



christchurch **pho**

ANNUAL REPORT

2023





ANNUAL REPORT 2022-2023

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1. About Us

Christchurch PHO, established in 2003, operates as a community based not for profit health limited liability company. Based in urban Christchurch it is one of three primary health organisations in Canterbury and an active member of the Canterbury Clinical Network.

The PHO supports eight-member general practices which are a mix of youth focused centres, small centres, and larger urgent care centres, providing primary care services to an enrolled and funded population of over 56,000.

Mission

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

Legal structure

Christchurch PHO Trust - registered charity number CC32529

Christchurch PHO Limited - New Zealand Business number 9429043088485.

Governance structure

The Christchurch PHO Board has eight members and seeks advice from the management team and the Clinical Governance Group.

2. Board and Chief Executive Reports

Chair's Report

Firstly I want to acknowledge the enormous pressures we have all experienced over the last year, not only at a Board level but also in our member practices and across the sector. Not only in those roles working in patient facing areas but also in those many vital support and advocacy roles. Maintaining such a high standard of care and diligence to task whilst working in an environment that continues to be burdened by such uncertainty and fragmentation is immensely challenging. I thank you all for continuing to hold front of mind the task to provide high quality whānau-centred care for our patient populations.

I also want to acknowledge some changes at Board level over the last year. David Jones stepped down from the Board in April 2023. On behalf of the Board I thank David for his dedication and hard work over many years and pass on our best wishes for his next ventures. We welcomed the addition of Dr Danielle Brown to the Board being appointed in June 2023. Dr Angus Chambers was co-opted at a special meeting held after the AGM on 5th December 2022.

In December we also welcomed the addition of Halswell Health Ltd to our member practices and we also welcomed members of their teams onto Clinical Governance Group (Dr Sarah Marr) and the Board (Dr Danielle Brown). We also congratulate them on the successful opening of their additional site in Prebbleton.

Our practices are very ably supported by our mobile nurses (Michelle Okeroa and Michelle Forster), Pharmacists (Jo Comper and Loren Vincent) and social worker (Alisha Didham). I thank them on behalf of the Board and member practices for their wonderful work.

Our BIC team, ably led by George Dobson, continues to do fantastic work in support of our patients and practices.

We continue to enjoy good working relationships with Waitaha Primary Health and hope to continue supporting each other as we navigate the changing landscape ahead. Continued collaboration across all the PHOs will be vital in the times ahead.

Whilst we have continued to feel the full force of the dismantling of our health system in these relatively early stages of the health reforms, we have put provision of high-quality services and support to our member practices as our priority. Whilst navigating these uncertainties, we have also been very active in governance and advocacy positions with particular focus on workforce pressures, funding support, community teams and the interface between primary and hospital teams. Much of this work is sponsored and supported by Te Whatu Ora - Waitaha and I want to acknowledge this and thank them, particularly in light of the difficulties they have faced with restructuring and uncertainty within their own organisation.

Of course, we have yet to see how things will move forward with a change in Government. I remain hopeful that we may see some increased focus on the reforms into the primary and community space and hope for less of a disconnect between policymakers and the frontline. We will continue to advocate strongly for better funding, resources, collaboration and equity of outcomes for our populations.

Many thanks from me to the Board for their continued support, much valued input and enjoyable korero throughout the year.

Of course none of our services would be possible without the hard work and diligence of our management team. My thanks to our CEO Laila Cooper and her team Sandi Malcolm, Katrina Banks and Gill Coe who have continued to put the provision of services ahead of all the uncertainties and pressures of the last year.

A final word to two very special members of the board who have signalled their intention to step down. We have benefited from the wisdom and hard work of Drs Joan Allardyce and Angus Chambers at board level for many years. In addition to clinical practice they have both been very active in other governance and board roles across the regional and national network over many years, so their contributions to our system are immense. My thanks on behalf of the board to them both.



Dr Jason Pryke

Chief Executive's Report

This year was the 20th anniversary of the establishment of Christchurch PHO. The PHO has continued to adapt and respond to the many changes and challenges that have occurred since 2003. Health is an ever dynamic and complex sector, and the 2022-23 year was marked by some significant changes and challenges on a range of levels.

At a national level the health reforms commenced at pace. On 01 July 2022 new legislation and structures came into force, the Pae Ora (Healthy Futures) Act 2022, DHBs were merged into one entity Te Whatu Ora (Health New Zealand), and new entities were established – Te Aka Whai Ora (Māori Health Authority), and restructuring proposals implemented and some new staffing appointments made. There was also the establishment of Iwi Māori Partnership Boards, and work undertaken on the early actions programme and locality prototypes. There were other major leadership changes during the year following the death of Her Majesty the Queen Elizabeth II, and the resignation of the Prime Minister Jacinda Adern.

Amidst all this change the PHO worked to support general practice teams during the third disruptive year of the COVID-19 pandemic response. A key part of the general practice teams role was providing covid care in the community. Over the year the response shifted from emergency arrangements to long term management of the virus. It was challenging when the public health messaging changed, sometimes with little notice. The PHO continued to deploy as much funding as possible to support service delivery and general practice teams.

Canterbury was fortunate to escape the impact of the extreme weather events that Cyclone Gabrielle caused in other parts of the country in early 2023.

Three years of the COVID-19 response has exposed gaps in the health system and unmet need. It also has taken a toll on the health and wellbeing of the primary care workforce. Seasonal pressures morphed into all year round system pressures. Workforce shortages, staff sickness, nursing pay disparity issues, nurses' industrial action, and the concerning serious persistent inequities in funding primary care remained at the forefront of discussions and planning. The formal PHO Services Agreement Amendment Protocol (PSAAP) to negotiate changes to the PHO Services Agreement stalled, with no clear plans for the future functioning.

These factors added extra stress to general practice teams and the PHO team. It became apparent that maintaining business as usual was not always possible due to the demands of the COVID response. As a result some people were unable to access their GP/primary care team in a timely manner, which resulted in a flow on of record presentations to Urgent Care Centres and the Emergency Department.

In spite of all the difficulties experienced, it is important to celebrate the efforts that so many have made to deliver services to the enrolled population. The enrolled population grew when Halswell Health Ltd joined the PHO in December 2022. The PHO extended their clinical pharmacist and mobile practice nurse services to support the increased population. A web-based payment system was implemented for the primary mental health contractors. Work continued to deliver Equally Well services to address the physical health needs of people with serious enduring mental illness. The Health Improvement Practitioner role became embedded in the Lincoln and Canterbury University Health Centres. The mental health clinicians, clinical pharmacists, mobile practice

nurses and social worker all delivered valuable services to the enrolled population and supported general practice teams. While referrals to the primary mental health team were lower than in the previous year, the complexity and acuity of referrals had increased notably.

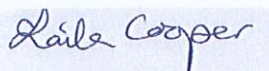
The PHO has contributed as an active member of the CCN over the year. This has included participation in a range of groups such as the Urgent Care Service Level Collective, the Primary Care Taskforce, the System Pressures Group, the Integrated Diabetes Service Development Group, the Population Health and Access Service Level Collective, and the Coordinated Access on Release Group.

We have collaborated with South Island PHO colleagues to strengthen a regional Te Waipounamu approach to service planning and delivery, which will become an integral part of the new ways of working to support the implementation of the Pae Ora Act.

There are many people to thank who have supported us to deliver on our strategic objectives this year - our member general practices for their dedicated work to deliver high quality services ; our colleagues in Waitaha Primary Health, Pegasus Health, and South Island PHOs for their friendship and support; and our Planning and Funding colleagues. We wish to acknowledge the impact that the Te Whatu Ora restructuring has had, especially on our Planning and Funding colleagues and thank them for their continued commitment to primary care during this process. Their ongoing efforts to ensure that PHO's funding agreements were not disrupted, and communication was maintained, have been most appreciated.

Thank you to the PHO Board and Chair Dr Jason Pryke and Deputy Chair Dr Angus Chambers for their helpful guidance and advice as we navigated complex and sometimes chaotic times. Thanks also to our third-party providers South Link Management Services, Karo Data Management, Ember Technology and Waitaha Primary Health for consistent service delivery; and an extra special heartfelt thank you to the small PHO team - Sandi Malcolm, Katrina Banks, Gill Coe, and Louise Matson – who have kept things going smoothly in the backroom.

We look forward to another challenging and busy year – hopefully with no major natural disasters or wider pandemics!

A handwritten signature in blue ink that reads "Laila Cooper". The signature is written in a cursive style and is placed on a light blue rectangular background.

Laila Cooper

3. Our Team - Board and PHO Team

The **PHO 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. The Board members bring a diversity of background, skills, and expertise to their governance role and their monthly Board meetings.



Christchurch PHO Board members (left to right)

Dr Jason Pryke	General Practitioner representative (Chair)
Michelle Turrall	Mana Whenua ki Waitaha appointed representative
Ana Verdult (nee Rolleston)	Mana Whenua ki Waitaha appointed representative
Dr Angus Chambers	General practitioner representative -co-opted (Deputy Chair)
David Jones	General practice representative to April 2023
Dr Joan Allardyce	General Practitioner representative
Rachel Brennan	Practice Nurse representative
Dr Melanie Coker	Christchurch City Council appointed representative

Dr Danielle Brown was appointed to the Board as a general practitioner representative in June 2023.

At the annual general meeting in November 2022 Dr Jason Pryke was appointed Chair.

In December 2022 Dr Chambers was co-opted onto the Board and appointed as Deputy Chair.

The Clinical Governance Group is a Board Committee tasked with providing clinical advice to the PHO Board. The Group met monthly during 2022-23 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 appointed representative
Rachel Brennan	Practice nurse representative
Kirsten Carey	Practice nurse representative
Joanne Comper	Clinical pharmacist representative
Dr Sarah Marr	General practitioner observer from March 2023

The Clinical Governance Group monitored the PHOs 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 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 Angus Chambers represented the PHO as a Primary Care Clinical Lead on the Canterbury Clinical Network (CCN) Support Team.
- Dr Jason Pryke participated in the Canterbury Clinical Network (CCN) Urgent Care Service Level Alliance, the System Flow Group, and the CCN Primary Care Taskforce Working Group.
- Dr Johanna Joblin represented the PHO at meetings of the Medical Informatics South Island Advisory Group (MISIDAG).
- Kirsten Carey represented the PHO at meetings of the Suicide Postvention Working Group.

The PHO Team

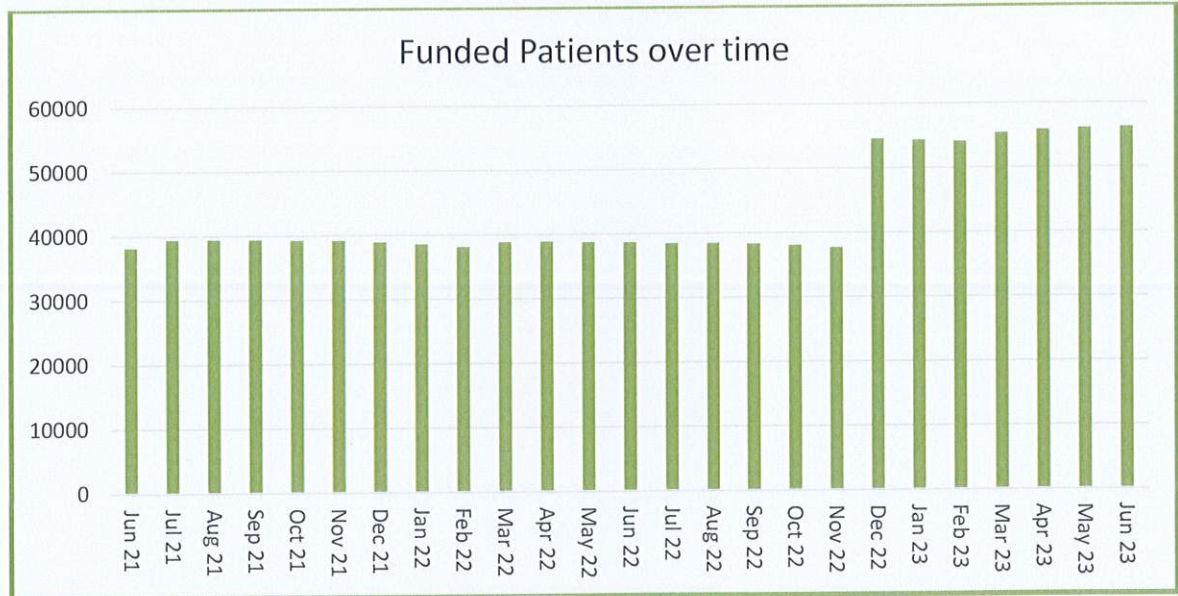
Laila Cooper	Chief Executive
Sandi Malcolm	Service Development Facilitator
Katrina Banks	Administrator & Board Secretariat
Dr Angus Chambers	Clinical Advisor
George Dobson	Mental Health Clinical Manager
Sharmaine Dobson	Triage Coordinator & Intensive GP Liaison (from Oct 2022)
Becky Baichoo	Mental Health Brief Intervention Counsellor
Jan Bensemam	Mental Health Brief Intervention Counsellor & Intensive GP Liaison
Olivia Dallison	Mental Health Brief Intervention Counsellor
Teresa Grimley	Mental Health Brief Intervention Counsellor
Lisa Hill	Mental Health Brief Intervention Counsellor and Intensive GP Liaison
Sue Mitchell	Mental Health Brief Intervention Counsellor (from Apr 2023)
Paul Wynands	Clinical Psychologist
Kirsten Carey	Mobile Practice Nurse (University of Canterbury)
Michelle Okeroa	PHO Mobile Practice Nurse
Michelle Forster	PHO Mobile Practice Nurse (from Apr 2023)
Joanne Comper	PHO Clinical Pharmacist
Loren Vincent	PHO Clinical Pharmacist (from Apr 2023)
Alisha Didham	Mobile Community Social Worker
Gill Coe	Project Facilitator (from Nov 2022)
Louise Matson	Project Facilitator

4. Our population and member practice network

Enrolled Service Users

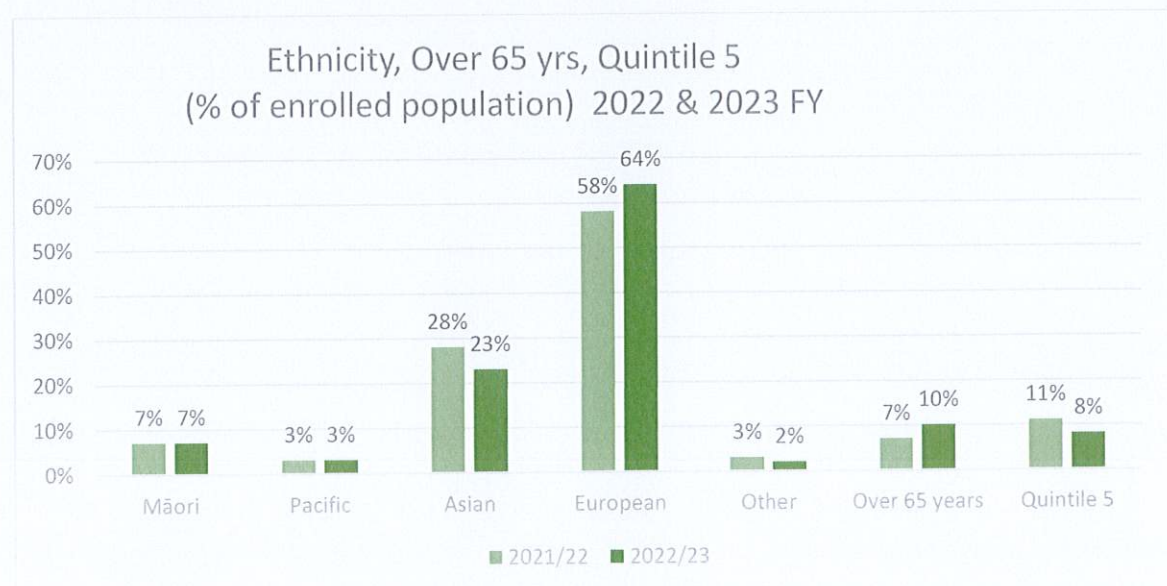
The number of enrolled and funded service users has increased steadily over recent years and this year increased from 38,000 to over 56,000 when Halswellhealth joined the PHO in December 2022.

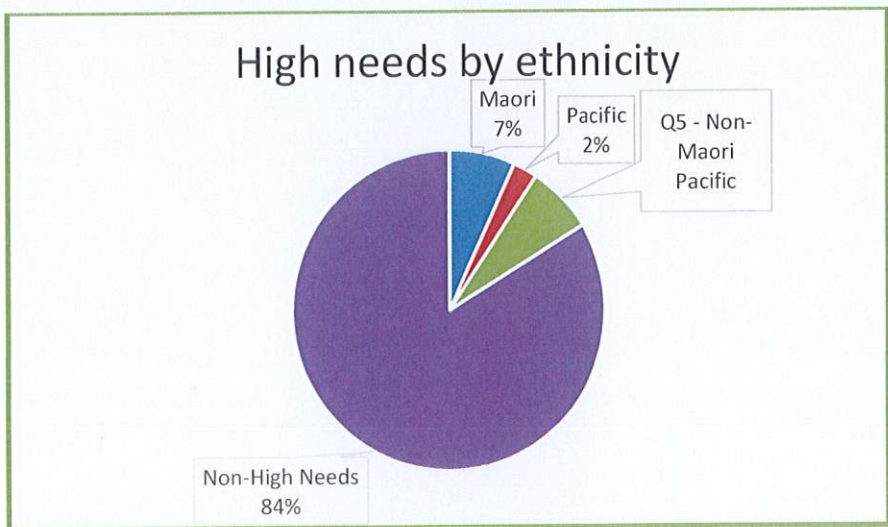
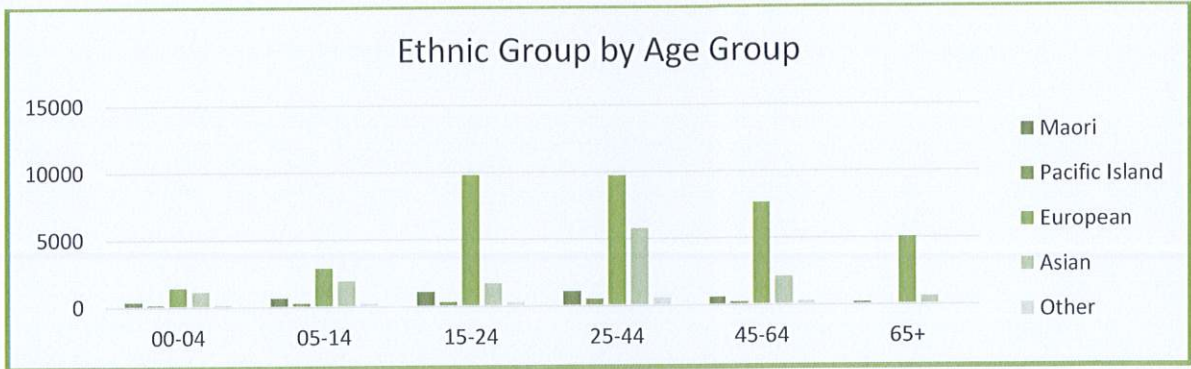
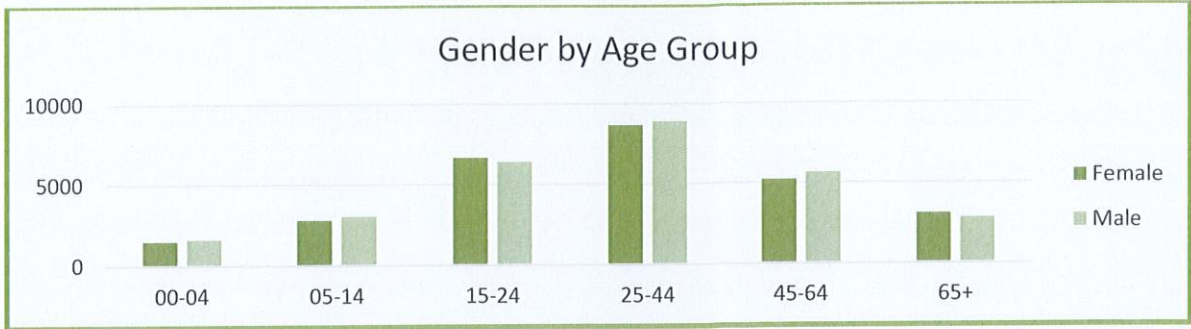
PHO enrolments are traditionally lower over the three-month summer period reflecting the tertiary education academic year for three member practices.



Enrolled Service User Demographics

The ethnicity breakdown, the percentage of over 65 years and the number of enrolled population in Quintile 5 are shown below. The change in numbers between the two financial years indicate the older, less diverse Halswellhealth enrolled population (an area with several retirement villages).





PHO Membership

The PHO funded the following eight, member general practices that has approximately 41 FTE GPs and 48 FTE nurses providing care to patients.

Ara Institute of Canterbury Health Centre	Whareora, Ara Campus, Christchurch
Burnside Medical Centre	368 Wairakei Rd, Burnside, Christchurch
Halswellhealth	36 Ensign St, Halswell 53 Caulfield Ave, Halswell 9 Coupling Close, Prebbleton
Korowai Youth Wellbeing Trust (Te Tahī Youth)	Unit 1, 25 Churchill St, Christchurch
Lincoln University Student Health & Support	University Campus, Lincoln
Moorhouse Medical Centre	3 Pilgrim Place, Sydenham, Christchurch
Riccarton Clinic	6 Yaldhurst Rd, Church Corner, Christchurch 20 Brake Street, Church Corner, Christchurch
University of Canterbury Health Centre	University Campus, Ilam Rd, Christchurch

Canterbury Clinical Network (CCN)

Christchurch PHO, as one of the twelve partners in the Canterbury Clinical Network (CCN), has continued to actively collaborate with service providers, Te Whatu Ora Waitaha Canterbury and the two other Canterbury PHOs about various projects, programmes, and service improvement initiatives.

A principles-based framework is used that places people and their family/whanau at the centre when designing equitable health services. Due to the COVID19 pandemic response some CCN groups were paused or had a reduced workplan this year.

The Canterbury Primary Response Group was active fulfilling its responsibility for coordinating and supporting the primary care COVID19 response in Canterbury on behalf of the three PHOs, general practice and community pharmacy.

Among a wide range of activity, Christchurch PHO involvement included membership of the following groups:

- CCN Leadership Team
- CCN Support Team
- Population Health & Access Service Level Collective
- Pharmacy Service Level Collective
- Integrated Diabetes Services Development Group
- Integrated Diabetes Podiatry Working Group
- Canterbury Primary Response Group
- Urgent Care Service Level Collective
- Coordinated Access for Offenders on Release Working Group
- Enhanced Capitation Working Group
- Te Tumu Waiora Sponsorship Group

Other collaborative work 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

National Linkages

- Christchurch PHO was a member of the Federation of Primary Health Aotearoa New Zealand this year.
- Laila Cooper served as a member and Chair of the Dietitians Board.
- Dr Angus Chambers served as Deputy Chair and Chair of GenPro.
- Close links were maintained with other South Island PHOs including attendance at regional meetings, the South Island Diabetes Network Group, and the national group of GPNZ PHO CEOs.
- The PHO was represented at regular meetings of the Health Quality & Safety Commission PHO Improvement Network.
- Dr Angus Chambers attended regular meetings of GPNZ clinical leaders, and other national meetings of primary care clinical leaders.

5. Clinical programmes and services

Funding received on behalf of general practice teams for the enrolled population was used to provide services that promoted population wellbeing, and management of personal health. Other targeted funding was used for clinical programmes and interventions to address specific areas of primary health.

5.1 Services Provided by General Practice Teams (funded by Te Whatu Ora)

Healthy Lifestyles

Smoking Cessation Brief Advice & Support - funding was available for general practice teams to support people in their journey to become smokefree.

Children and Youth Health

Immunisation – The National Immunisation Schedule offered vaccination, free of charge, against vaccine preventable diseases to children aged from six weeks to 16 years of age, which could be administered by general practice teams. All children in New Zealand were eligible for the funded National Schedule vaccines.

Free care for children under 14 years of age – free health care visits were available for children under 14 years old.

Free After-hours care for Children under 14 years of age (Riccarton Clinic and Moorhouse Medical Centre only) - primary care services after hours for children aged 14 years and under through the provision of free after-hours care (outside 8.00 am to 6.00 pm weekdays; and any time weekends and public holidays).

Before School Checks – the final Well Child health check was provided at no charge for all children aged 4 years old.

Rheumatic Fever Patient Services – were provided to support timely primary care access for people diagnosed with rheumatic fever by removing the barrier of co-payment.

Youth Sexual Health Services – were provided to improve access to sexual health services by providing free treatment and advice, contraception, sexually transmitted infection screening, and health education for young people aged 14 to 17 years.

General Practitioner & Nurse Hours (Korowai Youth Health & Wellbeing Trust only) – dedicated funding was provided to support general practitioner and nurse clinic services at the 298 Youth Health Centre/Te Tahi Youth at no charge to Canterbury youth aged 10 to 24 years.

Women's Health

Low-Cost Access to Contraception and Long-Acting Reversible Contraception (LARC) Services – were provided to improve access to contraception and help prevent unplanned pregnancies for women aged 18 years and older. General practice teams could fit or remove LARCs at no charge for those women who met the eligibility criteria.

National Breast Screening Programme – was provided to reduce the risk of women developing breast cancer. Free mammograms (breast screens) were available every two years for women aged 45 to 69 years at no charge.

National Cervical Screening Programme – was provided to reduce the risk of women developing cervical cancer by checking for abnormal cell changes to the cervix. Screens are recommended every three years for women aged 25 to 69 years. Some free screens were allocated for targeted priority population groups.

Whooping Cough (pertussis) Vaccination – was available for all pregnant woman between 28 to 38 weeks gestation.

Older Person's Health

National Bowel Screening Programme – was provided to reduce the risk of people aged 60 to 74 years developing bowel cancer. General practices were funded to provide a free general practitioner consultation for the management of a positive test result.

End of Life Care Services – were provided to improve access to general practitioner and practice nurse services in the general practice and at home during a person's last three months of life. Services were provided at no charge to eligible people.

Immunisation – Influenza and shingles vaccines were available free of charge to people who met the criteria, i.e. influenza - people aged 65 years and older and people with chronic medical conditions who were at risk of developing serious complications; shingles for people aged 65 years. General practice teams administered these vaccinations.

Long Term Conditions

Diabetes Care Improvement Packages – provided to general practice teams to improve the management of people with diabetes by reducing avoidable complications of the disease and improving people's quality of life.

Enhanced Capitation Funding – to support general practice teams to better coordinate care for those people with complex needs.

Heart Health Funding – to support general practice teams to identify, treat and manage people's cardiovascular disease risk.

Chronic Packages of Care Funding – for free funded nurse and general practitioner consultations for people with long term health conditions, who had been recently discharged from hospital, newly diagnosed or were at high risk of complications.

Māori Chronic Care Management Funding - specific packages of care were provided for the Māori population identified as having a long-term health condition.

Podiatry Services – were delivered by contracted podiatrists. Services included assessment and care of foot problems that could lead to ulceration or potential amputation. Two services were offered. One for people with diabetes who had been assessed by their general practice team as being at risk for foot complications. The PHO contracted podiatrists in the community to provide services to those patients referred by their general practice. Up to four visits at no charge per 12-month period were available. The second service was for people who did not have diabetes and had been assessed by their general practice team as being at risk for foot complications. Up to three visits at no charge p.a. were available.

Mental Health and Wellbeing

Primary Mental Health Services – were provided to support timely and appropriate access to experienced mental health clinicians, for those people experiencing mild to moderate mental health distress. Up to five sessions at no charge were available for eligible people who had been referred by their GP.

Access and Choice Services - Health Improvement Practitioners (clinical) and Health Coaches (non-clinical) supported patients with behavioural changes to improve their mental health and wellbeing. The service was available at the University of Canterbury Health Centre and Lincoln University Student Health & Support.

Equally Well Programme – the PHO funded this programme with the aim of achieving physical health equity for people who experience mental health and addiction and have barriers to access. Eligible people could access up to four sessions p.a. with a general practitioner or practice nurse at no charge.

General Support

COVID Care in the Community – Te Whatu Ora funding was used by general practice teams to assist people to self-manage and have access to funded consultations if required. The Canterbury Hauora Hub provided additional support including addressing welfare needs for people with COVID19 who were required to quarantine, self-isolate or had complex health conditions, or were not enrolled or connected with a general practice.

Mobile Practice Nurse Service– this PHO service provided general nursing interventions as an extension of the general practice team, for priority populations. The team also supported general practice teams with their COVID in the community response.

PHO Clinical Pharmacist Service – provided support to general practice teams and free consultations in a person's home or general practice to help people better understand and manage their medications. The pharmacists completed medication audits and reviews, provided feedback on results to clinical teams, reported adverse events to the Clinical Governance Group for discussion, and shared pharmaceutical advice with general practices.

Community Social Worker Service – provided early intervention for people and their families, links between appropriate services, and assisted people to navigate their way through the systems. In a collaborative relationship with the PHO Mobile Nurse, Clinical Pharmacist and general practice teams, wrap around services were provided for those most in need.

Health Promotion Services – were designed to increase health knowledge and reduce inequalities. These included an oral health promotion project for preschoolers, and funding general practice teams to support their immunisation and screening promotion initiatives. General practices were also supported to ask and record people’s alcohol intake, and provide brief advice, cessation support and onward referral to support services if required.

Discretionary Funding – a small funding pool was made available to assist people to access health care /services where there were financial barriers and no other funding options were available. The service included funded transport for patients to attend appointments.

Interpreter Services – free services were available for those people for whom English was not their first language via Interpreting New Zealand, which included telephone and face to face, and interpreters for those with hearing difficulties.

Acute Demand Packages of Care - St John (Riccarton Clinic and Moorhouse Medical Centre only) – Te Whatu Ora provided funding for when the St John Ambulance service attended a call out and assessed that a person needed further medical attention within the next few hours, and either transported the person to an Urgent Care provider or allowed the person to transport themselves. A voucher was issued for a free consultation visit at an Urgent Care Centre within 24 hours of issue.

Free GP Consultations - were provided for the following groups:

- **Eligible Te Whatu Ora staff** – designed to improve equity of access by removing cost as a barrier
- **People on Release from Prison** – designed to improve equity of access by removing cost as a barrier, and to increase engagement and enrolment in primary care.
- **Cancelled Dermatologist Appointments** – provided while there were no Dermatologists employed at Te Whatu Ora until 31 March 2023, so people could be monitored by a general practitioner for any concerns.
- **Special Ukraine Policy Visa Holders** – provided a brief health assessment for Ukrainians arriving in New Zealand via the 2022 Special Ukraine Policy Visa.
- **Extraordinary Event Services (Mosque Attacks)** – support offered to people affected both physically and psychologically by the Mosque attacks in Christchurch. Free visits were reinstated to support people during the coronial inquiry.

6. Clinical Programmes and Services Provided Canterbury wide

The Christchurch PHO enrolled population was also able to access the following Canterbury wide clinical programmes and services.

Provided by Pegasus Health

- ACC Contract for General Practitioner referred Magnetic Resonance Imaging (GPMRI) – designed to increase access to assessment and reduce barriers to having a general practitioner review and referral to GP Referred MRI Services. The service reduced the time from MRI referral to treatment and return to independence/work for people who required specialist care; and supported timely referral to appropriate care for those who required more specialised assessment and treatment.
- ACC Primary Care Concussion Pilot – designed to support general practitioners in the early assessment, diagnosis, and management of people with a concussion or mild traumatic brain injury. General practitioners assessed and referred people to concussion services if needed without prior approval from ACC. This new approach was expected to lead to better outcomes for patients by directing them to the appropriate treatment pathway in a timelier manner.
- Refugee and Migrant Services – free general practitioner or nurse care was provided for eligible former refugees living in Canterbury during their first five years in New Zealand.
- Acute Demand Service – supported patients to remain or return to the care of their general practitioner and stay out of hospital and the Emergency Department. The service assisted general practitioners with diagnostic work, including electrocardiogram (ECGs), blood tests or organising radiology, and provided support and monitoring for heart and chronic obstructive pulmonary disease (COPD) patients, anticoagulation monitoring and other therapeutic services, such as intravenous (IV) antibiotics.

Provided by Waitaha Primary Health

- Infant Feeding Service - comprised a Community Based Lactation Consultation Service which provided specialist support to mothers with complex breastfeeding issues, and a Mother-4-Mother Breastfeeding Peer Support Programme.

Provided by Canterbury Clinical Network / Canterbury Initiative

- ***Integrated Respiratory Service*** – assisted people to get support for their breathing conditions. Diagnostic tests like spirometry and sleep studies were completed in the community. The community respiratory team delivered community based Better Breathing Pulmonary Rehabilitation programmes and provided community support and exercise groups.
- ***Integrated Diabetes Service*** – supported delivery of diabetes programmes and services in the community such as the Community Diabetes Education programme.

Canterbury Initiative managed several programmes that supported patients. For example:

- Advance Care Plans – which documented the wishes of people to support their care at the end of life.
- Medical Care Guidance – which documented the wishes of people to support their care at the end of life, with the support of family, friends and medical carers when they were no longer competent.
- Mobility Action Plan – a plan was developed for people with osteoarthritis who did not meet referral criteria for First Specialist Assessment.
- Shoulder Service – supported the assessment of people to determine eligibility for a First Specialist Assessment.
- Community Musculoskeletal Service – an assessment clinic where people with non-urgent musculoskeletal conditions that did not require surgery were reviewed by a specialist.
- Avastin Service – practice treatment of macular degeneration provided by GPs.
- GP Subsidised procedures – these included steroid injections, spirometry, and sleep assessments, pipelle biopsy and skin lesion excision, IV iron infusion, Mirena insertions, and supporting people newly diagnosed with diabetes and those starting on insulin.

Provided by Stop Smoking Canterbury - Te Hā Waitaha (a range of providers)

- ***Smoking Cessation Service*** – Stop Smoking Practitioners supported people to become smokefree by working with them to set a quit date and become smokefree in ways that worked for them. The service was provided at no charge and free nicotine replacement therapy (patches, lozenges, gum) was available to help with withdrawal symptoms.

7. Our Performance – Measuring Our Impact

The PHO's annual plan identified objectives for the 2022-23 financial year and these are used to measure our impact. Each quarter the Board was updated about performance of PHO programmes against a range of indicators. This included the uptake of services by Māori, Pacific, and Asian and vulnerable populations.

The following are the key objectives from the annual plan, with what we did and what we achieved.

1. To promote health equity within the populations we service, with a focus on Māori, children and youth, vulnerable populations, and mental health.

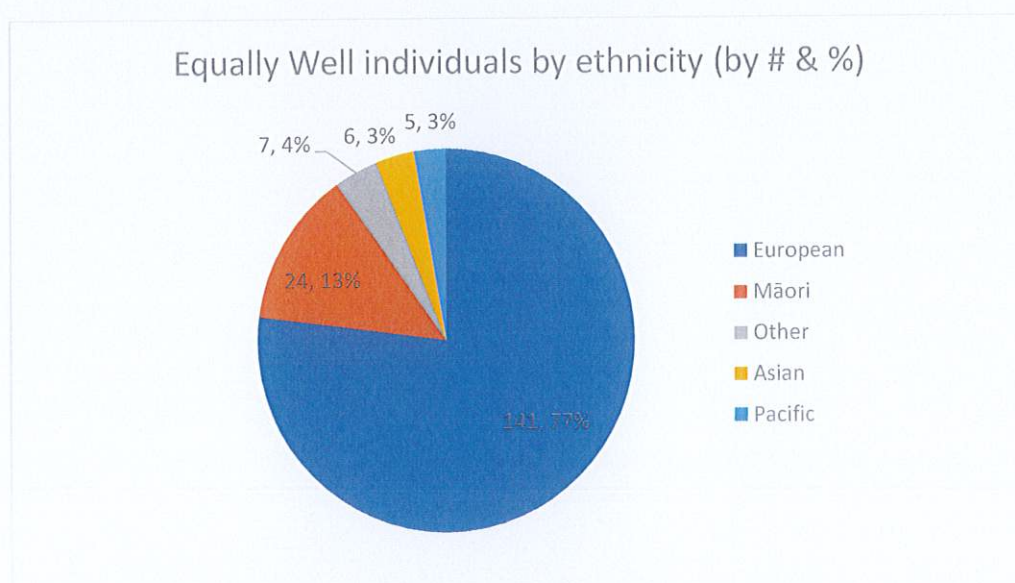
1.1. Implement an Equally Well programme for identified eligible population.

What we did: The PHO funded up to four free consultations per annum with a general practitioner or practice nurse for people with serious enduring mental illness to address their physical health needs. The focus was on equitable service provision for Māori and Pacific, and youth with health concerns who had barriers to accessing services.

The PHO Mobile Practice Nurses and Clinical Pharmacist and Social Worker worked together with the general practice teams to provide a wraparound service for some people. One of the mobile nurses has established very strong relationships with the secondary care Equally Well champion which has led to regular meetings and cross-collaborative service provision.

We worked with other PHOs and guided them to assist a Canterbury-wide approach. Staff have been involved with the regional working group.

What we achieved: 222 sessions were provided to 183 individuals. The % of Māori and Pacific utilising the service is above the PHO's enrolled population indicating that this service is reaching its target group.



1.2 Support general practice teams to improve the health and well-being of the child and youth population.

What we did: Implemented an Oral health pilot programme which received overwhelmingly positive feedback from practices. Resource kits, including toothbrushes and information to be shared with parents and caregivers in a variety of languages, were distributed to all practices who provide Childhood immunisations. The practices therefore continued to be funded to access toothbrushes and other resources to be given out at the 15-month-old immunisation visit.

What we achieved: Practices reported that they valued the resources which were useful in providing additional information to ensure that children are enrolled in the dental service and are provided with information in their own languages.

1.3 Youth Sexual Health

The PHO's youth-oriented practices – Te Tahi Youth and the three tertiary education practices continue to focus on youth sexual health.

What we did/achieved: The Youth Sexual Health claims were lower this year due to COVID19 and the lower age criteria of 14 to 17 years. Students tend to be 18 years and older, so are not eligible. It is also a low value claim and so practices were not claiming.

1.4 Improve the health of Māori and Pacific people who have gout.

This was to be scoped and implemented during the financial year, however, with the pressure on practices, workforce shortages and staff sickness, this was not able to be progressed. It is part of the 2023/24 action plan.

2. To contribute to the achievement of the Canterbury health system strategic goals, service development and improvement priorities, and regional and national targets.

2.1 Implement the Primary Mental Health initiative – Te Tumu Waiora (Health Improvement Practitioner and Health Coaches) in general practice teams.

What we did: The Christchurch PHO established this service at the University of Canterbury Health Centre and Lincoln University Student Health & Support. Halswellhealth were already providing this service while at Pegasus Health which continued to fund the Health Improvement Practitioner for this financial year after Halswellhealth moved to Christchurch PHO. The Health Improvement Practitioners/Health Coaches delivered immediate health support to people following a warm handover from their general practitioner.

What we achieved: Two tertiary health providers (Lincoln University Student Health & Support and Canterbury University Health Centre) delivered 721 sessions to 477 individuals.

Ethnicity	% of total
European	77%
Asian	11%
Māori	7%
Other	3%
Pasifika	2%

Reflecting the student population of these practices, the main presenting conditions were anxiety, generalised stress, sleep issues and academic issues/learning disorders.

2.2 Continue to provide Brief Intervention Counsellor (BIC) service

What we did: Ongoing funding to this team to provide short-term counselling sessions. This contract includes a dedicated youth component

What we achieved:

Type	2021/22	2022/23
Individuals seen	1,039	843
Sessions provided*	3,077	2,075
Gender (female)	62%	61%
Age - 20-39 year olds	62%	59%
Māori	9%	11%
Asian	13%	12%
Other^	18%	14%
European	60%	62%

*This does not include the many phone/video sessions with clients and contacts with GPs and other providers that were made on behalf of clients.

^Pacific are included in "Other ethnicity" in this report.

Reasons for presentation includes anxiety 59%, depression 54%, alcohol and other drugs 7%)and Other 24%.

The number of people and sessions has reduced, however, the complexity of the presentations has increased, particularly since COVID19. This is highlighted by the fact that at their first session 97% of clients had a moderate to severe Kessler score (used to establish severity of distress). Kessler scores movement from severe to moderate or mild distress had improved for 73% of clients by the end of their sessions.

2.3 Support efforts to promote equity in immunisation and screening.

2.3.1 Immunisation

It was difficult to maintain general immunisation services and coverage during a busy year impacted by the COVID19 pandemic response and workforce shortages. This year there was initially an additional focus on youth, however, Te Whatu Ora changed the focus during the year to concentrate on childhood immunisations, particularly the MMR catch-up vaccination programme.

What we did: Utilised health promotion funding to support the practices to improve their immunisation and screening performance. This supported the 65 years and over influenza vaccinations and childhood immunisations.

Staff participated in regular meetings with the regional immunisation team to ensure the PHO contributed to the dialogue related to improving target achievement within the current context of stretched primary care capacity.

What we achieved:

8-month immunisations: Fully immunised 97% (2022 FY), 95% (2023 FY) – meeting the target of 95%.

>65-year-olds flu vaccinations: In both the 2022 FY and 2023 FY the PHO practices vaccinated 76% of the eligible over 65-year-olds.

2.3.2 Cervical Screening

What we did: Te Whatu Ora, via ScreenSouth, allocated additional funding to support cervical screening rates for eligible priority women – Māori, Pacific, Asian, women over 30 who were unscreened and those who were under screened. This funding was allocated to practices to provide free screening for these priority women. The mobile nurses played a significant role in supporting the practices to reduce the number of eligible women who had not taken up the opportunity for a cervical screen. They provided additional free practice clinics and home-based support for those with barriers to accessing their general practice.

What we achieved: Providing a free service via the mobile Nurse is evident by the increase in uptake - 69% of all eligible women were screened (up from 66%). 66% of Māori, 66% of Pacific and 63% of Asian (an increase for these groups from the previous year).

The Mobile Nurses reported that as well as screening, other health and complex socio-economic concerns were addressed, and navigation was provided to support services as appropriate.

2.3.3 Bowel Screening

What we did: Utilised the funding to set up new processes and to support practices to provide a free follow-up appointment for patients who have a positive FIT (Faecal Immunochemical Test) and require referral for a colonoscopy (53 in the 2022 FY; 30 in the 2023 FY).

What we achieved:

Ethnicity	2022 FY	2023 FY
Māori	8%	13%
Pacific	0%	3%
Asian	23%	17%

2.3.4 CVD Risk Assessments

What we did: The Heart Health contract targets Māori, Pacific and Asian patients, with general practices utilising the funding to identify and contact eligible patients for their first assessment or recall.

What we achieved: CVD Risk Assessments were completed for 62% of the eligible population (a reduction of 6% from 2022 FY). 62% of Māori, 57.7% of Pacific and 64.4% of Asian received assessments. Increases for ethnic populations from the previous financial year, highlighted the effort made by the general practices with the additional funding they received. There is no longer a national health target in place.

2.4 New-born enrolment

The PHO has always achieved highly against the target of 55% to have new-born babies enrolled with a PHO within six weeks of birth and this has increased again since the 2022 FY. The three months of age enrolment is higher at 87.7%.

New-born Enrolled by 6 weeks of age			
	Annual Enrolment Rates		
	Jun 2022	Jun 2023	Change
Māori	54.3 %	59.9%	5.6%
Pacific	59.7 %	63.9%	4.2%
Asian	75.1 %	79.8%	4.7%
Other	77.4%	82.0%	4.6%
Total	68.9%	73.5%	4.7%

New-born enrolled by 3 months of age			
	Annual Enrolment Rates		
	Jun 2022	Jun 2023	Change
Māori	67.3%	69.7%	2.5%
Pacific	79.6%	80.2%	0.6%
Asian	90.9%	93.0%	2.1%
Other	96.2%	99.1%	2.9%
Total	85.5%	87.7%	2.2%

2.5 Chronic Packages of Care

What we did: The PHO continued to fund packages of care (as part of Service to Improve Access funding), and topped-up this funding, reflecting the commitment from the PHO to address long term conditions and the need for additional central funding for this crucial service, particularly as the population ages.

What we achieved: Sessions were provided to 1279 people (up from 799 in 2022 FY).

- 20% were for mental health related concerns; and
- 27% for diabetes-related concerns (up from 18% the previous year).

3. To be a high performing PHO that is innovative, responsive, responsible, and publicly accountable

3.1. Welcomed Halswellhealth to the PHO

Ensured the transition of Halswellhealth to the PHO was as smooth as possible by working in conjunction with Pegasus Health, Te Whatu Ora, data management and IT teams, and other support services.

3.2. Review PHO operations for opportunities for efficiencies and improvements.

- Implemented COVID19 care in the community claiming via the KARO web-based claiming portal to enable more efficient reporting to Te Whatu Ora.
- Refined web-based invoicing for mental health contractors.

3.3. Strengthen the PHOs cyber security and response plan.

This was a key focus, particularly as cyberattacks on the health sector continue to increase. The PHO employed a project manager whose role included developing a cyber security policy and response plan, in conjunction with our IT company, Ember Technology. Work continues to establish the risks associated with third party providers and ensuring they have sufficient mitigations in place.

3.4. Participate in regional COVID-19 pandemic response, including promoting the COVID vaccination programme.

The PHO participated in the Canterbury Primary Response Group and Emergency Operations Centre Group as required and disseminated all relevant information to the practices. The PHO responded to regular data requests from the Programme Office.

The PHO was also a part of the Canterbury Clinical Network's Primary Care Taskforce Working Group and sub-groups to identify areas of pressure and develop strategies to support practices.

3.5. Participate in the locality prototype programme

The PHO Chief Executive participated in the early conversations however, progress was delayed by Te Whatu Ora in Canterbury and the PHO maintains a watching brief.

4. To increase the PHOs capacity to support and add value to our member practices in the care they provide to their patients and in the successful operation of their businesses.

4.1. Support practices to implement aspects of Health Care Home model.

What we did: The PHO supported elements of Aotearoa Collaborative (previously Health Care Home) which included supporting practices with the Foundation Standards, the Patient Experience Survey, quality improvement, the patient portal, care plans, clinical triage, and telehealth.

What we achieved: The PHO financially supported practices to provide telehealth.

Support was provided to Burnside Health Centre, Te Tahi Youth and Halswell Health's Prebbleton centre, which all passed their Foundation Standards audit during the year. The University of Canterbury Health Centre has completed one of the modules of the Cornerstone programme and is working on the Equity module to achieve Bronze status.

The mobile practice nurses are able to complete Advanced Care Plans on behalf of the practices.

The PHO has encouraged practices to meaningfully engage with the national Patient Experience Survey (PES) through providing reports where necessary and ensuring relevant staff have the information/training they require to access and analyse data as part of their quality improvement plan. Low PES results for timely access to general practices highlighted the difficulty some patients have had, particularly in the Urgent Care centres, reflecting a nationwide issue. PHO level reports were tabled for consideration and comment at the Clinical Governance and CPHO Board meetings.

All practices are now using e-prescribing which is more efficient and convenient for both them and patients.

Work will continue in 2023/24 to promote increased uptake of other elements of this model.

4.2. Strengthen CPHO's support for member practices with high youth populations

What we did: Continued to support practices with youth sexual health, mental health, extended consultations, and chronic packages of care. The work to confirm priorities and general practice needs is part of the 2023/24 action plan.

The three PHOs responded to a Te Whatu Ora RFP (request for proposal) to provide additional funding for youth services (focussed on trans gender support).

What we achieved: An additional \$100k over four years for the Canterbury region was awarded from the RFP, which will provide some additional access for CPHO's eligible enrolled population. Pegasus Health holds the contract for this regional service.

Quality Assurance Activity

Achievement against the 2022-23 Christchurch PHO Quality Plan is summarised as follows:

Consumer Engagement and Participation	
<ul style="list-style-type: none"> Implement Patient Portals. 	These have been implemented in six member practices.
<ul style="list-style-type: none"> Implement Patient Experience Survey (PES). 	The PES was implemented each quarter. General practices were supported to access and use the survey results 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 11 medications (e.g. Lorazepam, Warfarin), health conditions including transplant patients, COPD, polypharmacy for Māori & Pasifika, gout, MMR vaccination status for Māori and Pasifika.</p> <p>Results are reported to CPHO CGG and what can be learnt is shared with the practices' clinical teams</p>
<ul style="list-style-type: none"> Use valid and reliable measures to evaluate aspects of service delivery and inform improvement, change and sustainability. 	<p>The Te Hā Waitaha Stop Smoking Canterbury Service was unable to complete carbon monoxide (CO) validations at four weeks post quitting, so there was insufficient data to evaluate the service. Quarterly reports on the number of people referred into the Te Hā Waitaha service and outcome data (number enrolling in the service) were received quarterly and shared as part of the CPHO System Level Measures report that is tabled at the CGG and Board meetings.</p> <p>CPHO is a member of the Equally Well Canterbury-wide Strategic Forum Group that is investigating and developing a Canterbury-wide approach to providing better care for those with Severe Mental Illness and/or Addiction (SMIA) concerns. CPHO has shared what has been learnt from implementing the pilot project and continues to provide input into consumer engagement and working collaboratively with secondary care. The CPHO Mobile Nurse has worked with secondary care Equally Well champion to develop a standardised screening and health assessment form that has the potential to be used across services.</p> <p>CPHO is a member of the Inbox Management group that is developing resources to be shared with practices on how to implement strategies to address the inbox management workload for primary care clinicians. A kete of resources will be shared in 2023-2024 with general practices.</p>

Commitment to Quality Improvement and Patient Safety	
<ul style="list-style-type: none"> Implement National Adverse Events Reporting Policy 2017. 	<p>All reported adverse events were reviewed by the Clinical Governance Group and learnings shared with practices.</p> <p>Preparation was made for supporting practices with to implement the updated Policy.</p>
<ul style="list-style-type: none"> Maintain Cornerstone Accreditation and Foundation Standard Certification. 	<p>Foundation Standard certification was maintained by all member practices. Certification is via the Royal New Zealand College of General Practitioners and the Standards are the benchmarks for practices to measure their quality of care and progress towards equity.</p> <p>One practice has maintained Cornerstone accreditation while others previously accredited have withdrawn from the programme due to the cost and onerous compliance requirements. This means they no can longer participate in the general practitioner training programme.</p>
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>Health Quality & Safety Commission resources were shared with general practice teams and discussed by the Clinical Governance Group and the Board.</p> <p>Quality improvement support was provided to practices, and CPHO participated in the Health Quality & Safety Commission's national PHOs Quality Improvement Network.</p> <p>One of the clinical pharmacists attended an HQSC 2 day in-person workshop in Wellington re large scale improvement.</p>
<ul style="list-style-type: none"> Support quality improvement leaders in general practice. 	<p>There was continued promotion of elements of the Health Care Home programme including the use of video technology. The PHO provided funding to assist practices to embed telehealth including clinical triage, patient portals, electronic prescribing and use of video consultations. All practices now implement electronic prescribing.</p>

Service Utilisation

- All practices participated in the Community Service Card (CSC) programme which is an additional subsidy that caps the standard practice visit charge for a CSC holder and their dependants aged 14 to 17 years.
- Three practices received Very Low Cost Access funding.
- Fee levels for member practices were published on their websites which can be accessed via the PHO website.
- This year the two member practices that also operate Urgent Care Centres, reported a higher number of presentations. Some were people unable to enrol in a general practice and / or to make an appointment with their regular general practice team.
- While all CPHO member practices continued to operate during the COVID19 pandemic response, there were times due to workforce shortages and staff illness that access to services was reduced.
- Primary care workforce capacity remains a significant concern across Canterbury and nationally.

8. Financial Statements

The Financial Statements presented for the year ended 30 June 2023 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 2023 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 2023.

Signed for and on behalf of the Directors



Dr Jason Pryke
Director



Christchurch PHO Limited

Financial Statements

For the year ended 30 June 2023

Christchurch PHO Limited

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Christchurch PHO Limited

Directory

as at 30 June 2023

Principal Business:	Primary Health Organisation
Shareholder:	Christchurch PHO Trust
Registered Office:	South Link House 5 Melville Street Dunedin
Directors:	J Allardyce R Brennan D Brown (Appointed 12 June 2023) A Chambers M Coker D Jones (Resigned 3 April 2023) J Pryke A Verdult 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 2023

The Directors are responsible for preparing the financial statements and ensuring that they comply with generally accepted accounting practice in New Zealand, and present fairly the financial position of the Company as at 30 June 2023, the results of their operations and cash flows, and the level of service performance for the year ended on that date.

The Directors consider that the financial statements of the Company have been prepared using appropriate accounting policies, consistently applied and supported by reasonable judgements and estimates and that all relevant financial reporting and accounting standards have been followed.

The Directors believe that proper accounting records have been kept which enable, with reasonable accuracy, the determination of the financial position of the Company and facilitate compliance with generally accepted accounting practice in New Zealand.


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The Directors are pleased to present the financial statements of the Christchurch PHO Limited for the year ended 30 June 2023.

For and on behalf of the Directors:

Director:  _____

Dated: 28 NOV 2023

Director:  _____

Dated: 28/11/23

Christchurch PHO Limited

Statement of Service Performance

For the year ended 30 June 2023

PHO Mission

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.

PHO Values

Proven excellent, innovative, affordable and accessible services, that support the integration and continuity of health care

PHO Role

Primary Health Organisations (PHOs) are the means by which the Government ensures that everyone has access to a general practitioner (GP) and a primary care practice. PHOs are made up of a number of primary care practices which work together to care for patients who are registered with them.

PHOs are funded by Te Whatu Ora (either directly or via Te Whatu Ora – Waitaha) to subsidise healthcare for their enrolled patients. This pays for care and treatment when people are ill, helping people stay healthy and initiatives to contact groups in the community with poor health who would otherwise miss out. There is extra funding for certain disadvantaged people or groups.

The ChCh PHO is one of three Canterbury PHOs and has an enrolled population of approx. 56,000. (approx. 10% of the Canterbury enrolled population).

PHOs are funded by Te Whatu Ora (either directly or via Te Whatu Ora – Waitaha). The PHO's main contract is the PHO Services Agreement which provides first level services funding which is passed straight through to practices and is used to subsidise healthcare for their enrolled patients. The PHO also has other agreements with Te Whatu Ora for various services and initiatives and these are often targeted to specific populations.

Key Strategic Objectives

The PHO's strategic plan is translated into an annual action plan. The following objectives were identified for the 2022-23 financial year. Some additional funding streams, with targets and outcomes have been included. These are generally ongoing contracts to support the target populations to maintain their health and wellbeing.

1. To promote health equity within the populations we service, with a focus on Māori, children and youth, vulnerable populations and mental health.

1.1. Implement an Equally Well programme for identified eligible population.

What we did: The PHO funded up to four free consultations per annum with a general practitioner or practice nurse for people with serious enduring mental illness to address their physical health needs. The focus was on equitable service provision for Māori and Pacific, and youth with health concerns who had barriers to accessing services.



Christchurch PHO Limited

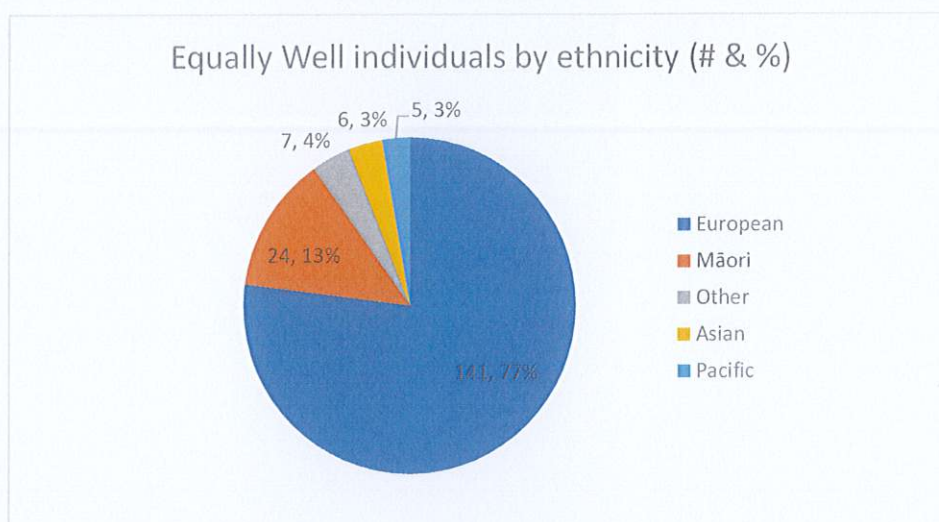
Statement of Service Performance

For the year ended 30 June 2023

The PHO Mobile Practice Nurses and Clinical Pharmacist and Social Worker worked together with the general practice teams to provide a wraparound service for some people. One of the mobile nurses has established v strong relationships with the secondary care Equally Well champion which has led to regular meetings and cross-collaborative service provision.

We worked with other PHOs and guided them to assist a Canterbury-wide approach. Staff have been involved with the regional working group.

What we achieved: 222 sessions were provided to 183 individuals. The % of Māori and Pacific utilising the service is above the PHO's enrolled population indicating that this service is reaching its target group.



1.2. Support general practice teams to improve the health and well-being of the child and youth population.

What we did: Implemented an Oral health pilot programme which received overwhelmingly positive feedback from practices. Resource kits, including toothbrushes and information to be shared with parents and caregivers in a variety of languages, were distributed to all practices who provide Childhood immunisations. The practices therefore continued to be funded to access toothbrushes and other resources to be given out at the 15 month-old immunisation visit.

What we achieved: Practices reported that they valued the resources which were useful in providing additional information to ensure that children are enrolled in the dental service and are provided with information in their own languages.

1.3. Youth Sexual Health:

The PHO's youth-oriented practices – Te Tahī Youth and the university practices continue to focus on youth sexual health.

What we did/achieved: The Youth Sexual Health claims were lower this year due to COVID19 and the lower age criteria of 14 to 17 years. Students at the Universities tend to be 18 yrs and older, so are not eligible. It is also a low value claim and so practices were not claiming.

Christchurch PHO Limited

Statement of Service Performance

For the year ended 30 June 2023

1.4. Improve the health of Māori and Pacific people who have gout. This was to be scoped and implemented during the financial year, however, with the pressure on practices, workforce shortages and staff sickness, this was not able to be progressed. It is part of the 2023/24 action plan.

1.5. Youth Sexual Health:

The PHO's youth-oriented practices – Te Tahī Youth and the university practices continue to focus on youth sexual health.

What we did/achieved: The Youth Sexual Health claims were lower this year due to COVID19 and the lower age criteria of 14 to 17 years. Students at the Universities tend to be 18 yrs and older, so are not eligible. It is also a low value claim and so practices were not claiming.

1.6. Improve the health of Māori and Pacific people who have gout. This was to be scoped and implemented during the financial year, however, with the pressure on practices, workforce shortages and staff sickness, this was not able to be progressed. It is part of the 2023/24 action plan.

2. To contribute to the achievement of the Canterbury health system strategic goals, service development and improvement priorities, and regional and national targets.

2.1 Implement the Primary Mental Health initiative – Te Tumu Waiora (Health Improvement Practitioner and Health Coaches) in general practice teams.

What we did: The Christchurch PHO established this service at the University of Canterbury Health Centre and Lincoln University Student Health & Support. Halswell Health Ltd were already providing this service while at Pegasus Health which continued to fund the Health Improvement Practitioner for this financial year after Halswell Health moved to Christchurch PHO. The Health Improvement Practitioners/Health Coaches delivered immediate health support to people following a warm handover from their general practitioner.

What we achieved: The two tertiary health providers (Lincoln and Canterbury) delivered 721 sessions to 477 individuals.

Ethnicity	% of total
European	77%
Asian	11%
Māori	7%
Other	3%
Pasifika	2%

Reflecting the student population of these practices, the main presenting conditions were anxiety, generalised stress, sleep issues and academic issues/learning disorders.



Christchurch PHO Limited

Statement of Service Performance

For the year ended 30 June 2023

2.2 Continue to provide Brief Intervention Counsellor (BIC) service

What we did: Ongoing funding to this team to provide short-term counselling sessions. This contract includes a dedicated youth component.

What we achieved:

Type	2021/22	2022/23
Individuals seen	1,039	843
Sessions provided*	3,077	2,075
Gender (female)	62%	61%
Age - 20-39 yr olds	62%	59%
Māori	9%	11%
Asian	13%	12%
Other^	18%	14%
European	60%	62%

*This does not include the many phone/video sessions with clients and contacts with GPs and other providers that were made on behalf of clients.

^Pacific are counted in "Other ethnicity" in this report.

Reasons for presentation included anxiety at 59%, depression 54%, alcohol and other drugs (7%) and Other 24%.

The number of people and sessions has reduced, however, the complexity of the presentations has increased, particularly since COVID19. This is highlighted by the fact that at their first session 97% of clients had a moderate to severe Kessler score (used to establish severity of distress). Kessler scores movement from severe to moderate or mild distress had improved for 73% of clients by the end of their sessions.

2.3 Support efforts to promote equity in immunisation and screening.

2.3.1 Immunisation

It was difficult to maintain general immunisation services and coverage during a busy year impacted by the COVID19 pandemic response and workforce shortages. This year there was initially an additional focus on youth, however, Te Whatu Ora changed the focus during the year to concentrate on childhood immunisations, particularly the MMR catch-up vaccination programme.

What we did: Utilised health promotion funding to support the practices to improve their immunisation and screening performance. This supported the 65 years and over influenza vaccinations and childhood immunisations.

Staff participated in regular meetings with the regional immunisation team to ensure the PHO contributed to the dialogue related to improving target achievement within the current context of stretched primary care capacity.



Christchurch PHO Limited

Statement of Service Performance

For the year ended 30 June 2023

What we achieved:

8 mth babies immunisations: Fully immunised 97% (FY22), 95% (FY23) – meeting the target of 95%.

>65 yr olds flu vaccinations: In both the 2022FY and 2023FY the PHO practices vaccinated 76% of the eligible over 65 year olds.

2.3.2 Cervical Screening

What we did: Te Whatu Ora, via Screensouth, allocated additional funding to support cervical screening rates for eligible priority women – Māori, Pacific, Asian, women over 30 who were unscreened and those who were under screened. This funding was allocated to practices to provide free screening for these priority women. The mobile nurses played a significant role in supporting the practices to reduce the number of eligible women who had not taken up the opportunity for a cervical screen. They provided additional free practice clinics and home-based support for those with barriers to accessing their general practice.

Te Whatu Ora provided additional one-off funding for June – December 2023 to improve the uptake of cervical screens for Māori and Pacific women. A project scope was submitted to Te Whatu Ora outlining how this funding would be spent.

What we achieved: Providing a free service via the mobile Nurse is evident by the increase in uptake)69% of all eligible women were screened (up from 66%). 66% of Māori, 66% of Pacific and 63% of Asian (an increase for these groups from the previous year).

The Mobile Nurse's reports to the PHO highlighted that not only screening was provided but other health and complex socio-economic concerns were addressed, and navigation provided to support services as appropriate.

2.3.3 Bowel Screening

What we did: Maintained and utilised the portal to support practices to provide a free follow-up appointment for patients who have a positive FIT (Faecal Immunochemical Test) and require referral for a colonoscopy (2022FY 53; 2023FY 30).

What we achieved:

Ethnicity	FY22	FY23
Māori	8%	13%
Pacific	0%	3%
Asian	23%	17%

2.3.4 CVD risk assessments

What we did: The Heart Health contract targets Māori, Pacific and Indian patients, with general practices utilising the portal to identify and contact eligible patients for their first assessment or recall.

What we achieved: CVD risk assessments were completed for 62% of the eligible population (a reduction of 6% from 2022FY). 62% of Māori, 57.7% of Pacific and 64.4% of Asian received assessments. These are



Christchurch PHO Limited

Statement of Service Performance

For the year ended 30 June 2023

increases for ethnic populations from the previous financial year, highlighting the effort made by the general practices with the additional funding they received. There is no longer a national health target in place.

3. To be a high performing PHO that is innovative, responsive, responsible and publicly accountable.

3.1 Review PHO operations for opportunities for efficiencies and improvements.

Implemented COVID19 care in the community claiming via the KARO web-based claiming portal to enable more efficient reporting to Te Whatu Ora. We also refined the web-based invoicing for mental health contractors.

3.2 Strengthen the PHOs cyber security and response plan.

This was a key focus, particularly as cyberattacks on the health sector continue to increase. The PHO employed a project manager whose role included developing a cyber security policy and response plan, in conjunction with our IT company, Ember Technology. Work continues to establish the risks associated with third party providers and ensuring they have sufficient mitigations in place.

3.3 Participate in regional COVID-19 pandemic response, including promoting the COVID vaccination programme.

The PHO participated in the Canterbury Primary Response Group and Emergency Operations Centre Group as required and disseminated all relevant information to the practices. The PHO responded to regular data requests from the Programme Office.

The PHO was also a part of the Canterbury Clinical Network's Primary Care Taskforce Working Group and sub-groups to identify areas of pressure and develop strategies to support practices.

3.4 Participate in the locality prototype programme

The CEO participated in the early conversations, however, progress was delayed by Te Whatu Ora in Canterbury and the PHO maintains a watching brief.

4. To increase our capacity to support and add value to our member practices in the care they provide to their patients, in their workforce sustainability, and in the successful operation of their businesses

4.1 Support practices to implement aspects of Health Care Home model.

What we did: The PHO supported elements of Aotearoa Collaborative (previously Health Care Home) which included supporting practices with the Foundation Standards, the Patient Experience Survey, quality improvement, the patient portal, care plans, clinical triage and telehealth.



Christchurch PHO Limited

Statement of Service Performance

For the year ended 30 June 2023

What we achieved: The PHO financially supported practices to provide telehealth.

Support was provided to Burnside Health Centre, Te Tahi Youth and Halswell Health's Prebbleton centre, which all passed their Foundation Standards audit during the year. The University of Canterbury Health Centre has completed one of the modules of the Cornerstone programme and is working on the Equity module to achieve Bronze status.

The mobile practice nurses are able to complete Advanced Care Plans on behalf of the practices.

The PHO has encouraged practices to meaningfully engage with the national Patient Experience Survey (PES) through providing reports where necessary and ensuring relevant staff have the information/training they require to access and analyse data as part of their quality improvement plan. Low PES results for timely access to general practices highlighted the difficulty some patients have had, particularly in the Urgent Care centres, reflecting a nationwide issue. PHO level reports were tabled for consideration and comment at the Clinical Governance and CPHO Board meetings as part of a standard agenda item

All practices are now using e-prescribing which is more efficient and convenient for both them and patients.

Work will continue in 2023/24 to promote increased uptake of other elements of this model.

4.2 Strengthen CPHO's support for member practices with high youth populations

What we did: Continued to support practices with youth sexual health, mental health, extended consultations and chronic packages of care. The work to confirm priorities and general practice needs is part of the 2023/24 action plan.

The three PHOs responded to a Te Whatu Ora RFP (request for proposal) to provide additional funding for youth services (focussed on trans gender support).

What we achieved: An additional \$100k over four years for the Canterbury region was awarded from the RFP, which will provide some additional access for CPHO's eligible enrolled population. Pegasus Health holds the contract for this regional service.

Service Performance Reporting Judgements

In preparing the non-financial information presented in the Statement of Service Performance the directors in conjunction with management have sought to highlight areas of importance to our community. In doing so we acknowledge it is not possible to provide information on all pour outcomes but have sought to provide information which we have considered relevant to reflect our overall results and significant outcomes for the year.

Key judgements were made not to include a number of contracts for the following reasons:

- They are ongoing contracts that were not included in the annual objectives for this financial year.
- The funding is passed directly through to the practices
- Small value contracts – often administered by other PHOs
- No formal reporting is required to the funder because they are initiatives carried out by the PHO and internal reporting is required from the practices



Christchurch PHO Limited

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2023

	<i>Note</i>	2023 \$	2022 \$
Contract revenue - non exchange transactions		12,644,181	9,499,646
Other income		-	16,961
TOTAL REVENUE FROM NON EXCHANGE TRANSACTIONS		12,644,181	9,516,607
Contract payments		11,752,863	8,890,202
Wages, salaries and other employee costs		500,642	287,141
Other operating expenses	6	334,172	325,905
TOTAL EXPENSES		12,587,677	9,503,248
Interest income		19,903	4,893
OPERATING SURPLUS / (DEFICIT)		76,407	18,252
OTHER GAINS / (LOSSES)		-	-
SURPLUS / (DEFICIT) FOR THE YEAR		76,407	18,252
OTHER COMPREHENSIVE REVENUE AND EXPENSES		-	-
TOTAL COMPREHENSIVE REVENUE AND EXPENSES FOR THE YEAR		76,407	18,252

Christchurch PHO Limited

Statement of Financial Position

as at 30 June 2023

	<i>Note</i>	2023 \$	2022 \$
ASSETS			
Current			
Cash and cash equivalents	7	855,119	820,655
Term deposits	7	200,000	200,000
Receivables from non exchange transactions	8	321,889	338,553
Prepayments		13,368	8,269
Total Current Assets		1,390,376	1,367,477
Non-current			
Plant and Equipment	9	7,790	8,279
Total Non-current Assets		7,790	8,279
TOTAL ASSETS		1,398,166	1,375,756
LIABILITIES			
Current			
Employee entitlements	10	50,833	31,944
Payables under non exchange transactions	11	247,261	347,983
GST payable		20,313	9,393
Deferred revenue	12	692,347	591,747
Total Current Liabilities		1,010,754	981,067
TOTAL LIABILITIES		1,010,754	981,067
NET ASSETS		387,412	394,689
EQUITY			
Share Capital	17	1	1
Accumulated Funds		387,411	394,688
TOTAL EQUITY		387,412	394,689

Approved for and on behalf of the Directors

Chairperson

Date

Director

Date

Christchurch PHO Limited

Statement of Changes in Net Assets

For the year ended 30 June 2023

Notes

	2023	2022
	\$	\$
Opening Balance 1 July	394,689	376,437
Surplus / (Deficit) for the year	76,407	18,252
Movement in reserves	(83,684)	-
Other comprehensive income	-	-
Closing Balance 30 June	387,412	394,689

Christchurch PHO Limited

Statement of Cash Flows

For the year ended 30 June 2023

	<i>Note</i>	2023 \$	2022 \$
Cash flow from Operating Activities			
Cash was provided from (applied to):			
Receipts from contract transactions and other income		12,677,761	9,196,100
Interest received		19,903	4,893
Payments for contract and supplier transactions		(12,188,158)	(8,945,440)
Payments for employees		(481,753)	(284,389)
Goods and services tax (net)		10,920	4,338
Net cash / (used in) Operating Activities		38,673	(24,498)
Cash flow from Investing Activities			
Cash was provided from (applied to):			
Disposal of property, plant and equipment		-	(200,000)
Acquisition of property, plant and equipment		(4,209)	(6,748)
Maturity of term deposit		-	-
Net cash / (used in) Investing Activities		(4,209)	(206,748)
Cash and cash equivalents, beginning of the year		820,655	1,051,901
Net increase / (decrease) in cash and cash equivalents		34,464	(231,246)
Cash and cash equivalents at end of the year	<i>7</i>	855,119	820,655

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2023

1. Reporting Entity

These financial statements comprise the financial statements of Christchurch PHO Limited (the "PHO") for the year ended 30 June 2023. 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, except as follows:

PBE IPSAS 41 Financial Instruments

In March 2019, the External Reporting Board (XRB) issued PBE IPSAS 41 Financial Instruments, which supersedes both PBE IFRS 9 Financial Instruments, and PBE IPSAS 29 Financial Instruments: Recognition and Measurement. The standard is effective for the year ended 30 June 2023.

The main changes between PBE IPSAS 29 and PBE IPSAS 41 are:

- New financial asset classification requirements for determining whether an asset is measured at fair value or amortised cost, and
- A new impairment model for financial assets based on expected credit losses which may result in earlier recognition of impairment losses.

Other than the asset clarification changes the only impact was limited to disclosures only.

3. Summary of significant accounting policies

The accounting policies of the Company have been applied consistently to all years presented in these financial statements.

The significant accounting policies used in the preparation of these financial statements are summarised below:

(a) Cash and cash equivalents

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



Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2023

3. Summary of significant accounting policies (continued)

(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 2023

(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.

(i) Financial assets

Financial assets are classified at initial recognition and subsequently measured at amortised cost or FVTSD.

The classification of financial assets at initial recognition depends on the financial asset's contractual cash flow characteristics and the Company's business model for managing them. With the exception of short-term receivables and payables that do not contain a significant financing component or for which the Company has applied the practical expedient, the Company initially measures a financial asset at its fair value plus, in the case of a financial asset not at fair value through surplus or deficit, transaction costs.

In order for a financial asset to be classified and measure at amortised cost it needs to give rise to cash flows that are solely payments of principal and interest (SPPI) on the principal amount outstanding. This assessment is referred to as the SPPI test and is performed at an instrument level. Financial assets with cash flows that are not SPPI are classified and measured at fair value through surplus or deficit, irrespective of the business model.

The Company's business model for managing financial assets refers to how it manages financial assets in order to generate cash flows. The business model determines whether cash flows will result from collecting contractual cash flows, selling the financial asset, or both. Financial assets classified and measured at amortised cost are held within a business model with the objective to hold financial assets in order to collect contractual cash flows.

(ii) Financial assets at fair value through surplus or deficit

Financial assets at fair value through surplus or deficit are carried in the Statement of financial position at fair value with net changes in the fair value recognised in the Statement of financial performance.

This category includes derivative instruments and managed funds which the Company had not irrevocably elected to classify as FVOCRE. After initial recognition the financial assets in this category are measured at fair value with gains or losses on re-measurement recognised in surplus or deficit.

(iii) Financial assets at amortised cost

Financial assets at amortised cost are non-derivative financial assets or determinable payments that are not quoted in an active market. They are included in current assets, except for maturities greater than 12 months after the balance date, which are included in non-current assets.

After initial recognition the financial assets in this category are subsequently measured at amortised cost using the effective interest method (EIR) and are subject to impairment. Gains and losses are recognised in surplus or deficit when the asset is derecognised, modified or impaired. The Company's cash and cash equivalents are categorised as financial assets at amortised cost.

(iv) Financial liabilities

Financial liabilities at amortised cost are classified at initial recognition and include payables.

After initial recognition, payables are subsequently measured at amortised cost using the effective interest rate (EIR) method. Gains or losses are recognised in surplus or deficit when the liabilities are derecognised as well as through the EIR amortisation process.

Amortised cost is calculated by taking into account any discount or premium on acquisition and fees or costs that are an integral part of the EIR. The EIR amortisation is included as finance costs in the Statement of financial performance.

(v) Derecognition of financial instruments

A financial asset (or where applicable, a part of a financial asset or part of a group of similar financial assets) is primarily derecognised (i.e. removed from the Company's Statement of financial position) when :

- The rights to receive cash flows from the asset have expired or,
- The Company has transferred its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party under a "pass-through" arrangement, and either;

(a) the Company has transferred substantially all the risks and rewards of the assets, or

(b) the Company has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

A financial liability is derecognised when the obligation under the liability is discharged, waived, cancelled or expired. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, then such an exchange or modification is treated as the derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised in the Statement of financial performance.



Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2023

(g) Provisions

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

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

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

(h) Employee entitlements

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

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

(i) Revenue

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

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

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

Revenue from non-exchange transactions

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

When non-exchange revenue is received with 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.



Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2023

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 2023

6. Other Operating Expenses

	2023	2022
	\$	\$
Administration Expenses		
Advertising	600	440
Audit Fee	13,496	11,191
Bank Charges	315	392
Conference Expenses	-	(78)
Education CME/CNE	19,425	11,272
Insurance	12,475	11,615
General Expenses	14,860	1,292
Legal Fees	416	5,934
SLH and Other Consultancy	106,763	99,313
PHO Alliance Membership	-	2,046
Printing & Stationery	5,707	6,641
Special Projects	1,250	10,982
Telephone & Tolls	6,389	6,390
Total Administration Expenses	181,696	167,430
Occupancy Expenses		
Rental	34,977	59,691
Total Occupancy Expenses	34,977	59,691
Governance Expenses		
Board Expenses	16,224	7,345
Board Meeting Fees	73,628	69,966
Clinical Governance	22,949	17,312
Total Governance Expenses	112,801	94,623
Depreciation	4,698	4,162
Total	334,172	325,905

7. Cash and Cash Equivalents / Investments

	2023	2022
	\$	\$
ASB current account	355,119	320,655
Term deposits less than three months	500,000	500,000
Total cash and cash equivalents	855,119	820,655
Term Deposits		
Term Deposits 9 - 12 months	-	-
Term Deposits 3 - 9 months	200,000	200,000
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 2023 was 3.805% -4.20% (2022: 1.05-1.50%)



Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2023

8. Receivables from Non Exchange Transactions

	2023	2022
	\$	\$
Accounts receivables	319,530	336,579
Sundry receivables	2,359	1,974
Total	321,889	338,553

Classified as:

Current assets	321,889	338,553
Non-current assets	-	-
Total	321,889	338,553

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 2022 and 2023, all overdue receivables have been assessed for impairment and appropriate allowances made. All receivables are subject to credit risk exposure.

9. Plant and Equipment

	2023	2022
	\$	\$
Gross carrying amount		
Opening balance	31,436	24,688
Additions	4,209	6,748
Disposals	-	-
Closing balance	35,645	31,436
Accumulated Depreciation and Impairment		
Opening balance	23,157	18,995
Depreciation for the year	4,698	4,162
Disposals	-	-
Impairment charge for the year	-	-
Closing balance	27,855	23,157
Carrying amount 30 June	7,790	8,279



Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2023

10. Employee Entitlements

	2023	2022
	\$	\$
Current		
Annual leave entitlements	50,833	31,944
Total	50,833	31,944

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.

Key assumptions in measuring long service leave obligations

The present value of long service leave obligations depend on a number of factors that are determined on an actuarial basis. Two key assumptions used in calculating this liability include the discount rate and the salary inflation factor. Any changes in these assumptions will affect the carrying amount of the liability.

11. Payables under Non Exchange Transactions

	2023	2022
	\$	\$
Current		
Trade Payables	200,070	298,960
Sundry payables	47,191	49,023
Total current	247,261	347,983
Total payables under exchange transactions	247,261	347,983

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

	2023	2022
	\$	\$
Unexpended contract revenue	692,347	591,747
Total deferred revenue	692,347	591,747

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 2023

13. Financial Instruments

(a) carrying value of financial instruments

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

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

(b) Classification of financial instruments

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

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

Classification of financial instruments

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

2023	Assets at amortised cost	Liabilities at amortised cost	Total carrying amount	fair value
Financial Assets				
Trade and other receivables	321,889	-	321,889	321,889
Cash and cash equivalents	855,119	-	855,119	855,119
Term Deposit	200,000	-	200,000	200,000
Total Current Assets	1,377,008	-	1,377,008	1,377,008
Total Assets	1,377,008	-	1,377,008	1,377,008
Financial liabilities				
Trade and other payables	-	247,261	247,261	247,261
Total Current Liabilities	-	247,261	247,261	247,261
Total Liabilities	-	247,261	247,261	247,261

2022	Assets at amortised cost	Liabilities at amortised cost	Total carrying amount	fair value
Financial Assets				
Trade and other receivables	338,553	-	338,553	338,553
Cash and cash equivalents	820,655	-	820,655	820,655
Term Deposit	200,000	-	200,000	200,000
Total Current Assets	1,359,208	-	1,359,208	1,359,208
Total Assets	1,359,208	-	1,359,208	1,359,208
Financial liabilities				
Trade and other payables	-	347,983	347,983	347,983
Total Current Liabilities	-	347,983	347,983	347,983
Total Liabilities	-	347,983	347,983	347,983



Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2023

14. Operating Leases

	2023	2022
	\$	\$
<i>Non-cancellable operating leases as payable as follows</i>		
Less than one year	-	2,160
Between one and five years	-	-
More than five years	-	-
Total	-	2,160

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) Dr A Chambers and Dr J Pryke are directors of the Company and directors 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 \$39,357 (2022: \$89,699)

(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 \$8,124 (2022: \$48,850)

(3) Dr D Jones is a director of the Company and a director of Moorhouse Medical Centre. R Brennan is a director of the Company and employee 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 14,477 (2022: \$22,467)



Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2023

(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.

	2023		
	<i>Directors</i>	<i>Snr mgmt</i>	<i>Total</i>
	\$	\$	\$
Salaries and other short-term employee benefits	92,418	224,748	317,166
Total remuneration	92,418	224,748	317,166
Number of persons recognised as key management personnel	8	2	10

	2022		
	<i>Directors</i>	<i>Snr mgmt</i>	<i>Total</i>
	\$	\$	\$
Salaries and other short-term employee benefits	82,521	109,429	191,950
Total remuneration	82,521	109,429	191,950
Number of persons recognised as key management personnel	8	1	9

16. Contingent Assets and Contingent Liabilities

Christchurch PHO Limited has no contingent assets or contingent liabilities (2022: None).

17. Equity

As at 30 June 2023, 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 2023 Christchurch PHO Limited is not aware of any capital commitments or contingencies (2022: nil).

19. Subsequent Events

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



INDEPENDENT AUDITOR'S REPORT

To the Shareholder of Christchurch PHO Limited

Opinion

We have audited the general purpose financial report of Christchurch PHO Limited (the Company) which comprise the financial statements on pages 10 to 24, and the service performance information on pages 3 to 9. The complete set of financial statements comprise the statement of financial position as at 30 June 2023, and the statement of comprehensive revenue and expense, statement of changes in net assets/equity 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 general purpose financial report presents fairly, in all material respects:

- the financial position of the Company as at 30 June 2023, and its financial performance and its cash flows for the year then ended; and
- the service performance of the Company for the year ended 30 June 2023 in accordance with the entity's service performance criteria

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 of the financial statements in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)) and the audit of the service performance information in accordance with the ISAs (NZ) and New Zealand Auditing Standard (NZ AS) 1 *The Audit of Service Performance Information*. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the General Purpose Financial Report* 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.

Other Matter

The comparative information displayed in the Statement of Service Performance is unaudited.

Information Other Than the General Purpose Financial Report 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 general purpose financial report, 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 general purpose financial report 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.

Directors' Responsibilities for the General Purpose Financial Report

The Directors are responsible on behalf of the Company for:

- (a) the preparation and fair presentation of the financial statements and service performance information in accordance with Public Benefit Entity Accounting Standards Reduced Disclosure Regime issued by the New Zealand Accounting Standards Board;
- (b) service performance criteria that are suitable in order to prepare service performance information in accordance with Public Benefit Entity Accounting Standards Reduced Disclosure Regime; and
- (c) such internal control as the Directors determine is necessary to enable the preparation of the financial statements and service performance information that are free from material misstatement, whether due to fraud or error.

In preparing the general purpose financial report, 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 General Purpose Financial Report

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole and the service performance information are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) and NZ AS 1 will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of this general purpose financial report.

As part of an audit in accordance with ISAs (NZ) and NZ AS 1, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

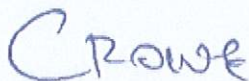
- Identify and assess the risks of material misstatement of the financial statements and the service performance information, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for 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 of the financial statements and the service performance information 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.
- Obtain an understanding of the process applied by the entity to select what and how to report its service performance.
- Evaluate whether the service performance criteria are suitable so as to result in service performance information that is in accordance with the Public Benefit Entity Accounting Standards Reduced Disclosure Regime.
- 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 general purpose financial report 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 general purpose financial report, including the disclosures, and whether the general purpose financial report represents the underlying transactions, events and service performance information 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 Shareholder those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Company and the Company's Shareholder as a body, for our audit work, for this report, or for the opinions we have formed.



Crowe New Zealand Audit Partnership
CHARTERED ACCOUNTANTS

Dated at Dunedin this 28th day of November 2023

christchurch 

88C Edgeware Road, St Albans, Christchurch 8014

PO Box 36208, Merivale, Christchurch 8146

Ph 374 6288

www.chchpho.org.nz

