices maintained Foundation Standard Certification. Two practices also hold Urgent Care Centre certification. There were difficulties implementing the changes to the Cornerstone programme, with some practices electing to forgo completing additional modules.
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> <p>The Quality Facilitator provided quality improvement support to practices and attended Health Care Home</p>

	<p>webinars, peer support group education and educational sessions.</p> <p>CPHO was a member of the HQCS PHO Quality Improvement Network and attended HQSC seminars.</p> <p>All PHO staff and contractors attended a two hour cultural competency education session facilitated by Waitaha Primary Health PHO Māori Health Manager.</p> <p>CPHO was represented at a national Whanau Ora Symposium.</p> <p>CPHO in collaboration with Māori Health Managers provided input to the formation of Te Ohu Urupare -Māori COVID response working group.</p>
<ul style="list-style-type: none"> • Support quality improvement leaders in general practice. 	<p>The Quality Facilitator promoted and assisted with the implementation of elements of the Health Care Home programme in CPHO practices. The impact of COVID19 highlighted the value of video technology.</p> <p>MoH funding received was used to assist practices to embed telehealth including clinical triage, Patient Portal, E-prescribing and use of video consultations.</p> <p>An online Polypharmacy Module was developed and customised for implementation to assist clinicians to identify and appropriately manage people taking more than ten medications.</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 2020-2021:

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. Public health nurses delivered the checks on behalf of CPHO practices. These 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	786 packages of care were delivered to meet the needs of people with chronic diseases, or those identified with significant high-risk factors for 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 1,578 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 35 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 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.
Interpreter Services	On call translation and interpreter services were provided to New Zealand residents for whom English is not their 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. Tighter eligibility criteria led to a reduction in the number of women accessing this service, despite an increase in the number of LARC insertion and removals being claimed for via a separate funding stream.
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>CPHO piloted implementation of the updated CVD guidelines where the age eligibility criteria have been lowered for Māori, Pacific and South Asian men and women, using an algorithm designed by Karo Data Management. Funding was provided for targeting priority groups to decrease barriers to accessing risk assessments for all Māori, Pacific and Indian men aged 30 to 75 years, and Māori and Pacific women aged 40-75 years.</p>
<p>National Bowel Screening Programme</p>	<p>The national programme was extended to Canterbury from October 2020. General practices saw those people whose test result had returned positive, for a free consultation and referral on to appropriate services.</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, designed for people with diabetes and identified as being at high risk of developing foot complications. Eligible people received up to 4 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.</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 implemented, and a follow up evaluation completed. Referrals were also made to the Te Hā -Waitaha Stop Smoking service, particularly for Māori / Pacific and pregnant women. The Mobile Nurse supported practices with resources and all practices participated in ongoing cessation education.</p>
<p>Youth Sexual Health</p>	<p>373 people were offered free sexual health consultations where 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 continued reduction in the number of consultations provided in this year due to the eligibility age criteria being reduced to 14-17 years. Concerns remain about the lack of youth sexual health 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. A campaign to identify and invite 14-30 year old people to have an MMR vaccination was implemented and then paused when COVID-19 vaccination became a priority.
Infant Feeding Service	Hosted by Waitaha Primary Health the service aimed to protect, promote and support breastfeeding. The service consists of 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) was 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+.

Continuing Education for General Practice Teams

General practice teams were able to access the CDHB funded education and training programmes provided by Pegasus Health, although payment for attendance ceased. The Canterbury Initiative also provided education sessions. The PHO supported member general practice teams with funding for their staff continuing education requirements. This was used 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 was one 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 2020-21 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 70% 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 in June 2021 was 97%, which represents the proportion of babies at 6 weeks who were enrolled with a general practice. This was the top result in the country
Reduce inappropriate polypharmacy	The Clinical Pharmacist conducted regular audits and completed 15 Medicine Therapy Assessments. Community Pharmacists completed medicines use reviews.
Primary Care's engagement with Patient Experience Survey	All member practices implemented the quarterly Primary Care Patient Experience Survey. The PHO supported general practices to interpret and use the results as part of ongoing quality improvement initiatives.
Health Promoting Lifestyle Services	Funding was contributed towards the Appetite for Life programme. The Motivating Conversations Peer Education programme was greatly reduced this year due to COVID19.
Physical Health & Mental Health	Free consultations for people with Severe Mental Health and / or

	<p>Addictions issues were provided as well as for youth with barriers to access and mental health concerns.</p> <p>CPHO participated in the Primary Care and Regional Equally Well Working groups to identify strategies to better support people with enduring mental illness.</p> <p>68% of referrals to the Te Hā Waitaha smoking cessation programme were from CPHO member practices in the latter part of 2021, when practices were transitioning from the CPHO cessation programme to Te Ha Waitaha.</p> <p>Cervical cancer screening was provided with a focus on priority group women.</p>
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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 2021	Comment
<i>Better Help for Smokers to Quit</i>	90%	81%	119 smoking cessation consultations were provided by general practice teams. 25 people were referred to Te Hā Waitaha Stop Smoking Service.
<i>Increased immunisation For 8-month old's</i>	95%	100%	The PHO 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%	68%	The CPHO Mobile Nurse provided free smears for priority group women (Māori, Pacific, Asian) in collaboration with Screen South Ltd. All screening programmes were delayed with the COVID19 lockdown resulting in practices having to catch up with the back log.
<i>More Heart and Diabetes Checks</i>	90%	73%	Māori, Pacific and Indian men, and women were offered free consultations for cardiovascular screening and intervention management. The introduction of new guidelines with lower age eligibility resulted in an increased number of people becoming eligible and a drop in percentage performance.

<i>Before School Checks for 4-year-old children</i>	90%	102%	385 children were checked. The June target for overall eligible population and Pacific children was exceeded.
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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.

Karo Data Management Services provided monthly reports about capitation-based funding, service utilisation, fee for service and performance based on the monthly snapshot from the NES.

Financial Statements

The Financial Statements presented for the year ended 30 June 2021 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 2021 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 2021.

Signed for and on behalf of the Directors



Dr Angus Chambers
Director



Christchurch PHO Limited

Financial Statements

For the year ended 30 June 2021

Christchurch PHO Limited

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Christchurch PHO Limited

Directory

as at 30 June 2021

Principal Business:	Primary Health Organisation
Shareholder:	Christchurch PHO Trust
Registered Office:	South Link Health Burns House, 10 George Street Dunedin
Directors:	J Allardyce R Brennan A Chambers M Coker (Appointed 5 July 2021) D Jones S McFarlane (Resigned 31 May 2021) A Rolleston M Turrall
Solicitors:	Saunders Robinson & Brown Christchurch
Bankers:	ASB Bank
Auditors:	Crowe New Zealand Audit Partnership Dunedin

Christchurch PHO Limited

Statement of Financial Responsibility

For the year ended 30 June 2021

The Directors are responsible for preparing the financial statements and ensuring that they comply with generally accepted accounting practice in New Zealand, and present fairly the financial position of the Company as at 30 June 2021 and the results of their operations and cash flows for the year ended on that date.

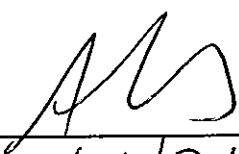
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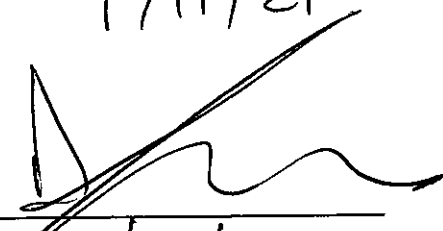
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The Directors are pleased to present the financial statements of the Christchurch PHO Limited for the year ended 30 June 2021.

For and on behalf of the Directors:

Director: 
Dated: 1/11/21

Director: 
Dated: 1/11/21

Christchurch PHO Limited

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2021

	Note	2021 \$	2020 \$
Contract revenue - non exchange transactions		8,612,643	8,503,473
Other income		10,832	13,828
TOTAL REVENUE FROM NON EXCHANGE TRANSACTIONS		8,623,475	8,517,301
Contract payments		8,083,417	7,956,173
Wages, salaries and other employee costs		293,725	273,796
Other operating expenses	6	299,592	268,882
TOTAL EXPENSES		8,676,734	8,498,851
Interest income		5,982	8,118
OPERATING SURPLUS / (DEFICIT)		(47,277)	26,568
OTHER GAINS / (LOSSES)		-	-
SURPLUS / (DEFICIT) FOR THE YEAR		(47,277)	26,568
OTHER COMPREHENSIVE REVENUE AND EXPENSES		-	-
TOTAL COMPREHENSIVE REVENUE AND EXPENSES FOR THE YEAR		(47,277)	26,568

Christchurch PHO Limited

Statement of Financial Position

as at 30 June 2021

	Note	2021 \$	2020 \$
ASSETS			
Current			
Cash and cash equivalents	7	1,051,901	978,057
Term deposits	7	200,000	200,000
Receivables from non exchange transactions	8	131,661	243,198
GST receivable		-	-
Prepayments		8,209	10,832
Total Current Assets		1,391,771	1,432,087
Non-current			
Plant and Equipment	9	5,693	7,938
Total Non-current Assets		5,693	7,938
TOTAL ASSETS		1,397,464	1,440,025
LIABILITIES			
Current			
Employee entitlements	10	29,192	17,624
Payables under non exchange transactions	11	298,380	357,533
GST payable		5,055	32,364
Deferred revenue	12	688,401	608,792
Total Current Liabilities		1,021,028	1,016,313
TOTAL LIABILITIES		1,021,028	1,016,313
NET ASSETS		376,436	423,712
EQUITY			
Share Capital	17	1	1
Accumulated Funds		376,435	423,711
TOTAL EQUITY		376,436	423,712

Approved for and on behalf of the Directors

Chairperson

Director

Date

Date



Christchurch PHO Limited

Statement of Changes in Net Assets

For the year ended 30 June 2021

Notes

	2021	2020
	\$	\$
Opening Balance 1 July	423,712	397,144
Surplus / (Deficit) for the year	(47,277)	26,568
Other comprehensive income	-	-
Closing Balance 30 June	376,436	423,712



Christchurch PHO Limited

Statement of Cash Flows For the year ended 30 June 2021

	<i>Note</i>	2021 \$	2020 \$
Cash flow from Operating Activities			
Cash was provided from (applied to):			
Receipts from contract transactions and other income		8,798,265	8,572,197
Interest received		5,982	8,118
Payments for contract and supplier transactions		(8,419,738)	(8,236,115)
Payments for employees		(282,157)	(275,927)
Goods and services tax (net)		(27,309)	42,572
Net cash / (used in) Operating Activities		75,043	110,845
Cash flow from Investing Activities			
Cash was provided from (applied to):			
Disposal of property, plant and equipment		-	-
Acquisition of property, plant and equipment		(1,199)	(6,105)
Maturity of term deposit		-	200,000
Net cash / (used in) Investing Activities		(1,199)	193,895
Cash and cash equivalents, beginning of the year		978,057	673,317
Net increase / (decrease) in cash and cash equivalents		73,844	304,740
Cash and cash equivalents at end of the year	7	1,051,901	978,057

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2021

1. Reporting Entity

These financial statements comprise the financial statements of Christchurch PHO Limited (the "PHO") for the year ended 30 June 2021. 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 2021

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 2021

(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 2021

(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 2021

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 2021

6. Other Operating Expenses

	2021	2020
	\$	\$
Administration Expenses		
Advertising	285	-
Audit Fee	7,760	8,950
Bank Charges	327	416
Conference Expenses	403	691
Education CME/CNE	13,767	13,561
Insurance	11,421	10,736
General Expenses	1,749	970
Legal Fees	1,824	376
SLH and Other Consultancy	84,535	69,748
PHO Alliance Membership	4,699	6,199
Printing & Stationery	5,970	4,868
Repairs and Maintenance	115	-
Telephone & Tolls	6,913	8,288
Total Administration Expenses	139,768	124,803
Occupancy Expenses		
Rental	65,580	54,423
Total Occupancy Expenses	65,580	54,423
Governance Expenses		
Board Expenses	13,189	13,981
Board Meeting Fees	62,929	59,524
Clinical Governance	14,682	9,936
Total Governance Expenses	90,800	83,441
Depreciation	3,444	6,215
Total	299,592	268,882

7. Cash and Cash Equivalents / Investments

	2021	2020
	\$	\$
ASB current account	551,901	478,057
Term deposits less than three months	500,000	500,000
Total cash and cash equivalents	1,051,901	978,057

Term Deposits	2021	2020
	\$	\$
Term Deposits 9 - 12 months	200,000	200,000
Term deposits less than three months	-	-
Total cash and cash equivalents	200,000	200,000

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

The effective interest rate on term deposits in 2021 was 0.35% - 0.45% (2020: 0.15%-1.15%).



Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2021

8. Receivables from Non Exchange Transactions

	2021	2020
	\$	\$
Accounts receivables	131,494	243,060
Sundry receivables	167	138
Total	131,661	243,198

Classified as:

Current assets	131,661	243,198
Non-current assets	-	-
Total	131,661	243,198

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 2020 and 2021, all overdue receivables have been assessed for impairment and appropriate allowances made. All receivables are subject to credit risk exposure.

9. Plant and Equipment

	2021	2020
	\$	\$
Gross carrying amount		
Opening balance	30,378	26,746
Additions	1,199	3,632
Disposals	-	-
Closing balance	31,577	30,378
Accumulated Depreciation and Impairment		
Opening balance	22,440	16,225
Depreciation for the year	3,444	6,215
Disposals	-	-
Impairment charge for the year	-	-
Closing balance	25,884	22,440
Carrying amount 30 June	5,693	7,938



Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2021

10. Employee Entitlements

	2021	2020
	\$	\$
Current		
Annual leave entitlements	29,192	17,624
Total	29,192	17,624

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

	2021	2020
	\$	\$
Current		
Trade Payables	231,676	263,171
Sundry payables	66,704	94,362
Total current	298,380	357,533
Total payables under exchange transactions	298,380	357,533

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

	2021	2020
	\$	\$
Unexpended contract revenue	688,401	608,792
Total deferred revenue	688,401	608,792

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 2021

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.

	Loans and receivables	Liabilities at amortised cost	Total carrying amount	fair value
2021				
Financial Assets				
Trade and other receivables	131,661	-	131,661	131,661
Cash and cash equivalents	1,051,901	-	1,051,901	1,051,901
Term Deposit	200,000	-	200,000	200,000
Total Current Assets	1,383,562	-	1,383,562	1,383,562
Total Assets	1,383,562	-	1,383,562	1,383,562
Financial liabilities				
Trade and other payables	-	298,380	298,380	298,380
Total Current Liabilities	-	298,380	298,380	298,380
Total Liabilities	-	298,380	298,380	298,380

	Loans and receivables	Liabilities at amortised cost	Total carrying amount	fair value
2020				
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

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2021

14. Operating Leases

	2021	2020
	\$	\$
<i>Non-cancellable operating leases as payable as follows</i>		
Less than one year	27,300	18,673
Between one and five years	4,550	3,226
More than five years	-	-
Total	31,850	21,899

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 \$40,199 (2020: \$61,997)

(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 \$45,068 (2020: \$53,210)

(3) Dr D Jones is a director of the company and 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 \$20,419 (2020: \$30,040)

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2021

(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.

	2021		
	Directors	Snr mgmt	Total
	\$	\$	\$
Salaries and other short-term employee benefits	58,626	106,521	165,147
Total remuneration	58,626	106,521	165,147
Number of persons recognised as key management personnel	7	1	8

	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

16. Contingent Assets and Contingent Liabilities

Christchurch PHO Limited has no contingent assets or contingent liabilities (2020: None).

17. Equity

As at 30 June 2021, 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 2021 Christchurch PHO Limited is not aware of any capital commitments or contingencies (2020: nil).

19. Subsequent Events

The Directors are aware of the current Covid-19 emergency and the New Zealand Government's decision that all non-essential are to close effective 17 August 2021. This matter is being addressed with business continuity planning and the Directors have considered that this is a "non-adjusting" subsequent event and there is no impact on the 2021 year

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

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

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

Financial forecasts have been prepared until 30 June 2022, which show that profitability and cashflows are adequate to meeting the investing and financing cashflow requirements of the company. For this reason, the Directors continue to adopt the going concern assumption in preparing the financial statements for the year ended 30 June 2021.





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INDEPENDENT AUDITOR'S REPORT

To the Shareholders of Christchurch PHO Limited

Opinion

We have audited the financial statements of Christchurch PHO Limited (the Company) on pages 3 to 17, which comprise the statement of financial position as at 30 June 2021, 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 2021, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Accounting Standards Reduced Disclosure Regime issued by the New Zealand Accounting Standards Board.

Basis for Opinion

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

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

Information Other Than the Financial Statements and Auditor's Report

The Directors are responsible for the other information. 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.

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Emphasis of Matter

We draw attention to Note 19 of the financial statements, which describes the effects of the New Zealand Governments decision that all non-essential businesses were to close effective 17 August 2021 relating to the spread of COVID-19. Our opinion is not modified in respect of this matter.

Directors' Responsibilities for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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



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

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

Restriction on Use

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

A handwritten signature in blue ink, appearing to read "Crowe".

Crowe New Zealand Audit Partnership
CHARTERED ACCOUNTANTS

Dated at Dunedin this 1st day of November 2021

christchurch pho

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