NEWTOWN UNION HEALTH SERVICE

Annual Report 2017 – 2018

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SECTION ONE

Newtown Union Health Service Policy Board and Staff

Policy Board

Chairperson	Grant Brookes
Treasurer	Julie Lamb
Secretary	Fiona Osten
Kaumatua	Te Urikore (Julius) Waenga
Staff (clinical) Representatives	Dianne Theobald Jonathan Kennedy
Māori Rōpu	Fiona Da Vanzo
Union Representative	Sam Gribben Grant Brookes
Community Representatives	Julie Lamb Debbie Leyland Ibrahim Omer Barbara Lambourn

Staff

Administration Team	Fiona Osten (Manager), Sunita Govind (Senior Administrator) from July 2018, Shelley Turner (Executive Assistant), Giordano Rigutto, Tunisia Pohatu (Reception Team Leader),
Allied Health	Philippa Thompson (Social Worker) on maternity leave, Belinda Boyce (Social Worker), Ana Kere Marino (Māori Social Worker) January to July 2018, Flora Toma (Interpreter), Jo Moon (PCPA)
GP Team	Vivienne Coppell (Team Leader), Jonathan Kennedy, Tin Maung Maung, Katrina Harper (Sabbatical), Ben Gray, Nikki Turner, Phillip Dashfield, Derek Ngieng, Louise Poynton, Angharad Dunn from February 2018, Elton Nguy (Registrar to December 2018), Ari Pfeiffenberger (Registrar to November 2017).
Nurse Team	Dianne Theobald (Team Leader), Fou Etuale, Bryony Hales, Maureen McKillop, Louise French, Melissa Feint to November 2017, Pauline Twiss to March 2018, Sarah Mitchell from May 2018, Barbara Bos, Karen Fry to April 2018, Lynn Davies (Locum Nurse), Asha Clark, Serena Moran, Rosie Wilson-Burke, Trish Cooney April to July 2018, Tiana McKnight from May 2018, Kate Borman from May 2018.
Reception Team	Debbie McGill, Elaine Hill, Judith McCann, Pito Pati to August 2018, Freya Osten, Krys Keenan (temp), Georgina Makamaka, Solomon Klinger (Patient Portal Champion), Josie Bain from April 2018, Judy Horsburgh from April 2018.

SECTION TWO

Chairperson's Report

Chairperson's Report

"Ka huri te ao, ka puāwai te ao, ka huri tonu te ao" – from the waiata, *Ko Te Kore*

"The world will turn, the world will grow, the world will keep on changing". So says the contemporary song *Ko Te Kore*, from Māori educational resource publisher Hana. And so it has transpired for NUHS over the 2017/18 year.

The major change in our operating environment came in September 2017, with the election of the first Labour-led government in nine years. The coalition and support agreements signed with NZ First and the Green Party the following month contained many policies which would have an effect on NUHS. These include investing an additional $8 billion in health by 2021, reviewing primary care funding (including our Very Low Cost Access (VLCA) funding), reviewing mental health and addiction services, raising the age for free primary health consultations to include under 14s and introducing free annual health checks for seniors.

Over the longer term, new social policies such as those to reduce child poverty and to ensure warm, dry, affordable housing are also likely to alter utilisation of our services.

A letter of congratulations was sent to incoming Health Minister Dr David Clark on behalf of NUHS. More recently, an NUHS submission has been sent to the Mental Health and Addictions Inquiry Panel, whose forthcoming report is keenly anticipated.

Closer to home the environmental challenges created by the wind up of Well Health Trust PHO, which were highlighted in last year's Annual Report, have been well and truly overcome. Support for NUHS from our new PHO, which in June adopted a new Māori Strategy and Values Statement and the new bilingual name Tū Ora Compass Health, has been even greater than expected.

Complementing our relationship with Tū Ora Compass Health is our membership of Health Care Aotearoa (HCA), the national network for VLCA providers, which this year has undergone a revival. We appreciate the advocacy of both HCA and the PHO on behalf of VLCA practices, in particular around disadvantageous aspects of the government proposal to reduce the cost of GP visits – a proposal which has now been put on hold pending a full review of health and disability services.

Within NUHS, consideration of our ever-changing world led the Policy Board this year to review the outreach service. The NUHS Strathmore Outreach Clinic began in 1992 as a GP "suitcase clinic". It later developed into a busy hub, funded through contracts with Capital & Coast DHB. The opening up of the nearby NUHS Broadway Clinic in 2011 reduced the need for this suburban outreach and staff concerns grew about its viability. After considering the recommendations of the review, the Policy Board took the difficult decision this year to close the outreach clinic. NUHS will retain our valued connection with the Strathmore community

through participation in neighbourhood health promotion events.

But as one door closes, another door opens. For NUHS, the big development of 2017/18 has been the new relationship with Massey University. On 1 April 2018, after carrying out negotiations and due diligence, NUHS assumed responsibility for the provision of student health services on the university's Wellington campus. This exciting partnership, the first of its kind between a university and a primary health care centre in New Zealand, extends the NUHS model of care into the field of youth health.

Other operational highlights for the Policy Board this year have included ongoing improvements as part of the Health Care Home project, which have seen positive reductions in Emergency Department presentations and acute hospital admissions for our enrolled population.

We were also pleased to approve NUHS participation in the Southern Hemisphere Influenza and Vaccine Effectiveness Research and Surveillance (SHIVERS) study. This nationwide research project is a multi-agency, multi-disciplinary collaboration aiming to better understand influenza and other respiratory viruses and related illness in the hope of curbing future outbreaks and pandemics.

At the governance level, work on updating the NUHS Constitution – which began as far back as 2014 – was finally progressed this year to the point where approval of a new draft can be sought in 2018/19.

The major change which is proposed by the Policy Board concerns membership of the service. At present, all enrolled patients are also automatically members of NUHS, with rights and responsibilities under the Constitution. It is apparent that many, or even most members are unaware of these rights and responsibilities and no practical way has been found to remedy this problem. It will therefore be proposed that while all patients remain eligible to join, membership will become voluntary. It will also be opened up to friends of NUHS beyond the enrolled patient population. Appreciation is due to Barbara Lambourn and Fiona Osten for leading this work.

During the year the Policy Board said farewell to union representative Léonie Walker and community representative Shyama Kumar. I thank them for their dedication and service to NUHS and welcome new Policy Board members Sam Gribben, nominated by the Council of Trade Unions, and Ibrahim Omer, elected from our NUHS community.

I acknowledge too the wise stewardship and broad knowledge of our other fellow Board members – staff reps Jonathan Kennedy and Dianne Theobold, Tāngata Whenua rep Fiona Da Vanzo and community reps Debbie Leyland and Julie Lamb. I am also grateful to Shelley Turner, whose administration support has been invaluable.

Finally, I am pleased to report a small financial surplus for 2017/18 of $45,755 against a budgeted deficit for the year of $24,093, due in no small part to the skills and expertise of management accountant Giordano Rigutto, fellow Audit and Finance Committee member Julie Lamb and the efforts of the staff under the fabulous leadership of Fiona Osten.

Nō reira, tēnā koutou, tēnā koutou, tēnā koutou katoa.

Grant Brookes, Chairperson NUHS Policy Board

Manager's Report

It's that time again to prepare our reports for the Annual General meeting of NUHS. We take this time to reflect on the achievements and acknowledge the service challenges for the past year.

Over the last 12 months there has been significant change for NUHS as a service. On 1 July 2017 we joined the Tū Ora Compass Health PHO network. This was following the merge of Well Health Trust PHO with Tū Ora Compass Health PHO. The change has been positive with access to a wider range of funding streams to support service provision. Dr Vivienne Coppell and I represent NUHS on the Tū Ora Compass Health Very Low Cost Access and Youth Council where we provide advice and information that supports the PHO to advocate for VLCA and Youth services. The role of this group also provides information to support decision-making at the PHO Board level.

From 4 April 2018 NUHS started to provide the medical services for the Massey University Counselling and Student Health Centre. The Board decision to make this change was to bring diversity into the current services and youth were seen as another group who require access to affordable health services within the community.

This year NUHS has completed year one of the Health Care Home initiative and begun year two. We have continued to promote and increase the number of patients using the Manage My Health patient portal system. This allows patients to book appointments, review results and send messages to the clinical team electronically. We currently have 24.1% of our total population registered and activated on the portal.

We have promoted a "*phone before you come*" message to patients who are unwell and requesting an appointment on the same day. This has made a significant difference and allowed us to free up doctor appointments and reduced waiting times for routine appointments. We monitor this on a monthly basis.

Through this year there continued to be preparation for the Cornerstone on-site practice assessment which took place in July. Cornerstone is the Royal College of General Practitioners accreditation process. This is a significant amount of work for NUHS and I would like to thank Dr Vivienne Coppell who was and is the main driver of this program. The current program is under-review and we look forward to improvements that will reduce the time involved to the continuous improvement process.

This year we have said farewell to colleagues and welcomed new staff. All staff contribute to the success of NUHS and when staff leave it is a time of change for us all. We have welcomed new team members who bring with them enthusiasm, new skills and knowledge adding value to the service.

I would like to sincerely thank the staff of NUHS for their commitment and remarkable hard work. Every day is full of meticulous time management, a commitment to offering a high standard of care to our patients and integrity to uphold the Kaupapa of NUHS. All staff approach their work with a commitment for which, I believe, shows in the high standard of care we provide and the efficiency with which we operate. NUHS is a unique workplace place with many challenges and the staff need recognition for their significant contribution.

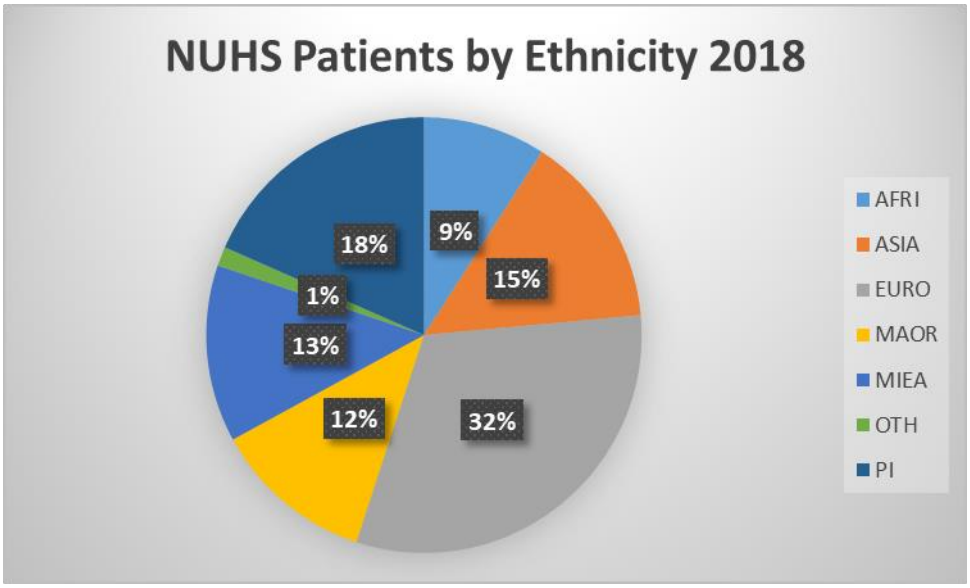
Thank you to our Kaumatua Te Urikore (Julius) Waenga for his continuing commitment and guidance to the service, and thank you to the wider community of NUHS for your continued support and positive words of encouragement. It is these acts of kindness that maintain the wairua of NUHS.

Fiona Osten
Manager

Patient Register and Demographics Report

At 30 June 2018 the number of NUHS funded patients was 8,464. This does not include casual patients who may still be in the process of being enrolled, transferring out or not eligible for NZ Government funding. The register itself does not reflect the complexity of care however information on complexity of our patient population can be seen in the team reports which follow.

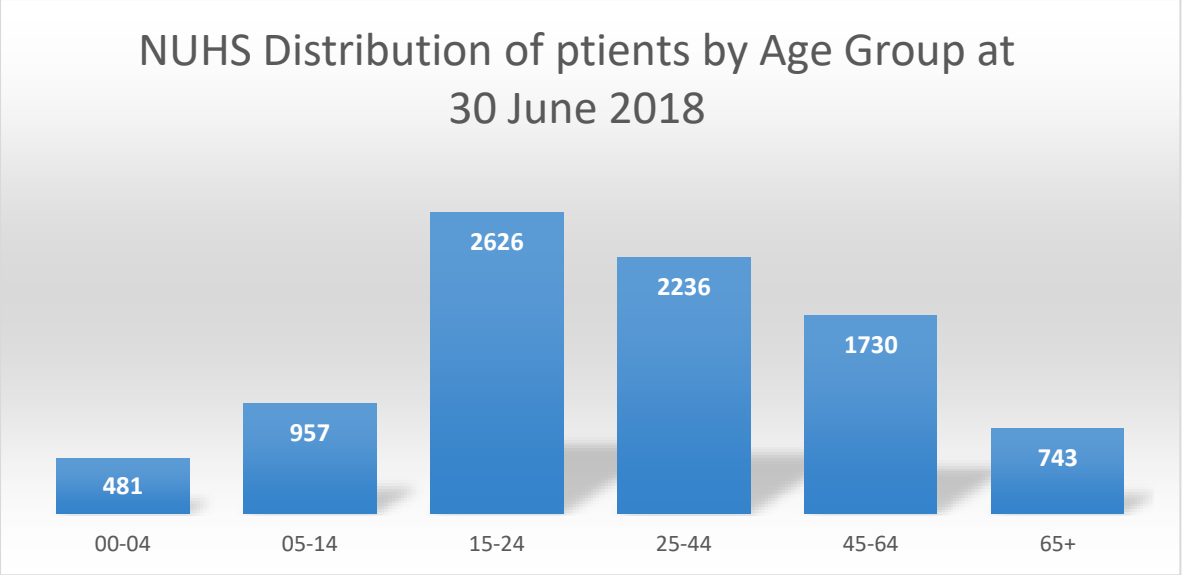
The graph below shows the breakdown of the patients by ethnicity. This interesting demographic reflects the diversity of the NUHS patient population and shows European as a smaller percentage than what can be seen in most non-high needs population. In last year's report the European component was 17% and this year it is 32%. This significant change reflects the merge of the NUHS with the Massey University Student Health Service which has a higher number of European students registered. For this year the next highest group is Pacific Peoples at 18% then Asian at 15%, Middle Eastern at 13%, Māori at 12% and African at 9%. English is the second language for 67% of the registered population which brings a complexity of its own when providing health services.



Source: Newtown Union Health Service, MedTech

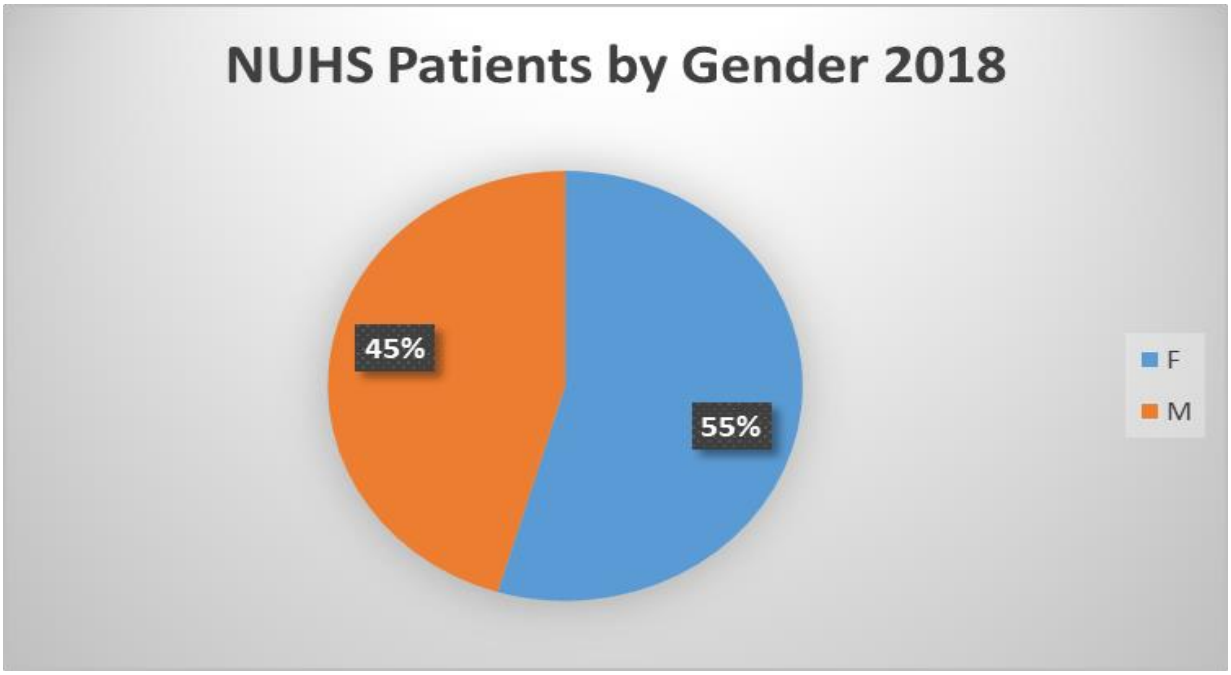
The distribution of the population by age group is shown in the graph below. Since the merge with Massey this too has changed the NUHS demographic.

This year the majority of the registered patients are aged between 15-24 years of age with the second group the 25 to 44 year olds. Last year we reported that the majority of patients were in the 25 to 44 year age group followed by the 45-64 age group. The change in demographic brings with opportunity to make sure that service provision is provided in a way that is relevant to all age groups across the Newtown, Broadway and Massey demographic.



Source: Newtown Union Health Service, MedTech

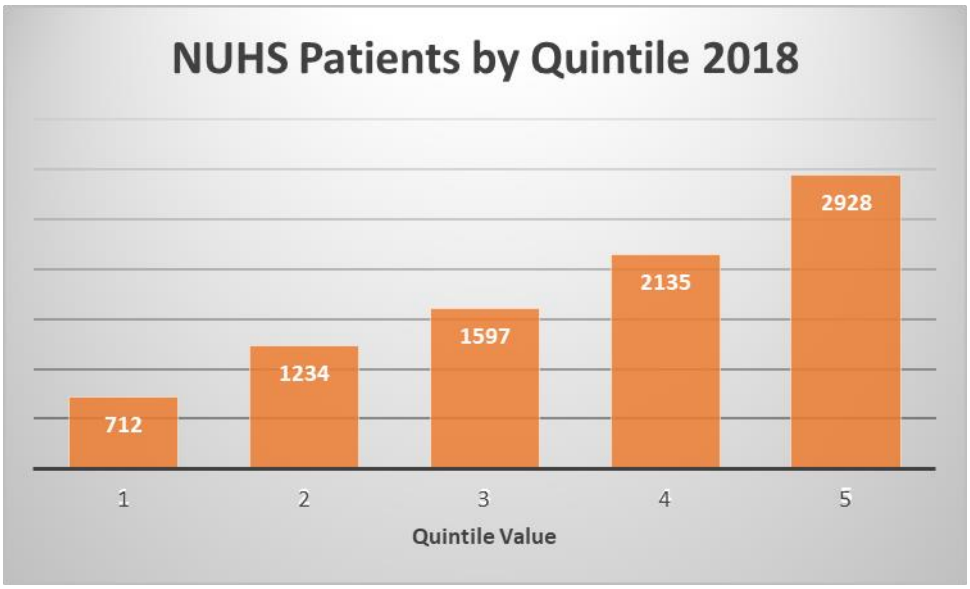
The graph below shows the population by gender with 55% of those registered being female. The widening gap between male and female is the result of our merge with Massey Student Health.



Source: Newtown Union Health Service, MedTech

- The graph below shows the breakdown of the population using the NZ Deprivation Index (NZDep). Quintile 1 represents people living in areas of less deprivation and Quintile 5 those living in areas of greater hardship. The majority of NUHS registered patients are represented in Quintiles 4 and 5.

  This tells us that there are a significant number of NUHS registered patients who are susceptible to living with poorer health and have limited access to the resources that keep them well. This is not the full story. As the Southern and Eastern suburbs have become gentrified over the last 30 years there are people who still require greater support to access health care but it is not easy to have adequate funding to provide the high level of care that they need. This is not a new issue and we are hoping that future changes to funding will address some of these issues.



Source: Newtown Union Health Service, MedTech

SECTION THREE

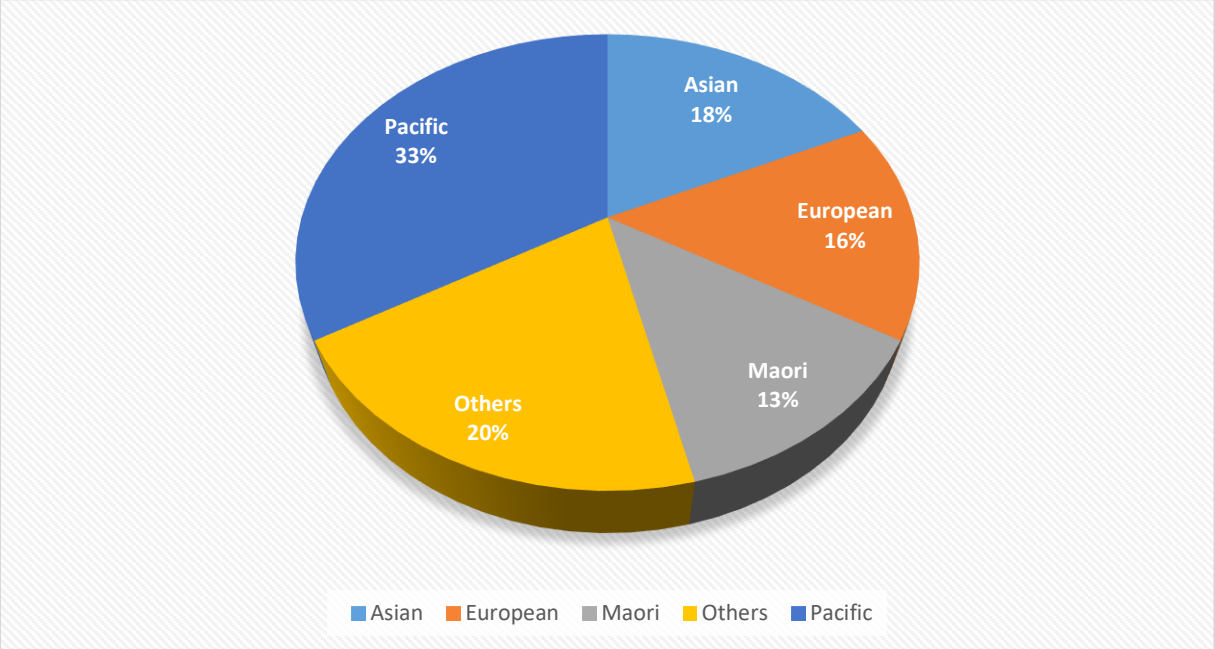
The reports in this section give more detailed information about the health care services provided and the work done with these groups.

Diabetes Report

Newtown Union Health Service (NUHS) provides a comprehensive Diabetes screening, assessment and treatment service to an approved Diabetes Management Plan (DMP). We have a team of health professionals and allied health workers who provide the oversight of diabetes services at NUHS. The team members are Dr Tin Maung Maung, Dr Derek Ngieng, Nurses Dianne Theobald and Fou Etuale, Clinical Pharmacist Linda Bryant, and Interpreter Flora Toma.

There are 607 registered patients who have a diagnosis of diabetes, 574 with pre diabetes, and 48 with gestational diabetes. Of these groups 576 have Type 2 diabetes, 29 have Type 1.and 4 have undetermined Diabetes.

Newtown Union Health Service
Percentage of Patients with Diabetes by Ethnicity



NUHS has a Diabetes Education Programme that covers all aspects of diabetes care, including initial assessment and education and ongoing screening with recalls for follow up. The programme is delivered on an individual basis at regular scheduled appointments with the patients' allocated nurse. Regular appointments provide the opportunity to monitor and manage the patient's condition and set future goals. All clinicians work with their patients to

set and review goals with the aim of reducing the long term negative impact of diabetes as well as improving overall wellbeing.

We currently offer funded diabetes appointments to see a nurse and a funded annual review with either their GP or nurse. Patients starting on insulin are supported by funded appointments to establish their insulin regime and ensure that they are able to manage their treatment in a safe way. The Clinical pharmacist also offers appointments to review Diabetes medications and is available to initiate insulin if required.

We regularly screen patients who may be at risk of developing diabetes and provide diet and lifestyle education to people who have been identified as having Pre Diabetes. These people are monitored regularly to ensure early detection of any progression of their condition.

Outreach nursing services are available to people with Diabetes where we have identified barriers to them attending appointments. The Pacific Navigation Service provides support for Pacific patients to access NUHS.

A NUHS Diabetes Nurse Educator coordinate's a monthly health promotion for the Taranaki Exercise Group. Pacific patients are encouraged to attend this group for regular exercise and health promotion.

Māori patients with diabetes are referred to and encouraged to attend Te Puna Waiora which is a group providing education and support for people living with diabetes and other long term conditions.

Regular activities of the Diabetes team include:

- Three monthly Diabetes Specialist consultation clinic with Dr Jeremy Krebs for patients with HbA1c >64 and higher level of complexity.
- Regular education to update staff on best practice management for people with diabetes.
- Interdisciplinary consultations involving nurses, dietitian and clinical pharmacist.
- One on one mentoring of nurses by staff Diabetes Nurse Educators.
- Monthly group health education and support by Diabetes Nurse Educator to community Pacifica Group (Taranaki Group).
- Regular outreach nursing service for Pacific People as well as people with high needs where there are identified barriers to them attending appointments. Pacific navigation service where
- Fortnightly Dietitian clinics run by Emma Jones, Community Dietitian at both Broadway and Newtown sites.
- Regular contact with community Podiatrists to ensure collaborative approach to managing patients with Diabetes.
- Liaison with local Optometrists to ensure people have access to retinal screening services.

- Two nurses are members of the Diabetes Nurse Practice Partnership Team which is collaboration between primary and secondary care and works to promote quality and consistency of diabetes services across the region.
- One nurse is an active member of the Wellington Regional Diabetes Clinical Network which has oversight of Diabetes Services in the greater Wellington region.

The Future…

There is an ever increasing number of people being diagnosed with Pre Diabetes and Diabetes, including more people from younger age groups being diagnosed with Type 2 Diabetes. This is in part due to the increasing incidence of obesity and more sedentary lifestyles and will have wider ramifications as this group will be more likely to suffer from the long term complications of Diabetes.

This increase in numbers of younger people with Diabetes will present an even greater challenge to all health providers, to ensure that appropriate health services are available to them.

The Diabetes Team

Mental Health Report

The Newtown Union Mental Health team currently includes: Nurse Rosie Wilson-Burke and Dr Louise Poynton, frequently attended by Dr Angharad Dunn and Dr Elton Nguy (registrar)

The objective of the mental health team is to optimise care for patients with severe enduring mental health problems, and to try and improve both physical and mental health outcomes for these patients. We endeavor to provide comprehensive primary care, and to liaise closely with other services involved with the care of our patients.

Liaison clinics:

- Monthly meeting with Community Alcohol and Drug Service
- Monthly meeting with Primary Solutions Coordinator
- Fortnightly meeting with Dr Paul French, followed by a 2 hour clinic for patient reviews by Dr French

There are currently 364 patients enrolled on the NUHS MH register who live with a severe and enduring mental health diagnosis, which makes up 5.5% of the total NUHS population.

A current focus for the mental health team is to improve systems for metabolic monitoring of patients with serious mental illness in recognition of the increased physical health problems associated with these diagnoses and the medications used in their treatment.

We look forward to the deployment of a cardiovascular risk assessment tool that may be more accurate in predicting risk for this group of patients, as there is concern that the current tool used may underestimate risk.

Ethnicity and age data has not been included in this annual report, as we are currently in the process of updating how data is extracted and analysed in conjunction with the Tu Ora Compass Health analysis team.

We would like to acknowledge Dr Paul French from South Community Mental Health in particular for his ongoing support of Newtown Union Health Service and Jocelyn Malcom who has been a huge asset first in her role at Positive Horizons and more recently as the Primary Solutions Service Leader. Thanks also to all the other services who have met with us to strengthen relationships and improve the care we deliver for our patients.

The Mental Health Team

Clinical Advisory Pharmacist Report

The Newtown Union Health Service (NUHS) clinical advisory and prescribing pharmacist service is provided by Dr Linda Bryant. The role of the clinical advisory and prescribing pharmacist (CAPP) is to identify and resolve drug-therapy problems to and reduce drug-related morbidity and mortality, and optimise medicines-related health outcomes through individualisation of pharmacotherapy.

The clinical advisory pharmacist service fits well with the concept of the Health Care Home which includes putting the person and whanau at the centre of care, optimising access to care, assisting people to manage their own health through care planning and maximising staff utilisation through working to top-of-scope and taking a multidisciplinary approach.

The clinical advisory and prescribing pharmacist role enables a focus on optimising medicines therapy through clinics to assist health literacy for people, and dose titrations / initiation of appropriate medicines. The pharmacist also provided a clinical medicines information resource to the practice.

This service has continued with a clinic being established at Broadway, which includes undertaking spirometry. With the implementation of Wellness Plans the clinical advisory pharmacist is also involved in initiating in some Wellness Plans, and also following up on medicines issues. Anecdotally the opportunity to discuss medicines and how they work has improved the engagement of people in their own care. With the clinical indicator measures, the ability to titrate medicines to target is also helpful. The areas of focus continue to be diabetes, cardiovascular disease and gout. With the availability of another funded medicine for curing Hepatitis C expected in the next year, 2019 will also another year that we can take a big step to improving the health of our population.

Services are delivered in a supportive manner that respects the dignity, needs, abilities, and cultural values of Maori, Pacific and other ethnicity service users and their families/Whanau. Access barriers for service users are minimised as far as possible and service provision promotes equity.

Dr Linda Bryant
Clinical Advisory Pharmacist

Outreach Immunisation Report

Newtown Union Health is contracted by Tū Ora Compass Health PHO to provide Immunisation Services. Services are provided by 2 experienced registered nurses with administrative support. The contract area is from Churton Park south and referrals are received from services providing care for children. Self-referrals are accepted.

For this reporting period the service received a total of 318 referrals. Of these 69 children were given vaccinations during the reporting year. Of the referrals 18 children had left NZ, 50 families were unable to be contacted, and 27 families declined the OIS service.
Most of the immunisations were given in the child's home, one child was immunised in the pre-school setting.

A number of different communication methods are used to follow-up referrals through telephone calls, text messaging and home visits made by the Outreach nurses. This reflects the diverse and flexible model required to action referrals. Many attempts are made to contact families, reflecting the effort required to reach the children referred to the service.

During this past year the nurses have made 628 telephone calls, 176 texts have been sent, and 216 home visits.

The Outreach Immunisation team continue to work collaboratively with local Plunket nurses, Pacific Navigators, practice nurses and the National Immunisation Register team to contact and reach families that have difficulty in engaging with their primary care provider. The team liaises with a wide network of health professionals, and referrals were made to Ora Toa OIS, local Tamariki Ora nurses, and GPs for further health care. Several home visits to immunise children from refugee backgrounds were undertaken throughout the year with the support of the NUHS interpreter, This ensured the family understood the immunisation event and were culturally supported throughout the process.

Once again this year, the Outreach Immunisation nurses assisted NUHS with the delivery of the influenza vaccine to their patients, providing flu vaccine clinics on Saturday mornings. This enabled more opportunities for patients to access the vaccine. They also did home visits to the frail elderly/ disabled patients of NUHS to give flu vaccines in their homes.

The Outreach nurses attend regular meetings with the wider immunisation stakeholder's network. Both nurses have attended professional development courses in the areas of child health and immunisation.

The OIS service provides a valuable contribution to improving and achieving immunisation targets. Many families have limited resources, which creates barriers to their access to primary health care. No telephone contact, frequent changes to where the families are living, and limited transport options contribute to barriers to accessing care. The OIS team works alongside families to reconnect them to their primary health providers. A positive interaction with the OIS team in their own homes contributes to this re-engagement.

The Outreach Immunisation Team

Strathmore Community Clinic Report

NUHS has provided an outreach service to the Strathmore Community since 1992.

Over this time there have been many changes to this service and this year it has been time for another significant change. For much of this year the service at the Strathmore Community Centre has been closed and patients have been seen either at the Broadway or Newtown sites. From 31 October this closure is permanent.

NUHS continues to have a strong link with the Strathmore community and this change can be seen as the next evolutionary step. The development of new technology and the changes within the National Health Service structures and funding contracts, gives opportunity for different service models.

When the service first started, in a church hall at the corner of Ahuriri Street, we did not have computer access. We were able to work within the whole community and not just with those registered with our service, but we were not able to access information as easily as now and this limited our capacity for ongoing care. We were able to do more home visiting.

Now that there are greater expectations of what is provided within a primary health service, this can better be provided with access to technology, equipment, and the more structured set-up in our clinic rooms. We anticipate that community outreach will still occur but not as a formal clinic. For the past users of the outreach clinic, we have a clinic at 412 Broadway which is still within the community, and the larger clinic at 14 Hall Ave Newtown for those who prefer to travel across there.

Those of us who have worked at the Strathmore outreach have many happy memories of the activities that we participated in; dance, exercise, health promotion days, cooking classes are some of them. More recently we remember the frustration of computers and printers that would not work reliable and the jubilation when they actually did!

Goodbye to the old outreach clinic. Welcome to the times ahead. We anticipate many more years of service within and to the Strathmore community.

The Strathmore Outreach Team

Newtown Park Flats Clinic and Outreach Report

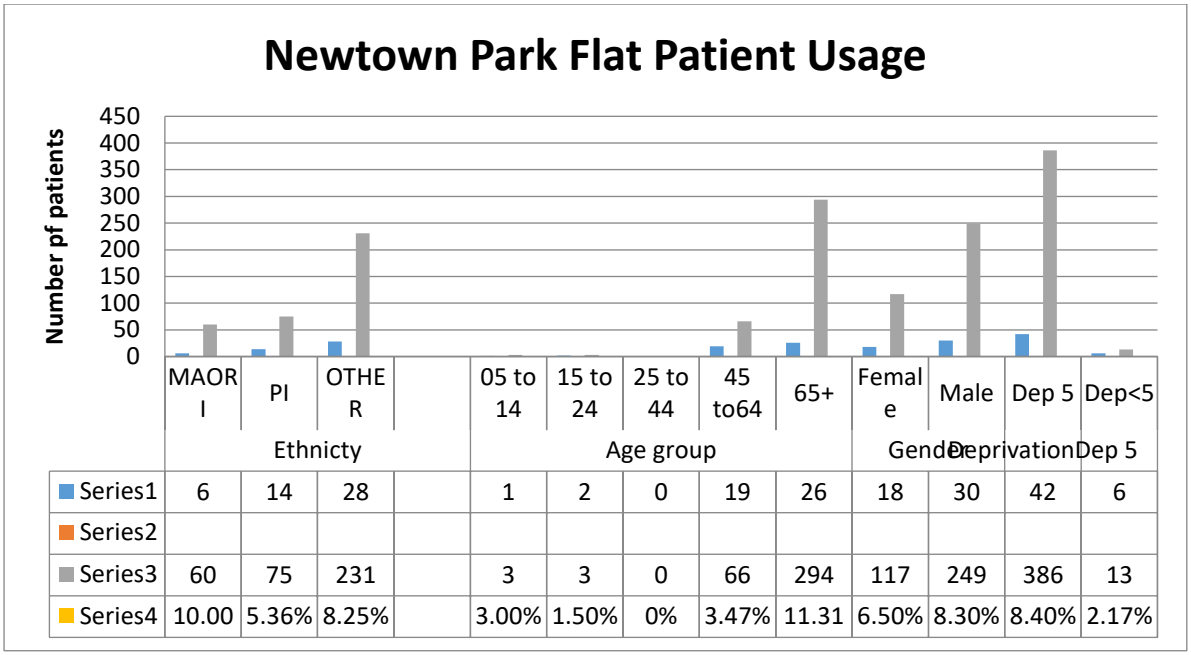
Newtown Park Flats (NPF) outreach clinic operates weekly on a Friday by a nurse and the doctor attends on the first Friday of the month. The clinic is situated at D Block on the ground floor at 320 Mansfield Street Newtown.

The purpose of the clinic is to provide accessible and low cost health care to those living with a low income and reside at the flats and surrounding areas. Our aim is reducing barriers and health inequalities.

The clinic delivers full medical care including health checks on asthma, diabetes, sexual health, mental health, blood pressure checks, child health checks, immunisation, social support, smoking cessation, elderly support, health education, health promotion. Those who need urgent support or treatment are referred to Newtown Union Health Service clinics'. Patients needing social support are assessed and referred to the NUHS social worker or appropriate social service providers.

Newtown Park Flat Registered Population – August 2018

Ethnicity	00 to 04	05 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 +	Total
AFRI	16	6	3	29	4			58
ASIA	1	2	3	3	5	5	3	22
EURO	2		1	3	8	2	3	19
MAORI			1	2	7	2		12
MIEA	4	3		16	7	2	2	34
OTH	1				2			3
PI	3	6	4	4	9	2	3	31
Total	27	17	12	57	42	13	11	179



	MAORI	PI	OTHER		05 to 14	15 to 24	25 to 44	45 to64	65+	Female	Male	Dep 5	Dep<5
	Ethnicty				Age group					Gender		Deprivation	Dep 5
Series1	6	14	28		1	2	0	19	26	18	30	42	6
Series2													
Series3	60	75	231		3	3	0	66	294	117	249	386	13
Series4	10.00	5.36%	8.25%		3.00%	1.50%	0%	3.47%	11.31	6.50%	8.30%	8.40%	2.17%

The current number of patients seen at the clinic stands at 179. Forty eight patients were consulted 366 times during the last 12 months. European was the highest users followed by Pacific Islands, Asian, Māori, Middle Eastern and African. 54.17% of the service consumers are in the 65 years and over age group. Majority of the clinic attendees are male. Forty two out of 48 clients attended at NPF clinic were at deprivation index of 5 (87.5%)

Home visits are also a key component of this clinic to provide health care to house bound clients. We had made 48 home visits during this period. We have held two flu immunisation clinics at NPF during this period.

The Newtown Park Flats Team

Refugee Report

The Refugee Team over this reporting period has consisted of Belinda Boyce (Social Worker), Barbara Bos (Primary Health Care Nurse) and Jonathan Kennedy (General Practitioner).

Arrivals in the reporting period 1/7/2017 – 30/6/2018

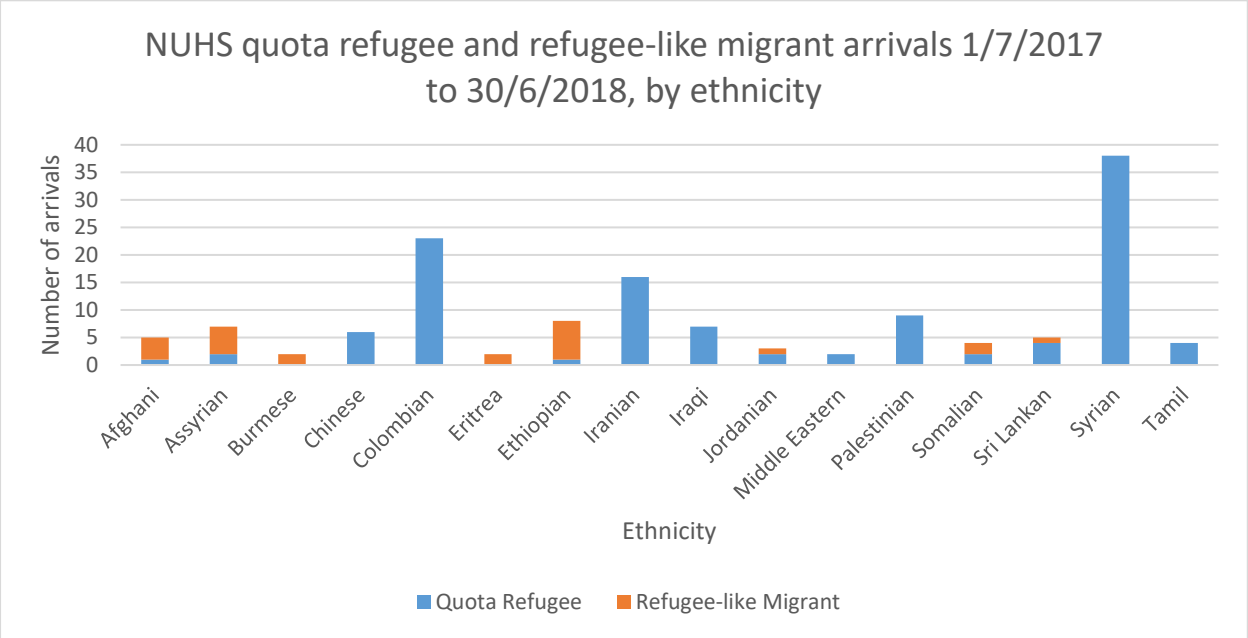


Figure: NUHS quota refugee and refugee-like migrant arrivals 1st July 2017 to 30th June 2018 by ethnicity. Note where only one arrival has been identified with a given ethnicity, the ethnicity has been broadened to region to improve anonymity.

117 quota refugees and 24 refugee-like migrants enrolled and arrived to Newtown Union Health Service in the annual reporting period. The largest quota refugee groups were of Syrian, Colombian and Iranian ethnicity. The largest refugee-like migrant groups were of Ethiopian, Assyrian and Afghani ethnicity.

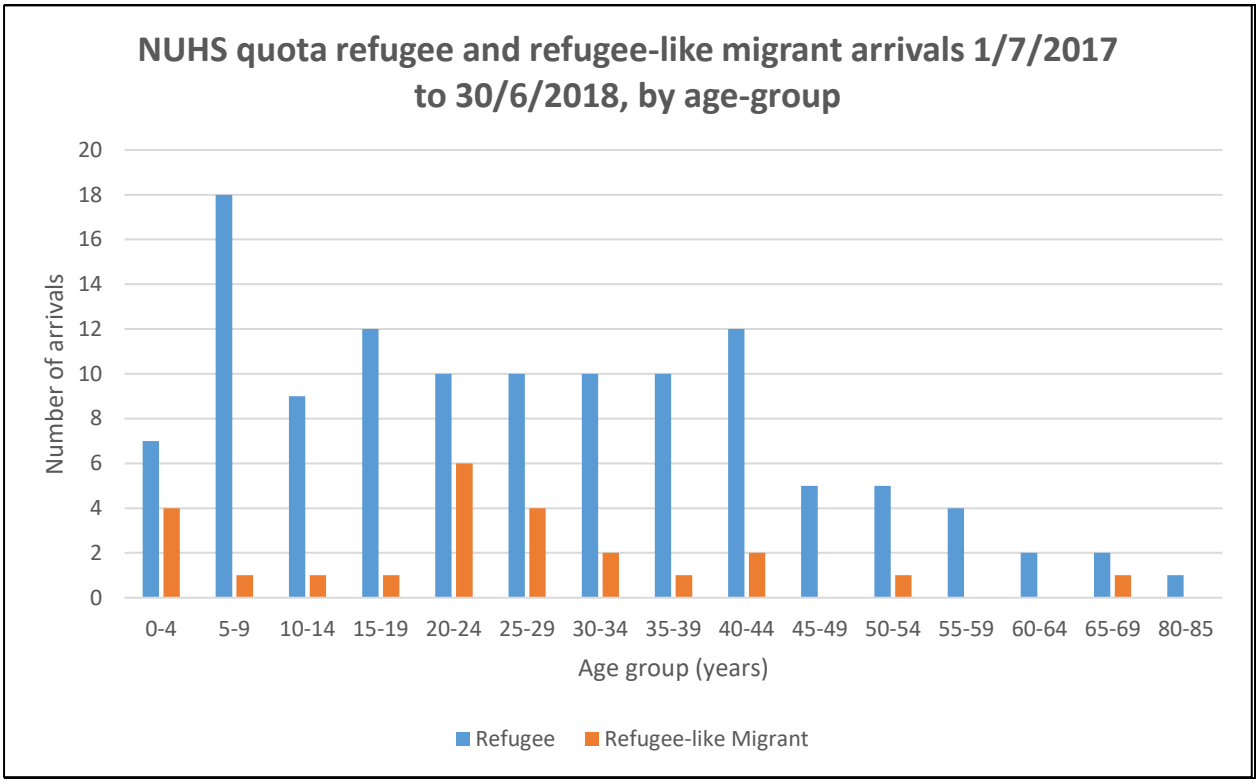


Figure: NUHS quota refugee and refugee-like migrant arrivals 1st July 2017 to 30th June 2018 by age group.

Quota refugees were aged between less than one year and 85 years, compared with refugee-like migrants who were aged between less than one year and 66 years. Quota refugees were predominantly aged below 45 years, with refugee-like migrants more concentrated between 20 years and 45 years old. Health conditions identified at Newtown Union Health Service, or for quota refugees during screening at the Mangere Refugee Resettlement Centre, included a wide combination of chronic conditions common in New Zealand and conditions more commonly associated with people in countries with poorer infrastructure and health resources.

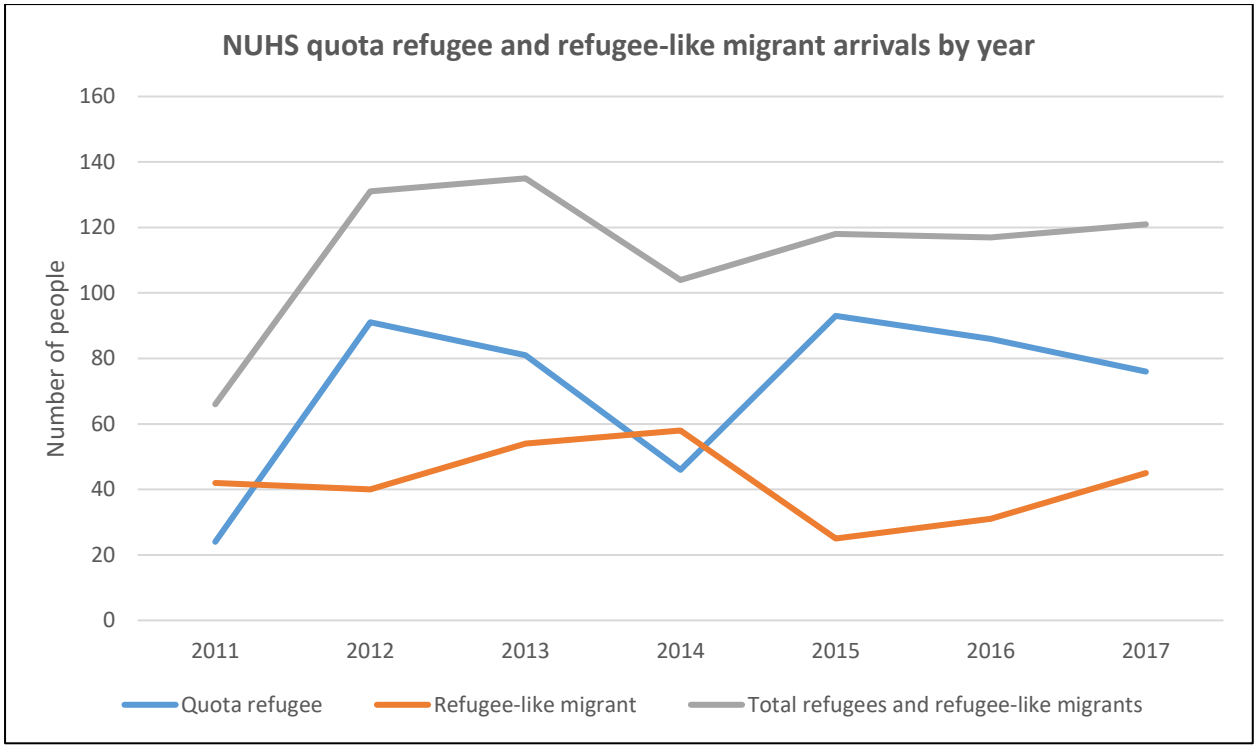


Figure: NUHS quota refugee and refugee-like migrant arrivals 2011 to 2017.

Arrivals by year in the quota refugee and refugee-like migrant groups 2011 to 2017 are provided for reference. In the first half of 2018 there have been 53 quota refugees and 15 refugee-like migrant arrivals to the practice which, if similar numbers arrive in the second half of 2018, extrapolates to a small increase in numbers of quota refugees than the average since 2011, and similar numbers of refugee-like migrants.

The Newtown Union Health Service refugee team looks forward to coordinating and providing health care for existing and newly-arrived refugees and their families through 2018 and into 2019

Refugee Team and NUHS refugee activities

The Newtown Union Health Service refugee team took part in refugee-related health sector activity during the reporting period:

- Jonathan Kennedy and Serena Moran completed a University of Otago Research project on NUHS refugee and refugee-like migrant health and the findings have been presented at various forums.
- Refugee Liaison Meetings – Monthly meetings between the Refugee team and external agencies have continued throughout the year. These are attended by representatives from Red Cross, Red Cross Refugee Trauma Recovery and Regional Public Health and remain an excellent forum for ensuring continuity of care for our Refugee Patients.
- Jonathan Kennedy, with Serena Moran (Primary Health Care Nurse, NUHS) taught the biennial *GENA 720 Refugee and Migrant Health* postgraduate paper at the University of Otago, Wellington (UOW) Department of Primary Health Care and General Practice.

This included organising and attending a three day educational residential programme bringing experts in refugee health from around New Zealand with a visiting expert speaker from Australia: Dr Christine Phillips.

- Nurse Serena Moran presented education sessions to Regional Public Health and presented a webinar to pharmacists around New Zealand, with Linda Bryant, Clinical Advisory Pharmacist, and Newtown Union Health Service.

Social work with refugees

This year two families have become New Zealand citizens and have shared this news with the social worker. Referrals regarding housing remains the largest component of the social work role this year, and is an ongoing concern. This is due to houses being unsuitable for various reasons for the families who live in them, it is also due to the Wellington regional housing crisis. Housing New Zealand (HNZ) have almost completed several one bedroom units, and a new complex is due to be completed by the end of the year.

The social worker is able to advocate for a family or individual by together making phone calls to either of the social housing providers. This advocacy is via telephone rather than face to face. Many of these houses are overcrowded with extended family/whanau staying at the same address or, many of these houses are not well maintained by the landlords, these houses then become extremely cold in the winter. The sustainability trust has also undertaken home assessments on some of these clients' houses, then directly sends their reports back to the housing providers.

Private rentals remain out of price range for our clients to afford to live in, or clients are declined private rental housing as they are on a benefit, this creates further barriers for clients. This lack of affordable social housing especially in the Newtown area, continues to be ongoing and has a direct impact upon our clients health needs, there is also very limited housing stock to accommodate the larger families living in Wellington.

Appendix: *<u>Newtown Union Health Service 'Refugee-like Migrant' Eligibility Criteria</u>

(Also referred to as 'direct' refugees, 'humanitarian' refugees, 'family reunification' refugees)

- From a background comparable to people admitted to New Zealand with refugee status **AND**
- Could be expected to have similar health needs and require screening similar to a quota refugee.

Specific criteria may include:

- High rates of endemic disease in country of origin
- Poor access to health care
- Exposure to trauma
- Exposure to war or conflict

- Prolonged residence in refugee camps or asylum countries
- Forced migration or internally displaced people
- Origin from country where refugees are currently originating

The Refugee Team

Social Workers Report

The Newtown Union Health Service social worker provides a vital service to support families and individuals who encounter challenges while settling into New Zealand life. These can include assistance with immigration paperwork, housing issues, changes to the family dynamics and adjusting to cultural differences that come from living in a new country.

The social worker continues to encourage people to utilise their own strengths, discuss any health changes, and provide information so clients can make informed choices in their lives.

The social worker continues to build relationships with local social work networks i.e. Birthright, Maternal Mental Health and the Women's Health teams at CCDHB. These networks work with alongside the same clients. The social worker also attends monthly peer support with other social workers in the area.

The NUHS Social Work team has provided a placement for a social work student from Te Wānanga o Aotearoa. Developments

The biggest challenge continues to be with the housing crisis. This includes Wellington central and the Southern and Eastern areas of Wellington. This presents an ongoing concern for many of clients. The social worker is able to advocate for a family or individual by together making phone calls to either of the social housing providers. Many houses are overcrowded with extended family/whanau staying at the same address and/or are not well maintained by the landlords the houses are extremely cold in the winter.

The affordability of private rentals remain out of price range for most of our clients and/or many are declined private rental housing as they are on a benefit. There is also limited housing available to accommodate larger families our area. This creates further barriers for clients. This lack of affordable social housing continues to be ongoing and has a direct impact upon clients health needs.

The Social Worker Team

SECTION FOUR

Financial Report

NEWTOWN UNION HEALTH SERVICE INC.

ANNUAL REPORT

FOR THE YEAR ENDED 30 JUNE 2018

1. **Audit Report**
2. **Statement of Comprehensive Revenue and Expense**
3. **Statement of Changes in Equity**
4. **Statement of Financial Position**
5. **Statement of Cash Flow**
6. **Notes forming part of the Annual Report**

DENT and HEATH
CHARTERED ACCOUNTANTS

J.M. DENT C.A.
L.E. HEATH B.C.A., C.A

INDEPENDENT AUDITORS REPORT

To the Members of Newtown Union Health Services Incorporated

Opinion

We have audited the financial statements of Newtown Union Health Services Incorporated on pages 1 to 10, which comprise the statement of financial position as at 30 June 2018, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Newtown Union Health Services Incorporated as at 30 June 2018, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards Reduced Disclosure Regime issued by the New Zealand Accounting Standards Board.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)). Our responsibilities under those standards are further described in the Auditors Responsibilities for the Audit of the Financial Statements section of our report. We are independent of Newtown Union Health Services Incorporated in accordance with Professional and Ethical Standard 1 (Revised) Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than in our capacity as auditor we have no relationship with, or interests in, Newtown Union Health Services Incorporated.

Restriction on Responsibility

This report is made solely to the Members, as a body, in accordance with section 42F of the Charities Act 2005. Our audit work has been undertaken so that we might state to the Members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members as a body, for our audit work, for this report, or for the opinions we have formed.

Board Responsibility for the Financial Statements

The Board are responsible on behalf of the entity for the preparation and fair presentation of the financial statements in accordance with Tier 2 PBE, and for such internal control as the Board determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditors Responsibilities for the Audit of the Financial Statements

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

A further description of the auditors responsibilities for the audit of the financial statements is located at the XRBs website at www.xrb.govt.nz/standards-for-assurance-practitioners/auditors-responsibilities/audit-report-8/.

The engagement partner on the audit resulting in this independent auditors report is Leonie Heath.

Signed:

Dent + Heath

Dent and Heath
Lower Hutt

Date: 2/10/18

Newtown Union Health Service Inc.

Statement of Comprehensive Revenue and Expense
For the Year Ended 30 June 2018

	Notes	2018 $	2017 $
Revenue from exchange transactions	3		
Primary Care Contracts			
Capitation		1,208,882	1,206,157
PHO Contracts		1,506,870	1,387,354
Total Contracts		2,715,752	2,593,511
PHO System Level Measures		40,769	13,437
Operations		366,586	332,513
Total Operating Income		3,123,107	2,939,461
Non Operating Income			
Interest on Investments		26,251	27,078
Total revenue from exchange transactions		3,149,358	2,966,539
Less: expenses			
Staff Costs		2,490,836	2,458,165
Operating Costs		503,264	386,460
Financial Costs		68,940	161,224
Other Costs		51,377	42,848
Total expenses		3,114,416	3,048,697
Net Surplus/(Deficit)		34,942	(82,159)
Other Comprehensive Revenue and Expenses			
Extraordinary Item			
Insurance settlement on damaged building	4	-	174,961
Plus Expenses recovered from Reserves		-	
Staff Redundancy Payments		-	28,916
Pharmacy Consultancy payments		15,300	12,900
Total Other Comprehensive Revenue and Expenses		15,300	216,777
Total Comprehensive Revenue and Expense		50,242	134,618

DENT AND HEATH Chartered Accountants LOWER HUTT

Newtown Union Health Service Inc.

Statement of Changes In Equity
For the Year Ended 30 June 2018

	Notes	2018 $	2017 $
Accumulated Comprehensive Revenue and Expenditure			
Opening Balance		996,246	1,154,921
Total Comprehensive Revenue and Expense for the year		50,242	134,618
Movements in Reserves			
Transfer to Capital Replacement Reserve		(44,165)	(188,940)
Transfer to Redundancy Reserve		(5,673)	(76,784)
Recover Assets costs		35,553	147,392
Transfer Insurance receipts to reserve		-	(174,961)
Accumulated Comprehensive Revenue and Expenditure at 30 June 2018	3.7	**1,032,203**	**996,246**
Reserves			
Capital Replacement Reserve	3.7		
Opening Balance		90,478	48,930
Transfers to reserves per reserve policy		44,165	188,940
Building interior refurbishment costs		(35,553)	(147,392)
Closing Balance		**99,090**	**90,478**
Service Building Reserve			
Transfer of insurance settlement on damaged building	3.7	**174,961**	**174,961**
Redundancy Reserve			
Opening Balance		106,306	58,438
Transfer from Accumulated Comprehensive Revenue and Expenditure per reserve policy		5,673	76,784
Staff redundancy payments		-	(28,916)
Closing Balance	3.7	**111,979**	**106,306**
Service Development Reserve			
Opening Balance		89,148	102,048
Pharmacy consulting payments		(15,300)	(12,900)
Closing Balance	3.7	**73,848**	**89,148**
Total Equity at 30 June 2018		**1,492,082**	**1,457,139**

DENT AND HEATH Chartered Accountants LOWER HUTT

Newtown Union Health Service Inc.

Statement of Financial Position
As at 30 June 2018

	Notes	2018 $	2017 $
Current assets			
Cash and Cash Equivalents	5	987,674	1,115,635
Receivables from Exchange Transactions	3	148,950	71,866
Prepayments		5,604	9,435
Accrued Income		46,592	4,593
Accrued Interest		5,952	5,657
		1,194,772	1,207,186
Fixed Assets	6	715,255	723,868
Total Assets		1,910,027	1,931,054
Current liabilities			
Trade and Other Creditors	3	168,703	228,119
Employee Entitlements	3.4	165,925	159,714
Dallow Fund		38,318	41,082
Union Support Fund		5,000	5,000
		377,945	433,915
Term Liabilities			
Trade Union Loans		40,000	40,000
Total Liabilities		417,945	473,915
Net Assets		1,492,082	1,457,139
Accumulated Comprehensive Revenue and Expense	3.7	1,032,203	996,246
Service reserves	3.7	459,878	460,893
Total Equity		1,492,082	1,457,139

Approved by:

Grant Brookes — 2/10/18

Chairperson — Date

Jonathan Kennedy — 2/10/18

Board Member — Date

DENT AND HEATH Chartered Accountants LOWER HUTT

Newtown Union Health Service Inc.

Statement of Cash Flows
For the Year Ended 30 June 2018

	Notes	2018 $	2017 $
Cash Flows from Operating activities			
Cash was received from:			
PHO and other Contracts		2,664,990	2,714,085
Consultation, ACC and other fees and receipts		339,035	323,817
Interest Income		25,956	24,643
Bequests and donations		0	1,834
		3,029,981	3,064,380
Cash was applied to:			
Payments to Employees		2,477,493	2,477,949
Payments to Suppliers		642,131	523,028
Dallow Fund		2,764	-
		3,122,389	3,000,976
Net Cash generated from/(used for) Operating Activities		(92,408)	63,403
Cash Flows from Investing Activities			
Cash was received from:			
Proceeds of Insurance Settlement on Damaged Building		-	174,961
Cash was applied to:			
Purchase of Fixed Assets		(35,553)	(183,392)
Net Cash applied to Investing Activities		(35,553)	(8,431)
Dallow Fund transferred from PHO		-	41,082
Net increase/(decrease) in Cash and Cash Equivalents		(127,961)	96,054
Cash and Cash Equivalents at the beginning of the year		1,115,635	1,019,581
Cash and Cash Equivalents at the end of the year	5	987,674	1,115,635
Comprising:			
Cash on Hand, Current Accounts and Interest Bearing Accounts		220,961	376,158
Cash on Term Deposit		766,713	739,476
Total Cash and Cash Equivalents	5	987,674	1,115,635

DENT AND HEATH Chartered Accountants LOWER HUTT

1. Reporting entity

Newtown Union Health Service ('NUHS') Incorporated is an Incorporated Society registered under the Incorporated Societies Act 1908 and is registered as a Charitable Entity under the Charities Act 2005.

NUHS is a not-for-profit community service providing affordable, accessible, acceptable and appropriate healthcare services for community service card holders, union members and their families.

2. Statement of compliance

The financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand ("NZ GAAP"). They comply with Public Benefit Entity International Public Sector Accounting Standards ("PBE IPSAS") and other applicable financial reporting standards as appropriate that have been authorised for use by the External Reporting Board for Not-For-Profit entities. For the purposes of complying with NZ GAAP, NUHS is a public benefit not-for-profit entity and is eligible to apply Tier 2 Not-For-Profit IPSAS on the basis that it does not have public accountability and it is not defined as large.

The Board of Trustees has elected to report in accordance with Tier 2 Not-For-Profit PBE Accounting Standards and in doing so has taken advantage of all applicable Reduced Disclosure Regime ("RDR") disclosure concessions.

3. Summary of accounting policies

The significant accounting policies used in the preparation of these financial statements as set out below have been applied consistently to both years presented in these financial statements.

3.1 Basis of measurement

The accounting principles recognized as appropriate for the measurement and reporting of earnings and financial position on an historical cost basis are followed unless otherwise noted. Accrual accounting is used to record the effects of transactions in the period to which they apply.

3.2 Functional and presentational currency

The financial statements are presented in New Zealand dollars ($), which is NUHS' functional currency.

3.3 Revenue

Revenue is recognised to the extent that it is probable that the economic benefit will flow to NUHS and revenue can be reliably measured. Revenue is measured at the fair value of the consideration received. The following specific recognition criteria must be met before revenue is recognised.

Revenue from exchange transactions

Contracts

Capitation and Contract payments received in exchange for providing services to the enrolled population are recorded as income and recognised in revenue evenly over the contract period in accordance with the Funders' payment schedule. Any undisbursed contract funds at balance date are transferred to Liabilities and carried over for use in subsequent years.

Other Income

Income from operations received in exchange for providing services are recorded as income and recognised as it accrues.

Interest revenue is recognised as it accrues, using the effective interest method.

Financial Assets

Financial assets within the scope of NFP PBE IPSAS 29 Financial Instruments: Recognition and Measurement are classified as financial assets at fair value. The classifications of the financial assets are determined at initial recognition.

The categorisation determines subsequent measurement and whether any resulting income and expense is recognised in surplus or deficit or in other comprehensive revenue and expenses. NUHS' financial assets include: cash and cash equivalents and receivables from exchange transactions.

All financial assets are subject to review for impairment at least at each reporting date. Financial assets are impaired when there is any objective evidence that a financial asset or group of financial assets is impaired. Different criteria to determine impairment are applied for each category of financial assets, which are described below.

Receivables

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition, these are measured at amortised cost using the effective interest method, less any allowance for impairment. NUHS' cash and cash equivalents and receivables from exchange transactions fall into this category of financial instruments.

Financial liabilities

NUHS' financial liabilities include trade and other payables (excluding GST and PAYE), employee entitlements, and contract funds available.

All financial liabilities are recognised at fair value through surplus or deficit.

Cash and cash equivalents

Cash and cash equivalents are short term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Furniture and equipment

Items of furniture and equipment are measured at cost less accumulated depreciation and impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the asset.

The amortisation periods for the NUHS' assets are as follows:

• Office equipment and furniture	4-6 years straight line
• Medical equipment	4-6 years straight line
• Buildings	50 years straight line

Buildings

Buildings consist of the building situated at 14 Hall Avenue, Newtown, Wellington which houses the NUHS clinic.

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The building is depreciated on a straight line basis on an estimated useful life of 50 years.

Leases

Payments on operating lease agreements, where the lessor retains substantially the risk and rewards of ownership of an asset, are recognised as an expense on a straight-line basis over the lease term.

3.4 Employee benefits

Wages, salaries, annual leave and sick leave

Liabilities for wages and salaries, annual leave and accumulating sick leave are recognised in surplus or deficit during the period in which the employee provided the related services. Liabilities for the associated benefits are measured at the amounts expected to be paid when the liabilities are settled.

Employee entitlement liabilities consist of the following:

	2018	2017
	$	$
Annual leave accrual	158,188	150,389
Sick leave accrual	7,737	10,283
Total employee entitlements	165,925	160,672

3.5 Income Tax

Due to its charitable status, NUHS is exempt from income tax.

3.6 Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST.

The net amount of GST recoverable from, or payable to, the Inland Revenue Department is included as part of receivables or payables in the statement of financial position.

3.7 Equity

Equity is measured as the difference between total assets and total liabilities. Equity is made up of the following components:

Accumulated comprehensive revenue and expense

Accumulated comprehensive revenue and expense is the NUHS' accumulated surplus or deficit since its formation, adjusted for transfers to/from specific reserves.

Capital Replacement Reserve

This represents the potential costs of replacing or adding capital equipment.

Service Building Reserve

This represents the potential costs of major renovations and expansion of the building.

Redundancy Reserve

This represents a portion of NUHS' total contractual obligations to make redundancy payments to staff determined on an annual basis having regard to funding levels risk and general prevailing conditions.

Service Development Reserve

This is a reserve to meet the costs incurred in expanding existing or adding new service locations and/or projects.

4. Extraordinary item

In June 2016 a fire broke out at the building located at 7 Hall Street which rendered the building unusable. As a result the building was written down to $ nil pending the insurance claim settlement which had not been finalised at the balance date. The Extraordinary item in 2017 represents the proceeds on the insurance settlement received during the year.

5. Cash and cash equivalents

Cash and cash equivalents include the following components:

	2018	2017
	$	$
Cash at bank and interest bearing call accounts	220,962	376,158
Short-term deposits with maturities of less than 12 months	766,712	739,476
Total cash and cash equivalents	987,674	1,115,634

6 Fixed assets

2018	Office equipment and furniture	Medical equipment	Buildings	Total
	$	$	$	$
Cost	345,553	77,501	868,240	1,291,294
Accumulated depreciation	265,835	57,181	253,023	576,039
Net book value	79,718	20,320	615,217	715,255

2017	Office equipment and furniture	Medical equipment	Buildings	Total
	$	$	$	$
Cost	312,083	75,415	868,240	1,255,738
Accumulated depreciation	244,200	52,013	235,658	531,871
Net book value	67,883	23,402	632,582	723,867

Depreciated value of Buildings is as follows:	2017	2017
	$	$
Hall Avenue Clinic, including improvements	615,217	632,582

7 Audit

These financial statements have been subject to audit. The audit fee amounted to $ 11,000 (2016: $ 10,000).

8 Related party transactions

Related Entities

NUHS is a not for profit, community-led primary health care service receiving funding for and providing a range of health services to the communities of Wellington.

NUHS funding contracts were held with Tu Ora Compass Health PHO which channels funding to NUHS via contracts with:

The Ministry of Health
Capital and Coast District Health Board:

Certain other operations are funded by the following on a claim by claim basis:

Accident Compensation Corporation
Ministry of Health
Tu Ora Compass Health

Transactions between NUHS and the above related entities consists of funding for the provision of specific contracted health services.

Key Management Personnel

The key management personnel, as defined by PBE IPSAS 20 Related Party Disclosures, are the members of the governing body which is comprised of the Board, Manager and all senior management level staff. The aggregate remuneration paid was as follows:

	2018	2017
	$	$
Board	5,130	6,030
No. of people	10	10
Manager and Senior Management	236,494	271,980
No. of people	3	3

9 Operating Lease Commitments:

NUHS has entered into the following leases:

Lease of premises at 94 Riddiford Street, Newtown, Wellington.

The present lease expired on 30 June 2016 and NUHS has a right of renewal to 30 June 2019, which has been exercised.

Due within 1 year: $ 15,816

Due thereafter	$ 15,264

Lease of two vehicles:

Lease 9 months from 7 July 2018 to 7 March 2019	
Due within 1 year:	$ 1,836
Lease 2: 3 years from 20 July 2017 to 20 July 2020	
Due within 1 year:	$ 4,726
Due thereafter	$ 4,726

Lease of printers and scanners:

The lease is for 3 years until 30 June 2019.	
Due within 1 year:	$ 5,160

10 Capital commitments

There are no capital commitments at the balance date

11 Contingent assets and liabilities

There are no contingent assets or liabilities at the balance date.

12 Events after the reporting date

The Board of Trustees and management is not aware of any other matters or circumstances since the end of the reporting period, not otherwise dealt with in these financial statements that have significantly or may significantly affect the operations of the Trust. (2017: $ Nil).