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Partnership Health Canterbury
Annual Report
2012

Partnership is fundamental to all that we do as an organisation; close working relationships and collaborations matter. Key partners are the general practice teams who people go to for advice, support and care. We provide a bridge between general practice teams, health, social and community organisations and have an important role to play in a more integrated health system for people.

At the heart of Partnership Health Canterbury’s philosophy is the idea that health is impacted by where we live, eat, work and play. It is each and all of these things that we must influence for a healthier community.



The future will be less about one player or another, and more about the value that organisations can add by partnering and connecting with one another. We recognise that relationships change over time and that this makes new services possible. That is why the ‘and’ symbol continues to feature prominently in our annual report: in recognition of the important role that Partnership Health Canterbury plays in both connecting with, and adding value to, the health sector.

In this report you will read about ways we have achieved this in the 2011/2012 financial year.



Partnership Health Canterbury
Partners in 2011-2012

ACTIS (Aranui Community Trust Incorporated Society), Age Concern Canterbury, ALAC (Alcohol Advisory Council of New Zealand), all Ethnic Community Groups, all General Practices with enrolled refugee patients, Aranui High School, Cancer Society of New Zealand, Canterbury Community Pharmacies, Canterbury Community Care Trust, Canterbury District Health Board, Canterbury Earthquake Recovery Authority, Canterbury Initiative, Canterbury Refugee Council, Caring for Carers, Catch Fitness, Christchurch City Council, Christchurch Methodist Mission, Christchurch Migrants Centre, Christchurch Resettlement Services, Community and Public Health (part of the Canterbury District Health Board), Community Dietitians, Community Energy Action, Community Podiatrists, Council of Social Services (COSS), Early Start Project Ltd, Family & Community Services (MSD), Family and Community - Division of Anglican Care, Foot Fit Ltd, Hagley Community College, He Oranga Pounamu, Healthy Christchurch, Heart Foundation, Hei Hei/ Broomfield Community Development Project, Hillmorton High School, Hornby Smokefree Project, Human Rights Commission, Interpreting Canterbury (Branch of Interpreting NZ Inc), Karanga Mai, Kimihia, Kingdom Clinic, Lincoln and Districts Community Care, Lincoln University Health Centre, Linwood Avenue Community Corner Trust, Linwood College, Manuka Cottage, Mental Health Education and Resource Centre (MHERC), Nurse Maude Association, Office of Ethnic Affairs, Pacific Trust Canterbury, Papanui Medical Centre, Partnership Community Workers, Partnership Health Multi-Cultural Counsellors, Peak Primary Limited, Peeto - Multi-Cultural Learning Centre, Pegasus Health (Charitable) Ltd, Phillipstown Community Centre, Plains FM, Presbyterian Support (Upper South Island), Problem Gambling Foundation, Public Health Association, Red Cross, Refugee Services Aotearoa New Zealand, Relationships Aotearoa, Ruth Jones Company, Salvation Army, Selwyn District Council, Settling In (MSD), Smokefree Canterbury, Sport Canterbury, St John of God Waipuna Trust, Step Ahead Trust, Te Ora Hou Otautahi, Te Puna Oraka – Shirley Hub, Te Puna Oraka-(Early Years Shirley Hub), Te Roopu Takaro Māori, Te Whare Roimata, Union and Community Health Centre Inc, University of Auckland, University of Canterbury, University of Otago, Christchurch School of Medicine, Vaka Tautua, Wainoni Community Centre, Waltham Cottage, Webhealth, Wellington Clinical School, Whanau Tautoko

“The mantra ‘Best for patient, best for system’ has been a rallying call for those seeking to transform the Canterbury health system to achieve better integrated and timely services”

Chair’s Report

Dominant issues for the Partnership Health Canterbury Board and staff over the last year have been maintaining our high standard of delivery of programmes and operations in a challenging environment while also working toward a further reshaping of regional health services. Ongoing earthquake related uncertainties have continued to affect our population, staff and services. A positive side of these uncertainties, however, has been an openness across the health sector to changing the ways we work together.

The mantra ‘Best for patient, best for system’ has been a rallying call for those seeking to transform the Canterbury health system to achieve better integrated and timely services, which are person and whanau/ family centred, in the wider context of us all striving towards healthier communities in Christchurch and throughout wider Canterbury. Partnership Health Canterbury has been a key player in this transformational process.

Established in the more competitive environment of the 1990s, Partnership Health Canterbury has made a major contribution to the health of the Canterbury population for close to a decade. This has been achieved through facilitation of innovative and outcome focused services, targeted funding to address issues around equity and access, establishment of preventive and early intervention strategies, and community engagement and networking across widely diverse communities. This Annual Report will highlight some of these achievements.

Acknowledging these achievements, the Partnership Health Canterbury Board has nevertheless asked ‘Can we do better?’ The unequivocal conclusion has been that we can, but that this must be based on collaborative and inclusive models of governance and service delivery, and embedding of grassroots community

representation in the health system of the future.

At the time of writing, plans are underway for the integration of the functions of Partnership Health Canterbury into the primary care organisation Pegasus Health Charitable Ltd. The amalgamation proposal has been approved by the Canterbury District Health Board, following a consultation process. The proposal includes community representation on the Pegasus Health Board, the setting up of a Community Board to drive community based initiatives, and Pegasus Health taking over the functions of a Primary Health Organisation.

The process of moving toward amalgamation with Pegasus Health has been challenging, but initial uncertainty has been replaced by optimism as the potential of bringing together the strengths of the two organisations has become increasingly apparent. Robust, well integrated community-based care, a strong focus on enhancing health as well as managing illness, and increasing collaboration between health practitioners and the communities they serve is the way of the future. The goal of the amalgamation is to facilitate this.

The amalgamated entity will take a more community oriented approach at every level, from governance down, echoing the changes that are happening in the way people interact with their health services. Health is ultimately about what happens in our homes, schools, workplaces and recreational pursuits. The social processes that have been embedded and the cultural shifts that have been made will be a strong foundation for healthy communities in our region.

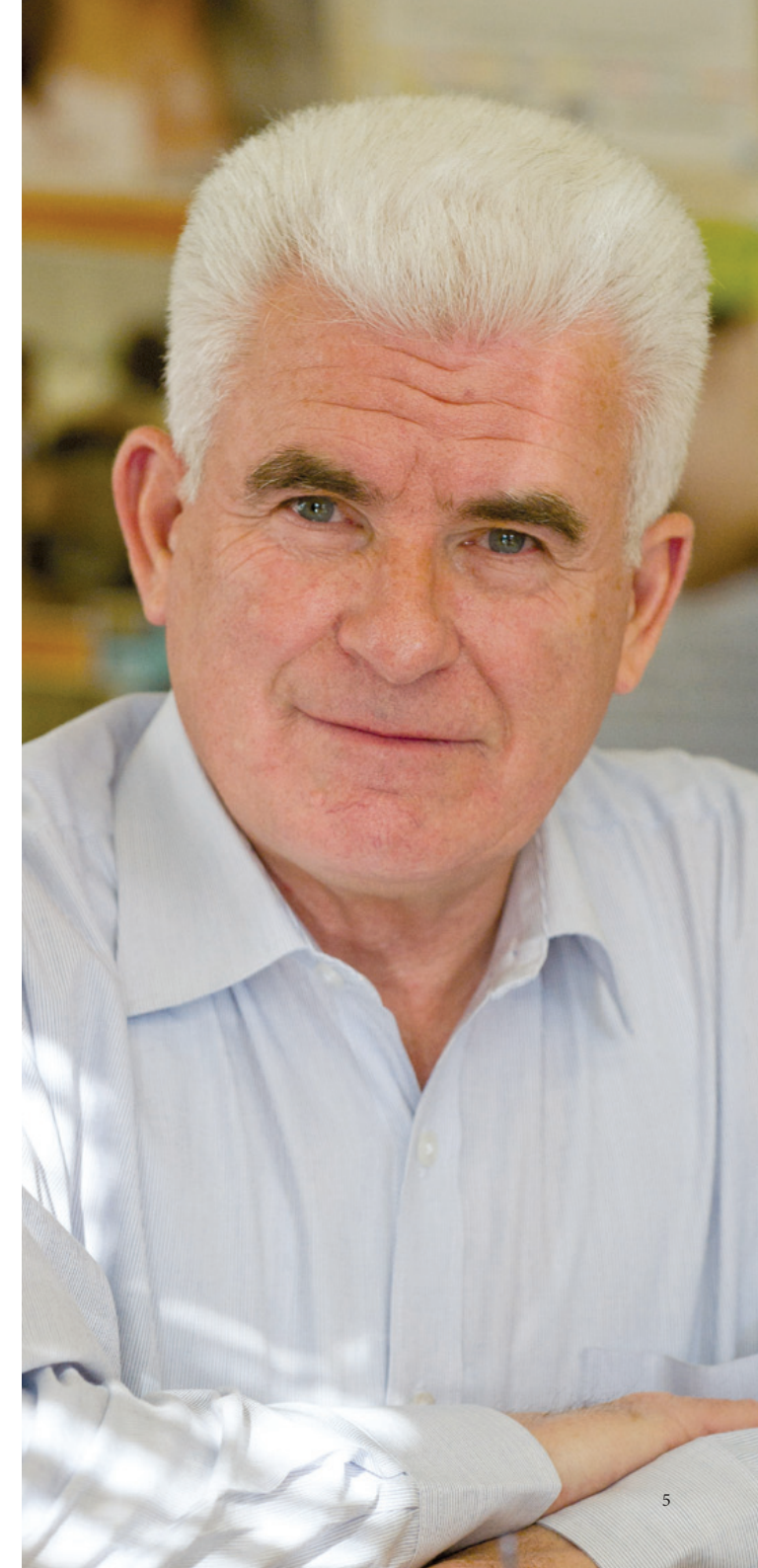
The contribution Partnership Health Canterbury has made to health and health care in our region has been possible through the skills and commitment of a small and dedicated team, working closely with

colleagues across the health sector, and a wide range of community, consumer and statutory organisations. Writing this last Chair’s report, a sincere and heartfelt tribute must be paid to CEO Jane Cartwright and her team. Their hard work, long hours, professionalism and commitment have earned them, deservedly, the admiration and respect not only of the Board but also the colleagues and organisations with whom they work on a day-to-day basis. The test of their professionalism has been their willingness to consider the greater good, despite the personal uncertainties inherent in this. Their commitment is an investment in the future health of our Canterbury communities.

The constructive and supportive relationship we have had with the Canterbury District Health Board and with Pegasus Health Charitable Ltd as we have worked through the issues and challenges of the last year is also acknowledged with appreciation.

Finally, to the Partnership Health Canterbury Board I wish to express my personal thanks for the way we have all worked together, pursuing the vision in our Trust Deed to ‘deliver, within the resources available, the best possible coordinated primary health care services, both on an individual and a population basis, to the individual, their whanau/family and the communities we serve’.

Professor Andrew Hornblow CNZM
Chairperson





CEO's Report

Partnership Health Canterbury's traditional day-to-day activity, responding to new needs created by the quakes, and the more strategic, forward looking opportunity to amalgamate with Pegasus Health Charitable Ltd provided an interesting mix of focus for us in 2012. More people have been seen and more services delivered to an increasingly diverse population. The face of Canterbury is changing and demand for service likewise, post earthquake.

The amalgamation, which had just been signed off by the Canterbury District Health Board as this report was being prepared, opens a new, more collaborative era between communities and clinicians.

Discussions between Partnership Health Canterbury and Pegasus Health began in February 2011. The process was necessarily thoughtful and detailed, and thanks are due to Pegasus Health CEO Vince Barry and his able management team for their hard work.

Partnership Health Canterbury has steadfastly promoted the value of linking people with services, and organisations with one another, to improve wellbeing and health outcomes. This way of working is its key contribution to the Canterbury health system, and involves interactions with agencies whose activities impact on the health status of both individuals and groups.

The deliberate process undertaken to consider joining forces with Pegasus Health demonstrates the way in which Partnership Health Canterbury works, encouraging partnering for joint solutions, not competition.

This report outlines key activities undertaken in the past 12 months. It notes that our role supporting clinical leadership and communities continued in 2012, as we worked within the Canterbury Clinical Network Workstreams and Alliances. It is heartening to see people working together from different places within the wider system. The result is, fresh thinking and innovation to make the best use of resources, data and

people's time, and new approaches to services.

A big issue for 2012 and the years ahead is earthquake recovery, both for those requiring assistance and those who design, plan and deliver services to them. During this period, Partnership Health Canterbury has contributed capacity and its community links. We have partnered with a broader range of entities, including the Canterbury Earthquake Recovery Authority, the Red Cross and Healthy Christchurch. Services have been provided to help meet the demand for practical assistance to people, groups and practices. These have included more smoking cessation programmes, counselling, transport to appointments, community support, home heating, research, and support for people to help them navigate the system. Recognising the increasing diversity of Partnership Health Canterbury's population, a greater range of services has been supported by material in many languages.

The leaders and staff in the Rural Canterbury and Christchurch Primary Health Organisations, Te Kahui o Papaki ka Tai, Pacific Reference Group, Canterbury District Health Board and Asian Migrant Health Advisory Group have been partners in many of these programmes, and those featured in this report. I would like to thank them for their advocacy, advice and commitment.

In early 2013, Partnership Health Canterbury Ltd will cease to exist and its functions will move into the Pegasus Health organisation. The contribution that Partnership Health Canterbury brings goes way beyond these functions. In the lead up to amalgamation, it has assisted the re-purposed Pegasus Health to explore new and better ways to meet the needs of populations, people and clinicians alike.

I am confident that the groundwork is being laid for the amalgamated entity to begin its new direction with meaningful community engagement and community development alongside clinical leadership. New processes have been built on Partnership Health Canterbury's long experience in building genuine and

meaningful engagement. My hope for the amalgamated entity is that the foundation laid for a strong people and community focus is nurtured and grown.

The need to continually evolve has always been a practical reality for Partnership Health Canterbury. However, the realities that amalgamation bring have shown the adaptability and faith of our people. Our response throughout the amalgamation process has been guided not by existing structures or entities, but by what is best for the people in the communities we serve, regardless of whose name ends up on the door.

It has taken courage and professionalism to continue to deliver the highest of standards on a day-to-day basis, while also supporting and contributing to a process that, from its inception, put a question mark over the future of Partnership Health Canterbury, and the people working for, or with it. A BIG thank you to Partnership Health Canterbury's staff for their flexibility, for going the extra mile, and being a great group to work with. My thanks also to the Board for their determination and careful and wise guidance.

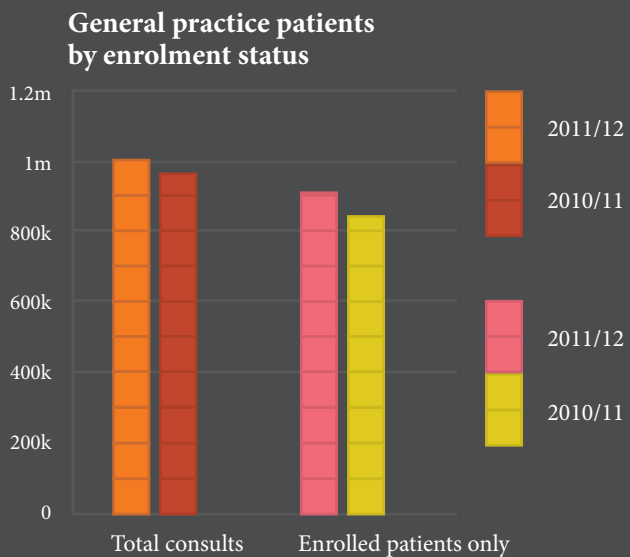
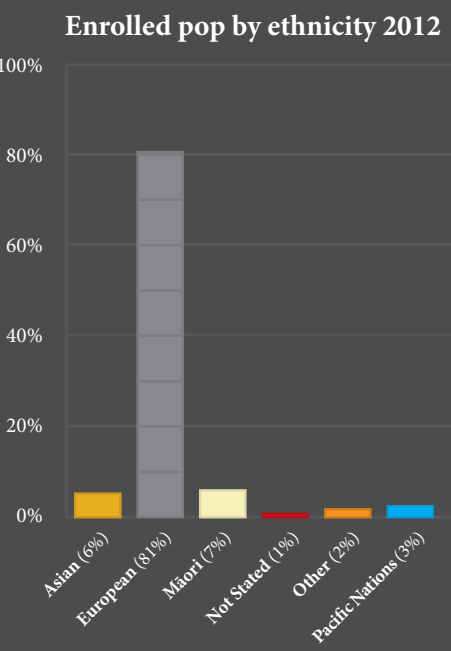
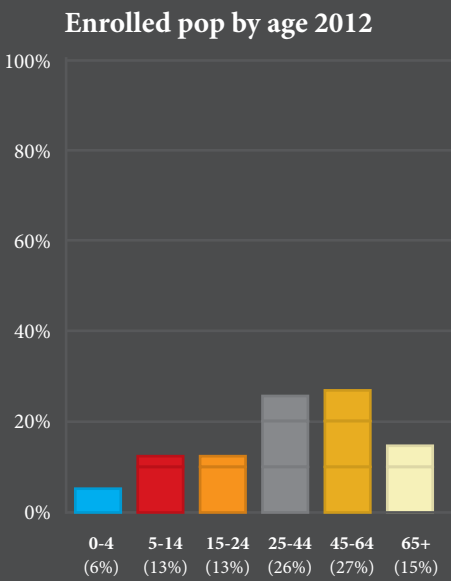
Everybody talks about community, but in reality, the word should be a plural. There are a raft of communities, a raft of engagement strategies - some in place, some in development, and others yet to be conceived. Each year and era brings different challenges, like the influx of new workers and migrants set to change the face of Canterbury. All groups need careful consideration and a tailored approach to help them stay well and access services.

The job of 'community' and the work of Partnership Health Canterbury will never be complete. I am proud to look back on the pieces of work that we, as a team, were able to make happen and the satisfaction of working with so many others along the way in doing so.

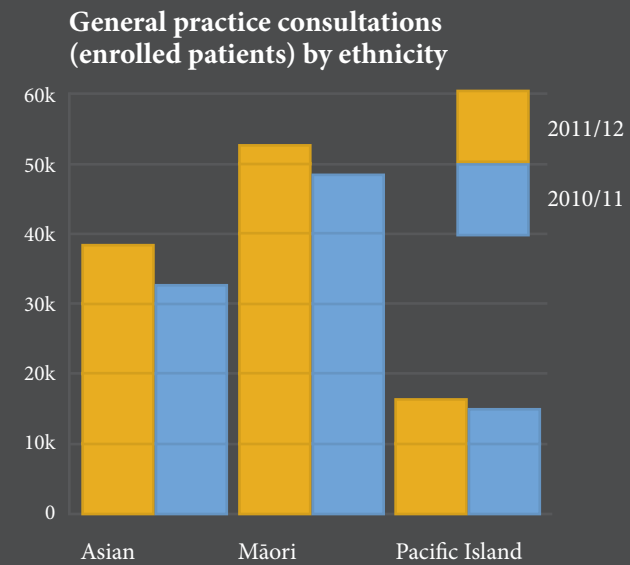
Jane Cartwright
CEO



Facts & Figures



In 2011/12 General practices undertook 1,053,996 consultations, 921,961 of which were for our enrolled population.



Of the enrolled population consultations, 38,453 were Asian, 52,643 were Māori and 16,724 were Pacific peoples.

Funding

Partnership Health Canterbury Te Kei o Te Waka Primary Health Organisation (PHO) receives funding from the Ministry of Health (MOH) via the Canterbury District Health Board (CDHB) for each person enrolled.

The Ministry of Health has determined the average number of times each person will visit a general practice team to determine how much funding to provide. This system is called ‘capitation’, since it is based on payments per capita (per head).

Capitation payments reflect the make-up of the population. In general people need more care when they are very young and as they get older. Some people will visit their general practice teams more frequently than others, while others will not go at all. The table below is indicative of the core funding streams Partnership Health Canterbury received from the Canterbury District Health Board. The table excludes the PHO Performance Programme and PHO Management Funding.

2011 / 2012 Financial Year	
Function	Funding (\$ Mill)
PATHS **	0.13
Diabetes	0.48
End of Life Services	0.57
Youth Sexual Health	0.72
Appetite for Life	0.11
Health Promotion	0.80
Rural Roster and Retention	0.11
Before School Checks	0.26
Primary Mental Health	2.05
Refugee and Migrant	0.19
Project Management	2.39
Services to Improve Access	1.96
Care Plus	3.51
Immunisation	2.63
Acute Demand	4.34
First Level Services Capitation (Visiting your General Practice)	52.75
INDICATIVE TOTAL	73.00

* More detailed information and data on Partnership Health Canterbury's financial status can be seen in the Financial Health section of this report or online. ** This funding comes from the Ministry of Social Development.

Health & Community - Recovery & Resilience

Community organisations play a huge role in supporting people to stay well and access care, making a difference to the wider issues that impact health and well-being, like housing and food.

A ‘community’ can be geographic, cultural, ethnic, church or spiritually based. Community organisations have strong, established networks. Working in partnership with them is a great way to reach people and address their needs.

From the time of the first earthquake in Canterbury, Partnership Health Canterbury was actively involved in the response. We supported people to stay healthy and well by helping general practice teams to stay open and get back on their feet, and worked with Civil Defence to support community groups to help people who had lost their homes, or were vulnerable in other ways after the earthquakes. Our Partnership Community Workers were key to that, as was our relationship with community organisations.

Then, as the region moved into recovery mode, our role grew to working on behalf of the Canterbury health system, ensuring solid links with The Canterbury Earthquake Recovery Authority. As part of its Community Wellbeing Group, we’ve helped coordinate a range of services and research to address people’s health and wellbeing in the aftermath of the earthquakes.

In recognising people had started smoking again as a result of the quakes, we facilitated pharmacists

becoming Quit Card holders (see page 19) – a New Zealand first. And we were mindful of the needs of youth over this difficult time, increasing funding to Right Services Right Time, with a focus on young people, and facilitating service delivery with the Red Cross. We have also championed the needs of people who have significant disabilities as a result of the February 22 earthquake, working with the Red Cross to roll out their grants, and other parties to help these people in their own recovery.

We acknowledge that recovery will take a long time. Partnership Health Canterbury is working with others to empower communities to lead this, and supporting them to build resilience. We do this by being a navigation point for people and community groups and by facilitating and providing links between services that are collaborative, accessible, innovative and inclusive. We aim to support vulnerable people by connecting them with general practice teams and relevant community groups. Examples of this include additional mental health services we’ve helped put in place, and enabling the refugee and migrant community to write their own emergency response plan. Then there are the practical things, like welcoming groups and organisations wanting to use the facilities at the Partnership Health Canterbury offices.

It’s also important to measure outcomes to see how different communities are getting on, and how successful initiatives and groups have been in building community resilience. For this reason we’re helping The Canterbury Earthquake Recovery Authority and other parties with indicators of health outcomes and wellbeing. In some cases this comes through capturing data. In others it’s about seeing committed community

leaders and volunteers, connections formed between community groups and businesses, as well as growth in community-led planning and activities.

The connection between health care and the community

Partnership Community Workers continue to show extraordinary flexibility with the constant change in the areas they work in. It’s been a challenging time, with so many people relocated and social services and medical centres moving. But working as part of the Service to Improve Access programme, the team has continued to connect people to the care and support they need, thanks to having already strong links to services and resources. The Partnership Community Workers have also been boosted by the support and mentoring of the Team Leader, a newly created role.

This past year the team has helped people access much needed counselling, often actually getting them to places that have moved or can’t be reached by public transport. Partnership Community Workers have partnered with the Red Cross to offer people alternative transport options, and with the Earthquake Coordination Service, to pick up on the health needs of people with quake-damaged homes. They’ve also provided a bridge to ease social isolation within communities – a rising problem following the quakes.

Understanding what stops people getting care

There are so many reasons why people don’t get the health care they need; this makes knowing where to best focus our energy challenging. To make sure we are getting the most impact for every dollar, Partnership Health Canterbury works with the Services to Improve Access Committee - a group of community and general



practice representatives, special interest groups, Māori, Pacific and refugee advisors. The group helps us to understand how people access health services, what the barriers are, and how to ensure equitable health outcomes for populations who need the most help. The group makes sure that special funding is spread across general practices fairly, and work has been done to better understand how transport issues stop people getting the care they need.

Mental Health

The earthquakes have brought ongoing stress and huge change for Canterbury people. Demand for mental health services remains high, both within general practices and counselling services. As a result, Partnership Health Canterbury has allocated significantly more funding this year for brief and extended counselling sessions. More than 3,000 people accessed brief intervention counselling, and 6,800 people made use of the extended general practice counselling offered in the past year. We have also backed research looking into why people need these services. This was led by Caroline Bell, the Clinical Head of the Canterbury District Health Board's Anxiety Disorders Unit.



Healthy lifestyle support for all

More than 260 groups of Canterbury women have completed the Appetite for Life Course in the last four years – an award-winning six-week programme that helps people make healthy food choices and boost activity levels for improved health and wellbeing. Men are now heading along, with the course being tailored for them. We've also adapted the food component to make it more relevant to Māori and Pacific Island

participants, and we have training planned for more Māori and Pacific Island facilitators. With the help of two very dedicated nurses, courses run in Cantonese and Mandarin have also been very popular. A resource pack for general practices was developed, and we continued training to help practices deliver our '10 Steps to a Healthier Weight', a programme for people who respond better to a one-on-one setting.

Partnership Health Canterbury also made it easier this year for practices to find the most appropriate weight management option for their patients. Through a group formed in 2011 to link nutrition agencies (The Canterbury Intersectoral Nutrition Group), we've worked with the Pegasus Health Nutrition and Dietetic Project Manager to rate the weight loss options available in Christchurch against Ministry of Health clinical guidelines. This information is becoming available to practices on Health Pathways, an online solution that connects local health professionals to treatment and health system information.

We also teamed up with community groups involved in the Falls Prevention Programme, helping them spread nutritional messages to the people they work with, and identifying those with poor nutrition for further support.

Getting Cantabrians moving

The Green Prescription initiative, helps Canterbury people boost their activity levels to benefit their health. With our partner, Sport Canterbury, we worked to make sure people were still able to get a Green Prescription following the earthquake, and moved our focus to promote activity as playing a positive role in the earthquake recovery. The push has been successful, with February and March 2012 seeing record numbers of referrals. We were thrilled to see 50 of our Green Prescription 'Be Active' programme graduates take part in the City to Surf. Green Prescription is now working with The University of Canterbury and Community and Public Health to research the long-term changes that people make in their lives, as a result of the programme.



Oral Health

Dental disease is the most widespread long-term, irreversible disease in New Zealand. And it's almost entirely preventable, according to the New Zealand Dental Association. To help curb the alarming rates of dental disease in our community, our Oral Health Project targets children under five years old from groups with poorer oral health outcomes. The Oral Health Promoters developed a host of resources in various languages, working with general practice, early childhood education providers, parenting and pregnancy groups to spread simple oral health messages, as well as connecting children with the free Community Dental Service.

We're also helping improve the oral health of Canterbury adolescents by linking up with health care providers, primary health organisations and groups that work with young people. We've worked with these partners to run education sessions and to make sure resources and information hit the mark. Community events like the Linwood Youth Festival Experience and Aranui Health Day were great opportunities this year to further spread the word on the importance of looking after teeth, and raise awareness of the free Community Dental Service.

Picture opposite page:
Partnership Community Workers Team
Pictures top to bottom:
Appetite For Life, Be Active graduates,
Image from Partnership Community Workers flyer,
Partnership Community Workers in the community



People & New Ideas

Constantly looking for innovative, relevant solutions to meet today’s demands is something Partnership Health Canterbury has been about since the beginning. Our partnering model means that in each task, we look for the partner that best meets the needs of people and can address the issue at hand.

Learning from the next generation

Partnership Health Canterbury provides 10-week summer scholarships for medical and health science students from the University of Canterbury and the University of Otago - something that benefits not just the students, but primary health and health care as a whole.

Students get a great introduction to the world of primary care, and the experience also spawns research projects that offer up valuable information about population health issues. This year, one student’s research into transport as a barrier to accessing health services led to Partnership Health Canterbury and the Red Cross running a pilot providing transport to health care appointments. Another student undertook the first in-depth research into the palliative care experiences of our growing Asian population. Such work lays the groundwork for further work into the important subject of palliative care and hospice needs of minority groups in New Zealand.

Other student projects looked at the use of interpreter services in general practice in Canterbury, understanding the learning needs of community pharmacists and the effectiveness of the model of care in the Māori diabetes project.

Tackling childhood health head on

Healthy children are the cornerstone of healthy communities. With this in mind and in partnership with the Nurse Maude Association, we’ve been really excited to appoint a full-time community paediatric dietitian to help Canterbury children maintain a healthy weight. With a lot of input from paediatric consultants and dietetic services at Christchurch Hospital we have set up a paediatric dietetic service, which will provide nutrition advice to children and their families in the community.

The right help at a crucial time

Working hard with clinicians and others, we’ve been developing systems for people with suicidal behaviour. We’ve been mapping current services in Canterbury, and developing a profile of the people using them, then lining up our findings with international research. Through working with the Emergency Department, Specialist Mental Health Services and Primary Health Organisations, we aim to develop cohesive care that’s there when people need it most.

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Picture:
Two refugees experience the seaside for the first time.

Independence & Advocacy

As an independent organisation, Partnership Health Canterbury strives for an informed, big-picture view, ensuring that any financial resources are invested wisely, and outcomes maximised.

Deep connections across the health system, social systems and throughout the community mean that we hear what needs to be done, and can find the right people to get the job done.

Health in All Policies

In January 2012, Partnership Health Canterbury joined the Canterbury Health in All Policies Partnership, together with Community and Public Health, Environment Canterbury and the Christchurch City Council. Most of the things that determine wellness happen in our lives – not places directly impacted by the health system. So it stands to reason that energy put into influencing things like resource management, transport planning, air quality, and housing is well spent.

The Canterbury Health In All Policies Partnership vision is to work together to ensure that health and wellbeing considerations get heard as part of member organisation’s policy development, planning and project development. Health Impact Assessment tools are used to identify and predict the potential health impacts of a



proposed activity while it's still in the planning stages.

'Health in All Policies' is also one of the fundamental building blocks of The Healthy Christchurch Collaboration. Partnership Health Canterbury is an active member of this cross-sector collaboration committed to working together to promote the health of Christchurch people. PHO Chair Andrew Hornblow is a Healthy Christchurch 'Champion', and we provide active support to a number of Healthy Christchurch projects including Winter Warmth, Wellbeing, Planning for a Healthy City and alcohol harm minimisation initiatives. These activities focus on getting Christchurch back on its feet as well as carrying the Health in All Policies thinking through the recovery and rebuild.



Supporting refugee and migrant communities

Enduring the earthquakes and their aftermath is tough enough let alone when everything including language and culture is unfamiliar. In response to this, Partnership Health Canterbury created counselling services for people from non-English speaking backgrounds, with Korean, Chinese and Japanese

and specialist refugee counsellors available at the Christchurch Migrants Centre. Other key partners are Christchurch Resettlement Services, Refugee Services and Hagley College.

The new Asian and Migrant Health Advisory Group has come together recognising the size and diversity of these populations in Canterbury. This group provides advice on ways to improve health outcomes for Asians and Migrants and has a current focus on smoking cessation and cervical screening.

The Community Language Information Network Group, made up of Partnership Health Canterbury and other health and community organisations, continues to distribute multi-lingual information to those who need it. The group commissioned post-earthquake research that has led to a significant report - 'Best Practice Guidelines of Engaging with Culturally and Linguistically Diverse Communities In Times of Disaster'. Requests for the document have come in from all over the country. The research will undoubtedly contribute to the on-going learning process from the Canterbury earthquakes, and help the whole country better connect with people of all cultures and languages - especially, but not only, in times of civil emergency.

Language-specific material around certain issues such as whooping cough were produced in collaboration with the Canterbury Initiative 'Healthinfo' website. Cooking programmes in Chinese and Korean remain popular, with elderly people and men now joining mothers and children to learn how to

make healthy food choices. We're also targeting younger people from refugee backgrounds with courses at Hagley College. These classes are just one way Partnership Health Canterbury is helping to stem the increasing rates of diseases like type 2 diabetes among those from other cultures coming to New Zealand. We've also recently worked with the Red Cross to put more than 100 refugees through First Aid training courses.

Meeting men's needs

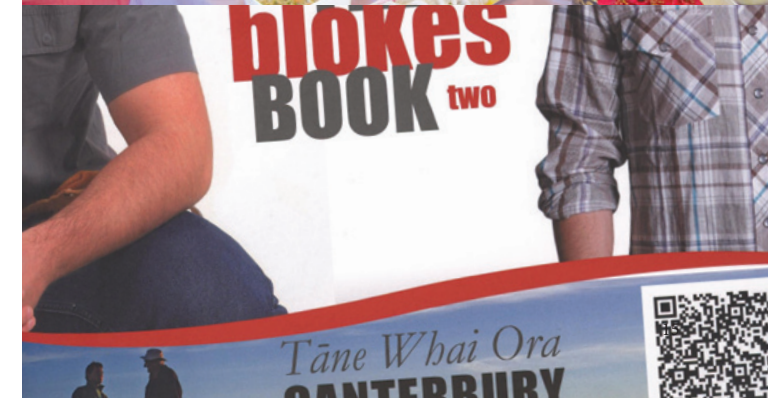
To help Canterbury men take care of themselves and their families, we've helped fund 'The Bloke's Book' - a free listing of health and social services of particular interest to men. Produced by the Canterbury Men's Centre, 50,000 have been printed and distributed so far, providing a valuable resource for men and the health professionals who care for them.

Children and young people

Raising awareness of the needs of young people, advocating for them and making sure they stay healthy and can access health services is an important focus, which has helped lead to the establishment of a Child and Youth Workstream under the Canterbury Clinical Network. Our Partnership Community Workers focus on young people; we support school-based health services and Right Services Right Time, and give youth a voice via membership on advisory groups to organisations, including the Canterbury District Health Board.

Teaming up with Pegasus Health, we prepared a submission on the Green Paper for Vulnerable Children, explaining how primary health care and social services are able to respond to the needs of these children. We've worked with the Heart Foundation, providing funding support to bring its Healthy Heart Award to low decile early childhood centres in Canterbury. We saw more than 2,720 Canterbury four-year-olds for their B4 School Checks and continue to exceed Ministry of Health targets for immunisation rates for our two-year-olds. We also promote oral health and offer free flu vaccinations to children under 18 years.

Pictures from top to bottom:
Refugee First Aid Training Graduates,
Wainui Camp,
Appetite for Life Chinese Christmas,
The Bloke's Book



Partners & Capabilities

Most Partnership Health Canterbury services are developed or delivered in conjunction with an existing provider with proven expertise in a specific area. While it matters that we make the most of the skills and experience that exist, it is just as important to build capacity right across the sectors with which we work to ensure enduring results.

This commitment to partnership gives access to the talent and capabilities required to meet the demands of each individual piece of work. As well, it nurtures and grows niche providers, who may not otherwise be able to sustain specialist – but highly essential – services.

Increasingly important in meeting the challenges to integrate health and social services is addressing the fragmentation that characterises health systems, including the way the health sector relates to non-health organisations.



Healthy Housing

Cold homes impact on the health of many Cantabrians. To help keep people well, and reduce unnecessary hospital admissions, Partnership Health Canterbury is project managing 'Healthy Housing' – a collaborative initiative offering Canterbury District Health Board funding assistance for insulation and heating to people whose health is compromised by a cold home. Working with Community Energy Action, the Energy Efficiency and Conservation Authority, and Environment Canterbury, an initial group of 500 people with respiratory conditions have been offered funding help from these groups, with any shortfall met by the Canterbury District Health Board. In the next two years, the project will be rolled out across other groups of people whose health could benefit from a warmer living environment.

Right Service, Right Time

Partnership Health Canterbury has provided funding for the 'Right Service Right Time' initiative since 2010, helping health practitioners access social services that work with children, young people and families. Initially, this funding was targeted towards young people and their families, however in response to changing needs following the Canterbury earthquakes, the criteria was extended to include children and youth from 0-15 years. Over the course of the year, the project fielded around 1,800 phone referrals for earthquake response work, as well as continuing to provide its business as usual work.

Reducing alcohol harm

Partnership Health Canterbury is working as part of the Alcohol Harm Advisory Committee (AHAC), formed by the Canterbury District Health Board Clinical Board to address and minimise alcohol-related harm in Canterbury. The group aims to coordinate and identify gaps in existing harm minimisation activities, and support initiatives designed to reduce the alcohol harm in our region.

We've worked with the Canterbury District Health Board Clinical Board to establish the role of Alcohol Harm Minimisation Coordinator. The Coordinator is working with others to facilitate a range of collaborative projects across the Canterbury health system and other key organisations.

We've been building on the work started by Healthy Christchurch in 2009 when the Healthy Christchurch Champions advocated proposed changes to the review of the Alcohol Act and supported the 5+ Solution. This solution takes a broad approach to alcohol harm minimisation, including advocating increased alcohol prices, and decreased accessibility.

Māori Health

Progress continues with the Māori Health Plan, which aims for longer, healthier, more independent lives for the more than 33,400 Māori people living in Canterbury. Work over the past year included discussions around establishing Māori Health Providers and Health Pathways, and a draft evaluation of the Pilot Māori Diabetes Programme, a proactive screening project. We continue to support workforce development in Māori Health, with this year's candidates for the Pegasus Health Māori Health Scholarships currently being assessed. Te Kahui o Papaki Ka Tai (TKOP), the Māori Health Advisory Group, has mandated its terms of reference and member role descriptions.

Pacific Health

Partnership Health Canterbury has long been an enthusiastic champion of the Pacific Reference Group. This year, the group evolved further and formalised its membership. It now spans the whole of the region, involving providers, Primary Health Organisations, Māori and Pacific clinicians, and community representatives throughout Canterbury. Membership is now at full complement, with the recent appointment of a youth representative nominated by the Ministry of Pacific Island Affairs Pacific Youth Leadership Advisory Group.

Responsiveness and communications plans were created this year, and the Pacific Primary Health Care Report 2010-11 was adopted at the April meeting. This report is a collaborative effort and a significant achievement, signalling the first time the region's three Primary Health Organisations have shared data to provide a Canterbury-wide view of the status of Pacific health.

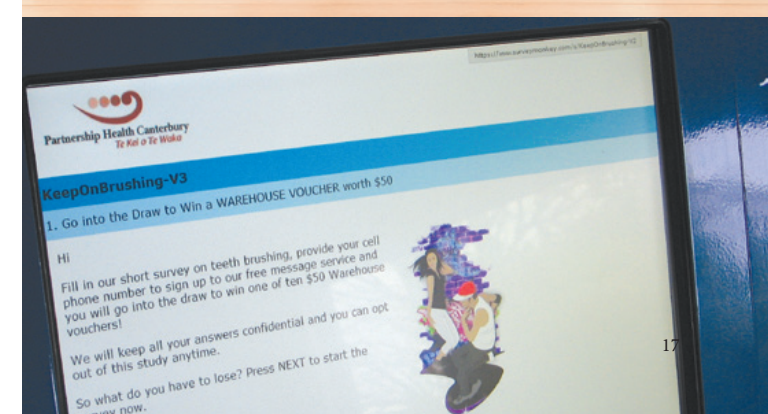
The Pacific Reference Group wrote formally to the Canterbury District Health Board expressing concern at the lack of reference to Pacific peoples in the organisation's draft Annual Plan. Given that Pacific peoples have specific needs in health outcomes, the group requested that a section be added to acknowledge this. While this population is small, they have high health needs and often find it hard to get care. We were successful in getting the plan amended.

Linking youth

To connect young people with services and health care, we're doing more work within several secondary schools. In partnership with Nurse Maude Association, our Partnership Community Workers support the School Based Health Service to get students the care they need. We also coordinate quarterly meetings, bringing together school and pastoral care staff, as well as services such as Specialist Mental Health Services and Family Planning. The Minister of Health has indicated a national rollout of school-based health services to include decile three secondary schools, and we hope to get funding to be able to help three further schools in Canterbury when this goes ahead.

Connecting communities online

Canterbury Webhealth is an online database of all the region's health and social services. Provided by Linkage Trust, the information is compiled for use by health professionals and lay people alike, and housed by Partnership Health Canterbury. It has really come to the fore since the quakes, with visitor numbers to the site steadily increasing over the past year. Most searches are for counselling services and earthquake information. This year Linkage Trust also teamed up with Community and Public Health to sponsor a Canterbury Webhealth touch-screen kiosk at the Canterbury Earthquake Recovery Authority Avondale Hub, giving red-zoned people easy access to information about health and social services.



Pictures from top to bottom:
Healthy Housing,
Te Kahui o Papaki Ka Tai (TKOP), the Māori Health Advisory Group,
Pacific Health Reference Group,
Canterbury Webhealth

Clinical Leadership & the Canterbury Health System

Working together is a priority. This reduces duplication and fragmentation across the system and makes it possible to find smarter ways to keep people well and care for them when they are not.

People who know how to do this are the doctors and nurses working with patients every day. We support general practices by funding extension services, and linking them to a broad range of services. To keep teams engaged with fresh thinking, we fund education programmes across the general practice community. We also fund initiatives that ease the administrative load on general practitioners and their teams, allowing clinicians to focus on care delivery and the increasing demand for clinical leadership.

Partnership Health Canterbury’s Clinical Governance Group and the Services to Improve Access Committee keep a vigilant eye on emerging issues.

By pulling people together across the range of disciplines, Partnership Health Canterbury ensures an independent, informed voice to respond to the needs of the Canterbury

District Health Board and, in turn, Government. We are working with clinical governance groups of the other Primary Health Organisations to reduce duplication and strengthen the collective clinical view.

The Canterbury Clinical Network

The Canterbury Clinical Network brings together key players in health planning, funding and delivery, to find clinically driven ways to build a better local health care system for the future.

Doctors, nurses, pharmacists, physiotherapists, and community based providers come together with the Canterbury District Health Board and Primary Health Organisations to plan for the best way to implement the Government’s ‘Better, Sooner, More Convenient’ blueprint for health care. We also provide resources for projects about aged care and acute demand.

Getting the right care for people when they need it is a key focus for the network. In 2011, this ‘alliance’ way of working saw a Canterbury-wide falls strategy introduced. More than 750 people have been referred to the Community-based Falls Prevention Service in its first five months. The Acute Demand Management Service was reviewed, a focus on people with chronic obstructive pulmonary disease, work in some areas was increased, and redeveloped in others to look after these patients better. In the past year Canterbury’s Acute Demand Management Services took more than 19,500 referrals, giving these people the urgent care they needed without having to go to the Emergency Department.

Through our work with the Network, we support the establishment of Integrated Family Health

Ambition of Canterbury Clinical Network



Centres. Plans are underway to develop these in the Canterbury region. We’ve also been working with the other clinicians from other Primary Health Organisations and Community and Public Health to have a more coordinated approach to health promotion across the region.



Reducing smoking rates

With many Cantabrians taking up smoking again since the earthquakes, smoking cessation continues to be a major focus for Partnership Health Canterbury. We’ve teamed up with Smokefree Canterbury and the Cancer Society over a number of smokefree initiatives, and we were pleased to see Selwyn District Council adopt a smokefree outdoor policy. We also maintained funding of nicotine replacement therapy for patients being discharged from Christchurch Hospital.

Joining forces with Pegasus Health, we’ve consistently made big gains in recording smoking status. Seventy percent of enrolled patients now have their smoking status recorded, up from 42 percent. Just asking whether somebody smokes is the first step in an often lengthy process of offering help. It puts doctors and practice nurses in a good position to talk to people who’ve started smoking again, when they visit general practice for other reasons. And on the back of this ‘asking’ increase, enrolments are up for the PEGS (Preparation, Education, Giving Up and Staying Smokefree) programme, with 4,047 people enrolling in the past year.

A pharmacy-based ABC stop-smoking project continued this year, and we successfully lobbied for Canterbury pharmacists to become providers of nicotine replacement therapy under the Quitcard programme. This was started partly to reduce demand on overstretched hospital services following the quakes, and makes it easier for pharmacists to help people through the whole process of quitting smoking.

Putting feet first

Foot care is a really important part of managing health for people with diabetes. Partnership Health Canterbury has teamed up with community podiatrists to provide a valuable service for people with diabetes with ‘high risk’ feet. People at risk of developing foot complications due to their diabetes can now get up to eight free podiatry visits a year, depending on their condition. Removing cost and travel barriers to care by giving people a choice of podiatrists throughout the city and some mobile-based operators, has proved very successful, with 1,082 people attending more than 3,800 podiatry sessions in 2011.



Education

It’s important that the doctors, pharmacists and practice nurses who look after communities are kept academically stimulated and up-to-date. Partnership Health Canterbury supports up-skilling the general practice workforce by funding educational and training opportunities. This includes delivering “Introduction to Primary Care Nursing” Courses, practice nurse mentoring and support for 15-20 new starters in practice nursing, along with Christchurch Polytechnic Institute of Technology’s seminars for undergraduate nurses.

With the help of Partnership Health Canterbury’s Practice Manager Scholarships, several people are continuing their studies in the Certificate in Practice Management and the Diploma in Practice Management. The scholarships were initiated several years ago to promote higher education amongst practice managers, and we are now inviting applications for 2012.

Being culturally responsive to Māori, Pacific peoples and Asian/ Migrant communities is key to improving access to services and health outcomes. Cultural Competence Training has therefore been another focus of the group education rounds this year. We’ve helped to bring Stage 1 training of the longstanding Hauora Māori education programme to general practice teams. This introduction to Māori culture, health and the Treaty of Waitangi aims to help primary health providers in Canterbury interact more effectively with Māori people.

Partnership Health Canterbury has also funded Pasifika Cultural Engagement training for general practice teams, including three workshops attended by more than 120 doctors, practice nurses, practice managers, receptionists, pharmacists and Pegasus Health staff.

We’ve been working hard on getting a better understanding of the primary care workforce and what it needs to develop. Through a workforce strategy research project, we’ve come up with a three-year draft plan which will link with and inform future workforce development planning.

Pictures from top left to right:
Jaimee Cairns, Chris Mackintosh, Gill Coe, Laila Cooper, Rachel Weaver, Donna Ellen

People & Enthusiasm

In last year's annual report, we featured some of our staff, and how they feel about being part of the Partnership Health Canterbury team – here are a few more...

Jaimee Cairns,
Administration Assistant

"I came to Partnership Health Canterbury for the opportunity to learn new skills in a professional environment. I like the philosophy of Partnership Health Canterbury, and working with people who are passionate about their work.

"Partnership Health Canterbury runs a lot of initiatives simultaneously, and I am fortunate to be able to assist people in their roles helping to improve people's health and wellbeing."

Chris Mackintosh,
Accounts Administrator

"I find it really interesting seeing the range of community services and organisations that are available, and knowing that funding is getting to where it is most needed.

"I think Partnership Health Canterbury's Appetite For Life is a great programme. It reiterates what we know we should be doing with healthy eating and exercise, and helps people to incorporate it into their lifestyle long term."

Gill Coe,
Senior Project Manager

"I really like being part of the difference Partnership Health Canterbury makes to people who use primary care services, particularly those who might otherwise miss out. And I enjoy the opportunity to see initiatives through from start to finish.

"We have an excellent team here who are really dedicated and put the health user at the centre of everything they do - there's a real sense of collegiality, with everyone happy to share their knowledge and experience."

Laila Cooper,
Primary Health Care Manager

"I particularly enjoy the population health and community development aspect of working for a Primary Health Organisation, the variety and breadth of the work which ranges from highly strategic to operational, and the opportunity to work with so many highly talented and committed people.

"I'm passionate about ensuring the voice of populations with high health needs is heard and responded to appropriately, and working on quality improvement and systems approaches to the planning, delivery and evaluation of health care."

Rachel Weaver,
Executive Assistant to CEO Jane Cartwright

"I feel really fortunate to work for an organisation where people have a passion for making health care accessible for everyone. Partnering with individuals, organisations and agencies to create better ways to improve health for all people is what Partnership Health Canterbury is about.

"I'm proud to be part of a team that works to empower people to take responsibility for their own wellbeing, and continually explores options that will benefit health for all people in an inclusive way."

Donna Ellen,
Services to Improve Access Community Liaison Manager

"I was drawn to work at Partnership Health Canterbury because of its focus on people's health and wellbeing starting in their own home and being assisted in their own communities. I am passionate about reducing health inequities and in this role I see that I can make a direct difference to peoples' lives.

"I provide leadership to our Partnership Community Workers – they have played such a vital role in our communities post-earthquakes, and I am immensely proud of all they have achieved this year."

Many people have contributed to Partnership Health Canterbury achievements over the years. There are people who have worked directly for us, contracted to us, people who have project managed things on behalf of Partnership Health Canterbury, people from other organisations we work with incredibly closely, and people who've sat on our board, committees, leadership groups, and advisory groups at a governance level. We consider all these individuals to be Partnership People, whether they're on our payroll or not.

Paul Abernethy, Vince Barry, Liz Baxendine, Margaret Bayliss, Janice Belgrave, Bev Bennett, Vincie Billante, Fiona Blair-Heslop, Deb Boyd, Michael Boyd, Paul Bridgford, Keriana Brooking, Sally Buck, Richard Budd, Margaret Burmester, Ngaire Button, Janine Bycroft, David Cairns, Jaimee Cairns, Deborah Callahan, Dr Murray Cameron, Jane Cartwright, Michael Chan, Prue Chapman, Suzi Clarke, Gill Coe, Linley Cook, Peter Cook, Peter Cooke, Laila Cooper, Ruahine Crofts, Hillary Currie, Sue Dahl, Vivien Daley, Wendy Dallas-Katoa, Deborah Davies, Jo de Seriere, Ali Dewsbury, Anne Dixon, Stuart Dodd, Janice Donaldson, Louise Draper, Sheree East, Donna Ellen, Rev John Elvidge, Anna Fox, Shelley Frost, Howie Fu, Rhys Gardiner, Dr Matea Gillies, Carol Glover, Chris Goodyear, Daryl Gregory, Waveney Grennell, Carolyn Gullery, Dr Greg Hamilton, Catherine Harrison, Helen Heaney, Dame Ann Hercus, Sandra Hicks, Peter Hill, Prof Andrew Hornblow, Lew Johnson, Mark Jones, Cate Kearney, Lesley Keast, Dr Jenny Keightley, Bronwen King, Steve Lavery, Jacqui Lawson, Mark Liddle, Barbara Lloyd, Ramai Lord, Julie Lowe, Daniel MacGillivray, Chris Mackintosh, Jim Magee, David Maplesden, Pip Mason, Allan Masters, Julia Mathieson, Louise Matson, Kelly Maw, Dr Paul McCormack, Michael McEvedy, Helen McLeod, Katrina McLeod, Chris Mene, Margaret Metherall, Kate Miller, Allan Moffitt, Maria Moran, Cathie Morton, Dr Guy Mulligan, David Nixon, Julie Noster, Jill Nuttall, Michael O'Dea, Carolyn Oakley-Brown, Pip Oliver, Lincoln Papali'i, Maria Pasene, Jack Percy, Dr Jacky Percy, Donald Pettitt, Dr Val Pollard, Julie-Ann Pyatt, Wayne Reid, Aroha Rereiti-Crofts, Dr Andrew Richardson, Dr Brandon Rickards, Murray Robson, Paul Roseman, Dr Phil Schroeder, Dr Martin Seers, Gill Sinclair, Manu Sione, Jan Spence, Yvonne Stuart, June Swindells, Kosta Tabakakis, Api Talemaitoga, Ingrid Thomas, Deb Tooby, Les Toop, Jocelyn Tracey, Sam Uta'i, Maureen Venroy, Gerry Walmisley, Rachel Weaver, Jill Westenra, Brenda Wills, Mollie Wilson, Deborah Wilson, Mereana Wilson, Murray Winder, Dr Alison Wooding, Shirley Wright, Simon Wynn-Thomas, Sam Yau, Peter Young, Lorraine Young

Trustees at
30 June 2012

Independent Chair –
Professor Andrew Hornblow

Mana Whenua –
Suzi Clarke, Wendy Dallas-Katoa

Pacific Peoples –
Lincoln Papali'i

Territorial Local Authorities –
Sally Buck (Christchurch City Council),
Peter Hill (Selwyn District Council)

Consumer/Community Organisations –
Julie Lowe, Donald Pettitt, Sam Yau

General Practice Organisations –
Shelley Frost, Dr Jacky Percy, Professor Les Toop,
Dr Alison Wooding

Non-contract Provider –
Jim Magee, Helen McLeod, Carolyn Oakley-Brown

**Financial Advisor & Chair, Finance and Audit
Risk Committee -**
Peter Young



Pictures from top left to right:
Professor Andrew Hornblow, Wendy Dallas-Katoa, Peter Young, Sally Buck, Professor Les Toop, Jim Magee, Dr Jacky Percy, Lincoln Papali'i, Donald Pettitt, Julie Lowe, Sam Yau, Peter Hill, Helen McLeod, Suzi Clarke

Governance & Structure

A publicly accountable trust, Partnership Health Canterbury is governed by a Board of Trustees. The 16-member Board has an independent chairperson. Each member represents one of six electoral groupings, which are a cross-section of both health professionals and community representatives. Each group selects or elects its representatives, who are made aware of the responsibility of representing their whole electoral grouping.

New Zealand's founding document, the Treaty of Waitangi, provides a commitment to partnership between Māori and the Crown. Partnership Health Canterbury recognises this. Increasingly, strong representation by Māori on our Trust Board is one of the ways we are showing our commitment to a joint way forward with full Māori participation to meet the needs of this unique population.

The Partnership Health Canterbury Trust Board makes all of its decisions by consensus. This means the decisions it makes have the support of all members. Operating by consensus means Partnership Health Canterbury has to put more work into canvassing trustees' views, working with key stakeholders, identifying and dealing with concerns, and modifying proposals as required. Trust Board members are involved in the Finance and Audit Risk Committee and Clinical Governance Group. The Clinical Governance Group provides clinical advice, leadership and direction on clinical matters for the Board. The group comprises senior clinicians from general practice, practice nursing, community laboratories, community nursing services and Independent Practitioners Association representatives.

- The key functions of the Clinical Governance Group are:**
- To promote best practice based on clinical evidence and in the context of finite health resources
 - To provide advice on the PHO Performance Programme
 - To provide clinical input into the priorities
 - To develop evidence-based best-practice programmes
 - To monitor outcomes
 - To provide expert clinical advice

The CEO also received advice and recommendations from the SIA (Services to Improve Access) Committee and Health Promotion Committee. Members of these committees are drawn from general practice, community groups, territorial local authorities, Canterbury District Health Board, and other Government agencies. Thank you to those who gave their time and expertise to these groups over the year.

Partnership Health Canterbury
Te Kei o Te Waka
Annual Report
2012

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These summary accounts are taken from the audited 2012 accounts of Partnership Health Canterbury Te Kei 0 Te Waka. The summary accounts may not contain enough information for a full understanding of the financial affairs of Partnership Health Canterbury Te Kei 0 Te Waka. A full set of audited accounts may be found on our website - www.partnershiphealth.org.nz.

Statement of Compliance

The financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand (“NZ GAAP”). They comply with the New Zealand equivalents to International Financial Reporting Standards (“NZ IFRS”) and other applicable financial reporting standards as appropriate for charitable entities that qualify for and adopt differential reporting concessions.

Partnership Health Canterbury
Te Kei o Te Waka, Trust Directory

For the year ended 30 June 2012

Establishment Date / 03 August 2004

IRD Number / 087-428-931

Location of Business / 56 Shirley Road,
Christchurch

Trustees:

Professor Andrew Hornblow CNZM (Chairperson)

Shelley Frost

Jim Magee

Wendy Dallas-Katoa

Lincoln Papali’i (reappointed 24 May 2011 for
eighteen months)

Professor Les Toop

Donald Pettitt

Helen McLeod (reappointed until 25 October 2012)

Dr Jacky Percy (reappointed until 20 December 2014)

Sam Yau

Dr Alison Wooding

Peter Hill

Sally Buck

Suzi Clarke

Carolyn Oakley-Brown (appointed 27 March 2012)

Julie Lowe (reappointed until 21 December 2012)

Banker - Westpac, 2 Show Place, Christchurch

Solicitor - Saunders Robinson Brown
322 Riccarton Road, Christchurch

Auditor - Marriotts Audit Partnership,
137 Victoria Street, Christchurch

Accountant - Deloitte, 50 Hazeldean Road
Christchurch

Partnership Health Canterbury Te Kei o Te Waka

Statement of Comprehensive
Income for the year ended
30 June 2012

	This Year	Last Year
TRUSTEES’ FUNDING AND INCOME RECEIVED		
Interest received	158,278	249,196
Management Income	2,294,665	2,337,009
TOTAL TRUSTEES’ FUNDING AND INCOME RECEIVED	2,452,943	2,586,205
TRUSTEES’ FUNDING OUTGOINGS AND EXPENSES		
Administration and office expenses	215,123	233,260
Amalgamation Costs	99,895	-
Amortisation	2,096	24,772
Audit fees	12,500	10,820
Board fees and expenses	130,308	126,500
Depreciation	8,026	23,043
Employee benefit expense - contract staff	326,222	492,406
Employee benefit expense - permanent staff	701,845	714,543
Rent	57,598	51,627
Transferred to programmes	637,379	846,908
TOTAL TRUSTEES’ OUTGOINGS AND EXPENSES	2,190,992	2,523,879
NET SURPLUS (DEFICIT) FOR THE YEAR	\$261,951	\$62,326

Statement of Movement in
Trust Funds for the year ended
30 June 2012

	This Year	Last Year
Opening Balance	3,611,260	5,224,290
Plus Contract Funding Received	76,436,161	75,366,611
Transfer from Operations	637,379	846,908
Less Contract Funding Distributed	78,335,659	77,826,549
Closing Balance	\$2,349,141	\$3,611,260

Statement of Financial Position as at 30 June 2012

	This Year	Last Year
CURRENT ASSETS		
Cash and cash equivalents	3,417,496	4,228,462
Trade and other receivables	2,835,203	2,918,164
Goods and services tax receivable	150,230	65,210
TOTAL CURRENT ASSETS	6,402,929	7,211,836
NON CURRENT ASSETS		
Property, plant and equipment	24,933	16,169
Intangible assets	-	2,096
TOTAL NON CURRENT ASSETS	24,933	18,265
TOTAL ASSETS	6,427,862	7,230,101
CURRENT LIABILITIES		
Trade and other payables	3,515,471	3,317,542
Contract funding received in advance	2,349,141	3,611,260
TOTAL LIABILITIES	5,864,612	6,928,801
NET ASSETS	\$563,250	\$301,299
EQUITY		
Trustees' accumulated funds	563,250	301,299
TOTAL EQUITY	\$563,250	\$301,299

Professor Andrew Hornblow
Chairperson,
Board of Trustees
25 September 2012



Helen Mcleod
Deputy Chairperson,
Board of Trustees
25 September 2012



Independent Auditor's Report

**Marriotts
Audit Partnership**

**Marriotts
Audit Partnership**
Level 2, 137 Victoria Street
P O Box 4160, Christchurch

Phone: (03) 379-0829
Fax: (03) 366-7144
Email: office@marriotts.co.nz
Website: www.marriotts.co.nz

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF TRUSTEES OF PARTNERSHIP HEALTH CANTERBURY TE KEI O TE WAKA

The summary Financial Statements comprise the summary Statement of Financial Position as at 30 June 2012, the summary Statement of Comprehensive Income for the year then ended, and summary Statement of Movement in Trust Funds. We have expressed an unmodified audit opinion on the Financial Statements, in our report dated 25 September 2012. 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 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 Partnership Health Canterbury Te Kei O Te Waka.

This report is made solely to the trustees, as a body, in accordance with the Financial Reporting Act 1993. Our engagement has been undertaken so that we might state to the trustees those matters we are required to state to them in our 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 Trust and the trustees as a body, for our work, for this report, or for the opinions we have formed.

Trustees' Responsibilities

The trustees are responsible for the preparation of summary Financial Statements in accordance with FRS-43: Summary Financial Statements.

Auditor's Responsibilities

Our responsibility is to express an opinion on the summary Financial Statements based on our procedures, which were conducted in accordance with International Standard on Auditing (New Zealand) ISA(NZ) 810, "Engagements to Report on Summary Financial Statements."

Other than in our capacity as auditor we have no relationship with, or interest in, Partnership Health Canterbury Te Kei O Te Waka.

Opinion

In our opinion, the summary Financial Statements derived from the audited Financial Statements of Partnership Health Canterbury Te Kei O Te Waka for the year ended 30 June 2012 are consistent, in all material respects, with those Financial Statements, in accordance with FRS-43.

MARRIOTT'S AUDIT PARTNERSHIP CHRISTCHURCH



25 September 2012



56 Shirley Road, Shirley
Christchurch
PO Box 35-332
Christchurch 8061

P 03 375 7005
F 03 385 0167
E info@partnershiphealth.org.nz
W www.partnershiphealth.org.nz

