

ANNUAL REPORT

2019 - 2020



West Coast

Te Tai o Poutini

Primary Health
Organisation

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TRUSTEES' REPORT

Trustees' Report - Presenting the Annual Report and Financial Statements for the year ended 30th June 2020.

Nau mai, haere mai

Welcome to our 2019-20 year in review and my sixth and final report as Chair of the West Coast PHO.

In many sectors I have seen this past financial year referred to as a game of two halves. For us in the health sector the first half was overshadowed by the ongoing Health & Disability System review and the second half was dominated by the global COVID-19 pandemic. The current environment has forced many of us to re-evaluate priorities, ways of working and find solutions to the challenges. Change and upheaval is inevitable, but it is how we have, and continue to respond to change and the opportunities it brings that ensures our continued survival.

In this past year despite the challenges, ambiguity and disruption we have had practices change ownership and location, a practice has moved into our new state of the art hospital building and we have developed and adopted new models of care. All this while still delivering the services outlined in this report. Despite the weariness there is still a will to work together to create better and smarter ways of working that improve, support and promote the health and well-being of our people in our communities.

I would firstly like to acknowledge and congratulate our PHO staff and member practices along with other allied organisations (medical and voluntary) that responded quickly, worked tirelessly and selflessly as part of our COVID-19 pandemic response – you all rock!

Thank you also to our Board and our Clinical Governance Committee for your commitment and attendance. Many of you are also contributing to leading and supporting our health system in a



multitude of positions and at many different levels – we could not function as well without you!

My final thanks goes to Helen, our capable Executive Officer whose commitment, vision and organisational ability has ably steered the organisation through many patches of rough water this past year – it has been a pleasure working with you and the team!

As we enter another year which is likely to encounter seismic shifts in health policy and governance we must remember that primary care and public health are where the greatest opportunities are to empower people to value and maintain their health and well-being. Let us unite and rise to the challenge.

He oranga tō te kotahitanga - there is strength in unity.

For and on behalf of the West Coast PHO Board of Trustees.

Julie Kilkelly
Chair

Attendance of Trustees at Board Meetings 1 July 2019 – 30 June 2020		
Julie Kilkelly	Independent Chair	4 Meetings
Anna Dyzel	General Practitioner	3 Meetings
Meriem Wilson	General Practice Administrator	5 Meetings
Tony Coll	Grey District Council <i>Term finished 20 March 2020</i>	4 Meetings
Graeme Neylon	Buller District Council	5 Meetings
Jim Butzbach	Westland District Council	4 Meetings
Marie Mahuika-Forsyth	Runanga o Makaawhio	3 meetings
Sandra Lockhart	Runanga o Ngati Waewae <i>Term commenced 15 August 2019</i>	5 Meetings
Carl Hutchby	Poutini Waiora <i>Term finished 27 February 2020</i>	3 Meetings
Nigel Ogilvie	Practice Nurse	5 meetings
Rose Green	Grey District Council <i>Term commenced 21 March 2020</i>	1 Meetings
Shelley Mills	Poutini Waiora <i>Term commenced 18 June 2020</i>	0 meetings



*Back Row (from left): Graeme Neylon, Rose Green, Shelley Mills, Jim Butzbach
Front Row (from left): Marie Mahuika-Forsyth, Julie Kilkelly, Meriem Wilson
Absent: Anna Dyzel, Nigel Ogilvie, Sandy Lockhart*

EXECUTIVE OFFICER'S REPORT

Nau mai, haere mai

Welcome to our 2019/2020 year in review.

This year has certainly been a challenging one for the West Coast PHO team, our contracted general practices and our community.

We have shown how resilient and supportive rural communities can be when we all must muck in and get the mahi done.

We have had a practice move to new premises in Greymouth, new models of care, a hospital and IFHC rebuild and in the week of our national level 4 lockdown for the COVID-19 pandemic a Westport based practice change ownership. Not to mention the uncertainty to PHOs that the recent release of the Health and Disability Review has brought.

I am very proud of how the PHO staff have stepped up and worked diligently through lockdown, often from home with poor internet connectivity, whilst managing their workloads, their family dynamics, childcare, home schooling and the impacts of restricted movement. This has enabled us all to support our member practices and community pharmacies respond to the needs of our community during COVID-19.

I would like to acknowledge the important role our primary care teams have been playing, and



continue to do so, in the response to COVID-19 to support our West Coast communities.

To our general practice teams, your ability to manage demand that exceeds capacity is to be admired as you work through the complexities and politics of health whilst providing the best health care for your patients. You are the listening ear, the voice and the lifeline for so many as they navigate their health journey. Thank you.

To the WCPHO Board and the team, your commitment to improving the health of our people is visible daily, as you strive to create opportunities and advocate for those who need a voice. The year ahead will see significant change for all in the health system; a challenge that I am confident you will meet head on.

As an organisation, we strive to build strong working relationships with those who undertake the untiring work at the coal face. It is paramount that we work in partnership across the health and social sector to collectively embrace the change required to make a difference for our people.

We will continue to serve our local communities by juggling the business as usual, finding time for innovation and improvement, and playing a crucial role in responding to the pandemic.

Through all of this we need to ensure that we continue to practice good self-care and look after one another. Health is more than preventing or curing physical sickness, it is about wellbeing. It encompasses much more than our bodies and is intrinsically linked to all we do. Together we can all be a part of building healthier whānau and community where we live, love, learn, work and play.

Be kind, be safe everyone.

He waka eke noa. We are all in this together.

Kia ora rawa atu,



Helen Reriti
Executive Officer

SUBSIDISING ROUTINE ACCESS TO PRIMARY CARE

We aim to improve access to primary health care services by reducing the cost that patients pay each time they visit their medical centre.

TARGET GROUP:
all enrolled people in the PHO

This is achieved by passing on the funding for “first level services” to all contracted practices, and “Very Low Cost Access (VLCA) funding” to a subset of practices, so that patients do not have to pay the full cost of their visits to the general practice.

Expenditure \$7,099,683 (excl. GST)

All but one West Coast practice have their fees set to the maximum currently permitted under the VLCA scheme. The one non-VLCA practice joined the National Community Services Card (CSC) scheme from January 2019, allowing card holders to pay the same maximum co-payment as VLCA practices.



Cost of co-payment during 2019-20 for VLCA practices

Children 0-13	FREE
Children 14-17	\$13.00
Adults 18+	\$19.00

Cost of co-payment during 2019-20 for Non VLCA practice

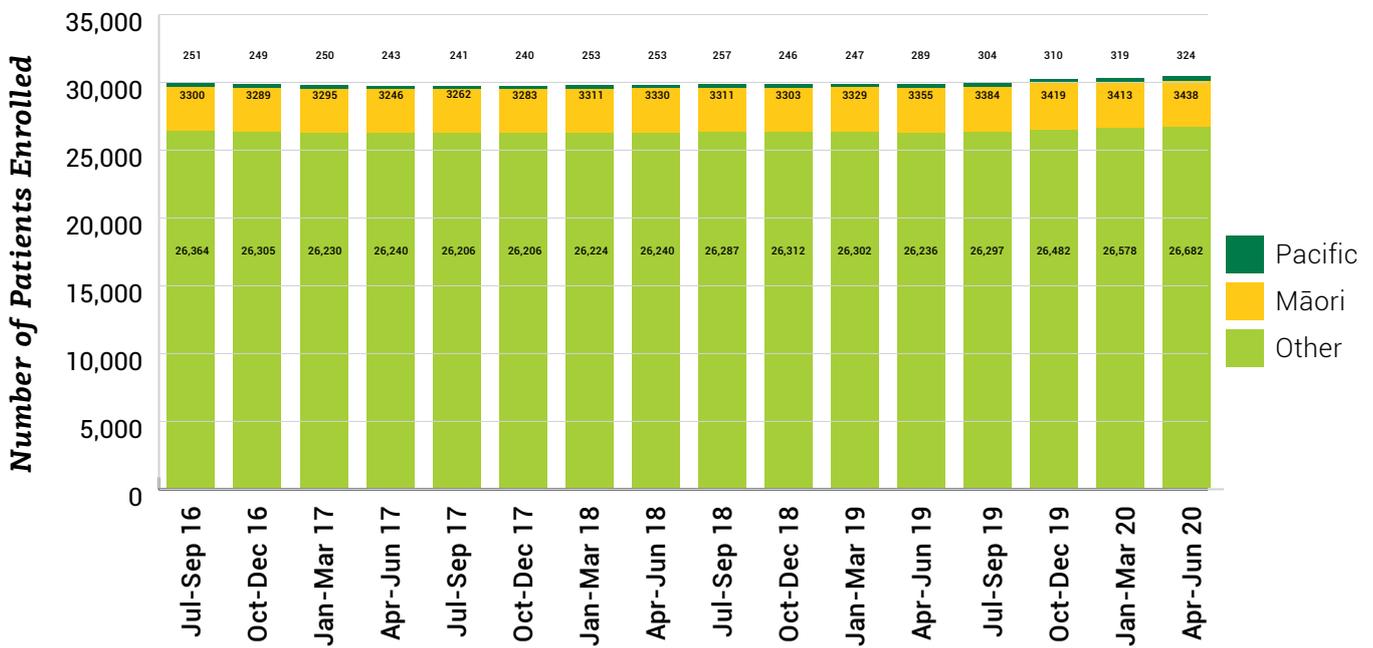
	Non-CSC	CSC holder
Children 0-13	FREE	FREE
Children 14-17	\$22.00	\$13.00
Adults 18+	\$28.00	\$19.00
Adults 65+	\$25.00	\$19.00

West Coast PHO Enrolled Population

For the April to June 2020 quarter, **30,444** people were enrolled with the West Coast PHO. This is an increase of 564 compared with the same time last year.

The average number of people enrolled in the PHO during the year was **30,167**.

Enrolments over time by ethnicity



Visits to medical centres

129,675
subsidised visits by
enrolled patients

64,791 GP visits

64,884 nurse visits

This represents an average of 4 visits for each enrolled patient in the PHO. The average subsidy for each enrolled patient was therefore \$260.32 (including GST) during the year, while the average subsidy per patient visit was \$60.56 (including GST).

Access for Māori

Total enrolments have increased 2% over the three-year period from 1 July 2017 to 30 June 2020, while Māori and Pacific enrolments have increased 7% over the same period.

11% of total enrolments Māori
1% Pacific
3% Asian

PHO Enrolments



COVID-19 PANDEMIC RESPONSE

Programme activity was significantly affected due to the COVID-19 pandemic response and lockdown. The impact can be seen in the reduced number of long-term condition reviews and screening outcomes in this report as in-person consultations were suspended during the lockdown. There is a significant amount of catch-up work being undertaken to recover patient outcomes, while simultaneously maintaining patient safety in a COVID-19 sensitive environment.

The WCPHO are extremely proud of the efforts of our PHO staff, practice and pharmacy teams to ensure that our community were able to continue to access vital services throughout the COVID-19 lockdown.

The WCPHO was extremely nimble on behalf of our local populations in its response to the pandemic, supporting practices and the community over and above its normal business-as-usual service provision. Some of these additional measures included:

- ▶ participation in the Emergency Operations Centre (EOC) (controlling body of the West Coast pandemic response, reporting to the Ministry of Health) including weekend cover by key PHO staff, and following up with any corresponding primary care actions
- ▶ advice and support to the Clinical Advisory Group (CAG), EOC, Community Based Assessment Centres (CBACs) and sentinel testing
- ▶ communication and support to general practices, community pharmacies, Poutini Waiora (Māori provider) and the community with key messages, clinical guidance, updates, tools and resources, accessing logistical support, networking, financial support and business modelling
- ▶ redeployment of WCPHO staff to support EOC and the community pharmacies, on standby to redeploy to practices and the DHB if the need arose
- ▶ priority planning, support and monitoring regarding flu vaccination strategy for funded groups, long-term condition reviews, child immunisations, smoking cessation support and any areas of patient care impacted with interruptions to services by the lockdown
- ▶ attending through virtual technology numerous national meetings, education sessions and local meetings
- ▶ conducted a patient survey and a practice survey of clinicians about their experience of telehealth during lockdown (35 clinical staff and 639 patients responded)
- ▶ continued WCPHO brief intervention counselling, Green Prescription, nutrition, health navigator, and breastfeeding support services through phone/virtual consultations
- ▶ conducted welfare and flu vaccination checks by phoning 264 vulnerable Māori 50+ years old and referring any with needs to Poutini Waiora, practices and relevant agencies for support, and providing health navigator support as needed
- ▶ active involvement in two local welfare groups:
 - West Coast Welfare Coordination Group
 - West Coast Psychosocial Wellbeing and Recovery committee
- ▶ WCPHO staff delivered medications for patients/pharmacy during the COVID-19 lockdown



He waka eke noa. We are all in this together.

COVID-19 Key Outcomes

Welfare Checks

- ▶ 395 'vulnerable' patients identified (Māori, Quintile 5, >50 years)
- ▶ 377 people had contact numbers supplied by practices
- ▶ eight PHO staff made direct contact with 70% of people (30% either did not answer or the phone number was invalid)
- ▶ 97% of people contacted had support in their bubble
- ▶ 31 people (12%) requested a referral to Poutini Waiora
- ▶ 102 people (38%) requested a follow up call from the PHO

Clinical

- ▶ developing and conducting practice staff and patient survey about their COVID-19 virtual experience
- ▶ mental health BIC – cleared the wait list, which was over 30 prior to the lockdown
- ▶ unprecedented uptake of flu vaccination this season (74% of 65+ year olds)

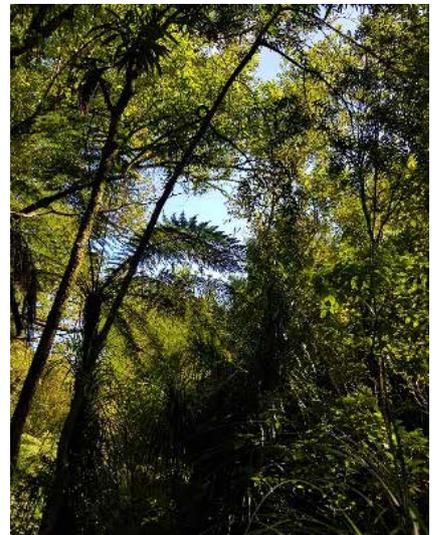
Administration

- ▶ daily reporting to the DHB on COVID-19 swabbing from private practices
- ▶ additional payments to general practices from Ministry to support business viability with COVID-19 response

- ▶ the COVID-19 claiming form in Halcyon Portal available for general practices in week 1 of lockdown

Support and Collaboration

- ▶ 2 Health Navigators and 3 Administration staff supported Olsen's Pharmacy with prescription deliveries and 'checked in' with people at the same time
- ▶ delivered goods from DHB stores to practices/pharmacies
- ▶ Health Navigators transported patients to Flu vaccination clinics and assisted with administration tasks at the Westland Medical Centre
- ▶ 2 Healthy Lifestyle staff made ABC (offer of support to quit) phone calls on behalf of two Practices: 93 for Westland Medical and 92 for Coastal Health
- ▶ referrals to Poutini Waiora were made for 31 individuals who requested this during the welfare check phone calls
- ▶ staff supported DHB activities: two staff available to EOC and one to Dietetics



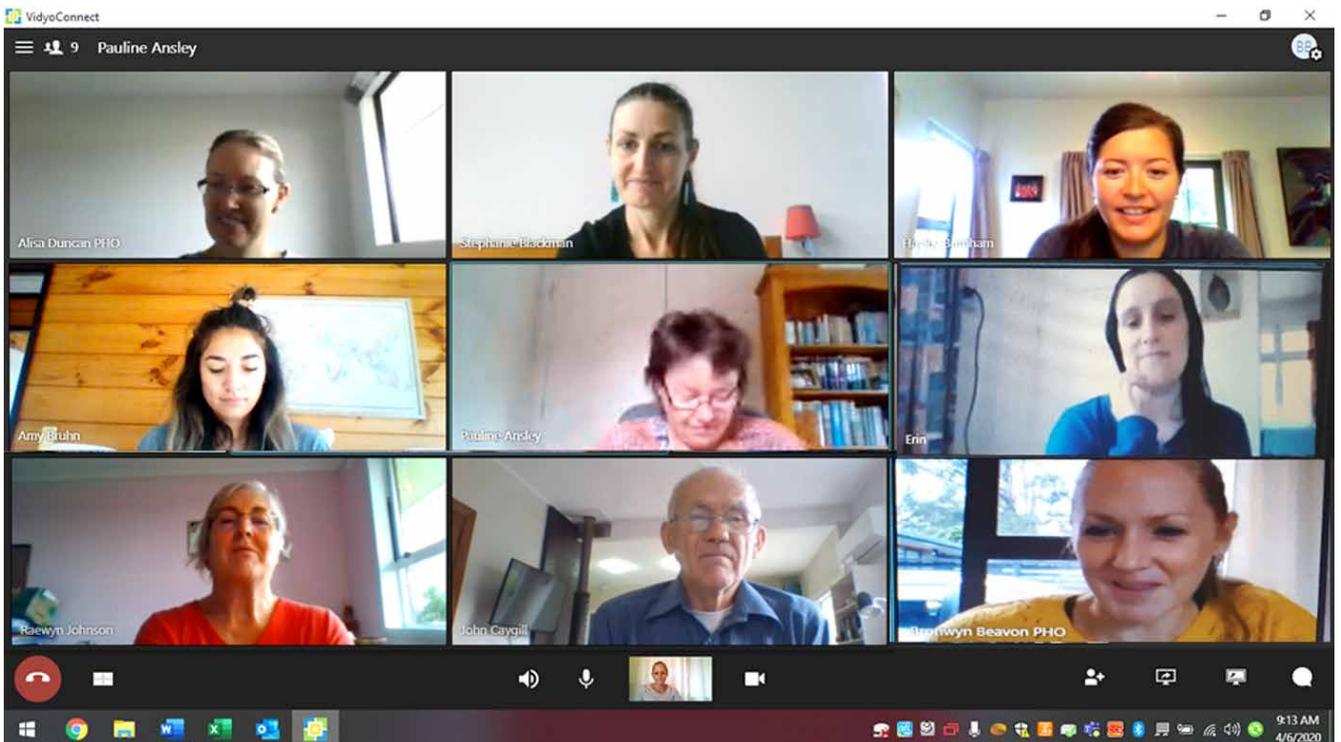
Staff continued to work from their home offices with a view:



Stephanie Blackman
PHO Dietitian



**The Administration Office became home
for the office plants**



All meetings and consultations were held by virtual technology throughout the lockdown
WCPHO Clinical Team

KEEPING PEOPLE HEALTHY

Expenditure

The PHO spent \$278,131 on the various 'Keeping People Healthy' programmes which include Breastfeeding Support, Health Promotion Community Activity, Green Prescription and Nutrition Services.

Breastfeeding Support

This programme aims to improve breastfeeding rates and to create a supportive breastfeeding environment on the West Coast (because the evidence shows that infants who are NOT breastfed have a higher risk of developing chronic illnesses).

The service is delivered by Breastfeeding Advocates with a combined 0.8 FTE.

Data is now obtained from all providers, whereas previously only Plunket data was available. The following table shows collated West Coast breastfeeding results for the 4th quarter only from all providers.

It is also important to note that the Ministry of Health target for 6 months (65%) is for babies receiving any breastmilk; exclusively, fully or partially breastfed. The results below include those who are exclusively or fully breastfed for 6 weeks and 3 months. The 6-month result includes babies receiving any breastmilk. The results are shown as an average taken from the results of each quarter.

	6 Weeks exclusively or fully breastfed	3 Months exclusively or fully breastfed	6 Months exclusively, fully or partially breastfed
West Coast Result	57.6%	55.2%	65.1%
West Coast Targets	75%	70%	65%
Māori Result	100%	87.5%	61.5%

It is pleasing to see the increase in Māori babies receiving breastmilk at 6 months of age.

TARGET GROUP:
Childbearing women and their whānau, those in high deprivation areas, young and Māori women.

Health professionals

Lactation Consultancy

This programme continues to reach young Māori wahine and those living in deprived and rural locations.



Anywhere Anytime

“We have been successfully breastfeeding for a year and I must say I am pretty proud of us both - a huge milestone! I just want to thank everyone who has helped me.”



55 were living in high deprivation areas

48 living rurally

9 <20 years of age

19%
(42) of contacts made with Māori mums

There were
227
Lactation Consultancy clients in 2019/20

1,181
Lactation Consultancy contacts

“I just wanted to say thank you because without your support I wouldn't have managed to go so far breastfeeding. You do amazing stuff for people and I'm proud to be one of them.”

Breastfeeding Education

Breastfeeding Advocates support mums and partners with ante-natal sessions regarding breast feeding and provide education sessions for general practices and community groups.

COVID-19 Prevention: INFANT FEEDING

EVERYONE: Practice Social distancing. Wash hands often. Avoid close contact with anyone who is coughing or sneezing.

BREAST FEEDING:	Keep Breastfeeding. Breastfeeding helps protect your child when they (or the people around them) are sick. If you're thinking about weaning, consider waiting until the health emergency is over.	COMBO FEEDING:	Maximize the amount of breastmilk your child gets.
PUMPING:	Wash hands before touching pump or bottle parts. Follow best practices for pump cleaning.	FORMULA FEEDING:	Follow best practices for preparing formula and sterilizing equipment.
IF YOU GET SICK:		ANY BOTTLE FEEDING:	
If you're breastfeeding, keep breastfeeding. Wash hands often. Avoid spreading illness through respiratory droplets.		Limit the number of people who feed your baby.	

Follow the latest guidance from your national government and the World Health Organization (WHO), as these could change as more information becomes available.

Breastfeeding Advocates support breastfeeding mums, and provide training to volunteer West Coast women, to develop a support network for breastfeeding families across the Coast. Some of the ways this network of 'Mum4Mums' support other breastfeeding mothers is through providing breastfeeding advice, dispelling myths and helping mums overcome common issues that affect

breastfeeding. Feedback from some Mum4Mums in 2019-20 was that they had supported women, locally, nationally and internationally. This is from just some of our Mum4Mums and shows how extensively this network reaches and supports other women, even across the globe.

22 ante-natal sessions in groups and 1:1

4 community and health professional sessions and

10 Mum4Mums trained
3 of these mums were Māori

10 monthly key breastfeeding messages to practice teams



August 2019 'Big Latch On' – Greymouth



Health Promotion Community Activity

Our Health Promotion/Community Activity coordinator supported West Coasters and general practice teams in 2019/20 in the areas of screening, sexual health, immunisation, 'smoke-free', oral health, men's health, mental health and diabetes campaigns. This included delivering health promotion messages, COVID-19 messages, participating in events, and presenting community awards in recognition of health promotion activities.

Some examples of these types of activities include:

- ▶ The WCPHO participated in and supported the Kawatiri well-being hui in Westport in November 2019
- ▶ Design and promotion of a brochure for Non-Government Organisations (NGOs) promoting WCPHO programmes, including Long-Acting Reversible Contraception (LARC)
- ▶ Smokefree promotion
- ▶ Coordinating and advertising for "pay what you can" campaign for cervical screening month for the participating practices to offer clinics and a donation for women overdue or never had screening
- ▶ Significant preparation for Agfest, prior to cancellation due to COVID-19 lockdown



Children's Day Hokitika March 2020



#DiabetesActionMonth
#DiabetesNZ
www.diabetes.org.nz

diabetes
action month
November 2019

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Healthy Lifestyle Ambassador Awards

Each year one lucky recipient from each of our regions wins a Healthy Lifestyle Ambassador award. This award is in recognition of significant changes each has made to their lifestyle to lead a healthier life. Each has also made contributions to promote and support healthy lifestyles in their communities, either by role modelling or supporting others like their friends and family to make lifestyle changes.

To be eligible and nominated for this award the individual should be:

- ▶ Exercising regularly
- ▶ Be smoke-free
- ▶ Eating healthily

There were two joint winners in the Grey District and one in Buller. There were no nominations for Westland this year.



2019 Healthy Lifestyle Award recipients (left and right):
Greymouth winners: Colleen Muir and Anne-Marie Wall



Greymouth winner: Timothy Leis (centre)



Westport winner: Katie Jarvie

Green Prescription (GRx)

The Green Prescription programme supports West Coasters who are inactive and at risk of developing diabetes or cardiovascular disease to make regular exercise a way of life.

This is through:

- ▶ individual and group exercise sessions in each region
- ▶ encouraging independent exercise
- ▶ community based "Active You" programmes

Rongoā Kākāriki
GREEN
PRESCRIPTION



Low impact circuit: Reefton

452

West Coasters entered the Green Prescription programme in 2019/20

18%

of these were Māori (81)

11

pool passes were given to people with diabetes enrolled in GRx

Green Prescription Plus

GRx Plus is a nutritional programme that works alongside GRx to provide individualised nutritional support for clients enrolled in the GRx programme, and for people with pre-diabetes.

The programme is also available for people with high cardiovascular risk. The goal of the programme is to reduce the incidence of diabetes and heart disease, and to support people to achieve a healthy weight by improving access to nutritional advice, alongside healthy physical activity.

The GRx Plus programme is delivered by a dietitian at 0.6 FTE. Dietitian clinics are held in Westport, Greymouth and Hokitika.

TARGET GROUP:

People with pre-diabetes

People with high cardiovascular risk

Obese people from high need populations

56

West Coasters referred to the Green Prescription Plus programme in 2019/20

14%

of these were Māori (8)

86

Follow-up Consults

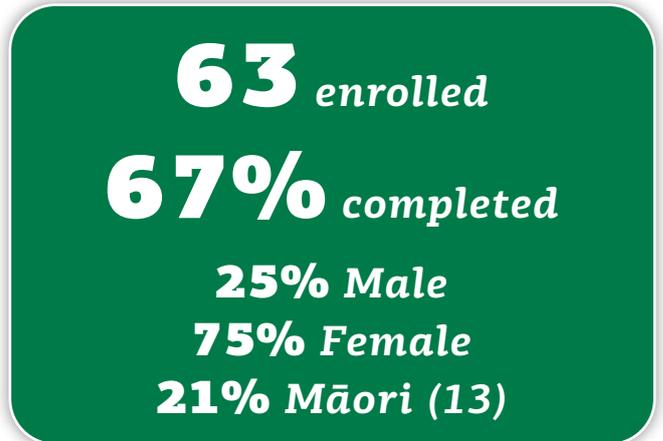
45

Initial Dietitian Consults

Melon Lifestyle Support Programme

Melon is an online, self-management support programme designed to help people take control of their health with a focus on healthy habits as a path to improved wellbeing. The 16-week programme combines peer support via social media, health coaches and behaviour change tools to build daily habits which result in positive health outcomes. PHO Dietitians provide health coaching to West Coast participants.

The objective is to enable people within the enrolled population to take control of their health by giving them the tools, support, information, motivation and confidence to manage their health through the 16-week programme and then ongoing support through the app for as long as clients choose to use it.



Outcome data:

- ▶ 63 enrolments into Melon
 - 12 of whom did not accept the invite
 - 42 reached the 16-week mark (some of whom started before 1 July 2019 and are not included in the enrolment numbers). 10 of the 63 enrolments are still within 16 weeks - not yet completed at June 30th 2019
 - people are better able to manage their health behaviours through problem solving and having more confidence moving forward
 - 81.8% are likely to recommend Melon to others, and the rest might
 - 100% of clients who filled in the feedback survey found the coaching one of the most helpful parts of Melon

My Health Survey outcome data:

Patients are prompted to complete this survey when they accept the Melon invite and at week 16. This survey aims to extract information about each participant's belief in their ability to achieve their goals.

There are 8 questions, with each being scored out of 10. Twenty patients completed both surveys at week 0 and week 16. The total average scores for this group are:

	Week 0	Week 16	Improvement
My Health Survey	43.4	57.1	+ 13.7

Programme participants feedback:

“I have recently been to my doctor and he is astounded with the reduction in blood readings taken recently.”

“My blood sugars have dropped from 49 down to 43, my cholesterol has dropped significantly to 2.3 and my weight has dropped from 114 kg down to 106kg over the 16-week period.”

“Hi, things are going great. I’m still working as a truck driver as being an essential supplier ... and the changes I’ve made are helping me get through this current situation [COVID-19] and I’ve started to eat food that I never ate as a child.”



“I feel a lot healthier and plan to continue to follow the Melon process and keep up the exercise regime which I think is critical.”

General Practice Nutrition Clinics

Individualised nutritional support for consenting clients is offered in dietetic clinics in Greymouth, Hokitika and Westport. The target groups for this programme are people with pre-diabetes, a CVD risk of >15%, any co-morbidities, a previous diagnosis of gestational diabetes, anyone with nutrition related concerns and families with an overweight child. The service priority areas are the high need populations. Phone consults are offered to clients who live in South Westland or other rural locations, who would find it difficult to make it into a clinic and for whom the online programme is not suitable.

The aim is to provide professional support that assists West Coasters towards a healthier future, using an evidence-based approach to help them achieve healthy lifestyle and activity goals.

TARGET GROUP:

People with pre-diabetes, high cardiovascular risk, co-morbidities (Diabetes, CVD, COPD)

People with nutrition related concerns and high need populations

Families with an overweight child (≥5 years old)

275

West Coasters referred to Dietitian clinics in 2019/20

16%

of these were Māori (44)

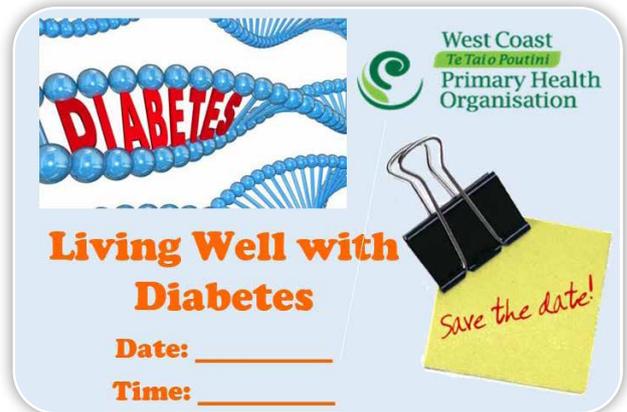
Living Well with Diabetes Courses

These are interactive group education and self-management days for people with Type 2 diabetes, facilitated by the dietitians. Courses are one-off sessions (one initial and one follow up) designed to demystify the condition and support people to live well with diabetes.

32 people referred to
**Living Well with Diabetes
Courses**

14 attended 'Initial'
and

12 attended follow-up
courses



“I thought the programme was presented well and in terms I can understand, very enjoyable.”

“Very good course for knowledge topics no one else helps with the course is well run and informative.”

“I would recommend this course to anyone.”

“Have enjoyed learning more about diabetes and how to help myself on my journey.”

“Very informative hui. Great kai, great people and shared experience.”

“Thoroughly enjoyed the day with all the different discussions from everyone.”

“Would be great to have community support groups for diabetes. We need a support group please.”

CLINICAL PROGRAMMES AND SERVICES

Our funded clinical programmes assist West Coasters to access health care, with the purpose of reducing the risk of developing heart disease or diabetes and helping them to self-manage any existing long-term conditions they have.

Expenditure

The PHO spent \$533,130 on the various clinical programmes and services.

Screening for Cardiovascular Disease and Diabetes

Heart Health: formerly known as 'More Heart and Diabetes Check'.

This programme aims to identify individuals at risk of a cardiovascular event (heart attack or stroke) and diabetes, in order to provide early intervention and to reduce the incidence of heart disease or stroke.

The goal is:

- ▶ for 90% of those eligible to have a CVRA completed within the last five years
- ▶ ensuring individuals are on appropriate treatment
- ▶ linking individuals with lifestyle programmes that support healthy behavioural changes

Expenditure \$29,639

61% (100)
of eligible Māori men aged between 35 and 44 years have been screened in the last 5 years

9,327
(80%) of eligible CVRAs have been completed in the last 5 years

2,270
Cardiovascular Risk Assessments (CVRAs) were completed in 2019/20

10%
of these were for Māori (227)

80%
of eligible Māori have been screened in the last 5 years

Treatment for those identified with high cardiovascular risk

Treatment of those identified as high risk (CVRA >15%) aims to reduce the 5-year risk to below 15%, through:

- ▶ all identified smokers being given brief advice and offered support to quit
- ▶ recommending lifestyle interventions e.g. diet, physical activity, weight management and relevant referrals
- ▶ commencement of optimal pharmacological treatment
- ▶ regular follow-up and monitoring

Expenditure \$15,791

Cardiovascular Risk <10% (low risk):

1,563

Individuals (65%) were identified as having a risk less than 10%

8%

of these were Māori
(125)

Cardiovascular Risk between 10-20% (moderate to high risk):

624

Individuals (31%) were identified as between 10-20%

13%

of these were Māori
(81)

Cardiovascular Risk >20% (very high risk):

84

Individuals (4%) were identified as >20%

12%

of these were Māori
(10)



February is Heart Awareness Month



**Small changes lead to lasting results
Love your heart everyone**

LOVE  HEART

Long Term Conditions (LTC) programme

The LTC programme aims to improve health outcomes and self-management for people who are living with a long-term chronic condition.

The goal is to enhance the management of cardiovascular disease (CVD), diabetes and chronic obstructive pulmonary disease (COPD), and to achieve equity of health outcomes for Māori, Pacific peoples and those living in high deprivation areas.

Interventions are designed to:

- ▶ reduce inequalities in treatment and health outcomes for High Need groups
- ▶ ensure patients are on appropriate treatments
- ▶ link patients with lifestyle programmes that can support them to make any required behavioural changes

People enrolled in this programme receive:

- ▶ an in-depth annual review for each condition
- ▶ a package of care based on their level of need
- ▶ a jointly developed care plan
- ▶ referral to other PHO programmes, community support programmes, social services, community pharmacy and other health professionals as required

Services provided as part of the LTC programme are funded by Care Plus, Diabetes, and Services to Improve Access funding streams.

The West Coast PHO expanded the LTC mental health programme from the two Westport practices to the practice in Hokitika. To 30 June 2020, 22 people from these practices were newly enrolled in this programme, 1 of these was Māori. 50 people had an annual review, 4 of these were Māori. There were 69 quarterly follow-ups, 10 of these were for Māori.

Expenditure \$140,322

TARGET GROUP:
*People with CVD,
Diabetes and COPD*

7%
*of these were
Māori (277)*

3,959
*People were enrolled in the
LTC programme at 30 June
2020*

*This is **13%** of the
PHO's enrolled population*

*Māori make up **7%** of the enrolled population
>45 years (the prime age group for LTC enrolees)*

Care for people with Cardiovascular Disease (CVD)

This programme aims to enhance the management of CVD and to improve the equity of health outcomes, particularly for high need patients (Māori, Pacific peoples and those living in high deprivation areas).

Expenditure

CVD care is included within the \$140,322 LTC expenditure.

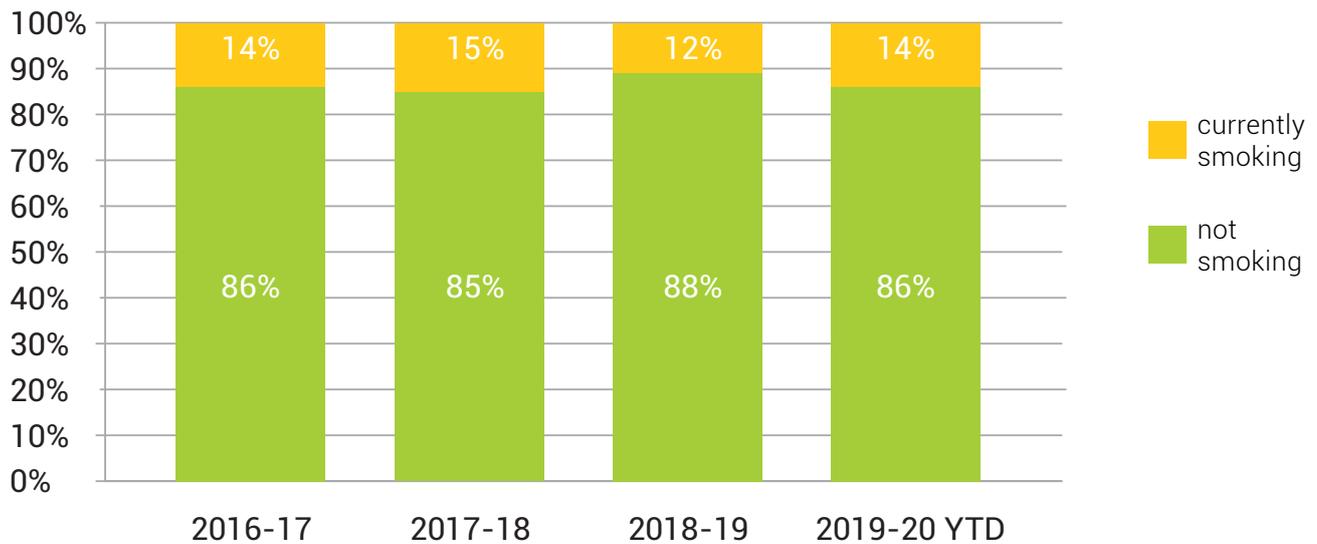
TARGET GROUP:
All people with CVD

1,899
enrolled people have been identified with CVD on the West Coast

6%
of these were Māori (88)

1,480
CVD reviews (83%) completed in 2019/20

Percentage CVD Patients who are non-smokers



Of those people with CVD who have been reviewed, 86% were not smoking. Of those Māori reviewed in the June quarter, 78% were not smoking and 88% of other ethnicities were not smoking. For those who are smoking there are several cessation services to choose from, all promoted across the West Coast.

Care for People with Chronic Respiratory Disease

This programme aims to improve the quality of life and self-management skills of people living with chronic respiratory disease. This condition is also known as Chronic Obstructive Pulmonary Disease (COPD) or Chronic Obstructive Respiratory Disease (CORD).

Key activities:

- ▶ review both the clinical and self-management of the patient's condition
- ▶ provide an action plan to manage exacerbations
- ▶ all identified smokers are offered brief advice and support to quit
- ▶ all patients are offered annual flu vaccination, and pulmonary rehabilitation where available

Health Outcomes:

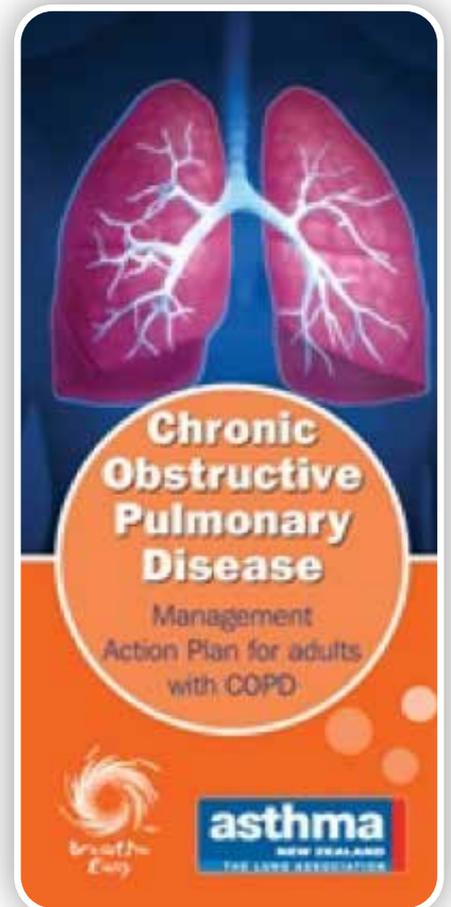
Of the 450 individuals reviewed this year:

- ▶ 74% (332) were given or had discussion about their COPD Action Plan
- ▶ 89% were not currently smoking
- ▶ Fewer people have had exacerbations of their condition

Expenditure

COPD care is included with the \$140,322 of LTC expenditure.

TARGET GROUP:
All people with COPD



9%
of these were Māori (40)

450
COPD reviews completed in 2019/20

Care for people with Diabetes

This programme aims to improve health outcomes and quality of life of people living with diabetes and to improve the equity of health outcomes, particularly for high need patients (Māori, Pacific peoples and those living in high deprivation areas).

Reporting data here is for ages 15-74 years only.

Key activities:

- ▶ review both the clinical and self-management of each patient's condition
- ▶ retinal screening clinics held quarterly in different regions across the West Coast
- ▶ support practices to ensure as many patients as possible benefit from this programme
- ▶ review and address inequalities in health outcomes

The 2018-19 Whakakotahi project to improve the experience and health outcomes for West Coast Māori living with Diabetes has led to the spread of this collaboration in other West Coast practices. Using a whānau ora approach, patients have received holistic care through interdisciplinary case reviews, diabetes education for patients and their whānau, referrals to appropriate health and social services, and wrap-around support to assist them to access these services. This has seen an increase in access to and engagement with services, and a reported improvement in self-management and well-being by many Māori patients who have used this service.

The model has also been expanded to other long-term conditions, to support equity of health outcomes for Māori, Pacific and high need people who are living with long-term conditions.

Diabetes care is included within the \$140,322 LTC expenditure; an additional \$49,805 was spent on retinal screening and \$489 on Diabetes Care Improvement (DCIP).

TARGET GROUP:
*People with diabetes
15-74 years*



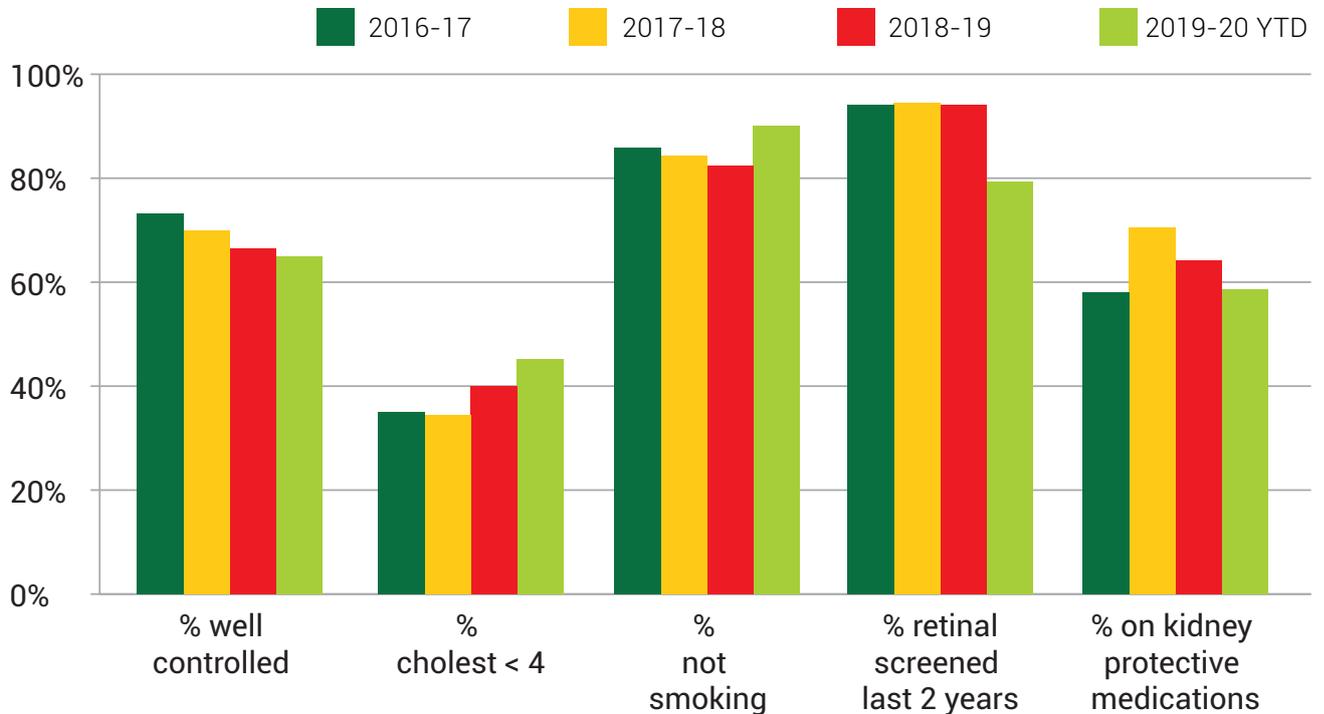
diabetes
new zealand

11%
*were for Māori
(108)*

984
*(93%) Diabetes
reviews completed
in 2019/20*

1,061
*people identified with
diabetes 15-74 years*

Clinical outcomes from diabetes annual reviews conducted



The number of people with a cholesterol level in the desired target range (<4) is 44%, an increase from 39% from the 2018/19 year. It is noted that of those identified with elevated cholesterol (>4), 57% are appropriately medicated on a statin. 64% of people reviewed have good diabetes control, 57% are on kidney protective medications and 78% of people have had their retinal screening in the last 2 years.

Diabetes Care Improvement Package includes:

- ▶ Eleven pool passes for people with diabetes who are enrolled in Green Prescription
- ▶ There was no podiatry service (for those not eligible for DHB-funded podiatry) available in 2019-20

6
Living Well with Diabetes courses held: 26 attendees

11 *pool passes given to GRx clients with diabetes*

Living Well with Diabetes courses:

These courses are designed to give people with diabetes the opportunity to engage in small groups, learning about living well with diabetes.

Enhanced retinal screening clinics:

These clinics provide a package of care for people whilst attending their retinal screening appointment. Individuals have the opportunity to have relaxed discussions with a diabetes nurse specialist, dietitian, mental health counsellor, health promoter and Green Prescription coordinator. Along with health professional advice there are numerous resources available for people with diabetes and their families to take home.

503
*retinal screens
completed*



SMOKEFREE WEST COAST

Smoking Cessation

The aim of the "Coast Quit" smoking cessation programme is to reduce tobacco smoking through increased availability and choice of smoking cessation services in the community.

Key activities:

- ▶ Programme provided by trained nurses, GPs, rural nurse specialists, pharmacists and pharmacy staff across the West Coast
- ▶ Participants are phoned at 3-4 months post quit date to ascertain outcome with the Coast Quit provider
- ▶ Feedback of results is provided to all practices

Expenditure \$24,617

TARGET GROUP:
West Coasters who smoke

11%
of Coast Quit enrolments were Māori (29)

3 month outcomes:

35%
quit rate for
221 clients phoned

266
people enrolled in Coast Quit in 2019/20
(241 - Practices, 25 - Pharmacies)



Smokefree Pregnancy and Newborn Incentives Programme

The Smokefree Pregnancy and Newborn Incentives Programme provides cessation counselling and a 12-weeks voucher incentive schedule to promote successful cessation during pregnancy, and an 18 week 'newborn' phase after the baby is born. Both phases of the programme are available to partners of pregnant women/new mothers who wish to quit smoking.

Key activities:

- ▶ Oversight of the programme, delivered by the DHB and Oranga Hā, Tai Poutini cessation counsellors

Outcomes:

- ▶ For the 12-week programme, the achievable abstinence rate was 83% for women and 84% for partners
- ▶ For the 18-week newborn phase, the achievable abstinence rate was 98% for women and 100% for partners

Expenditure

SSIP programme is included in the Smoking Cessation \$24,617 expenditure.



21 women
(newborn phase)

8 partners set quit dates

96% abstinence outcome for women

93% for partners

What are you doing
to be smokefree?

31 May
WORLD SMOKEFREE DAY

Smokefree Service Co-ordination

The purpose of this service is to reduce the prevalence of smoking on the West Coast by supporting health providers and other community groups or agencies to promote 'smoke-free', and to increase the uptake of effective smoking cessation interventions. This service is delivered by a 0.8FTE co-ordinator.

Key activities:

- ▶ co-ordinating a range of smoke-free activities, and promoting smoke-free environments
- ▶ supporting a range of cessation options and programmes across the region, including the smokefree pregnancy and newborn incentives programme
- ▶ monitoring and promoting the secondary care tobacco health target: 95% of patients who smoke and are seen by a health practitioner in public hospitals are given brief advice and offered support to quit smoking
- ▶ monitoring and promoting the primary care tobacco health target: 90% of patients who smoke and are seen by a health practitioner in primary care are given brief advice and offered support to quit smoking
- ▶ organising training opportunities for all smoking cessation providers
- ▶ working with the West Coast Tobacco Free Coalition to achieve the national goal of Smokefree Aotearoa-New Zealand 2025



3 Smokefree ABC
training

21 attended

5 attended Coast
Quit training

**Secondary Care Target
result:**

93%

**Offered support to quit
at 30 June 2020**

**Primary Care Target
result:**

93%

**Offered support to
quit at 30 June 2020**



HEALTH NAVIGATOR SERVICE

The service assists high need patients with Long Term Conditions (LTCs) to access appropriate social and health care services. The service is firmly embedded within the wider health and social care system across the region.

The Health Navigators have a total FTE of 4.3. They undertake a wide variety of activities and functions when providing navigation services. In particular, older adults living rurally with multimorbidity and social complexity are referred to this service.

The service continues to be well used by general practices, secondary care services and community organisations as the service is recognised as contributing to improving the health and social care experiences of their clients.



TARGET GROUP:

LTC Patients with complex social issues

1,635
clients

There were:

3,330
phone calls made,

2,990
contacts with other agencies,

2,239
face to face contacts with clients in 2019-20

HEALTH CHECKS FOR CLIENTS OF THE CORRECTIONS DEPARTMENT

This service provides free acute care and general health check-ups for clients of the Corrections Service, many of whom do not have a general practitioner.

This service also provides subsidised prescriptions for these clients via all West Coast community pharmacies.

This programme continues to benefit a small number of high need individuals.

Expenditure \$3,851

36%
*of these were
Māori*

131
*Corrections claims
made by clients of the
Corrections service in
2019-20*

CONTRACEPTION AND SEXUAL HEALTH

Under 25 years programme:

This service aims to reduce pregnancy rates in the under 25-year age group and to improve access to sexual health services. It removes financial and social barriers to accessing contraception and primary sexual health services for young people, particularly those at risk of ill health, injury and unwanted pregnancy.

Services available from all general practice teams and rural clinics:

- ▶ Contraception and sexual health consults
- ▶ Emergency Contraception (ECP) consults

Services available from community pharmacies:

- ▶ No prescription fees
- ▶ ECP consults

Key Features

- ▶ accessible
- ▶ acceptable to young Māori and wahine
- ▶ range of access points including practices, rural clinics and community pharmacy

Expenditure \$35,037

High risk women 25 years+ programme:

From 1 July 2019 a programme was introduced in General Practices to increase equity of access to contraceptive services which also included Long Acting Reversible Contraception for high risk women 25-years of age and over.

The specific objectives of this programme are to:

- ▶ Increase equity of access to contraception for low income women and those living in deprivation
- ▶ Reduce poor health and social outcomes for women and infants associated with an unplanned pregnancy and birth
- ▶ Provide more women with support so that they can decide about their fertility and when to have children
- ▶ Consults for women over 25 years meeting the criteria are free

1,556
Contraception and
sexual health visits
in 2019/2020 for all
under 25 years

16%
of these
were Māori

136
Contraception
health visits in
2019/2020 for
women over
25 years

37%
were for Māori
wahine

PALLIATIVE CARE

This service aims to reduce the financial barriers for patients and their whanau receiving general practice care in the terminal stage of their illness.

The programme continues to cover costs of visits to the general practice, home visits, nurse visits made on behalf of patients by palliative care nurse specialists, and some part charges for medication used in a palliative setting for enrolled palliative care patients.

Additionally, the PHO funds pharmacy palliative medicines for users of the service. This funding covered 116 patients, averaging \$65.00 per patient, with a total spend of \$11,672.31 for the year.

The PHO co-hosted with the West Coast DHB and Buller West Coast Home Hospice Trust, a Palliative Care study day during this past year.

Expenditure \$41,852

133
individuals
enrolled into the
programme during
the 2019/20 year

6%
were Māori (8)

Consults for those enrolled:

189
nurse specialist consults

340
practice visits

269
home visits



7%
of consults were for Maori (55)



MENTAL HEALTH

The Mental Health programme, including both the Brief Intervention Counselling (BIC) and Suicide Prevention Coordination Service (SPC), aims to support West Coast General Practice Teams (GPTs) and the community to improve health outcomes and quality of life for people with mental health needs.

COVID-19 has brought a great deal of disruption to our community, yet an opportunity to deliver services in different ways. The WCPHO mental health team continued to provide virtual services throughout the lockdown.

Expenditure \$623,014

Key Activities:

- ▶ provision of counselling services from general practices and schools across the Coast
- ▶ triaging requests from GPTs for adults and young people and, in relation to young people only, from school counsellors, relevant social agencies, family and youth themselves
- ▶ provision of up to six fully funded Brief Intervention Counselling (BIC) sessions (or up to twelve sessions with young people where other relevant people are involved) for those identified as meeting criteria
- ▶ facilitation of Extended Consultations by GPs and Practice Nurses with enrolled patients who have mental health needs
- ▶ developing and promoting suicide prevention activities and postvention support in the West Coast District

Brief Intervention Counselling

This service is delivered by a range of clinicians with a combined FTE of 6.0

- ▶ continuation of brief intervention counselling to youth and adults across the West Coast region via person-to-person, video and phone
- ▶ working collaboratively with all stakeholders across the West Coast
- ▶ offered web-based emotional wellness coaching programme (Melon) option for adults on the waiting list
- ▶ commenced virtual consults since COVID-19 Level 4 lockdown period
- ▶ facilitated professional development for local schools: Responding to Mental Distress in Schools
- ▶ weekly "mindfulness and meditation" group sessions held for adults (when COVID-19 restrictions allowed)

TARGET GROUP:
Enrolled patients of West Coast practices, 12 years of age and over, with mild to moderate mental health concerns

939

Referrals for BIC counselling programme

181
youth

34%
were Māori (61)

758
adult

17%
were Māori (129)

1,530

Individuals were seen by the service

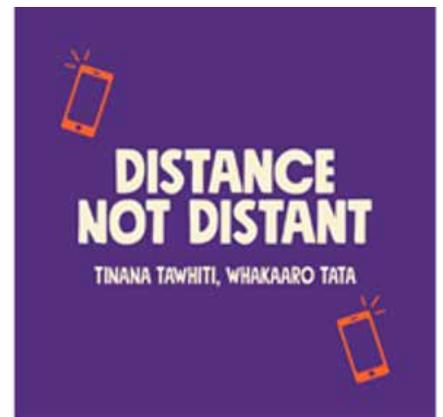
1,384

Non-clinical contacts for service delivery

Suicide Prevention

This service is provided by a 0.5 FTE co-ordinator across the West Coast Health System

- ▶ facilitating and supporting the West Coast Suicide Action Group and monitoring the delivery of Every Life Matters He Tapu te Oranga o ia Tangata Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand
- ▶ providing community suicide prevention training opportunities e.g. LifeKeepers workshops
- ▶ promoted Wellbeing in Sports through community events - the 'T20 Coast Clash' between West Coast Rugby and Cricket
- ▶ supported World Suicide Prevention Day: Hokitika community event
- ▶ supported the development of a working group to look at Māori suicide prevention activity in the community
- ▶ development of a West Coast Suicide Postvention Response plan
- ▶ worked collaboratively and extensively with community partners in the suicide prevention space, for example delivering and developing the 'Responding to Mental Distress in Schools' programme as part of schools staff professional development
- ▶ collaboratively worked with the DHB on the psychosocial and Mental Wellbeing recovery plan for COVID-19



QUALITY IMPROVEMENT, PROFESSIONAL DEVELOPMENT, WORKFORCE AND RURAL SUPPORT

Expenditure

The West Coast PHO spent \$1,184,921 on its various Quality Improvement, Professional Development Activities and Workforce and Rural Support.

System Level Measures Framework (SLMF)

The System Level Measures Framework aims to improve health outcomes for people by supporting DHBs to work in collaboration with health system partners (primary, community and hospital) using specific quality improvement measures. It provides a foundation for continuous quality improvement and system integration to improve patient outcomes. The following are the submitted results for the end of June 2020 to Ministry of Health:

System Level Measure	Improvement Milestone	Achieved	Result
Ambulatory Sensitive Hospitalisations (ASH) 0-4 year olds	75% of Māori whānau with a child admitted for treatment of a dental condition are engaged in a targeted wrap around support package	✗	The team due to pilot this work in Q3 were redeployed to COVID-19 pandemic response. This action will be included in planning for 2020/21
	≤50 events for ASH categories; Upper and ENT respiratory infections, Asthma, Lower respiratory infections and Pneumonia	✓	49
	70% of Māori babies are breastfeeding at three months.	✗	56%
Acute hospital bed days	Establish baseline for the number of people who have had a LTCM review and who have been screened for falls risk.	✓	Baseline established at 1.8% for Māori and 19.3% for non-Māori.
	Establish baseline for the number of people who have had a LTCM review for COPD who have an exacerbation plan in place.	✓	Baseline established at 80.0% for Māori and 88.9% for non-Māori.
	90% of eligible Māori aged 35-44 years have had a CVD risk assessment in the last 5 years.	✗	60.6%
Amenable mortality	70% of eligible women (in all population groups) have had a breast screen in the past 2 years.	✓	Other 72.1% Māori 67.2% Pacific 44.8%
	Long Term Conditions Management Three general practices are offering patients with long term mental health conditions enrolment in the Long-Term Conditions Management programme.	✓	
Patient Experience	30 DHB staff members have completed training regarding patients' nominated contact person (Hospital services using the adult inpatient survey).	✗	
	22% of patients complete the primary care patient experience survey following invitation.	✗	17%
Smokefree Infants	90% of West Coast babies had their first Well Child Tamariki Ora core check on time.	✓	92% non-Māori 78% Māori
	95% of West Coast households with a newborn had their Smokefree status recorded at the first WCTO core check across all ethnicities.	✗	74.5% total population 66.7% for Māori.
Youth Access to and Utilisation of Youth Appropriate Health Services	50% of women who are referred to the Smokefree Pregnancy and Newborn Incentives Programme achieve 80% weeks of achievable abstinence during pregnancy in 2019.	✓	92% Pregnancy phase 98% Newborn phase

2019/20 Health Targets Performance results

Brief advice and cessation support to smokers was 93%, exceeding the programme goal of 90% for the year ending June 2020. Smoking status recorded was 99%, exceeding the goal (90%).

This health target is for 95% of infants to have completed their primary course of immunisations by eight months of age. The West Coast PHO was below target with 82% of infants immunised, at 30 June 2020. This equated to 4 children (of those consented) needing to be vaccinated to reach 100% for the quarter (there are 12 parents who have declined/opted their children off).



Expenditure

Incentive Payments to Contracted Providers was \$123,068

CORNERSTONE® accreditation

It is a contractual requirement that PHOs ensure that all of their contracted providers meet the Foundation Standard. Practices that are currently CORNERSTONE® accredited will be considered to have met the Foundation Standard.

West Coast practices that are currently CORNERSTONE® accredited with the *Aiming for Excellence* standard are:

- ▶ Westland Medical Centre
- ▶ Reefton Medical Centre
- ▶ Coastal Health Medical Centre
- ▶ Karamea Medical Centre
- ▶ Ngakawau Medical Centre
- ▶ Greymouth Medical Centre
- ▶ Buller Medical Services
- ▶ Coast Medical Ltd
- ▶ South Westland Area Practice
- ▶ Lake Brunner Rural Clinic



Standing Orders Training

The West Coast Standing Orders Project:

- ▶ The West Coast PHO continues to support the progression of 'Standing Orders' for West Coast practice staff. Part of this project includes access for practice staff to healthLearn – a Canterbury DHB educational initiative that includes online training, including standing orders courses for nurses, with associated educational points for staff portfolios. The healthLearn standing orders programme is aligned with the Ministry of Health's *Standing Orders Guideline 2016* and is flexible enough to be used across rural and urban West Coast and Canterbury primary care, to expedite care for patients.

SECO – Safe and Effective Clinical Outcomes

- ▶ The West Coast PHO continues to work closely with the University of Otago and the Department of General Practice and Rural Health to deliver SECO training for the Rural Nurse Specialists, as an adjunct to the standing orders training. SECO provides practical training that will support the decision-making process of standing orders usage.
- ▶ The PHO delivered two additional SECO clinics to nurses from Reefton and Coastal Health Medical Centres.

Expenditure \$12,565





West Coast
Te Tai o Poutini
Primary Health
Organisation

SECO CLINIC



QUALITY IMPROVEMENT, PROFESSIONAL DEVELOPMENT, WORKFORCE AND RURAL SUPPORT

SAFE



EFFECTIVE

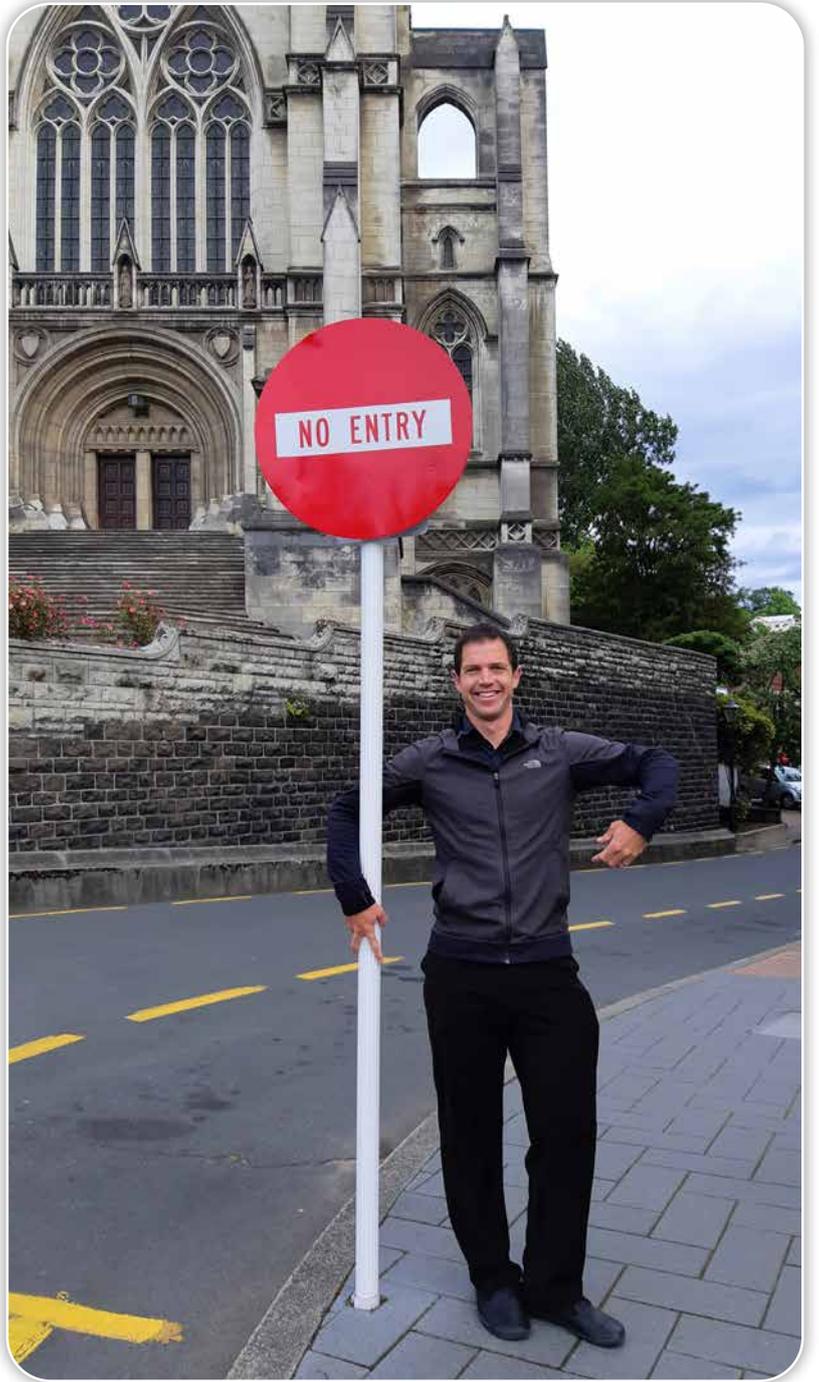
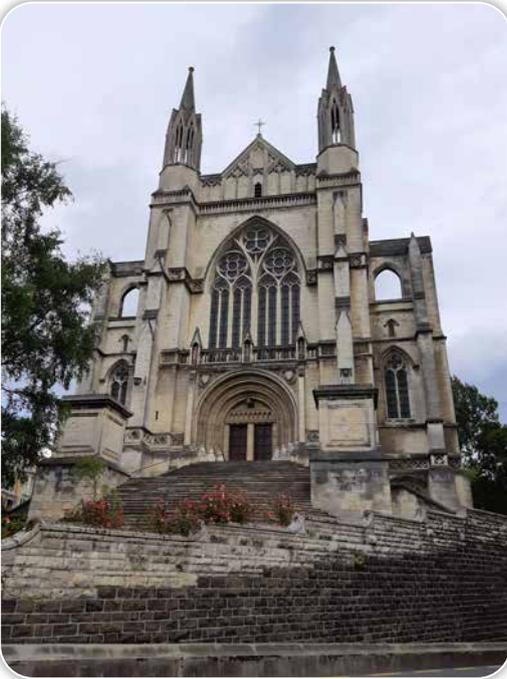
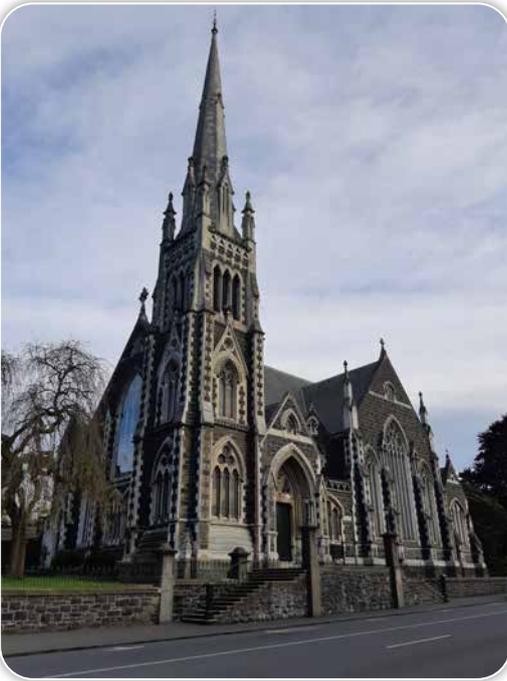


CLINICAL



OUTCOMES





WCPHO's Dr Andre Bonny (Medical Director) (pictured) and Pauline Ansley (Clinical Manager), and the University of Otago's Department of General Practice and Rural Health's Dr Martyn Williamson (GP) and Kirsty Murrell-McMillan (Rural Nurse Specialist and Professional Practice Fellow), presented our experience with using the SECO model with West Coast Rural Nurses at the 2019 Australasian Nurse Educators Conference in Dunedin.

Professional and Practice Development

This programme supports the continuing education and professional development of staff employed by all member practices. This includes local workshops and study days, video-linked evening education sessions, and funded access to conferences and training opportunities mostly outside of the West Coast.

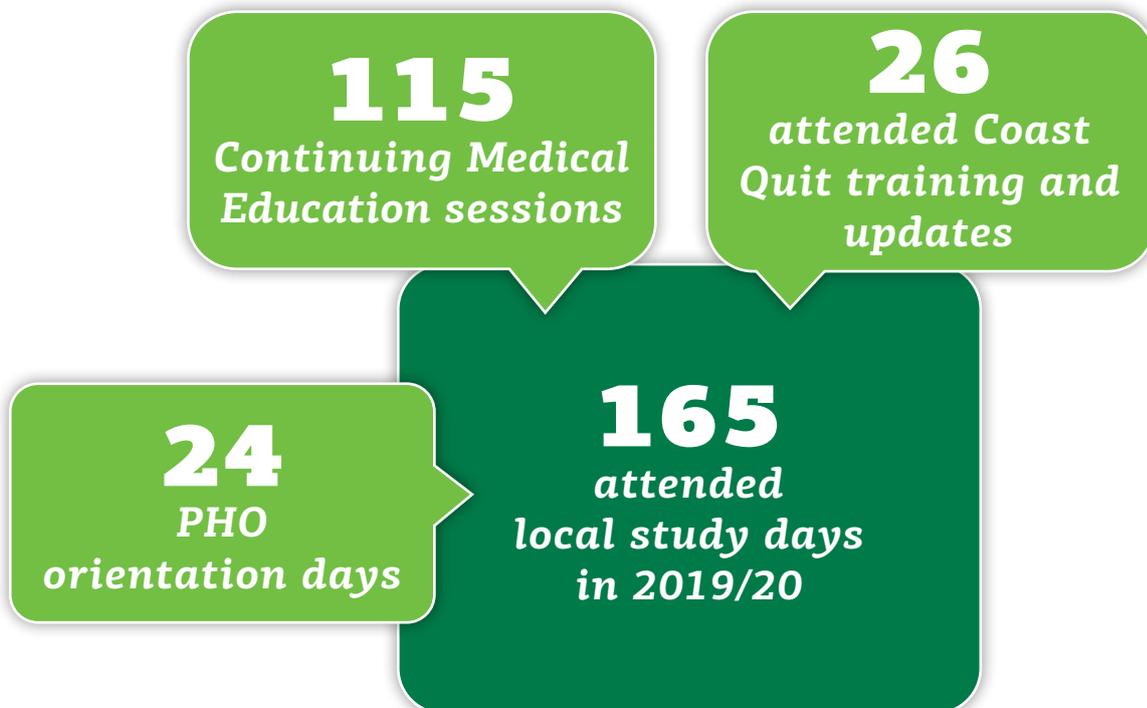
The CME (Continuing Medical Education) programme for 2019/20 has been highly successful and much of this can be attributed to a closer working relationship with the Rural Learning Centre (RLC) at the West Coast DHB. This has allowed the West Coast PHO and RLC to piggyback training sessions with each other, meaning greater opportunities for more staff to attend sessions.

Expenditure

The West Coast PHO spent \$36,981 on Professional and Practice Development.

COVID-19 interrupted much of the education programme this year.

Clinician attendance at various workshops:



Rural Primary Care Subsidies

This funding aims to assist with sustainability of the workforce through initiatives aimed at supporting retention and recruitment of all primary health professionals in rural communities, including support for after-hours care.

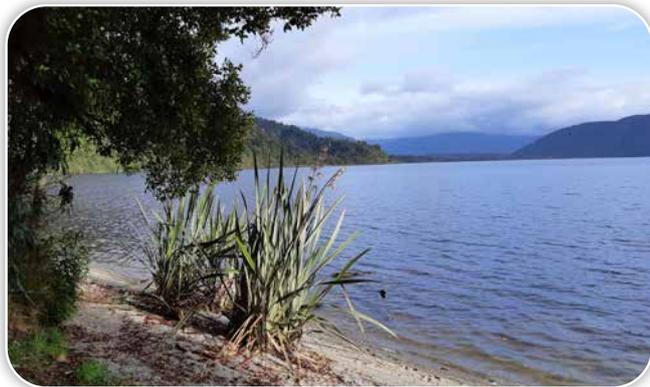
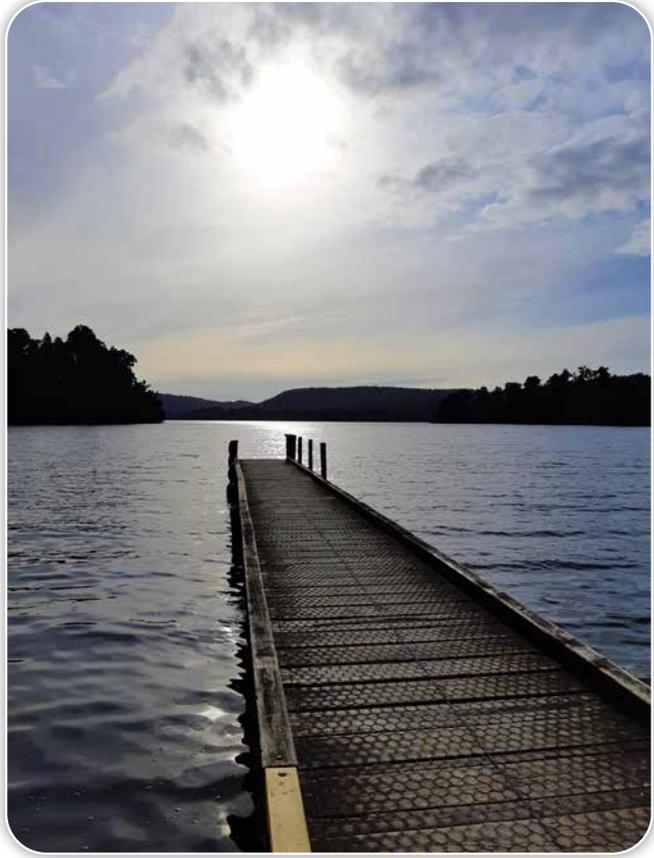
The Rural Service Level Alliance (SLA) is made up of the PHO Clinical Governance Group and contracted providers who receive rural funding. The purpose of the Rural SLA is to recommend the distribution of the allocated rural subsidy funding in the West Coast region, to help ensure the sustainability of primary health care services for rural populations.

West Coast practices receiving this rural funding are:

- ▶ South Westland Area Practice
- ▶ Westland Medical Centre
- ▶ Reefton Medical Centre
- ▶ Coast Medical Ltd
- ▶ Buller Medical Services
- ▶ 95% of rural funds are paid to the practices listed above
- ▶ 5% of the funding is retained by the PHO

Expenditure \$996,317

TARGET GROUP:
Rural service providers contracted to the PHO



FINANCIAL STATEMENTS

For the year ended 30th June 2020

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WEST COAST PRIMARY HEALTH ORGANISATION TRUST

DIRECTORY

AS AT 30 JUNE 2020

PRINCIPAL BUSINESS: Primary Health Organisation

ADDRESS: PO Box 544
163 Mackay Street
GREYMOUTH

TRUSTEES: Trustees at 30 June 2020

Anna Dyzel	
Tony Coll	Resigned February 2020
Jim Butzbach	
Meriem Wilson	
Graeme Neylon	
Carl Hutchby	Resigned February 2020
Nigel Ogilvie	
Marie Mahuika - Forsyth	
Sandra Lockhart	
Shelley Mills	(Appointed June 2020)
Rose Green	(Appointed February 2020)

CHAIRPERSON: Julie Kilkelly

AUDITORS: Crowe New Zealand Audit Partnership
DUNEDIN

SOLICITORS: Hannan & Seddon
GREYMOUTH

BANK: Westpac Bank



WEST COAST PRIMARY HEALTH ORGANISATION TRUST
STATEMENT OF COMPREHENSIVE REVENUE AND EXPENSE
FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 \$	2019 \$
REVENUE			
Operating revenue - non-exchange transactions		10,911,522	9,879,589
Other revenue		4,855	2,716
		<u>10,916,377</u>	<u>9,882,305</u>
EXPENDITURE			
Contract payments		(8,871,436)	(7,920,073)
Wages, salaries and other employee costs		(1,405,992)	(1,451,576)
Overheads and administrative expenses	6	(504,521)	(539,514)
Depreciation, impairment and loss on disposal	7	(27,249)	(35,458)
		<u>(10,809,198)</u>	<u>(9,946,621)</u>
FINANCING ACTIVITIES			
Interest income		19,438	22,018
		<u>19,438</u>	<u>22,018</u>
Net Financing Income/(Costs)			
		<u>19,438</u>	<u>22,018</u>
SURPLUS / (DEFICIT) FOR THE YEAR		<u>126,617</u>	<u>(42,298)</u>
OTHER COMPREHENSIVE REVENUE AND EXPENSE			
Total other comprehensive revenue and expense		-	-
		<u>-</u>	<u>-</u>
TOTAL COMPREHENSIVE REVENUE AND EXPENSE FOR YEAR		<u>126,617</u>	<u>(42,298)</u>



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2020

	Note	2020 \$	2019 \$
<u>CURRENT ASSETS</u>			
Cash and cash equivalents	8	715,037	535,440
Current investments	8	619,466	615,371
Receivables from non-exchange transactions	9	253,946	242,612
Prepayments		7,922	7,896
<u>TOTAL CURRENT ASSETS</u>		1,596,371	1,401,319
<u>NON-CURRENT</u>			
Property, plant & equipment	11	113,376	88,107
<u>TOTAL NON-CURRENT ASSETS</u>		113,376	88,107
<u>TOTAL ASSETS</u>		1,709,747	1,489,426
<u>CURRENT LIABILITIES</u>			
Payables under non-exchange transactions	10	208,406	235,865
Employee entitlements	12	103,586	84,239
GST payable		37,361	34,746
Deferred revenue	13	311,395	212,194
<u>TOTAL CURRENT LIABILITIES</u>		660,748	567,044
<u>TOTAL LIABILITIES</u>		660,748	567,044
<u>NET ASSETS</u>		1,048,999	922,382

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

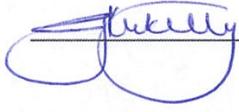
STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2020



	Note	2020 \$	2019 \$
<u>EQUITY</u>			
Trust capital		10	10
Accumulated funds		<u>1,048,989</u>	<u>922,372</u>
<u>TOTAL EQUITY</u>		<u>1,048,999</u>	<u>922,382</u>

These financial statements have been authorised for issue by the trustees

Chairperson  Date 16/10/20

Trustee  Date 16/10/20

FINANCIAL STATEMENTS





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF CHANGES IN NET ASSETS

FOR THE YEAR ENDED 30 JUNE 2020

	Note	TRUST CAPITAL \$	ACCUMULATED FUNDS \$	TOTAL \$
Balance 1 July 2019	10	922,373	922,373	922,383
Surplus/(deficit) for the year	-	126,617	126,617	126,617
Other comprehensive income	-	-	-	-
<u>Total comprehensive revenue and expenses</u>	-	126,617	126,617	126,617
<u>Balance 30 June 2020</u>	10	1,048,990	1,048,990	1,049,000
Balance 1 July 2018	10	964,671	964,671	964,681
Surplus/(deficit) for the year	-	(42,298)	(42,298)	(42,298)
Other comprehensive income	-	-	-	-
<u>Total comprehensive revenue and expenses</u>	-	(42,298)	(42,298)	(42,298)
<u>Balance 30 June 2019</u>	10	922,373	922,373	922,383

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2020



	Note	2020 \$	2019 \$
<u>Cash flow from operating activities</u>			
Cash was provided from/(applied to):			
Receipts from non-exchange transactions		11,002,189	9,785,096
Payments to suppliers		(9,400,827)	(8,412,451)
Payments to employees		(1,386,645)	(1,454,872)
Interest received		21,493	20,861
<u>Net cash from/(used in) operating activities</u>		236,210	(61,366)
<u>Cash flow from investing activities</u>			
Cash was provided from/(applied to):			
Acquisition of property, plant and equipment		(52,518)	(26,492)
Disposal of property, plant and equipment		-	-
Investment movement		(4,095)	(3,902)
<u>Net cash from/(used in) investing activities</u>		(56,613)	(30,394)
<u>Cash flow from financing activities</u>			
Cash was provided from/(applied to):			
		-	-
<u>Net cash from/(used in) financing activities</u>		-	-
<u>Net increase/(decrease) in cash and cash equivalents</u>		179,597	(91,760)
Cash and cash equivalents, beginning of the year		535,440	627,200
<u>CASH AND CASH EQUIVALENTS AT END OF THE YEAR</u>	8	715,037	535,440

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

**1 Reporting entity**

These financial statements comprise the financial statements of West Coast Primary Health Organisation Trust (the "PHO") for the year ended 30 June 2020.

The PHO is a Public Benefit Entity for the purposes of financial reporting in accordance with the Financial Reporting Act 2013.

The PHO is a charitable organisation, domiciled in New Zealand, incorporated in accordance with the provisions of the charitable Trust Act 1957.

The financial statements were authorised for issue by the Trustees on the date signed 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). They comply with Public Benefit Entity Standards Reduced Disclosure Regime (PBE Standard) as appropriate for Tier 2 Not for Profit (NFP) Public Benefit Entities, for which all disclosure exemptions have been adopted.

The PHO 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 PHO is deemed a public benefit entity for financial reporting purposes, as its primary objective is to act as a primary health organisation for the rural West Coast 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 PHO'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.

**WEST COAST PRIMARY HEALTH ORGANISATION TRUST****NOTES TO THE FINANCIAL STATEMENTS****FOR THE YEAR ENDED 30 JUNE 2020**

(e) Changes in accounting policies

The accounting policies adopted are consistent with those of the previous financial year.

3 Summary of significant accounting policies

The accounting policies of the PHO 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 amortised cost using the effective interest method. An allowance for impairment is established where there is objective evidence the PHO 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 initially recognised at fair value and are subsequently measured at amortised cost using the effective interest method.

(d) Property, plant and equipment

Property, 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 PHO and the cost of the item can be measured reliably. The carrying amount of the replaced part is derecognised.

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

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

Disposals

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits or service potential are expected from its use.

When an item of property, 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.



**WEST COAST PRIMARY HEALTH ORGANISATION TRUST****NOTES TO THE FINANCIAL STATEMENTS****FOR THE YEAR ENDED 30 JUNE 2020**

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:

Building improvements	9.5% - 33% DV
IT, plant and furniture	9.5% - 40% DV

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

(e) Impairment

At each reporting date, the PHO 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 PHO 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 of trade debtors and other receivables, cash and cash equivalents, current investments, 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 contractual provisions of the financial instrument.

Derecognition of financial instruments

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

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



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

**Subsequent measurement of financial assets**

The subsequent measurement of financial assets depends on their classifications, 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 asset held by the PHO in the years reported have been designated into one classification, "loans and receivables" being non-derivate financial assets with fixed or determinable payments that are not quoted on an active market. After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment.

Subsequent measurement of financial liabilities

Trade payables and other borrowings are subsequently measured at amortised cost using the effective interest method.

(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 the expenditures will be required to settle the obligations; and a reliable estimate of the potential settlement can be made. Provisions are not recognised for future operating losses.

Provision 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 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**Short term employee benefits**

Employee benefits, previously earned from past services, that the PHO expects 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, 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 PHO and revenue can be reliably measured. Revenue is measured at the fair value of consideration received.

**WEST COAST PRIMARY HEALTH ORGANISATION TRUST****NOTES TO THE FINANCIAL STATEMENTS****FOR THE YEAR ENDED 30 JUNE 2020**

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

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

Revenue from exchange transactions

Revenue from services rendered is recognised in the surplus or deficit in proportion to the stage of completion of the transaction at the reporting date. The stage of completion is assessed by reference to surveys of work performed. Under this method, revenue is recognised in the accounting periods in which the services are provided.

When the contract outcome cannot be estimated reliably, revenue is recognised only to the extent of the expenses recognised that are recoverable.

Revenue from non-exchange transactions

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

Restricted stipulation – funds received are required to be used for a specific purpose with no requirement to return unused funds.

Deferred revenue

To the extent that there is a condition attached that would give rise to a liability to repay funding or to return a granted asset, 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 PHO is exempt from income tax.





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

(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) Leased assets

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

(m) New standards adopted and interpretations not yet adopted

All mandatory new or amended accounting standards and interpretations were adopted in the current year.

The Trust has not yet assessed the impact of the following new standards and interpretations on issues which have yet to be adopted:

- PBE IFRS 9: Financial Instruments
- PBE – FRS 48 Service Performance Reporting

The Trustees expect to adopt the above Standards in the period in which they become mandatory. The Trustees anticipate that the above Standards are not expected to have a material impact on the financial statements in the period of initial application, however a detailed assessment of the impact has yet to be performed.

4 Significant accounting judgements, estimates and assumptions

The preparation of financial statements in conformity with NZ IPSAS 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 and adjust the capital structure, budgetary discretionary expenditure is reduced to avoid the need for external borrowings.





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

6 Overheads and administrative expenses

	2020	2019
	\$	\$
Audit fee	13,402	12,487
Leases	158,569	157,251
Telecommunication	17,898	28,342
Insurance	23,671	21,849
Bank fees	959	1,084
Other expenses	222,771	247,024
Trustee Meeting Fees	54,500	56,584
Trustee Expenses	1,931	2,843
Committee Fees	10,100	11,300
Committee Expenses	720	750
	<hr/>	<hr/>
Total overheads and administrative expenses	504,521	539,514
	<hr/>	<hr/>

7 Depreciation, impairment and loss on disposal

	2020	2019
	\$	\$
Depreciation expense	26,654	35,445
Loss on Disposal	595	13
	<hr/>	<hr/>
Total depreciation, impairment and loss on disposal	27,249	35,458
	<hr/>	<hr/>



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

8 Cash and cash equivalents / current investments

	2020	2019
	\$	\$
Cash and cash equivalent		
Current account	715,037	535,440
Total cash and cash equivalents	715,037	535,400

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

	2020	2019
	\$	\$
Current Investment		
Term Deposit	619,466	615,371
Total current investments	619,466	615,371

The effective interest on term deposits in 2020 was 1.85 – 2.70% (2019: 3.15-3.61%)

9 Receivables from non-exchange transactions

	2020	2019
	\$	\$
Accounts receivables	247,881	234,492
Sundry receivables	6,065	8,120
Total	253,946	242,612

	2020	2019
	\$	\$
<i>Classified as:</i>		
Current assets	253,946	242,612
Non-current assets	-	-
Total	253,946	242,612





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

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

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

10 Payables under non-exchange transactions

	2020 \$	2019 \$
Current		
Trade payables	197,447	185,111
Sundry payables	10,959	50,744
	<hr/>	<hr/>
Total current	208,406	235,855
	<hr/>	<hr/>
Total payables under non-exchange transactions	208,406	235,855
	<hr/>	<hr/>

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

11 Property, plant and equipment

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



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

2020	Building improvements \$	IT & Plant \$	Total \$
Gross carrying amount			
Opening Balance	137,080	390,067	527,147
Additions	-	52,518	52,518
Disposals	-	-	-
Closing balance	137,080	442,585	579,665
Accumulated depreciation and impairment			
Opening balance	108,912	330,127	439,039
Depreciation for the year	4,246	22,408	26,654
Impairment charge for the year	-	595	595
Closing balance	113,158	353,130	466,288
Carrying amount 30 June 2020	23,922	89,455	113,377
2019	Building improvements \$	IT & Plant \$	Total \$
Gross carrying amount			
Opening Balance	137,080	363,575	500,655
Additions	-	26,492	26,492
Disposals	-	-	-
Closing balance	137,080	390,067	527,147
Accumulated depreciation and impairment			
Opening balance	103,292	300,289	403,581
Depreciation for the year	5,620	29,825	35,445
Impairment charge for the year	-	13	13
Closing balance	108,912	330,127	439,039
Carrying amount 30 June 2019	28,168	59,940	88,108





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

12 Employee entitlements

	2020	2019
	\$	\$
Current		
Annual leave entitlements	103,586	84,239
Total	103,586	84,539

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.

There are no provisions in the PHO's employee contracts for long-service leave.

13 Deferred revenue

	2020	2019
	\$	\$
Unexpended contract revenue	311,395	212,194
Total deferred revenue	311,395	212,194

The PHO receives funding for the delivery of specific health services. Unexpended contract revenue 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 revenue and are expected to be recognised within the next 12 months.

The unexpended contract revenue is the unspent funds relating to the contracted obligation to provide service for Clinical Services, Keeping People Healthy and Workforce and Rural Support. The funds are transferred to income when expenditure occurs.

14 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.





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

(b) Classification of financial instruments

All financial assets held by the PHO are classified as “loans and receivables” 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.

2020	Loans and receivables	Liabilities at amortised cost	Total carrying amount	Fair value
Financial Assets				
Trade and other receivables	253,946	-	253,946	253,946
Cash and cash equivalents	715,037	-	715,037	715,037
Current investment	619,466	-	619,466	619,446
Total current assets	1,588,449	-	1,588,449	1,588,449
Total assets	1,588,449	-	1,588,449	1,588,449
Financial liabilities				
Trade and other payables	-	208,405	208,405	208,405
Total current liabilities	-	208,405	208,405	208,405
Total liabilities	-	208,405	208,405	208,405

2019	Loans and receivables	Liabilities at amortised cost	Total carrying amount	Fair value
Financial Assets				
Trade and other receivables	242,612	-	242,612	242,612
Cash and cash equivalents	535,440	-	535,440	535,440
Current investment	615,371	-	615,371	615,371
Total current assets	1,393,422	-	1,393,422	1,393,422
Total assets	1,393,422	-	1,393,422	1,393,422
Financial liabilities				
Trade and other payables	-	235,855	235,855	235,855
Total current liabilities	-	235,855	235,855	235,855
Total liabilities	-	235,855	235,855	235,855





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

15 Operating leases

Operating leases are held for premises used for office space, motor vehicles and equipment.

	2020	2019
	\$	\$
<i>Non-cancellable operating leases are payable as follows:</i>		
Less than one year	149,145	152,588
Between one and five years	299,550	278,366
More than five years	-	-
	<hr/>	<hr/>
Total	448,695	430,954
	<hr/>	<hr/>

16 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 PHO.

The PHO has a related party relationship with its trustees and other key management personnel.

The following arrangements existed with related parties:

(a) Related party transactions

Anna Dyzel and Nigel Ogilvie are directors / shareholders of Westland Medical Centre, which is a sub-contractor to, and receives funding from, the PHO on terms and conditions that are consistent for such transactions on a normal supplier basis. Balance outstanding at balance date 2020: \$30,343 (2019: \$29,358)

Anna Dyzel is also a contractor to the PHO, providing coordination of local continuing education. Balance outstanding at balance date 2020: \$Nil (2019: \$207).

Nigel Ogilvie is also a member of board of West Coast District Health Board (WCDHB). The WCDHB provides the Trust the contract income on terms and conditions that are consistent for such transactions on a normal supplier basis.

Julie Kilkelly is a director/shareholder of Olsens Pharmacy and Olsens Te Nikau Pharmacy and formerly Olsens 2002 Ltd which receives funding from the PHO on terms and conditions that are consistent for such transactions on a normal supplier basis. Balance outstanding at balance date 2020 \$1,285 (2019: \$781).

(b) Key management compensation

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





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

	Trustees	2020 Snr mgmt.	Total
	\$	\$	\$
Salaries and other short-term employee benefits	49,500	499,680	549,180
Termination benefits	-	-	-
Post-employment benefits	-	-	-
Other long-term benefits	-	-	-
Total remuneration	49,500	499,680	549,180
Number of persons recognised as key management personnel	9	6	15
Full time equivalents (FTEs)	0.12	5.6	5.72

	Trustees	2019 Snr mgmt.	Total
	\$	\$	\$
Salaries and other short-term employee benefits	55,500	536,597	592,097
Termination benefits	-	-	-
Post-employment benefits	-	-	-
Other long-term benefits	-	-	-
Total remuneration	55,500	536,597	592,097
Number of persons recognised as key management personnel	9	6	15
Full time equivalents (FTEs)	0.12	5.8	5.92

17 Contingent assets and contingent liabilities

The PHO has no contingent assets or contingent liabilities (2019: Nil).

18 Commitments

As at 30 June 2020 West Coast Primary Health Organisation Trust is not aware of any capital commitments or contingencies (2019: Nil).

19 Events after the reporting period

There were no significant events after the balance date.

20 Covid-19

The Trustees are aware that Covid-19 was declared a global health emergency on 31 January 2020 by the World Health Organisation and the subsequent announcement by the NZ Government that all non-essential businesses were to close effective 25 March. The Trust was deemed an essential service. Consequently, there has been no financial impact arising from Covid-19.



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www.crowe.nz**INDEPENDENT AUDITOR'S REPORT****To the Trustees of West Coast Primary Health Organisation Trust****Opinion**

We have audited the financial statements of West Coast Primary Health Organisation Trust (the Trust) on pages 2 to 20, which comprise the statement of financial position as at 30 June 2020, and the statement of comprehensive revenue and expense, statement of changes in net assets and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

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

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Trust 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 Trust.

Information Other Than the Financial Statements and Auditor's Report

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

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



Emphasis of Matter

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

Responsibilities of the Trustees for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.



- Conclude on the appropriateness of the use of the going concern basis of accounting by the Trustees and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Trust to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Trustees 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 Trustees, as a body. Our audit has been undertaken so that we might state to the Trustees 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 Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

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

Crowe New Zealand Audit Partnership
CHARTERED ACCOUNTANTS

Dated at Dunedin this 16th day of October 2020



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