



christchurch **p**ho

ANNUAL REPORT

2024





ANNUAL REPORT 2023-24

CONTENTS

- 1. Chair and Chief Executive reports**
- 2. About us**
- 3. Our Governance and Leadership**
- 4. Our General Practice Members**
- 5. Our Population**
- 6. Sector Engagement and Leadership**
- 7. Our Stories**
- 8. Clinical Programmes and Services**
- 9. Our Impact**
- 10. Quality**
- 11. Audited Financial Report**

1. Board and Chief Executive Reports

Chair's Report

The last year has seen the departure of some key colleagues in the PHO, and I would like to pass on my thanks on behalf of the PHO to these individuals for their many years of service in support of our member practices and enrolled populations.

- Laila Cooper resigned her position of Chief Executive Officer which she had so diligently undertaken for many years.
- Dr Angus Chambers and Dr Joan Allardyce finished their lengthy tenures as GP representatives on the Board earlier in the year.
- Rachel Brennan has just stepped down after being nurse representative for six years.
- George Dobson and Sharmaine Dobson have been a vital part of the BIC team for many years.

Thankfully, we have also had the pleasure of welcoming some new team members to the PHO Board.

- Chris Lee has joined us as Chief Executive Officer and has made fantastic progress operationalising Board direction and representing us across the network.
- Dr Tearlach MacLean and Dr Geraldine Wilson joined us as new GP representatives.
- Gemma Bradford will be joining us as nurse representative.

Sadly, during the last year, we have also witnessed the loss of the Canterbury Clinical Network. The benefit of this organisation in bringing together provider organisations across the region to collaborate over problems and find solutions targeting equitable sustainable solutions for our populations was immense. Unfortunately, the continued value of this was not recognised by centralised decision makers.

I would like to acknowledge the continuing pressures in the health and wellbeing sector and particularly across the primary care network as we try to navigate capacity and sustainability stresses in the face of budget constraints and funding and sponsor organisation difficulties.

The PHO continues to prioritise supporting our member practices to provide a high standard of care to our enrolled population with an equity focus. This is supported by maximising pass through of funding streams and the development and monitoring of delivery programmes. This is very ably supported by our mobile nursing team, mental health team (BIC and intensive GP Liaison), PHO social worker and PHO pharmacist.

The clinical governance of our PHO activities benefits greatly from the activities of our clinical governance group led by chair and clinical advisor, Dr Sarah Marr.

I thank each and every one of you for this.

None of the work of the PHO would be possible without the dedication and attention to detail of our management team Chris (CEO), Sandi (Service Manager) and Katrina (Administrator and Board Secretariat). Thank you so much.

A small measure of some of the work done this year in addition to business as usual includes:

- primary care sustainability project work
- gout project
- introduction of Health Improvement Practitioners and Health Coaches into practice
- development of Comprehensive Primary Care Teams in practice
- increased pharmacy support across practices
- developing stronger working relationships with our Māori provider organisations in the network.

I would like to acknowledge our strong working relationship and growing collaboration with Waitaha PHO. I believe we both benefit from sharing our concerns and working together, sharing ideas on how we can best support our populations. We continue to foster relationships with Pegasus PHO and the wider South Island network.

Sadly, it is my observation that the current political environment continues to prioritise budget over the real needs within our communities and still fails to acknowledge the immense pressure our provider organisations face. One cannot fail to recognise the moral injury suffered by so many working in healthcare.

Despite this, we have unwavering dedication to the provision of equitable outcomes for our enrolled population. We will continue to advocate strongly for sustainable solutions and our strategic direction continues to focus on growing capacity and capability and expanding our network partnerships.



Dr Jason Pryke

Chief Executive's Comment

I would like to thank the Board and the management team for their warm welcome and the amazing support that I have received as the incoming Chief Executive. A special thank you to Sandi Malcolm who, in addition to her existing role, so ably stepped up as acting Chief Executive prior to my appointment in February.

I am looking forward to building on the strong relationships that Laila Cooper has nurtured within our network and the across the wider health sector.

This 2023-24 Annual Report illustrates the breadth of activities undertaken by the PHO and the real impact we are having on the health and wellbeing of our communities.

I am excited at the opportunity to lead Christchurch PHO and to further develop our relationships, our partnerships and to provide support to our primary care network to provide high quality and sustainable care.



Chris Lee

2. About Us

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.

Our Strategic Priorities

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

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

To be a high performing PHO that is innovative, responsive, responsible and publicly accountable, with access to appropriate IT data management and support.

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.

Our organisation

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 operating in Canterbury.

3. Our Governance and Leadership

PHO Board

The Board is responsible for setting the strategic priorities for the PHO and the provision of primary health care services to our enrolled population.

The Board is made up of elected and appointed members consisting of up to three General Practitioners, one Practice Nurse, two Māori Community representatives and two Community representatives.

The current Board members bring a diversity of background, skills, and expertise to their governance role.

Clinical Governance

The Clinical Governance Group is a sub-committee of the Board and monitors the PHOs progress against the System Level Measures and PHO performance targets and provides advice to the Board about a range of matters including:

- Clinical programme planning and delivery.
- Adverse event monitoring, quality improvement.
- Clinical effectiveness
- Service equity
- Advice and feedback to various consultation or change requests.

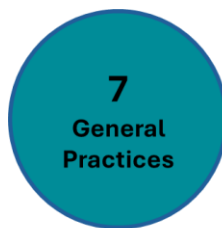
Leadership and Delivery Team

The Chief Executive is supported by an experienced leadership team that includes Service Management, Clinical Advisory, Mental Health Management, Administrator and Board Secretariat.

The leadership team is supported by key service delivery teams that include:

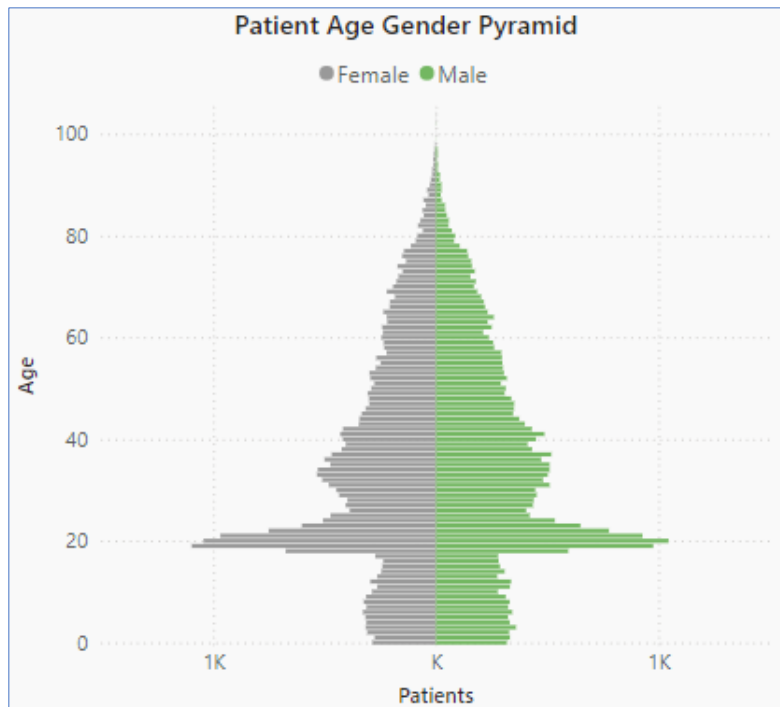
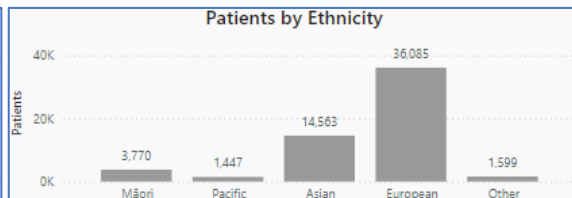
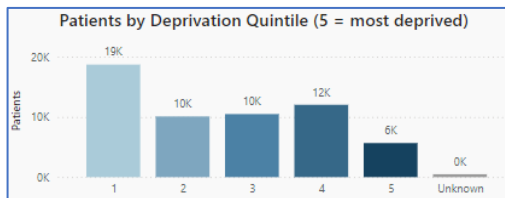
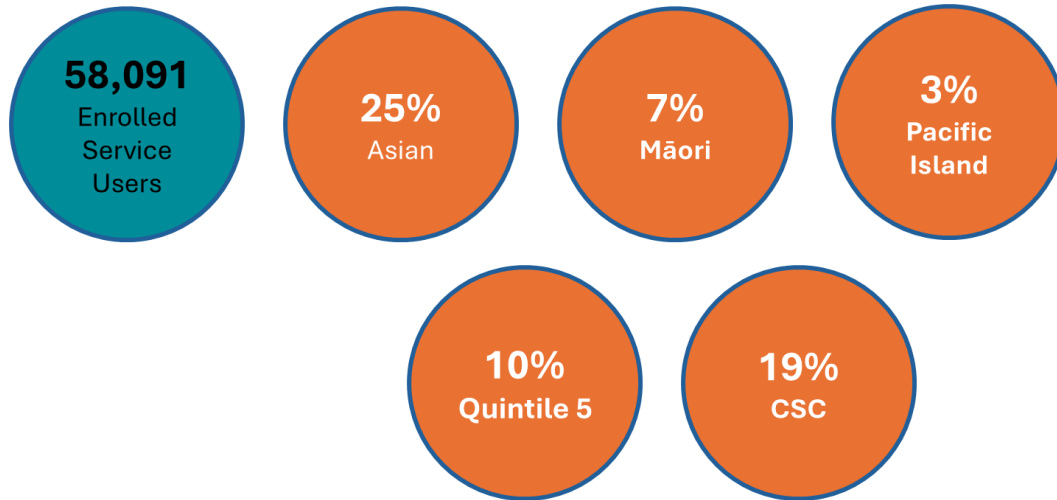
- Mental Health Triage, Intensive GP Liaison and Brief Intervention Counsellors
- Health Improvement Practitioners
- Clinical Care Coordinators
- PHO Practice Nurses
- Mobile Pharmacists
- Community social worker.

4. Our General Practice Members



5. Our population

Enrolled Service Users



6. Sector Engagement and Leadership

Canterbury Clinical Network

Up until the disestablishment of the Canterbury Clinical Network in January 2024, the Christchurch PHO, as one of the twelve partners in the Canterbury Clinical Network (CCN), continued to actively collaborate with service providers, Te Whatu Ora Waitaha/Canterbury and the two other Canterbury PHOs on a range of projects, programmes, and service improvement initiatives. These included participation in/attendance at:

- CCN Leadership Team
- CCN Support Team
- Population Health and Access Service Level Collaborative
- Pharmacy Service Level Collaborative
- 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
- Primary Care Task Force

Service Governance

- Medical Informatics South Island Advisory Group (MISIDAG).
- Suicide Postvention Working Group.
- Comprehensive Primary Care Teams Sponsors Group
- Te Tumu Waiora Sponsorship Group
- Formal Review of Clinical Quality and Education (FRED) Committee

Collaboration

- Pacific Reference Group
- Te Kāhui o Papaki Ka Tai (TKOP)
- Culturally and Linguistically Diverse Health Advisory Group
- Te Wai Pounamu PHO CEO Collaborative
- Smokefree Canterbury
- Healthinfo Advisory Group

National

- Federation of Primary Health Aotearoa New Zealand
- GenPro
- GPNZ PHO CEOs.
- Health Quality & Safety Commission PHO Improvement Network.
- GPNZ clinical leaders forums

7. Our Stories

Te Tumu Waiora - Supporting General Practice Teams

Christchurch PHO continues to support the roll out of Health Improvement Practitioners (HIPs) and Health Coaches within general practice. The HIP team was extended during the period with HIPs located at five practices. Staff turnover rates have been higher than anticipated which has led to several vacancies.

Practices have successfully integrated the HIP role into their patient care providing additional care and support options for their patients.

The HIP service and the PHOs Primary Mental Health service have started to work more closely together by further integrating leadership, teams and processes. This enables an appropriate level of care to be provided for patients referred into either service and has had a significant impact on managing the increasing demand experienced by the Primary Mental Health service.

PHO Extended Care Team

The focus of PHO Extended Care Team is to provide additional support services for our priority populations (Māori and Pacific people) their whanau, and people with high needs/socio-economic deprivation.

The Extended Care Team is made up of PHO funded nursing team, pharmacist and social worker resources. It works as an extension of general practice teams and provides interdisciplinary care planning and service provision in the practice and the community. The aim of this service is to reduce barriers to access and to ultimately re-engage people with their general practice team.

Highlights of the initiative included:

- Community social worker supporting people and their whanau to access financial support and additional services to support their socio economic and cultural needs.
- Additional free clinics provided (including outside of usual business hours and weekends) for opportunistic health interventions including immunisations, cervical screening, medication management, smoking cessation, cardiovascular risk assessments, diabetes checks and the management of long-term conditions.
- Collaborative home visits by the Extended Care Team to address medication issues, provide an extension of nursing services and address the wider needs of our people and their whanau.

The exemplar below reflects the support provided by the Extended Care Team:

An Extended Care Team home visit provided to a person with complex history, long term conditions and social/financial issues. The following was able to be completed at the home visit:

- *Mini-ace cognitive assessment, diabetes annual review, feet checks, and referral to retinal screening*

- *COPD discussion, inhalers techniques checked, physical health assessment, blood test and medications check,*
- *Home environment checked*
- *St John alarm and whanau supports*
- *Nutrition/ meals on wheels options discussion and follow up done.*
- *Liaising back with GP -further follow up tests*

Improving the health of Māori and Pacific people with gout

Implementation of the Gout Project was another highlight for the PHO. The aim is to provide education, medication management, monitoring and follow up for Māori and Pacific patients (enrolled at two large CPHO practices) identified as having gout.

All Māori and Pacific patients with a classification of gout were reviewed. Those with an acute gout attack within the last 18 months and/or have an elevated urate level were invited to have a review with the PHO pharmacist. Participating patients were provided education, asked if they wished to join a Te Whatu Ora Gout study or alternatively were managed by the pharmacist using point of care urate testing with initiation and up titration of their urate lowering therapy (ULT).

Interim results at one of the participating practices in July 2024 indicated that:

- 69% of the target patients with gout were being actively reviewed.
- 27% of target patients were entered into the Te Whatu Ora Study to get their gout managed for the next 12 months.
- All patients, apart from two, have been successfully followed up.
- Remaining patients are managed by the general practice and PHO team.

Similar findings were reported at the second practice participating in the gout project. This work has continued as part of the clinical pharmacist's role under the Comprehensive Primary Care Team programme.

Focus on Childhood Immunisation and Screening

PHO Health Promotion funding was successfully utilised to support practices to improve their immunisation and screening performance.

PHO staff, Practice Teams, Regional Immunisation Teams contributed to improving the childhood immunisation performance within a stretched primary care environment.

Childhood immunisation continues to be a focus for our member practices. Christchurch PHO is one of the highest performing PHOs in the country for eight month and two year-old immunisations. Despite an increase in the decline rate (regionally and nationally), the PHO achieved 92% and 93 % respectively for these two health targets and will continue to focus on improving this in future year.

Additional Health New Zealand funding was utilised to support HPV screening targeting of our priority populations. The PHO further supplemented this funding to support practices to upskill their teams to provide HPV screening.

In addition, the PHO nurses offered free clinics during business hours, after hours, and at weekends, which included the option of a home visit to encourage priority populations to have timely HPV screening. The PHO 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.

Providing options for people coupled with opportunistic HPV screening has resulted in reduced barriers for those who traditionally would not have presented for screening. The PHO nurses reported that in addition to HPV screening, other health and complex socio-economic concerns were addressed, with navigation provided to support services as appropriate.

8. Clinical programmes and services

The PHO funds a range of services to promote population wellbeing and management of personal health. Other PHO funding was used to support a broad range of clinical programmes and primary care services to support primary health outcomes.

Healthy Lifestyles

Smoking Cessation Brief Advice & Support
Alcohol Recording

Women's Health

Youth Sexual Health Services
Low-Cost Access to Contraception and Long-Acting Reversible Contraception (LARC) Services
Breast Screening
Cervical Screening
Whooping Cough (pertussis) Vaccination

Long Term Conditions

Diabetes Care Improvement Packages
Enhanced Capitation Funding
Heart Health Funding
Chronic Packages of Care Funding
Māori Chronic Care Management Funding
Podiatry Services

General Support

COVID Care in the Community
PHO Practice Nurse Service
PHO Clinical pharmacist Service
Community Social Worker Service
Health Promotion Services
Discretionary Funding
Interpreter Services
Acute Demand Packages of Care - St John
Free GP Consultations

- Eligible Te Whatu Ora staff
- People on Release from Prison
- Special Ukraine Policy Visa Holders
- Extraordinary Event Services (Mosque Attacks)

Children and Youth

Free care for children under 14 years of age
Free after-hours care for children under 14 years of age
Before School Checks
Rheumatic Fever Patient Services

Older Persons Health

Bowel Screening
End of Life Care Services
Immunisation

Mental Health and Wellbeing

Primary Mental Health Services
Access and Choice HIP
Equally Well Programme

9. Our Impact

The PHOs annual plan has identified key objectives for the year. Each quarter, the Board monitored the performance of PHO programmes against a range of indicators. This included the uptake of services by Māori, Pacific people, and Asian and our most vulnerable populations.

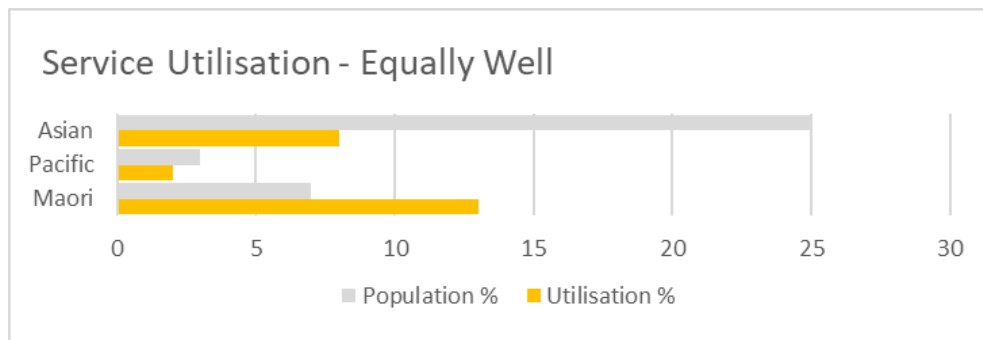
Equally Well programme for identified eligible population.

Up to four free consultations per annum with a general practitioner or practice nurse, are funded by the PHO, for people with serious enduring mental illness (Serious Mental Illness and/or Addiction, SMIA) to address their physical health needs or for youth with barriers to access and mental health concerns. The focus is to support equitable service provision for Māori and Pacific people with SMIA, and youth with health concerns and barriers to accessing services.

Total Equally Well claims were 569 (321 for Equally Well youth mental health claims and 248 for those with SMIA).

It is noted that uptake by the Asian population is lower than the % of enrolled population and this will be a focus for 2024-2025.

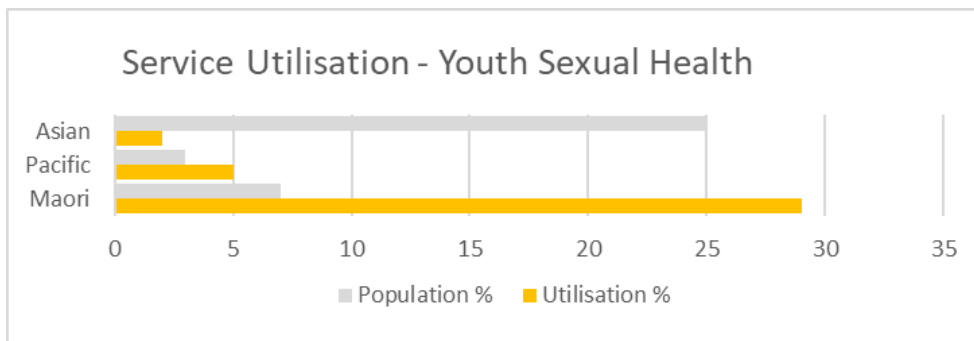
The PHO practice nurses, PHO clinical pharmacists and social worker worked together with the general practice teams to provide wraparound services. In addition, PHO nurses worked collaboratively with the secondary care Equally Well team to design and implement a screening tool to identify physical health barriers for people with serious enduring mental illness.



Youth Sexual Health

Continuing the trend of recent years, Youth Sexual Health claims were lower again this year. This was attributed to the lowering of the age criteria from 14 to 25 years to 14 to 17 years. Students at our three tertiary institute-based practices tend to be 18 years and older are not eligible despite a continued focus on youth sexual health by these practices. The PHO continues to be an advocate for the service criteria to be extended to include youth aged 14 to 24, which may address access/inequity issues particularly for young men.

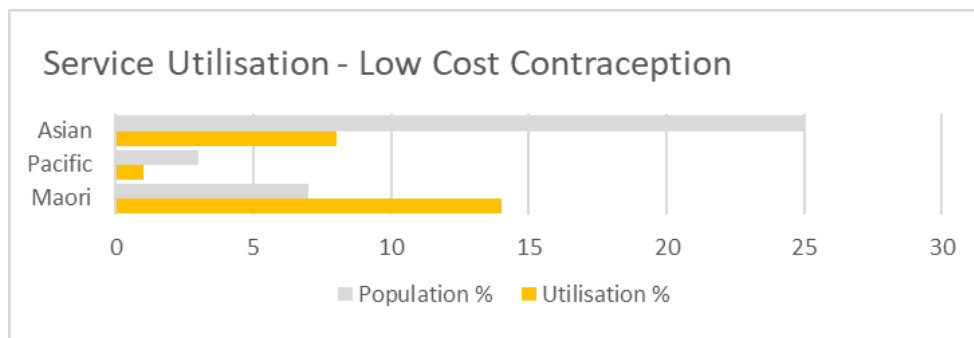
	2022-23	2023-24
Consults	170	105
Gender (female)	82%	100%
Age (<16)	33.5%	28%
Age (16-17)	66.5%	72%



Low-Cost Contraception

Additional funding was provided by the PHO to lower the copayment for the provision of Low-Cost Contraception.

Total funded Low-Cost Contraception consults were 566 (96% were CSC holders, 11% Quintile 5, 4% deemed high risk).



Primary Mental Health - Brief Intervention Counsellor (BIC)

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

Reasons for presentation includes anxiety 31% depression 29%, alcohol and other drugs 3% and other 37%.

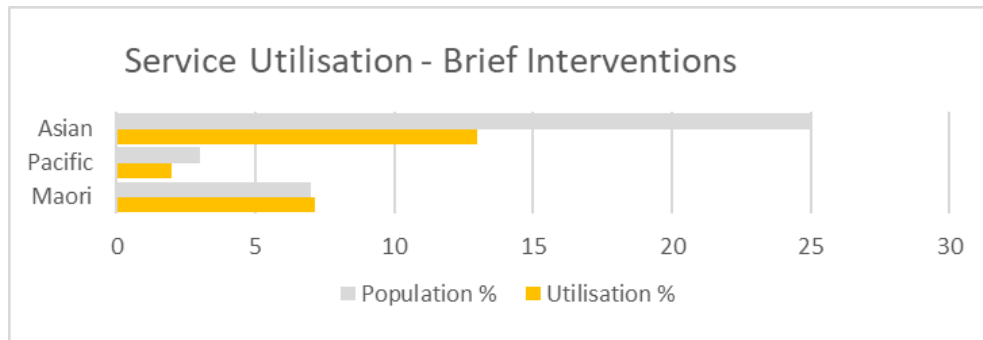
The complexity of presentations has increased with:

- 72% of people having two or more health concerns noted in their referrals
- 72% reporting a moderate level of distress according to the Kessler score and
- 20% reporting severe distress.

Kessler scores- the movement from severe to moderate or mild distress and this score improved for 67% of clients by the end of their sessions.

	2022-23	2023-24
Individuals seen	843	891
Sessions provided*	2,075	2762
Gender (female)	61%	63%
Age (20-39)	59%	34%

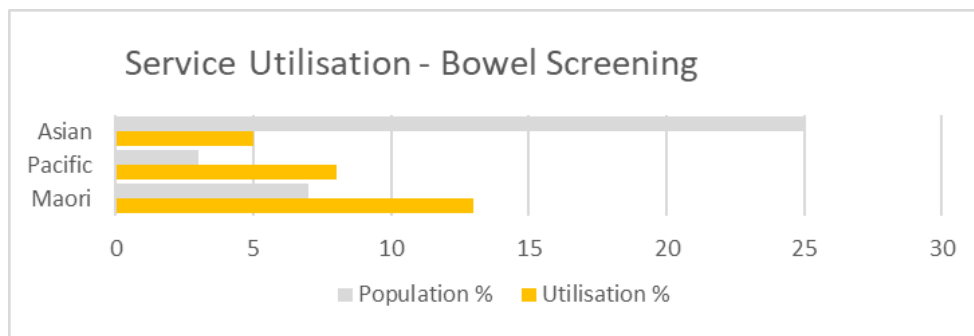
*This does not include the many phone/video sessions with clients and contacts with GPs and other providers that were made on behalf of clients.



Bowel Screening

Practices were supported to provide a free follow-up appointment for patients who have a positive FIT (Faecal Immunochemical Test) and require referral for a colonoscopy.

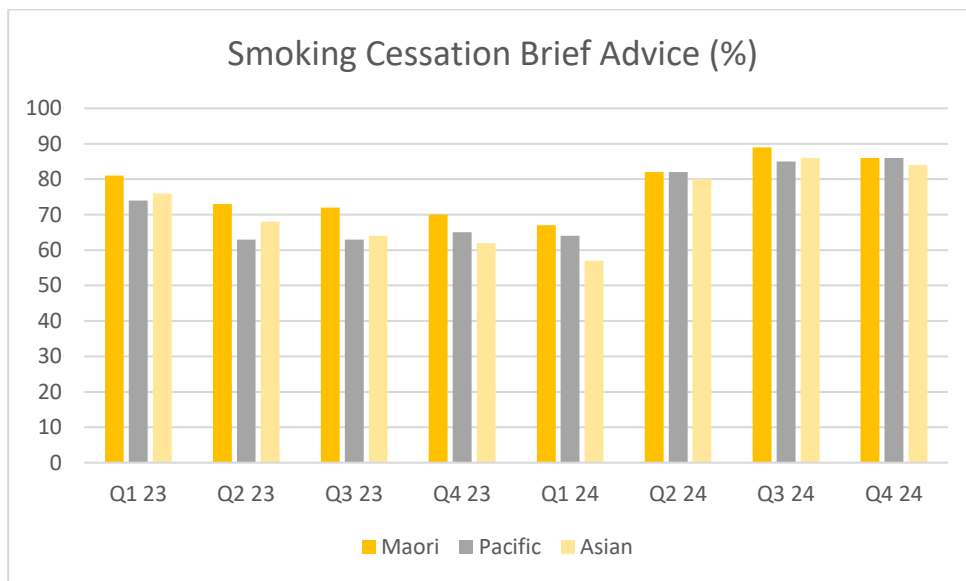
There was a total of 53 follow up appointments in 2022-23 compared to 38 in 2023-24



Smoking Cessation – Brief Advice and Referral to Cessation Services

CPHO funded practices to offer brief advice to smokers, and those recently quit, and referral to cessation services if required. The aim was to improve uptake of cessation services and meet the Te Whatu Ora “More Help for Smokers to Quit” health target of 90% of smokers will be provided with brief advice / cessation services every 15 months. A concerted effort by all member practices saw an improvement in performance from 2022-2023 to this financial year.

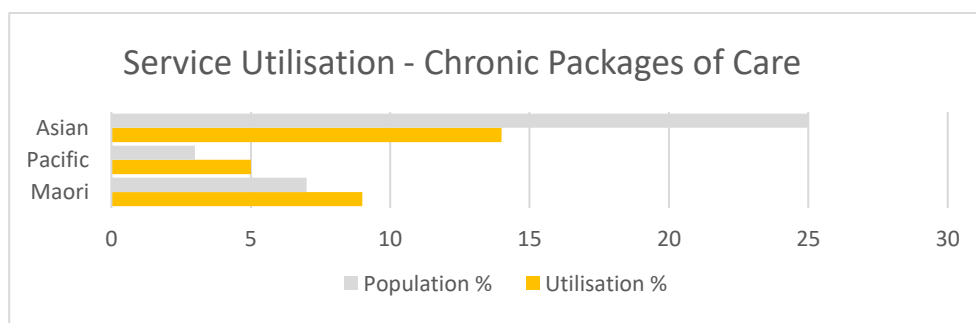
Whilst the 90% More Help for Smokers to Quit target was not achieved by June 30th, 2024, Health New Zealand / Te Whatu Ora acknowledged practices efforts to improve performance against the System Level Measures, particularly for our priority populations.



Chronic Packages of Care

Packages of care were funded for those newly diagnosed, recently discharged from hospital or with poor control of their long-term conditions. The PHO approved additional funding to meet the increased demand for packages of care during the year. This extra funding reflects the PHOs commitment to addressing long term conditions for priority populations especially as the population ages.

1,699 Chronic Packages of Care sessions were funded in 2023-24, up from 1,279 in 2022-23.



10. Quality Assurance Activity

Achievement against the 2023-24 Christchurch PHO Quality Plan is summarised in the following table.

Consumer Engagement and Participation	
Implement Patient Portals.	Implemented in six member practices.
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. Reporting of quarterly results at PHO level is a standard agenda item for Clinical Governance and Board discussion.
Clinical Effectiveness	
Implement programme of regular clinical pharmacist audits.	Audits were undertaken in response to identified issues at practice level. Results are reported to CPHO CGG and what can be learnt is shared with the practices' clinical teams
Implement the Gout project for Māori and Pacific peoples at two general practices	Gout project implemented at two general practices with people given the option of follow up with the CPHO clinical pharmacist or to participate in the Te Whatu Ora gout project.
Use valid and reliable measures to evaluate aspects of service delivery and inform improvement, change and sustainability.	<p>Progress against the Waitaha System Level Measures Improvement Plan is reported each quarter to the Clinical Governance Group and Board of Trustees to ensure that the PHO and member practices are on track to achieve health targets and provide equitable access to services across the enrolled population.</p> <p>Utilisation of services data is broken down to track uptake by ethnicity and is reviewed quarterly by the Clinical Governance Group and CPHO Board for feedback on how services can be improved.</p> <p>CPHO continues to participate as a member of the Equally Well Canterbury Strategic Forum Group who are developing a Canterbury-wide approach to providing better care for those with Severe Mental Illness and/or Addiction (SMIA) concerns.</p> <p>CPHO has continued its commitment to improve access to health care for those with SMIA via its Equally Well funding. One of the CPHO nurses worked with the secondary care Equally Well champion to develop a standardised screening and health assessment form, meeting regularly with this team to share ideas/strategies for improving health care for people with SMIA.</p> <p>CPHO continued to be a member of the Inbox Management group that evolved into the Primary Care Task Force group in 2023-2024. This group developed resources on how to implement strategies to address the inbox management workload for primary care clinicians. This kete of resources, including videos of the CPHO Clinical</p>

	<p>Pharmacist and Chair of the CPHO Clinical Governance group outlining the benefits of pharmacists working with general practices, which was shared with general practices across the motu.</p> <p>One CPHO member practice participated in a pilot study which involved a medical student being employed over the summer vacation, to assist with inbox management. A write up of the pilot has been completed and will be shared for learnings.</p>
Commitment to Quality Improvement and Patient Safety	
Implement National Adverse Events Reporting Policy 2017.	<p>All reported adverse events continue to be reviewed by the Clinical Governance Group and learnings shared with practices.</p> <p>Resources were shared with practices to assist them to implement the updated adverse events policies.</p>
Maintain Cornerstone Accreditation and Foundation Standard Certification.	<p>Foundation Standard certification was maintained by all member practices with support from the PHO. 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>
Engaged Effective Workforce	
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>
Support quality improvement leaders in general practice.	<p>Through participation in the Primary Care Taskforce working group, CPHO member practices were provided with resources to assist in the implementation of strategies to address workforce challenges. Information was shared from the Aotearoa Collective that supports implementation of Health Care Homes initiatives.</p> <p>Representatives from CPHO participated in the Urgent Care Service Level Alliance to identify strategies to address current workforce and capacity issues. A Canterbury-wide review of urgent care was put on hold whilst a national review is being implemented.</p>



Christchurch PHO Limited

Annual Report

For the year ended 30 June 2024

Christchurch PHO Limited

Contents

	Page
Directory	1
Annual Report of Directors	2
Statement of Financial Responsibility	3
Statement of Service Performance	4
Statement of Comprehensive Revenue and Expense	6
Statement of Changes in Net Assets	7
Statement of Financial Position	8
Statement of Cash Flows	9
Notes to the Financial Statements	10
Independent Auditor's Report	19

Christchurch PHO Limited

Directory

as at 30 June 2024

Principal Business: Primary Health Organisation

Shareholder: Christchurch PHO Trust

Registered Office: Polson Higgs Limited
139 Moray Place
Dunedin Central

Directors: J Allardyce (Resigned 06 November 2023)
R Brennan
D Brown
A Chambers (Resigned 06 November 2023)
M Coker
T Maclean (Appointed 06 November 2023)
J Pryke
A Verdult
M Turrall
G Wilson (Appointed 06 November 2023)

Solicitors: Saunders Robinson & Brown
Christchurch

Bankers: ASB Bank

Auditors: Audit Professionals Limited
Dunedin

Christchurch PHO Limited

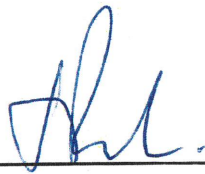
Annual Report of Directors

For the year ended 30 June 2024

The Directors present the Annual Report including financial statements for the year ended 30 June 2024.

Under section 211(3) of the Companies Act 1993, the shareholder of the Company has exercised its right and agreed that this annual report need not comply with Section 211(1) paragraphs (a) and (e) - (j) of the Act.

For and on behalf of the Board of Directors:



Director



Director

11 OCT 2024

Date

Christchurch PHO Limited

Statement of Financial Responsibility

For the year ended 30 June 2024

The Directors are responsible for preparing the financial statements and statement of service performance and ensuring that they comply with generally accepted accounting practice in New Zealand, and present fairly the financial position of the Company as at 30 June 2024, 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.

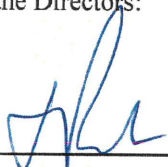
The Directors believe that proper accounting records have been kept which enable, with reasonable accuracy, the determination of the financial position of the Company and facilitate compliance with generally accepted accounting practice in New Zealand.

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

The Directors are pleased to present the financial statements and statement of service performance of the Christchurch PHO Limited for the year ended 30 June 2024.

For and on behalf of the Directors:

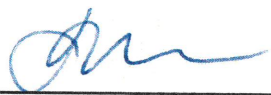
Director:



Dated:

11 OCT 2024

Director:



Dated:

14 Oct 2024

Statement of Service Performance

Financial Year ended 30 June 2024

About us

Christchurch PHO Limited, established in 2003, is a charitable company and a fully owned subsidiary of Christchurch PHO Trust. Our board consists of up to 10 members appointed by General Practitioners, Practice Nurses, Maori and Community representatives.

Health New Zealand contracts directly with the PHO to fund, deliver and support a range of primary and community care services and programmes. At times the PHO also directly funds services and programmes consistent with our charitable purpose.

Working closely with Health New Zealand, general practices our NGO partners and the wider PHO delivery team, we support the health and well-being of our enrolled population and wider community.

Our network of 7 general practices, located in urban Christchurch, deliver quality primary health care services to our communities. Within our network, three practices are located at tertiary institutions of which one operates as a low-cost access practice.

Our enrolled population

58,019	3,814	1,449	14,696	36,389	1,671
	7%	2%	25%	63%	3%
Total	Maori	Pacific	Asian	European	Other/Unknown

58,019	3,203	6,153	12,968	18,258	11,193	6,244
Total	0-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65+ yrs

Our 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.

Our priorities

To promote and strengthen health equity within the populations we serve, with a focus on Maori, children and youth, vulnerable populations and mental health.

We actively target services and funding to support equitable health outcomes for our enrolled populations. The PHO, amongst other services, directly provides Nursing, Pharmacy, and social work services targeted at our vulnerable populations.

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

The PHOs activities are aligned to Health New Zealand's regional and national plans and frameworks. Under the system level measures framework, at a district level, we work closely with Health New Zealand and other providers to achieve the national and agreed local targets.

To be a high performing PHO that is innovative, responsive, responsible and publicly accountable, with access to appropriate IT data management and support.

The PHO actively uses health data to provide insights into the needs of our enrolled population. Services design, service outcome monitoring and service utilisation rates are data driven and actively managed by our governance groups.

Our Service Performance

	Year	Total	Ethnicity					Unknown
			Maori	Pacific	Asian	European	Other	
Mental Health Extended Consults	2023/ 24	1454	164	20	178	1067	22	3
	2022/ 23	1646	171	31	150	1253	34	7
Brief Intervention Referrals	2023/ 24	968	69	23	127	706	30	13
	2022 / 23	840	95	13	102	585	13	32
Brief Intervention Contacts	2023/ 24	8540	621	200	1135	6261	220	103
	2022 / 23	6878	759	95	805	4888	122	209
Bowel Screening	2023/ 24	41	5	3	2	29	2	0
	2022/ 23	34	4	1	2	26	1	0
Cervical Screen HPV	2023/ 24	854	128	46	251	404	25	0
	2022 / 23	Program wasn't running during this year						
CVD Risk Assessments	2023/ 24	5518	410	168	924	3964	49	3
	2022/ 23	4001	301	112	742	2798	47	1
End of Life Registration	2023/ 24	69	1	1	7	60	0	0
	2022 / 23	40	2	1	0	37	0	0
End of Life Consult	2023/ 24	228	5	3	30	190	0	0
	2022 / 23	108	1	3	0	104	0	0
Alcohol Recording	2023/ 24		59%	54%	47%	55%	49%	52%
	2022/ 23		65%	63%	58%	64%	55%	63%
Smokingfree Brief Advice Program	2023/ 24	1710	244	69	296	1079	21	1
	2022 / 23	829	133	42	91	547	16	0
Diabetes Review	2023/ 24	369	41	25	123	175	4	1
	2022/ 23	535	48	40	161	279	7	0

Christchurch PHO Limited

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2024

	Note	2024 \$	2023 \$
Contract revenue - non exchange transactions		15,570,311	12,572,094
TOTAL REVENUE FROM NON EXCHANGE TRANSACTIONS		15,570,311	12,572,094
EXPENSES			
Contract payments		14,510,724	11,752,863
Wages, salaries and other employee costs		562,977	500,642
Other operating expenses	6	392,382	334,172
TOTAL EXPENSES		15,466,083	12,587,677
Interest income		33,562	19,903
SURPLUS FOR THE YEAR		137,790	4,320
Other comprehensive revenue and expense		-	-
TOTAL COMPREHENSIVE REVENUE AND EXPENSES FOR THE YEAR		137,790	4,320

Christchurch PHO Limited

Statement of Changes in Net Assets

For the year ended 30 June 2024

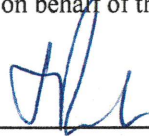
	<i>2024</i>	<i>2023</i>
	\$	\$
Opening Balance 1 July	399,009	394,689
Surplus for the year	137,790	4,320
Other comprehensive revenue and expense	-	-
Closing Balance 30 June	536,799	399,009

Christchurch PHO Limited
Statement of Financial Position
as at 30 June 2024

	<i>Notes</i>	2024 \$	2023 \$
ASSETS			
Current			
Cash and cash equivalents	7	1,252,242	855,119
Term deposits	7	500,000	200,000
Receivables from non exchange transactions	8	324,293	321,889
Prepayments		13,661	13,368
Total Current Assets		2,090,196	1,390,376
Non-current			
Plant and Equipment	9	14,397	7,790
Total Non-current Assets		14,397	7,790
TOTAL ASSETS		2,104,593	1,398,166
LIABILITIES			
Current			
Employee entitlements	10	41,522	50,833
Payables under non exchange transactions	11	324,786	246,477
GST payable		34,929	9,500
Deferred revenue	12	1,166,557	692,347
Total Current Liabilities		1,567,794	999,157
TOTAL LIABILITIES		1,567,794	999,157
NET ASSETS		536,799	399,009
EQUITY			
Share Capital	17	1	1
Accumulated Funds		536,798	399,008
TOTAL EQUITY		536,799	399,009

Approved for and on behalf of the Directors

Chairperson



11 OCT 2024
Date

Director



14 Oct 2024
Date

Christchurch PHO Limited

Statement of Cash Flows

For the year ended 30 June 2024

<i>Note</i>	2024	2023
	\$	\$
Cash flow from Operating Activities		
Cash was provided from (applied to):		
Receipts from contract transactions and other income	16,042,117	12,677,761
Interest received	33,562	19,903
Payments for contract and supplier transactions	(14,820,219)	(12,188,158)
Payments for employees	(572,288)	(481,753)
Goods and services tax (net)	25,429	10,920
Net cash from Operating Activities	708,601	38,673
Cash flow from Investing Activities		
Cash was provided from (applied to):		
Acquisition of property, plant and equipment	(11,478)	(4,209)
Purchase of investments	(300,000)	-
Net cash (used in) Investing Activities	(311,478)	(4,209)
Cash and cash equivalents, beginning of the year	855,119	820,655
Net increase in cash and cash equivalents	397,123	34,464
Cash and cash equivalents at end of the year	1,252,242	855,119

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2024

1. Reporting Entity

These financial statements comprise the financial statements of Christchurch PHO Limited (the "PHO") for the year ended 30 June 2024.

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 stated on page 8.

2. Basis of Preparation

(a) Statement of compliance

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

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

The Company is deemed a public benefit entity for financial reporting purposes, as its primary objective is to act as a primary health organisation for the 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 year.

3. Summary of significant accounting policies

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

(a) Cash and cash equivalents

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

(b) Debtors and other receivables

Trade debtors and other receivables are measured at their cost less any impairment losses.

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

(c) Creditors and other payables

Trade creditors and other payables are stated at cost.

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2024

3. Summary of significant accounting policies (continued)

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

Plant and Equipment	10-67% DV
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The residual value, useful life, and depreciation methods of plant and equipment is reassessed annually.

(e) Impairment

At each reporting date, the Company assesses whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the Company estimates the asset's recoverable amount. Recoverable amount is determined for an individual asset. An asset's recoverable amount is the higher of an asset's fair value less costs of disposal and its value in use.

Where the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

Impairment losses are recognised immediately in surplus or deficit.

(f) Financial instruments

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument in another entity.

Financial instruments are comprised of trade debtors and other receivables, cash and cash equivalents, deposits in bank, and trade creditors and other payables.

Initial recognition and measurement

Financial assets and financial liabilities are recognised initially at fair value plus transaction costs attributable to the acquisition, except for those carried at fair value through surplus or deficit, which are measured at fair value.

Financial assets and financial liabilities are recognised when the reporting entity becomes a party to the contracted provisions of the financial instrument.

Derecognition of financial instruments

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or if the Company transfers the financial asset to another party without retaining control or substantially all risks and rewards of the asset.

A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

Subsequent measurement of financial assets

The subsequent measurement of financial assets depends on their classification, which is primarily determined by the purpose for which the financial assets were acquired. Management determines the classification of financial assets at initial recognition and re-evaluates this designation at each reporting date.

All financial assets held by the Company in the years reported here have been designated into one classification, "amortised cost", being financial assets held for the collection of contractual cash flows where those cash flows represent solely payments of principal and interest.

After initial recognition these are measured at amortised cost using the effective interest rate method, less provision for any impairment.

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2024

3. Summary of significant accounting policies (continued)

(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)

The Company is registered for GST.

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

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

(l) Operating Leases

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

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2024

4. Significant accounting judgements, estimates and assumptions

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

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

5. Capital Management Policy

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

6. Other Operating Expenses

	2024	2023
	\$	\$
Administration Expenses		
Advertising	-	600
Audit Fee	19,591	13,496
Bank Charges	378	315
Education	27,477	19,425
Insurance	18,489	12,475
General, electricity & security	10,784	14,860
Legal Fees	7,606	416
Financial & IT service	138,427	106,763
Printing , Stationary and Postage	4,111	5,707
Special Projects	362	1,250
Telephone and Internet	6,904	6,389
Total Administration Expenses	234,129	181,696
Occupancy Expenses		
Rental	27,897	34,977
Total Occupancy Expenses	27,897	34,977
Governance Expenses		
Board Expenses	15,241	16,224
Director Fees & Trust Honorarium	85,821	73,628
Clinical Governance	24,719	22,949
Total Governance Expenses	125,781	112,801
Depreciation	4,575	4,698
Total	392,382	334,172

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2024

7. Cash and Cash Equivalents / Investments

	2024	2023
	\$	\$
ASB current account	1,052,242	355,119
Term deposits less than three months	200,000	500,000
Total cash and cash equivalents	1,252,242	855,119

Term Deposits	2024	2023
	\$	\$
Term Deposits 3 - 9 months	500,000	200,000
Total term deposits	500,000	200,000

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

The effective interest rate on term deposits in 2024 was 4.20%-4.30%, (2023: 3.805% -4.20%).

8. Receivables from Non Exchange Transactions

	2024	2023
	\$	\$
Accounts receivable	244,064	319,530
Sundry receivables	80,229	2,359
Total	324,293	321,889

Classified as:

Current assets	324,293	321,889
Non-current assets	-	-
Total	324,293	321,889

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

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

9. Plant and Equipment

	2024	2023
	\$	\$
Cost		
Opening balance	35,645	31,436
Additions	11,478	4,209
Disposals	(12,232)	-
	34,891	35,645
Accumulated Depreciation and Impairment		
Opening balance	27,855	23,157
Depreciation for the year	4,575	4,698
Disposals	(11,936)	-
	20,494	27,855
Carrying amount 30 June	14,397	7,790

Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2024

10. Employee Entitlements

	2024	2023
	\$	\$
Current		
Annual leave entitlements	41,522	50,833
Total	41,522	50,833

11. Payables under Non Exchange Transactions

	2024	2023
	\$	\$
Current		
Trade Payables	236,332	200,070
Sundry payables	88,454	46,407
Total current	324,786	246,477
Total payables under exchange transactions	324,786	246,477

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

	2024	2023
	\$	\$
Unexpended contract revenue	1,166,557	692,347
Total deferred revenue	1,166,557	692,347

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 2024

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 "those measured at amortised cost" and 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.

2024	Assets at amortised cost	Liabilities at amortised cost	Total carrying amount	Fair value
Financial Assets				
Trade and other receivables	324,293	-	324,293	324,293
Cash and cash equivalents	1,252,242	-	1,252,242	1,252,242
Term Deposit	500,000	-	500,000	500,000
Total Current Assets	2,076,535	-	2,076,535	2,076,535
Total Assets	2,076,535	-	2,076,535	2,076,535
Financial liabilities				
Trade and other payables	-	324,786	324,786	324,786
Total Current Liabilities	-	324,786	324,786	324,786
Total Liabilities	-	324,786	324,786	324,786

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	-	246,477	246,477	246,477
Total Current Liabilities	-	246,477	246,477	246,477
Total Liabilities	-	246,477	246,477	246,477

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2024

14. Operating Leases

There are no non-cancellable operating leases at 30 June 2024 (2023: Nil).

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 J Pryke is a director of the Company and director in Riccarton Clinic Limited. Riccarton Clinic Limited received PHO funding on terms and conditions that are consistent for such transactions on a normal supplier basis. Balance outstanding as at balance date totals \$80,863 (2023: \$39,357).

(2) Dr D Brown is a director of the Company and a director in Halswell Health Limited. Halswell Health Limited received PHO funding on terms and conditions that are consistent for such transactions on a normal supplier basis. Balance outstanding as at balance date totals \$40,189 (2023: \$33,363)

(3) 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 \$20,124 (2023: \$14,477)

(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.

	2024		
	Directors	Snr mgmt	Total
	\$	\$	\$
Salaries and other short-term employee benefits	106,242	265,450	371,692
Total remuneration	106,242	265,450	371,692
Number of persons recognised as key management personnel	8	2	10

	2023		
	Directors	Snr mgmt	Total
	\$	\$	\$
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

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2024

16. Contingent Assets and Contingent Liabilities

Christchurch PHO Limited has no contingent assets or contingent liabilities (2023: None).

17. Equity

As at 30 June 2024, 100 ordinary shares are on issue to the shareholder and have been fully paid. All shares rank pari passu.

18. Commitments

As at 30 June 2024 Christchurch PHO Limited is not aware of any capital commitments or contingencies (2023: nil).

19. Subsequent Events

The Company has no events since 30 June 2024 that would impact these financial statements.

Independent Auditor's Report

to the shareholder of Christchurch PHO Limited

Our Opinion

We have audited the financial statements and service performance report of Christchurch PHO Limited (the Company). The financial statements comprise the statement of financial position as at 30 June 2024 and the statement of comprehensive revenue and expense, the statement of changes in net assets and the statement of cash flows for the year then ended, and the notes to the financial statements that include a summary of significant accounting policies and other explanatory information.

In our opinion:

- (a) the financial statements of the Company present fairly, in all material respects, the financial position of the Company as at 30 June 2024 and its financial performance and cash flows for the year ended on that date
- (b) the statement of service performance of the Company presents fairly, in all material respects, the service performance for the year ended 30 June 2024 in that the service performance information is appropriate and meaningful and prepared in accordance with the Company's measurement bases or evaluation methods in accordance with the accounting standard, Public Benefit Entities Standards Reduced Disclosure Regime (PBE Standards RDR).

Basis for Opinion

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

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

Directors' Responsibilities for the Financial Statements and Service Performance Information

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

- (a) the preparation and fair presentation of the financial statements and overall presentation, structure and content of the service performance information in accordance with the Public Benefit Entity Standards;
- (b) the selection of elements/aspects of service performance, performance measures and/or descriptions and measurement bases or evaluation methods that present service performance information that is appropriate and meaningful in accordance with Public Benefit Entity Standards; and
- (c) such internal control as the Directors determine is necessary to enable the preparation of the financial statements and service performance report information that are free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Statements and Service Performance Information

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

A further description of our responsibilities for the audit of the financial statements is located on the External Reporting Board website:

https://xrb.govt.nz/Site/Auditing_Assurance_Standards/Current_Standards/Page8.aspx

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

Audit Professionals Limited
Chartered Accountants
14 October 2024

Dunedin

christchurch pho

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