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.

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 Mission, Christchurch Migrants Centre, Christchurch Resettlement Services, Community and Public Health (part of the Canterbury District Health Board), Community Dentists, 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, Four Rivers Health Care College, He Oranga Pounamu, Healthy Christchurch, Heart Foundation, He Hei/Breamfield Community Development Project, Hillmorton High School, Homby 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, Partnership Health Canterbury, Partnership Health Multi-Cultural Counsellors, Peak Primary Limited, Peeto - Multi-Cultural Learning Centre, Pegasus Health (Charitable) Ltd, Phillipstown Community Care, 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, Settlement 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 Puna Ora – 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, Waimai Community Centre, Waltham Cottage, Webhealth, Wellington Clinical School, Whanau Tautoko

Partnership Health Canterbury

Partners in 2011-2012

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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 reduction of regional health service delivery. 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 for healthy 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 the implementation of innovative and outcome-focused services, targeted funding to address issues around equity and access, establishment of preventive and early intervention programmes and operations in a challenging environment while also working toward a further reduction of regional health 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. Both partnerships and the communities they serve are approaching the amalgamation process with 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 individuals, their whanau/family and the communities we serve.

Professor Andrew Hornblow CNZM
Chairperson
innovation to make the best use of resources, data and the wider system. The result is, fresh thinking and people working together from different places within Workstreams and Alliances. It is heartening to see as we worked within the Canterbury Clinical Network the past 12 months. It notes that our role supporting forces with Pegasus Health demonstrates the way in individuals and groups. whose activities impact on the health status of both system, and involves interactions with agencies is its key contribution to the Canterbury health wellbeing and health outcomes. This way of working and organisations with one another, to improve promoted the value of linking people with services, thanks are due to Pegasus Health CEO Vince Barry and the face of Canterbury is changing and demand for services delivered to an increasingly diverse population. for us in 2012. More people have been seen and more opportunities to amalgamate with Pegasus Health the quakes, and the more strategic, forward looking opportunity to amalgamate with Pegasus Health organisation. The contribution that will cease to exist and its functions will move into the re-purposed Pegasus Health to explore these functions. In the lead up to amalgamation, it has shown the adaptability and faith of our people. Our 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. Service 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 ways.

The leaders and staff in the Rural Canterbury and Christchurch Primary Health Organisations, Te Kahu 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 and systems will be built on Partnership Health Canterbury's population, a greater range of services has been supported by material in many ways.

The need to continually evolve has always been a practical reality for Partnership Health Canterbury. However, the realities that amalgamation bring have been both a challenge and an opportunity. One 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 work should be a plural. There is a raft of linking people with services, and organisations with one another, to improve wellbeing and health outcomes. This way of working is the key contribution to the Canterbury health system, and involves interactions with agencies whose work impacts on the health status of both individuals and groups.

The deliberate process undertaken to consider joining Partnership Health Canterbury was lengthy and thoughtful and detailed, and thanks are due to Pegasus Health CEO Vince Barry and his engagement team for their hard work.

Partnership Health Canterbury has steadfastly pressed the case for linking people with services, and organisations with one another, to improve wellbeing and health outcomes. This way of working is the key contribution to the Canterbury health system, and involves interactions with agencies whose work impacts on the health status of both individuals and groups.

The deliberate process undertaken to consider joining forces with Pegasus Health demonstrated the way in which Partnership Health Canterbury works, encouraging partnership for our unique, 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 building to see people working together from different places within the wider system. The results is fresh thinking and innovation to make the best use of resources, data and people's time, and new approaches to services.

Jane Cartwright
CEO
community organisations play a huge role in supporting people to stay well and access care, making a difference to the wider issues that impact families well-being, like housing and food. A 'community' can be geographic, cultural, ethnic, church or spiritually based. Community organisations have strong entrenched networks. Working in partnership with them is a great way to reach people and address their needs.

Funding Partnership Health Canterbury Te Kei o Te Waka Pa Oranga (PHC) 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 community. People who need more care because they are very young and as they get older. Some people will visit their general practice team more frequently than others, while others will visit less frequently. An indicator of the core funding streams Partnership Health Canterbury and the Canterbury District Health Board. The table includes the PHO Performance Programmes and PHO Management Funding.

General practice consultations (enrolled patients) by ethnicity

- **Enrolled pop by age 2012**
- **Enrolled pop by ethnicity 2012**

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 patients back to their doctors. We worked with community groups to support community groups to help people who had lost homes, businesses and means of livelihood days 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 earthquake recovery. Partnership Community Workers have worked with the refugee and migrant community to write their own emergency response plan. Then there are the practical things, like welcoming 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 partners 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 changes in the area 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 the 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 Leaders and Service Coordinators.

This past year the team has helped people access much needed counselling, often actually getting them places back to their hometowns through 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 Service to Improve Access Committee – a group of community and general

Access Committee - a group of community and general
getting the care they need. to better understand how transport issues stop people across general practices fairly, and work has been done 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 out. The group helps us to practice representatives, special interest groups, Māori, Pacific and refugee advisors. The group helps us to understand how people access health services, what looked into why people need these services. This was offered in the past year. We have also backed research made use of the extended general practice counselling access brief intervention counselling, and 6,800 people accessed extended counselling sessions. More than 3,000 people result, Partnership Health Canterbury has allocated general practices and counselling services. As a mental health services remains high, both within 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. 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.

Mental Health

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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 communities. There has been a 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. 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 communities.

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, parents 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 Dental 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.

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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
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.

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 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 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.

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 prepare healthy foods. 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.

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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 such a partnership 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 niche – services. 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 niche – services.

Partners & Capabilities

Health Organisation

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 collaboration 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 to their homes. This year, the project will be rolled out across other groups with an existing provider with proven experience that exist, it is just as important to make the most of the skills and

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 changes 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 provided around 2,000 phone referrals for earthquake response work, as well as continuing to provide its business as usual. Refusing alcohol harm

Partnership Health Canterbury is working as part of the Alcohol Advisory Committee (AACC), formed by the Canterbury District Health Board Clinical Board to address and minimise alcohol-related harm in Canterbury. The group aims to prevent and identify gaps in existing harm minimisation activities, and support initiatives that address alcohol harm in our region. In 2012, Partnership Health Canterbury District Health Board Clinical Board established the role of Alcohol Health Champions and each Board is working with others to facilitate a range of collaborative projects across the Canterbury region and other key service areas. We’ve been building on the work started by Health Canterbury in 2009 when the Health Canterbury Health Advisory Group was established, and Health Canterbury Health Advisory Group is now engaging with a range of stakeholders such as The Mental Health Commission, Health and Disability Services Agency, Alcohol and other drug agencies, and the Alcohol and other drugs sector. This work is focused on achieving a collaborative and coordinated approach to addressing alcohol harm, and support initiatives designed to reduce the alcohol harm in our region.

Māori Health

Progress continues with the Māori Health Plan, which aims for longer, healthier, more independent lives for the more than 34,800 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 Poppas Māori Health Scholarships currently being assessed. To be able to provide culturally appropriate services to Māori and Pacific peoples, we have been working on developing and establishing pathways to access funding for projects that meet the needs of Māori and Pacific communities.

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 collaboration 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 to their homes. This year, the project will be rolled out across other groups with an existing provider with proven experience that exist, it is just as important to make the most of the skills and

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 Partnership Health Canterbury, 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.

Connecting communities online

Canterbury Webhealth is an online database of all the region’s health and social services. Provided by Canterbury District Health Board to sponsor a Canterburywide view of the status of Pacific health. The Pacific Reference Group wrote formally to the Canterbury District Health Board expressing concern about 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.

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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 practice community. We also fund initiatives that ease the administrative load on general practice community. We also fund initiatives that ease the administrative load on general practice community.

Reducing smoking rates

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. This promotes higher education amongst practice managers, and helps provide a ready workforce to meet the challenges of the future.

With many Cantabrians taking up smoking again since the earthquakes, smoking cessation continues to be a priority for Partnership Health Canterbury. We've teamed up with Smokefree Canterbury and the Cancer Society to introduce a number of smoke indicator initiatives, and we're pleased to see Selwyn District Council adopt a smokefree outdoor policy. We also maintained funding for 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 and 'giving up' at the point of enrolment. Patients now have their smoking status recorded, up from 42 percent just asking whether somebody smokes is the first step. In an oft-mentioned process of offering help, it's up to 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. 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 project, we've come up with a three-year development plan which will help with both current and future workforce development planning.
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 needed.

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

Gill Cox, Senior Project Manager

“I really enjoy 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 high priority strategic, to operational, and the opportunity to work with so many highly talented and committed people.

“I am 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.”

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.”

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, particularly for everyone. Partnering with individuals, organisations and agencies to create better ways to improve care for 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.”

Paul Abernethy, Vince Barry, Liz Barendine, Margaret Bayliss, Janice Belgrave, Bevern Bennett, Vincie Billante, Fiona Blair-Hecks, Deb Bowd, Michael Boyd, Paul Bridgford, Kerriana Brooking, Sally Buck, Richard Button, Janea Bycroft, David Carruthers, Gillian Carter, Rachel Chisholm, Donna Ellen, Vivien Daley, Wendy Dallas-Katoa, Deborah Davies, Jo, Deri Dobson, Annie Dixon, Stuart Dodd, Janice Donaldson, Louise Draper, Sheree Eas, Donna Ellen, Rev John Elvidge, Anna Fox, Shellie Frost, Howie Fu, Rhys Gardiner, Dr Mates Gilles, Carol Gleave, Chris Gondyke, Darryl Gregory, David Gregory, Sally Hall, Carolyn Gallery, Dr Greg Hamilton, Catherine Harrison, Helen Heaney, Dame Aine Hurren, Sandra Hicks, Peter Hill, Prof Andrew Hornshaw, Lew Lovew, Mark Jones, Kate Kearney, Lesley Keast, Dr Jenny Kingeberg, Bronwen Kins, Mark Liddell, Barbara Lloyd, Ramil Lord, Julie Lowie, Daniel MacCullivoy, Chris Mackintosh, Jim Magee, David Maplestone, Pip Mason, Allan Masters, Louise Matson, Mark McCarthy, Karen McKee, Kelly Mow, Dr Paul McCormack, Michael McVey, Helen McVee, Katrina Mcleod, Chris Mere, Margaret McMechan, Kate Miller, Allan Moffitt, Maria Morin, Cathy Morton, Dr Gay Mulligan, David Nixon, Julie Nuttall, Jill O’Keefe, Michael O’Dea, Carolyn Oakley-Brown, Pip Oliver, Lincoln Papali’i, Maria Parton, Jack Percy, Dr Jacky Percy, Donald Pettitt, Dr Val Pollard, Julie-Anne Prant, Wayne Reda, Aroha Reteti-Crofts, Dr Andrew Richardson, Dr Brandon Rickards, Murray Robson, Paul Rosenman, Dr Phil Schroeder, Dr Martin Seers, Gill Sinclair, Manu Sione, Jan Spencer, Yvonne Stuart, June Swindells, Kosta Tabakais, Apil Talemaloga, 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 Wynns-Thomas, Sam Yau, Peter Young, Lorraine Young

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 for us, members of the Partnership Health Canterbury, people from other organisations we work with incredibly closely, and people who’ve sat on our board, committees, leader 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.

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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.

Trustees at 30 June 2012

Independent Chair – Professor Andrew Hornblow
Mana Whenua – Sun Clarke, Wendy Dallas-Katu
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 Lex Troop, Dr Alison Wooding

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

Financial Advisor & Chair, Finance and Audit Risk Committee – Peter Young
<table>
<thead>
<tr>
<th></th>
<th>This Year</th>
<th>Last Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance</td>
<td>$2,349,141</td>
<td>$3,611,260</td>
</tr>
<tr>
<td>Plus Contract Funding Received</td>
<td>76,436,161</td>
<td>75,366,611</td>
</tr>
<tr>
<td>Less Transfer from Operations</td>
<td>637,379</td>
<td>846,908</td>
</tr>
<tr>
<td>Closing Balance</td>
<td>$2,452,943</td>
<td>$2,586,205</td>
</tr>
<tr>
<td><strong>NET SURPLUS (DEFICIT) FOR THE YEAR</strong></td>
<td>$261,951</td>
<td>$62,326</td>
</tr>
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</table>

Statement of Comprehensive Income for the year ended 30 June 2012

<table>
<thead>
<tr>
<th></th>
<th>This Year</th>
<th>Last Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRUSTEES’ FUNDING AND INCOME RECEIVED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest received</td>
<td>158,278</td>
<td>249,196</td>
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<tr>
<td>Management Income</td>
<td>2,294,665</td>
<td>2,337,009</td>
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<tr>
<td><strong>TOTAL TRUSTEES’ FUNDING AND INCOME RECEIVED</strong></td>
<td>2,452,943</td>
<td>2,586,205</td>
</tr>
<tr>
<td><strong>TRUSTEES’ FUNDING OUTGOINGS AND EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration and office expenses</td>
<td>215,123</td>
<td>233,260</td>
</tr>
<tr>
<td>Amalgamation Costs</td>
<td>99,895</td>
<td></td>
</tr>
<tr>
<td>Amortisation</td>
<td>2,096</td>
<td>24,772</td>
</tr>
<tr>
<td>Audit fees</td>
<td>12,500</td>
<td>10,820</td>
</tr>
<tr>
<td>Board fees and expenses</td>
<td>130,308</td>
<td>126,500</td>
</tr>
<tr>
<td>Depreciation</td>
<td>8,026</td>
<td>23,043</td>
</tr>
<tr>
<td>Employee benefit expense - contract staff</td>
<td>326,222</td>
<td>492,406</td>
</tr>
<tr>
<td>Employee benefit expense - permanent staff</td>
<td>701,845</td>
<td>714,543</td>
</tr>
<tr>
<td>Rent</td>
<td>57,598</td>
<td>51,627</td>
</tr>
<tr>
<td>Transferred to programmes</td>
<td>637,379</td>
<td>846,908</td>
</tr>
<tr>
<td><strong>TOTAL TRUSTEES’ OUTGOINGS AND EXPENSES</strong></td>
<td>2,199,992</td>
<td>2,523,879</td>
</tr>
</tbody>
</table>

**NET SURPLUS (DEFICIT) FOR THE YEAR**

|                                | $261,951  | $62,326   |

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

Trustees:
- Professor Andrew Hornblow CNZM (Chairperson)
- Shelley Frow
- Jen Maca
- Wendy Dallas-Katono
- Lincoln Pupu (appointed 24 May 2011 for eighteen months)
- Professor Les Toop
- Donald Pettitt
- Helen McLenn (appointed until 25 October 2012)
- Dr Jacky Percy (appointed until 20 December 2014)
- Sam Tiu
- Dr Alice Wooding
- Peter Hill
- Sally Buck
- Sue Clarke
- Carolyn Oakley-Brown (appointed 27 March 2012)
- Jaki Lowe (appointed until 21 December 2022)

Banker - Westpac, 2 Show Place, Christchurch
Solicitor - Saunders Robinson Brown
Auditor - Marriotts Audit Partnership, 173 Victoria Street, Christchurch
Accountant - Deloitte, 50 Hazeldean Road, Christchurch

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 Kē 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

Trust Directory 24
Statement of Comprehensive Income 25
Statement of Movement in Trust Funds 25
Statement of Financial Position 26
Independent Auditor’s Report 27

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

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.

MARRIOTTS AUDIT PARTNERSHIP CHRISTCHURCH

25 September 2012