

Central PHO

Annual Report



July 2014 – June 2015



Contents	
Welcome to Central PHO	3
He Mihi	3
Central PHO's vision and values	3
Executive reports	4
Chairman's Report	4
Chief Executive Officer's Report	5
Driving Strategic Developments	6
Primary Options for Acute Care (POAC) Service	6
What did want to achieve?	6
What were the results?	6
Collaborative Clinical Pathways Programme	7
Clinical Networks	7
Improving Health Outcomes for Maori and Pacific	8
Maori & Pacific service innovation	8
Te Tihi o Ruahine Whānau Ora Alliance	8
Driving the Integration and Alliance Agenda	9
Cervical Screening Quality Initiatives	9
Older People Living Well with Frailty	9
Ambulatory Sensitive Admissions and Hospital utilisation	10
High Performing Health Care Seminars and Conference	10
Strengthen General Practice Teams, Central PHO & IFHC Infrastructure	11
ICT infrastructure development	11
Integrated Family Healthcare Centre Development	11
Central PHO owned general practice teams	12
Horowhenua Community Practice	12
Te Waiora IFHC	12
Governance at Central PHO	13
Central PHO contracted providers	13
Financial Summary Report	14
Central Primary Health Organisation Summary Financial Statements	14
Summary Statement of Comprehensive Income	14
Summary Statement of Movements in Equity	14
Summary Statement of Financial Position	15
Summary Statement of Cash Flows	15
Notes to the Financial Statements	16
Auditor's letter	18

Welcome to Central PHO

He Mihi

E tū ana ki Te Tihi o Ruahine kia mārakerake te titiro ki ōku whenua kia hoki mai ai te waiora ki ahau e, tīhei tūpaiahahā!

Ko Uruwhenua, ko Aonui, ko Matariki te mātahi o te tau.

E rere rā taku manu kōrero, kawea atu rā ngā kupu ki aku kāhui kāhika e noho kāniwaniwa mai rā i te rua o Matariki, haere atu rā koutou ki te aho o tohirangi, e okioki atu rā.

E tau taku manu, e tau i te tau o te aroha kia tīhei a mauri ora ki te hunga kei te aho o tohinuku, e te iwi e, tēnā tātou katoa.

He tau anō kua rehurehu atu, ā, he wā anō tēnei kia tirohia ngā mahi i tōhaina atu e Te Rōpū Mana Hauora o Tararua o Ruahine nō houanga mai.

Tēnā, whakataretaretia, whakatewhatewhahia ngā kōrero nei me kore noa he manawa ora kei roto. Tīhei Whānau Ora!

Bruce Stewart
Chair Central PHO Trust Board and Alliance Leadership Team
November 2015

Central PHO's vision and values

Central PHO is a Charitable Trust whose role is to provide Primary Healthcare services to General Practice teams, and its enrolled and resident population in the MidCentral district.

Central PHO's vision and mission statement.

"Working together towards healthy and flourishing communities"

We increase the capacity of people and their whānau to make informed choices about their health care and to transform these into actions and outcomes that improve wellbeing. We strive for success and excellence by navigating primary health care with innovation and leadership.

Central PHO's values:

Trust	Maintaining open and honest relationships	Whakapono/ Rangatiratanga
Respect	Embracing diversity, uniqueness and ideas	Whakaaro nui/ Manaakitanga
Unity	Valuing strengths and skills	Kotahitanga
Accountability	Working in a transparent and responsible manner	He mana tō te kupu
Courage	Participating with confidence and enjoyment	Ka tū te ihiihi/ Whakamanawanui/ Hautoa

Executive reports

Chairman's Report

Normally the second year of a new organisation would be a year of consolidation, a steadying of the ship; however the 2014-2015 year for Central PHO has been anything but, with a full agenda of change and new initiatives on top of building on the gains from our first year of local management.

Personal development of groups and individuals to stretch thinking is a strategic approach of Central PHO and MidCentral DHB. As such, MidCentral DHB and Central PHO undertook two key activities to further fulfil our strategic approach; the "High Performing Health" Conference in May and "MasterClass" in June.

The conference was very successful and attracted a wealth of national and local speakers whose presentations showcased many of the diverse initiatives undertaken in health care across New Zealand. The keynote speakers at this conference hosted the 2015 MasterClass. The knowledge gained on the MasterClass and the leadership developed by the participants are major drivers in enabling Central PHO and MidCentral DHB to undertake its transformational change and integration of programmes.

Leadership at Central PHO has strengthened under CEO Chiquita Hansen through the consolidation of a talented senior leadership team and the appointment of an Executive Assistant (Lorna Love). The senior leadership team focused on maintaining the delivery of quality clinical services and strengthening business services. Reducing budgets resulted in the need to consolidate some activity and the Board is satisfied with the progress that staff and General Practice Teams have made to overcome resulting challenges. It is anticipated that financial challenges will continue short-term and we are confident that General Practice Teams and Central PHO staff will continue to work innovatively together to ensure quality services are continued to be delivered.

As already mentioned, personal development is a high priority, and as such the Board and Alliance Leadership Team began a programme of governance training. Training for the Board's sub-committees and senior leadership team is planned for the coming year.

The Board's sub-committees have continued to strengthen governance decision making with excellent Chairmanship, of the Clinical Board from Dr David Ayling, and Chairmanship from Colin McJannett of the Finance, Audit and Risk Committee. A new sub-committee, the Information Governance Committee, was appointed late in the year and Stephen Paewai was appointed Chair. The Committee responsibility is to oversee Central PHO's investment in information and communications technology (ICT) and business intelligence for Central PHO and other participating primary health sector organisations. These are exciting time as we investigate new technology available to Practices that will enhance systems.

Our commitment to leading transformational change and integration was recognised at the MidCentral DHB Health Awards with the Transformational Leadership programme which is available to all staff across the district being awarded the 'Excellence in Workforce Education and Development' award and the Clinical Networks being awarded the 'Excellence in Intersectoral Collaboration to Improve Health and Social Outcomes Award' award.

On behalf of the Board and the Alliance Leadership Team I would like to thank Chiquita, Lorna and the Senior Leadership Team for their exceptional effort in 2014/15. The Board also wish to thank the Central PHO staff for their continued professionalism, attitude and performance during what has been a year of significant change. We can all be proud of the performance and achievements from the 2014/2015 year and while there is always room for improvement, the Board is confident that Central PHO will continue to build on its past successes in order to continue to achieve in the future.

Best wishes



Bruce Stewart
Chair Central PHO Trust Board and Alliance Leadership Team



Chief Executive Officer's Report

Another busy and challenging year has flown by for Central PHO with many milestones being achieved along the way as we implemented our four key strategies and eighteen goals below to transform and integrate health care across the MidCentral district.

Strategy : Getting it right - Mā tika, ka tika te haere By getting the process right that what follows is correct	
Goals <ul style="list-style-type: none"> Meet National Health Targets and PHO Performance Programme (PPP) indicators Deliver Long Term Conditions Care, Lifestyle Change and Self-Management Support 	<ul style="list-style-type: none"> Embed Collaborative Clinical Pathways Improve Māori Health outcomes Improve Pacific Health outcomes Develop ICT and Information Management Capability
Strategy : Consumer and community focused - Mā te rongo, ka mōhio; Mā te mōhio, ka mārama; Mā te mārama, ka mātau; Mā te mātau, ka ora From listening comes knowledge; from knowledge comes understanding; from understanding comes wisdom; from wisdom comes well-being	
Goals <ul style="list-style-type: none"> Whānau Ora Facilitate implementation of Te Tihi o Ruahine Whānau Ora Alliance programme of action 	<ul style="list-style-type: none"> Drive the implementation of the Stepped Care approach across Primary Mental Health Services Embed Clinical Networks Support Iwi/ Māori provider opportunities and aspirations
Strategy : Being willing and able to learn - He rangi tā Matawhāiti, he rangi tā Matawhānui The person with a narrow vision sees a narrow horizon; the person with a wide vision sees a wide horizon	
Goals <ul style="list-style-type: none"> Support the Development of Integrated Family Health Centres Drive Performance and Service Improvement 	<ul style="list-style-type: none"> Drive General Practice Teams as quality health home Drive General Practice Teams use of Manage My Health
Strategy : Being up to the job: Ehara taku toa I te toa takitahi, ēngari he toa takitini Any success should not be attributed to me alone; it was the work of us all	
Goals <ul style="list-style-type: none"> Robust Internal Operational Services Support General Practice Business Owners 	<ul style="list-style-type: none"> Enable High Performing Governance Performance Build an Effective Workforce

The Central PHO/ALT Board agreed that this year a summarised version of the Annual Report be produced with a more comprehensive report to occur every two years. The following pages highlight some of our achievements throughout 2014/2015 year. We look forward to working collaboratively with our General Practice Teams, Iwi/Maori providers and the DHB during the 2015/16 year.

Without the dedicated team of Central PHO none of the achievements would have been possible. Congratulations and thanks to you all.



Chiquita Hansen
Chief Executive Officer



Driving Strategic Developments

Primary Options for Acute Care (POAC) Service

Primary Options for Acute Care (POAC) Services is an initiative designed to be more consumer and community focused by moving selected healthcare services to the community. POAC enables General Practice Teams to provide services that in the past were only available in the hospital setting.

What did want to achieve?

MidCentral DHB and Central PHO wanted to enable General Practice Teams to deliver a wider range of treatment and healthcare options for their patients either at the practice or in patients' own home. The goals and outcomes for the pilot included:

Goals	Outcomes
Deliver timely, flexible and coordinated acute care to meet the needs of individuals in a community setting	Improved patient experience
Avoid people transferring to the Emergency Department (ED) or being admitted to hospital	Reduced attendances at ED Reduced potentially avoidable hospitalisations Reduced total number of medical acute bed days per population
Provide patient centred, safe and cost effective services linked to Collaborative Clinical Pathways	Reduced variation in clinical practice
Increase capacity and capability for primary health care to provide safe acute care in the community	Best use of available resources with the current workforce

How did we go about it?

The POAC service was designed in partnership with eight General Practice Teams in the district. A pilot ran for a period of seven months between December 2014 and June 2015. Other key stakeholders included St John Ambulance, Supportlinks, MidCentral Pharmacy, the Emergency Department and the District Nursing Service. A number of workshops were held as well as weekly general practice site meetings to monitor the appropriateness of the pilot service.

A number of activities took place, for example:

- reviewed existing local clinical guidelines to ensure these were standardised regardless of the setting care was provided in,
- standardised medicines in accordance with best practice,
- supported better access to and implementation of Collaborative Clinical Pathways,
- ensured all services and tests were able to be accessed in the community and/or by the patient's General Practice Team.

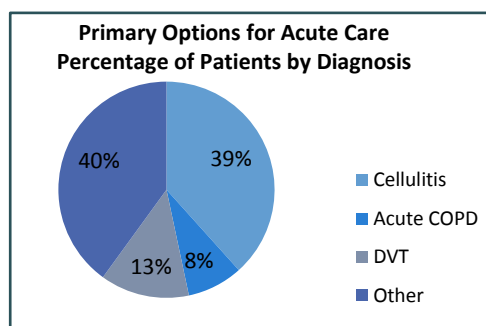
What were the results?

Over 250 patients received care at their General Practice during the seven-month pilot. Patients had a range of conditions that included cellulitis, suspected deep vein thrombosis, acute on chronic obstructive pulmonary disease, myocardial infarction, acute hypotension, dehydration, oedema, pain and infections.

Only ten percent of these patients needed to go on to ED for further assessment which conversely means that over 225 people did not attend ED.

Feedback from patients and General Practice Teams was extremely positive especially around reduced waiting time for treatment, reduced time spent travelling, better continuity of care and better management of their condition. Patient feedback included: "it was great not having to go to A&E and wait", "I received numerous follow-ups from each service which aided in my recovery whakawhetai ki a koe (thank-you)" and "seeing my own [GP] team".

"St John reported quicker turnaround times for their ambulances when they deliver patients to general practice teams. District Nurses are finding it easier to coordinate follow-up for cellulitis patients, and the practices themselves are relishing the opportunity to stretch their wings." Craig Johnston, Acting General Manager, Funding and Planning, MidCentral DHB.



Collaborative Clinical Pathways Programme

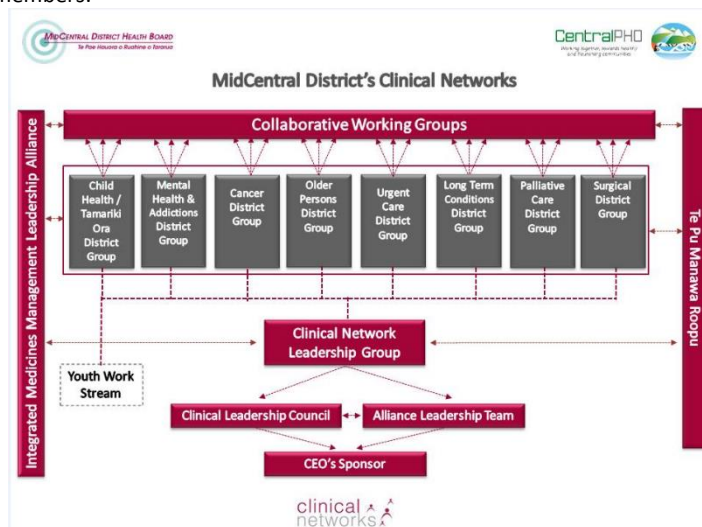
The Collaborative Clinical Pathways (CCP's) Programme continues to identify opportunities to improve how health care services are planned and delivered within the MidCentral districts. These Pathways provide health professionals with best practice, evidence-based clinical guidance available at the point of care.

Progress this year included:

- published seven new pathways to the Map of Medicine covering dementia, lung cancer, palliative care and colorectal cancer
- nine new patient pathways were also published
- a Map of Medicine contract review now ensures that future development is warranted, intellectual property rights are held over locally developed content
- a support agreement was negotiated for the resolution of issues/bugs
- existing CCP's have been refined to ensure they remain current and localised to this district
- sub-regional CCP governance has strengthened collaboration
- creation and transfer of content to the 'Central Region' view has occurred to support the localisation of sub-regionally developed pathways
- a new Map Reporting tool allows users to generate standard and customised reports to help monitor and analyse pathway usage and user behaviour
- the team has been involved in:
 - developing requirements for the Map Management Suite (MMS) software
 - providing localised support to Whanganui and Hawke's Bay districts
 - Australia-New Zealand Network meetings
- a legal opinion was sought regarding medico-legal responsibilities around the development and implementation of CCP's
- linked to the POAC pilot as CCPs are used as clinical guidance to describe the package of care available.

Clinical Networks

The Clinical Network is a structure developed to foster interaction and innovation across sectors and professional boundaries, focusing effort on improving health services. The Network programme has been progressively rolled out since 2011 and comprises about 200 members:



Some successes to date include:

- Winner of 'Excellence in Intersectoral Collaboration to Improve Health and Social Outcomes Award' at the 2014 MDHB Health Awards
- The Child Health/Tamariki Ora District Group received the 'Supreme Award for Excellence in Integrated Health Care Award' at the 2014 MDHB Health Awards
- Initiated the Palliative Care Trading Places pilot programme
- Created local well-known Health Champions in the Highbury area in Palmerton North to help increase health literacy in the area
- Improved the utilisation of social support networks for people with long term conditions
- Completed the initial scope and needs analysis for the Primary Options in Acute Care (POAC) service
- Organised and developed a consumer/clinical panel who presented to practice nurses across the district about symptoms of youth cancer
- Scoped up the need assessment to initiate a community adult crisis respite service
- Developed written material about living with dementia for patients, family and whānau
- Launched 'Kia purea ai koe' Maori Wellbeing in MidCentral DHB booklet to increase knowledge amongst Network members and others about the Maori worldview and customs.

Improving Health Outcomes for Maori and Pacific

Kia ora: Bula vinaka: Talofa lava: Kia orana: Malo e lelei:
No'ia e mauri: Fakalofa lahi atu: Taloha ni: Fakatalofa atu

Maori & Pacific service innovation

Evolution and growth of the Maori & Pacific workforce has been a key feature of development over the 2014/15 year. This has created environments of innovation which lead to successful completion of initiatives focussed on improving service for Maori and Pacific whānau and families. We have worked strategically to enhance cross-sector relationships in order to improve services provided to our whānau and families.

Some successes to date include:

- Strengthened relationships with Iwi across the region
- Project leadership for the development of Te Waiora
- Development of the Cornerstone Support Package for General Practice Teams focussed on Indicators 5 and which includes specific training on cultural competencies, Treaty of Waitangi and Whānau Ora
- Increased number of families engaged with the Pasifika Maternal and Child Health team
- CCN-LTC: Pacific roles provided specialist health knowledge and increasing health literacy for Pasifika families by breaking through the language barriers
- Refinement of the focus for the Whānau Ora Strategic Innovation & Development Group has broadened our ability to ensure Whānau Ora is informing services for whānau and providing a platform for innovation and 'joined up approaches' across sectors
- Held three successful Whānau Ora Day events across the region engaging with approximately 500 whānau.



Te Tahi o Ruahine Whānau Ora Alliance

Some successes to date include:

- Completion of the two-year Programme of Action
- Growth of the Whānau Ora Navigation Service
- Workforce Development Strategy – *Mā pango, mā whero ka oti te mahi* is completed.
- Two Te Tahi All Staff hui held
- Successfully engaging with Te Pou Matakana (North Island Commissioning Agency)
- Participation in a Health & Social Services Delegation to the USA which had a health technology focus and was supported by Whānau Tahī Ltd. and Callaghan Innovation.



Driving the Integration and Alliance Agenda

Cervical Screening Quality Initiatives

There has been a continued development of the Integration agenda with a maturing of the collaborative effort related to cervical screening across the MidCentral district. During the 2014/15 year 31,106 women were screened for their cervical health in the last three years. This equated to 80.5% of eligible women surpassing the national target for cervical screening coverage.

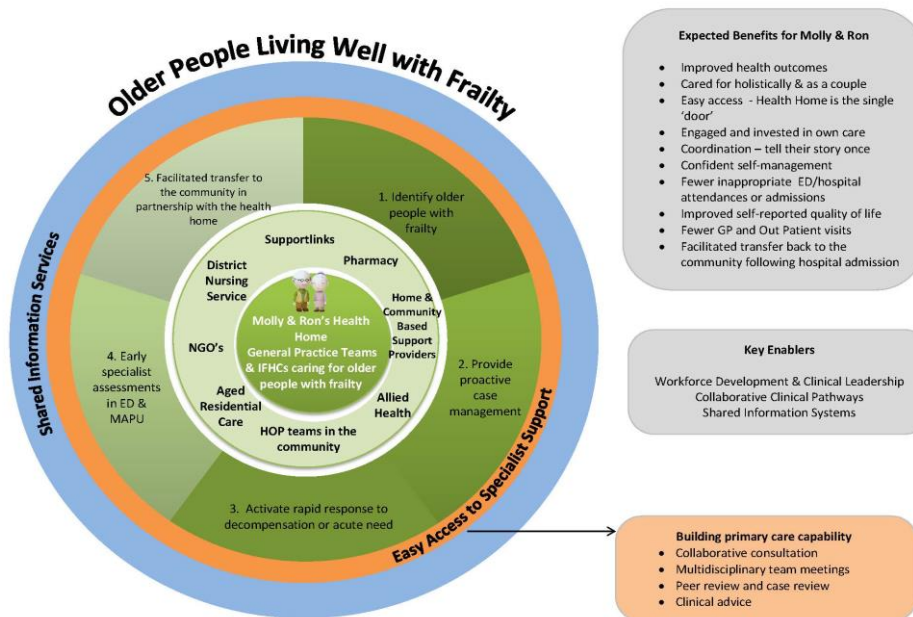
The establishment of the integrated Cervical Screening Steering Group has resulted in coordinated strategic and operational cervical screening effort across the MidCentral district. This partnership between Central PHO, Public Health, the local National Cervical Screening Register, Maori, and MDHB Planning and Support is focusing on the improvement of coverage rates and equitable access to screening for *all* eligible women.

Older People Living Well with Frailty

Central PHO and MidCentral Health have embarked on a programme of proactive management of frailty by General Practice Teams, supported by specialist geriatric services, to ensure robust support for older people in crisis.

Collectively we have co-designed an “Older People Living Well with Frailty” model of care. Many of the learnings gained from MasterClass 2015 will inform the implementation which will result in aligned performance targets and shared accountabilities, quality and safety metrics across the MidCentral health system to enable frail older people to live well.

There are five key system barriers that impact integrating care for older adults. We aim to overcome these barriers by:



- empowering patients and caregivers to gain the information they need to navigate the system
- requiring current and future health / social care professionals to learn about care of the elderly
- talking to each other within and between sectors and across professions
- working as a system, not in silos
- planning to understanding the mix of services we should invest in to support sustainability of care for older people.

We plan to launch the pilot of this programme within an Integrated Family Health Centre in November 2015.

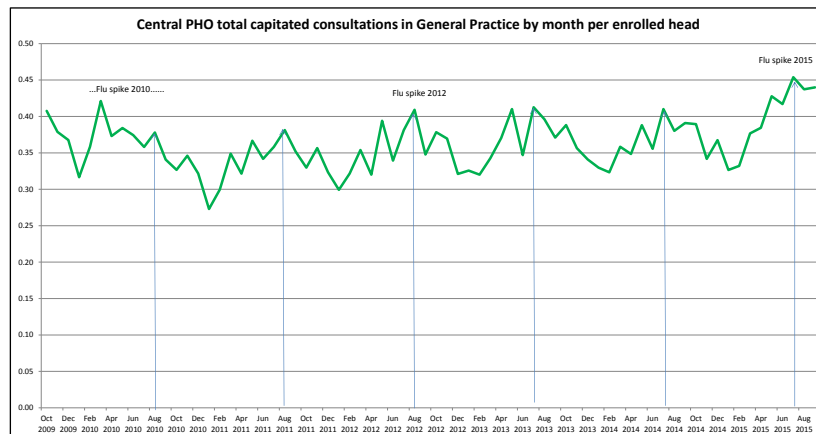
Ambulatory Sensitive Admissions and Hospital utilisation

Ambulatory Sensitive Admissions (ASA) and Emergency Department (ED) attendances are key performance measures across the region. Central PHO and General Practice Teams are working closely with MidCentral DHB on finding ways to reduce these results. By collectively reducing ASA and ED attendances we ensure that patients are being cared for in a familiar environment – their home surrounded by whanau, or at their chosen General Practice – and we reduce cost in the system so that health funding arguably can be used more effectively on priority populations and preventative care.

We are pleased to note that MidCentral Hospital Emergency Department utilisation by PHO enrolled people has stabilised perhaps due to the initiatives focused on sound long term conditions management, improved access in the primary care setting and improved acute care options through the Primary Options for Acute Care (POAC) Services pilot.

In addition, Ambulatory Sensitive Hospitalisations (ASH) for the MidCentral population have stabilised over the past two years. While there are approximately 4,000 hospital admissions each year, this could potentially be avoided by early, or timely, primary health care interventions. Plans are being developed with our MidCentral colleagues to increase the level of services delivered at Primary level to further favourably impact avoidable admissions. For instance, some General Practice Teams are working differently and using their workforce more effectively in order to increase the number of consultations available and reduce the wait time taken to see a clinician which in turn reduces ED utilisation and hospital utilisation.

Consultation rates in General Practice in the MidCentral region



High Performing Health Care Seminars and Conference

The MidCentral District Health Board and Central PHO hosted two one-day seminars and a two-day conference during May 2015 entitled High Performing Health Care – People, Owners, Partners. The Seminars and Conference were a great success with 340 delegates in attendance.

The Seminars held on 5 and 6 May was facilitated by **Professor June Andrews**, Director of the Dementia Services Development Centre, School of Applied Social Science, University of Stirling, Scotland; **Dr Stuart Cumming**, Associate Medical Director NHS Forth Valley, Scotland; **Dr Ross Baker**, Professor, Institute of Health Policy, Management and Evaluation, University of Toronto, Canada; and **Dr Joshua Tepper**, Family Physician and President and Chief Executive Officer of Health Quality Ontario, Canada.



The two-day Conference was held on 7 and 8 May with the above four international guests giving keynote addresses. Keynote addresses were also given by Mike Grant, Deputy CEO, MidCentral DHB, and Deborah Davies, CNS Lead Primary Health Care, Health Care Development, MidCentral DHB. The Conference included 28 concurrent sessions with national and local presenters from around New Zealand, including Southland, Canterbury, Manawatu, Whanganui, Hawkes Bay and Auckland. Feedback from the conference delegates was overwhelmingly positive; in particular the international keynote speakers were highly regarded.



Strengthen General Practice Teams, Central PHO & IFHC Infrastructure

ICT infrastructure development

The health sector is beginning to recognise that our ability to make well informed decisions, provide quality performance and use resources most economically is underpinned by an organisations technology and business intelligence (or health informatics) capability.

Technology can be complicated and expensive and it's a topic that is a burden for many busy General Practice Teams. In response to this Central PHO began an approach to focus on addressing some of the more burning issues that include:

- network capability (e.g. speed, up-time, safety)
- telecommunications (speed, capability, safety)
- ICT strategy.

Central PHO purchased a suite of servers that are hosted in a purpose built environment at InspireNet in Palmerston North and managed by Primary IT. Central PHO employed an ICT Manager, Dean Philpott, to lead this work and the organisation entered into economy of scale arrangements with a telecommunications provider to be able to offer voice over the internet (VoIP) services and a print provider to offer a more economical and more connected print solution. A number of General Practices recognised the benefits of this package and are now able to meet disaster recovery needs, have more options for managing their key workflow – incoming telephone calls – and perhaps most importantly are experiencing less issues and timely delays with their Practice Management System as their network now allows better speed and capability.

In addition a new Board sub-committee was formed – the Information Governance Committee – whose remit is to provide oversight on behalf of the Board over ICT and business intelligence investments and strategic decisions and to lead cross-sector technology integration.

Integrated Family Healthcare Centre Development

Development of integrated family healthcare centres in the MidCentral region is progressing well. This year Kauri IFHC developed a financially sound strategic plan that amalgamated three high performing general practices into one entity. The Kauri team actively pursued a strategy of growth and development by working their way through Productive General Practice (PGP) modules. The PGP process empowered staff from the three entities to reflect and work together in order to develop their new entity – Kauri IFHC's - approach for the future. The Kauri group also signed off on plans for their new building in Featherston Street, in Palmerston North. Building has started and the team expect to be housed together in the new purpose built facility early in 2016. The new facility allows for other complimentary services to be housed together on site. Patient feedback gathered during PGP clearly indicated that the one-stop-shop approach is a necessity to improving the patient experience.

Feilding IFHC was also officially formed, amalgamating the four General Practice Teams in that area. The teams have been working closely together on changing the way they work. They have focused particularly on quality improvement which has involved a myriad of change activities that have included redesigning their clinical approach; reviewing the support services needed from their administration and front of house teams; implementing Central PHO shared server environment, merging the four practice management systems together, implementing standardised read codes; and completing their Long Term Conditions Plan. Feilding IFHC has used PGP to empower the Group to work on standardisation, consistency and excellence in service and have involved patients and staff throughout the entire journey.

Radius Medical–The Palms has made significant gains through the application of PGP resulting in a number of quality improvement changes including modifying Front of House workflow to improve the patient experience and expanding data analysis to better understand and plan to support the specific needs of their practice population. In addition, The Palms has adopted the use of the Shared Care Record, introduced text to inform, and successfully participated in the Primary Options for Acute Care (POAC) Services pilot. The Palms also introduced clinics to better manage specific patient needs for example a Diabetes Clinic was introduced that resulted in virtually no acute Urgent Care presentations by affected patients. The Palms provides space for other disciplines to complete work in a community setting, for example Hip and Knee Pre-Surgery Assessment Clinics by MidCentral Health to check patients' readiness for orthopaedic surgery. The Palms is focusing on data share arrangements with other health providers to improve knowledge and timeliness of care e.g. MidCentral Health's Child and Adolescent Oral Health Service.

The Tararua Health Group has made quality improvements through the application of PGP principles that have been captured in what is currently a draft Practice Development Plan. The Tararua Health Group remain committed to this process. The Group is a rural IFHC with the usual challenges that practices and hospitals in rural settings are confronted with, however the team remains stable and committed to delivering high levels of patient care. The Group continues to maximise efficiency by evaluating their contracts and services and have made significant gains through measuring and analysing the nursing contributions to patient health outcomes.

Central PHO owned general practice teams

Horowhenua Community Practice

The Horowhenua Community Practice has achieved a number of key goals, its reliance short term locums and merged with another practice to bring much needed stability at the Practice and very positive feedback from patients.



Horowhenua Community Practice Staff October 2015

Patient feedback has been instrumental in quality improvement initiatives at the Practice including changing how we manage repeat scripts, our opening hours, staff uniforms for visibility, and we implemented text to remind as a communication tool. The team also delivered Flu vaccine clinics to a number of local employers, schools and the local Council and developed healthcare packages, provided on site, for local businesses. We expanded our services to now provide minor surgery which has reduces referrals and embarked on a pilot programme to streamline the respiratory with service the local Pharmacy. In addition, Horowhenua Community Practice began managing an After Hours service for the Horowhenua area in collaboration with all General Practice Teams in the area which has been met with positivity by the community.

A mutual understanding between the Practice and the St John Urgent Community Care (UCC) service about how we work together has begun to result in a better service for the Horowhenua population. The Practice joined the Central PHO hosting platform which included an upgrade of our network, telephony capability and print proficiency.

The Practice has completed a significant programme of workforce and professional development for staff which has helped us take a shared approach to Cornerstone and we are currently waiting for sign off of this accreditation.

Te Waiora IFHC

*Unuhia, unuhia ki te uru tapu nui
Kia wātea, kia māmā te ngākau
Te tinana, te wairua, te hinengaro, i te ara takatū
Koia e Rongo, ka whakairia ki runga kia wātea
Tuturu whakamaua kia tina ! tina ! haumi e! Hui e ! tāikie!*



A unique 50/50 partnership was formed between iwi organisation Te Rūnanga o Raukawa (TROR) and Central Primary Health Organisation (CPHO) to create Te Waiora IFHC which opened its award winning building on 5th July 2014 in Foxton.

The idea for Te Waiora’s establishment was to provide innovative, inclusive and effective health, social and other services to the communities of Foxton, Shannon, and surrounding Districts through the expression of Kaupapa Tuku Iho.

The development of a cohesive workforce has been critical as has the commitment of staff towards providing a quality service to whānau, hapū, iwi and our communities. Ongoing feedback from all stakeholders informs our approach and we hold focus group meetings with members from our communities when we wish to review our processes e.g. enrolment process and how we interact at reception. Te Waiora has also developed Ngā Kaimanaaki (Friends of Te Waiora) where people are invited to volunteer in a number of roles so that we support people willing to offer their skills and so that Te Waiora is welcoming to all.



Ehara taku toa i te toa takitahi, engari i te takimano e.

(My strength is not that of an individual but comes from the strength of many).



Governance at Central PHO

Central PHO is governed by a Board of Trustees and an Alliance Leadership Team. In addition, the Board has three sub-committees that provide oversight of speciality areas. Central PHO aligns to the NZ Institute of Directors “*Four Pillars*” approach to governance:

- Determination of purpose
- An effective governance culture
- Holding to account
- Effective compliance.

CENTRAL PHO TRUSTEES	ALLIANCE LEADERSHIP TEAM MEMBERS
Dr Bruce Stewart – Chair	Dr David Ayling
Aishah Jip	Craig Johnston
Amanda Dower	Jo Saxe
Clare Hynd	Liat Greenland
Danielle Harris	Lyn Horgan
Gaye Fell	Michele Coghlan
Gina Lomax	Oriana Paewai
Dr Ken Clark	
Robyn Richardson	
Dr Simon Allan	
Dr Spencer Ting	
Stephen Paewai	
Dr Wayne Hayter	

CLINICAL BOARD	FINANCE, AUDIT & RISK COMMITTEE	INFORMATION GOVERNANCE COMMITTEE
Dr David Ayling – Chair	Colin McJannett - Chair	Stephen Paewai – Chair
Donna Mason	Dr Bruce Stewart	Doug Maclean
Esther Willis	Danielle Harris	John Manderson
James Carroll	Ewen Kirkcaldie	Megan Apperley
Jan Dewar		Dr Nader Fattah
John Hannifin		
Kate Morton		
Materoa Mar		
Michelle MacKenzie		
Dr Nader Fattah		
Tania Chamberlain		

Central PHO contracted providers

FEILDING	LEVIN	DANNEVIRKE
Feilding Health Care <ul style="list-style-type: none"> • Aorangi Health Centre • Feilding Medical Centre • North Street Family Medical Centre • Ruahine Medical Centre 	Horowhenua Community Practice Masonic Medical Centre Tararua Medical Centre Queen Street Surgery	Barraud Street Health Centre (Tararua Health Group) Dr Short Surgery
PAHIATUA	FOXTON	OTAKI
Pahiatua Medical Services (Tararua Health Group)	Te Waiora Community Health Services	Otaki Medical Centre
PALMERSTON NORTH	PALMERSTON NORTH	PALMERSTON NORTH
169 Medical Centre City Doctors Highbury Medical Centre Kauri HealthCare on Grey Milson Medical Chambers Radius Medical @ The Palms Third Age Health Village Medical YOSS	Broadway Medical Centre Cook Street Health Centre Hokowhitu Medical Centre Kauri HealthCare on Vivian Orbit Medical Riverdale Health & Linton Health Ltd Total Healthcare Whakapai Hauora (Best Care) West End Medical Centre	Central City Medical Limited Group Medical Chambers Kauri HealthCare on Albert Massey Medical Centre Dr T Parry Sydney Street Health Centre Victoria Medical Centre Dr M Wong

Financial Summary Report

Central Primary Health Organisation Summary Financial Statements

Summary Statement of Comprehensive Income

For the year ended 30 June 2015

	Group	
	2015	2014
	\$	\$
Revenue	45,063,780	43,808,944
Expenditure	45,138,866	44,040,773
Operating Deficit	(75,086)	(231,829)
Share in Deficit of Associate	(55,060)	-
Gain on acquisition of Horowhenua Health Ltd	-	153,338
Gain on acquisition of Central PHO Ltd	-	237,270
Net (Deficit)/Surplus for the Year	(130,146)	158,779
Total Comprehensive Income for the Year	(130,146)	158,779

The notes on pages 3 & 4 are an important part of, and should be read in conjunction with, these financial statements.

Summary Statement of Movements in Equity

For the Year Ended 30 June 2015

	Retained Earnings Group \$
Balance as at 1 July 2013	882,409
Net Surplus	158,779
Other Comprehensive Income	-
Total Comprehensive Income	158,779
Balance as at 30 June 2014	1,041,188
Net Deficit	(130,146)
Other Comprehensive Income	-
Total Comprehensive Income	(130,146)
Balance as at 30 June 2015	911,042

Summary Statement of Financial Position

As at 30 June 2015

	Group	
	2015	2014
	\$	\$
Equity		
Retained Earnings	911,042	1,041,188
Total Equity	911,042	1,041,188
<i>Represented by:</i>		
Assets		
Current Assets	6,288,286	6,836,907
Non-Current Assets	416,729	345,414
Total Assets	6,705,015	7,182,321
Liabilities		
Current Liabilities	5,793,973	6,141,133
Non-Current Liabilities	-	-
Total Liabilities	5,793,973	6,141,133
Net Assets	911,042	1,041,188

The notes on pages 3 & 4 are an important part of, and should be read in conjunction with, these financial statements.

Summary Statement of Cash Flows

For the Year Ended 30 June 2015

	Group	
	2015	2014
	\$	\$
Net cash used in Operating Activities	(174,289)	(2,506,318)
Net cash (used in)/from Investing Activities	(303,938)	1,147,896
Net cash from Financing Activities	-	100
Net Increase/(Decrease) in Cash and Cash Equivalents	(478,227)	(1,358,322)
Cash and cash equivalents at the beginning of the year	3,886,623	5,244,945
	3,408,396	3,886,623
<i>Comprising:</i>		
Cash on hand, current accounts and call accounts	3,408,396	3,886,623
Total cash and cash equivalents	3,408,396	3,886,623

The notes on pages 3 & 4 are an important part of, and should be read in conjunction with, these financial statements.

The financial statements were authorised for issue for and on behalf of the Trustees on 26 November 2015:

Trustee

Trustee

Notes to the Financial Statements

1. Statement of Compliance

These Group consolidated financial statements and accompanying notes summarise the financial results of the services provided by Central Primary Health Organisation ("Central PHO") (parent entity) and wholly owned subsidiaries being Central PHO Limited, Foxton Family Health, Foxton Medical Centre, Horowhenua Community Practice and Tararua Medical Centre (the "Group").

Central PHO was incorporated under the Charitable Trusts Act 1957 on the 20th of February 2004. It was registered under the Charities Act 2005 with the Charities Commission on 27th March 2008. Registration number CC 22173.

Central PHO is a Public Benefit Entity incorporated in New Zealand. Its principal service is to provide community based health services.

2. Basis for Preparation

The summary financial statements have been extracted from the full financial statements of Central PHO. The summary financial statements have been prepared in accordance with FRS 43 Summary Financial Statements. The summary financial statements cannot be expected to provide as complete an understanding as provided by the full financial statements. Information extracted from the full financial statements has not been restated or reclassified.

The full financial statements are available on request by contacting the Finance Manager, PO Box 2075, Palmerston North 4410 or email accounts@centralpho.org.nz. The full financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand (NZ GAAP). They comply with New Zealand equivalents to International Financial Reporting Standards (NZ IFRS) as appropriate for Public Benefit Entities (PBEs). The full financial statements have been audited and an unmodified opinion was given on the financial statements for the year ended 30 June 2015. The full financial statements were authorised for issue on 26 November 2015.

These summary financial statements are in respect of Central PHO's full financial statements that comply with NZ IFRS.

The accounting policies below have been applied consistently in both periods presented.

The financial statements are presented in NZ dollars and all values are rounded to the nearest dollar. Central PHO's functional currency is NZ dollars.

3. Acquisition of Central Primary Health Organisation Ltd

On 1 July 2013, Central PHO acquired 100% of the shares of Compass Health Limited which was renamed Central Primary Health Organisation Ltd ("CPHO Ltd") on the same date. Central PHO acquired 50% of the shares from Compass Health and 50% from Manawatu Independent Practice Association Ltd ("MIPA") resulting in Central PHO owing 100% of the shares. Total consideration paid was \$424,365. CPHO Ltd has been accounted for as a wholly owned subsidiary for the current year.

	Estimated fair value \$
Cash	1,835,730
Debtors	390,468
Property plant and equipment	315,326
Accounts payable	(1,582,429)
Receipts in advance	(297,460)
Net assets acquired	661,635
Consideration paid	424,365
Gain on acquisition	237,270

The gain on acquisition is recorded in the Statement of Comprehensive income and is due to a nominal purchase price being paid for MIPA's shares. On 30 November 2013 the assets and liabilities were transferred into Central PHO's accounts.

4. Capital Commitments

There are no capital commitments as at 30 June 2015 (2014: nil).

5. Contingent Liabilities

There are no contingent liabilities as at 30 June 2015 (2014: nil).

6. Related Party Disclosures

During the year Central PHO paid capitation and provider payments to all subsidiary & associate entities of \$2,393,697 (2014: \$2,214,515).

7. Subsequent Events

There were no material subsequent events after balance date up to the date the financial statements were signed.



Independent Auditor's Report on the Summary Financial Statements

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To the Members of Central Primary Health Organisation Group

We have prepared this report for inclusion in the Central Primary Health Organisation Group Annual Report for the year ended 30 June 2015.

The accompanying summary financial statements which comprise the summary consolidated statement of financial position as at 30 June 2015, the summary consolidated statement of comprehensive income, summary consolidated statement of movements in equity, and summary consolidated statement of cash flows for the year then ended, and related notes, are derived from the audited financial statements of Group for the year ended 30 June 2015. We expressed an unmodified audit opinion on the 30 June 2015 financial statements in our audit report dated 26 November 2015. Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary consolidated financial statements do not contain all the disclosures required for full financial statements under generally accepted accounting practice in New Zealand. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the Group.

Trustees' Responsibility for the Summary Financial Statements

The Trustees are responsible for the preparation of a summary of the audited financial statements in accordance with FRS-43: *Summary Financial Statements*.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our audit procedures which were conducted in accordance with International Standard on Auditing (New Zealand) 810: *Engagements to Report on Summary Financial Statements*.

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

Opinion

In our opinion the summary financial statements derived from the audited financial statements of Central Primary Health Organisation Group for the year ended 30 June 2015 are consistent, in all material respects, with those financial statements in accordance with FRS-43.

Other Matter

The financial statements of Central Primary Health Organisation Group for the year ended 30 June 2014 were audited by another auditor who expressed an unmodified opinion on those financial statements on 25 November 2014.

Grant Thornton New Zealand Audit Partnership
Wellington, New Zealand
26 November 2015

