NEWTOWN UNION HEALTH SERVICE

Annual Report 2016 - 2017

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Table of Contents

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 Representative	Fiona Da Vanzo
Union Representative	Leonie Walker Grant Brookes
Community Representatives	Julie Lamb Debbie Leyland Shyama Kumar Barbara Lambourn

Staff

Administration Team	Fiona Osten (Manager), Michelle Curel (Operations Coordinator) to 30 June 2017, Shelley Turner (Executive Assistant), Giordano Rigutto (Accountant) from January 2017, Tunisia Pohatu (Clinical Administrator to June 2017 / Reception Team Leader), Briar Bloomfield (Administration Support), Solomon Klinger (Patient Portal Champion).
Allied Health	Philippa Thompson (Social Worker) on maternity leave, Belinda Boyce (Social Worker) from November 2016, Tanya Kotua (Māori Social Worker), Sonia Smith (Mental Health Advocate) to June 2017, Flora Toma (Interpreter).
GP Team	Vivienne Coppell (Team Leader), Jonathan Kennedy, Tin Maung Maung, Katrina Harper, Ben Gray, Nikki Turner, Phillip Dashfield, Derek Ngieng, Louise Poynton from December 2016, Atikah Razley (Registrar to May 2017), Ari Pfeiffenberger (Registrar from June 2017).
Nurse Team	Dianne Theobald (Team Leader), Fou Etuale, Bryony Hales, Maureen McKillop, Louise French, Melissa Feint from November 2016, Pauline Twiss to November 2016, Barbara Bos, Karen Fry, Lynn Davies (Locum Nurse), Asha Clark, Serena Moran, Rosie Wilson-Burke from March 2017.
Reception Team	Debbie McGill, Elaine Hill, Judith McCann, Emma Barnett (to April 2017), Pito Pati, Freya Osten, Krys Keenan (temp), Georgina Makamaka.

SECTION TWO

Chairperson's Report

The past year from July 2016 to June 2017 has been a time of major change for the NUHS Board and our Primary Health Organisation (PHO) relationships.

In November, Eileen Brown stepped down as Board Chairperson, after being elected to the Capital & Coast District Health Board. Eileen had steered NUHS through three demanding years. As incoming Chairperson, I am grateful to Eileen for her leadership which ensured that the Board remained strong and able to successfully navigate the challenges of 2016/17.

Chief among those challenges was the Strategic Review of Well Health Trust PHO. In consultations during the previous 2015/16 year, the NUHS Board had expressed the conviction that Well Health Trust (WHT) should remain a stand-alone PHO and support the kaupapa of NUHS and the founding mission of union health clinics. It was not to be. In October, PHO sustainability had deteriorated to the point where the options recommended by the WHT Board consisted of a partial or full merger with Compass Health PHO.

In order to retain the decades of gains which NUHS has made through our pioneering model of care, the NUHS Board agreed to a merger involving the creation of a new "VLCA Council" within Compass Health. WHT member organisations including NUHS then voted unanimously in June to wind up Well Health Trust PHO. We are looking forward to new opportunities to develop our service in our new home, while also exploring avenues outside of Compass Health to support advocacy for those who need it most.

Another challenge for NUHS during the past year was reduced income from DHB contracts. This led the Board to approve a deficit budget for 2016/17. Although ending the year with a deficit for the first time since 2011/12, it was pleasing to note that the operating loss was smaller than predicted. Meanwhile, the Board's capital budget allowed planned improvements for the building and for service developments to be completed. Destruction of the former NUHS premises at 7 Hall Street by fire was able to be managed without significant impacts.

In July, the Board took time to raise its gaze in a strategic planning session, focusing on what are the issues, barriers and gaps, and what do we need to focus on, in order to achieve our NUHS strategic goals? We identified growing hardships and increasing mental health issues for our patient population, but assessed that NUHS is functioning well and providing good levels of service. A particular area of strength is our relationships with key stakeholders and our reputation as a leading model of primary health care for refugees and other high needs populations.

Our planning did confirm a need for better research to measure our progress against some Key Performance Indicators in the *NUHS Strategic Plan 2015-19*. This is work in progress. The tension between public advocacy and comment on the one hand, and negotiation processes and maintaining relationships on the other, also remains an ongoing strategic challenge.

In early 2017, the Board was able to progress the update of the NUHS Constitution. Input from John Tizard of Oakley Moran Barristers and Solicitors helped to clarify issues, especially around membership criteria, rights and obligations. The Constitution update is expected to be completed in the 2017/18 year.

Other highlights for the year include the introduction of the Health Care Home service model. Although operational from October, the formal launch took place in December at an event attended by CCDHB Chief Executive Debbie Chin, Labour health spokesperson Annette King and Compass Health Chief Executive Martin Hefford. Implementation of the Health Care Home shows our ongoing commitment to innovation at NUHS, while staying true to our values of health equity and our inclusive model of care. Thanks must go to NUHS Manager Fiona Osten and the staff of NUHS for making this a success.

I am also very grateful for the skills and expertise of the other two members of the Audit and Finance committee: Julie Lamb and Giordano Rigutto. I acknowledge the wise stewardship and broad knowledge of my fellow Board members – CTU representative Léonie Walker, staff reps Jonathan Kennedy and Dianne Theobold, Tāngata Whenua rep Fiona Da Vanzo and community reps Shyama Kumar, Debbie Leyland and Barbara Lambourn – as well as the meticulous administrative support provided by Shelley Turner and Briar Bloomfield, which has kept the Board on track.

Finally, I wish to conclude by thanking Maude Governor and the organising committee for the NUHS 30th Anniversary Celebrations. The enormous success of this event in June, marking a major milestone for NUHS and the communities we serve, ensured that we ended the year on a high note, looking forward to what promises to be a very exciting 2017/18 year.

Nō reira, nā tō rourou, nā taku rourou, ka ora ai te iwi.

With your food basket and my food basket, through collaboration the people will thrive.

Grant Brookes
Chairperson NUHS Policy Board

Manager's Report

The writing of the Manager's Annual Report is an opportunity to look at the work from the previous 12 months. The day to day business of NUHS is constant and at times I find it takes some effort to recall the achievements' of the year. However as I started to make notes for this report I am reminded of the volume of work we have, as a team, accomplished over the last 12 months.

The year started with the fire at the building at 7 Hall Street where NUHS began its journey. For many of us this event was a time to recall memories and stories of a time in NUHS history where the health system seemed to be less complicated and we could focus on the needs of the communities of Newtown and the Eastern and Southern suburbs of Wellington. The troubles of those days were different of those in 2017.

The Well Health PHO Board decision to merge with Compass Health PHO created a significant amount of work operationally. Although time intensive, we were supported by an efficient Compass Health team and the operative changes have occurred.

In June we celebrated 30 years since NUHS opened its doors, a significant milestone for NUHS. It was a beautiful Wellington winters day with sun and no wind. There was a huge turn-out of community, past-staff and new, supporters and friends of NUHS. The speakers were inspirational and the celebration was successful. Thank you to all the helpers and supporters, in particular Maude Governor whose exceptional organisation skills kept us all on track and made the day memorable.

We have renovated the reception and nurse triage areas to improve the patient experience when visiting NUHS and to support the implementation of efficient standardised administration systems. We purchased a new phone system that allows us to monitor call volumes and support decision-making when allocating staffing resources.

Following a lengthy review of mental health advocacy services the contract NUHS held for more than 10 years, was not renewed. For the previous two years NUHS had worked alongside Kites, Te Ara Korowai and Vincents providing a collective approach to advocacy however following the contracting process this was not seen as the preferred model. As a result we sadly said farewell to Sonia Smith who has worked passionately in this area for a great number of years as an advocate and strong supporter of NUHS.

I would like to thank the staff of NUHS for their passion and commitment to NUHS and the communities we service. Without such a committed and resilient team, the services that NUHS provide would not be possible.

I acknowledge and thank our Kaumatua Te Urikore (Julius) Waenga for his support and guidance to the service.

Fiona Osten
Manager

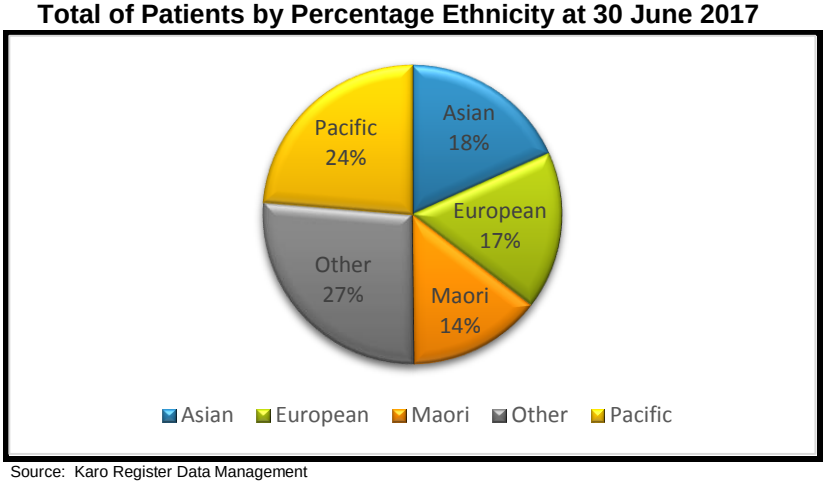
Patient Register Demographics Report

Our current number of registered patients at Newtown Union Health Service is 6,507 (excluding casual patients)[1]. Our on-the-day service sees an average of 31 patients per day.

The demographics below give a snapshot of the Newtown Union Health Service patient register. The distribution of patients, as seen in Graph 1 illustrates the ethnicity by percentage, and Graph 2 is the distribution of patients by age group. This year the distribution by gender at Newtown Union Health Service has remained the same. There is a slight increase in registered females and a small decrease in registered males.

Graph 1

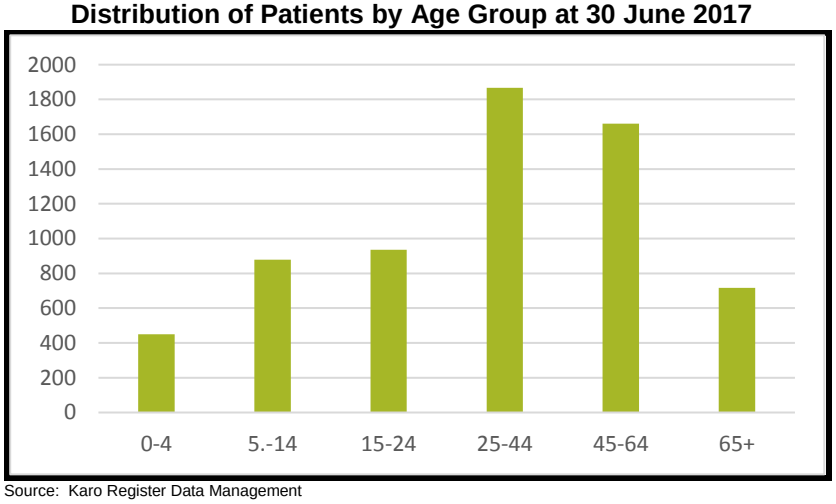
Newtown Union Health Service
Total of Patients by Percentage Ethnicity at 30 June 2017



Source: Karo Register Data Management

Graph 2

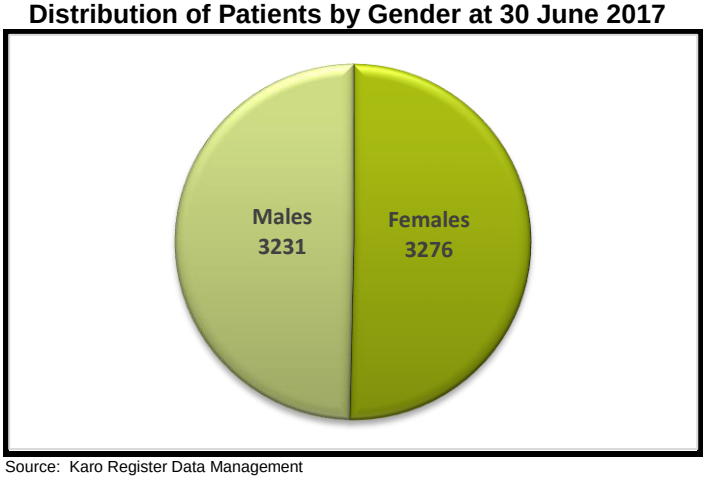
Newtown Union Health Service
Distribution of Patients by Age Group at 30 June 2017



Source: Karo Register Data Management

Graph 3

Newtown Union Health Service
Distribution of Patients by Gender at 30 June 2017



Source: Karo Register Data Management

[1] Patients who are still in the process of being enrolled; or enrolled with another practice and in the process of transferring out.

SECTION THREE

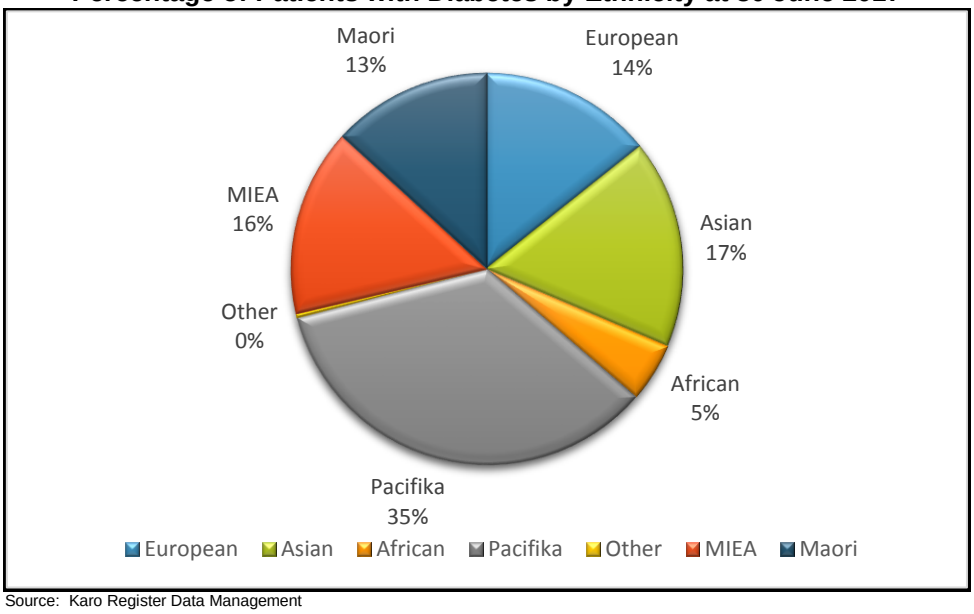
The reports in this section give more detailed information about the health care services provided and the work done with these groups.

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, and Flora Toma, NUHS interpreter.

There are 575 registered patients who have a diagnosis of diabetes, 593 with pre diabetes, and 35 with gestational diabetes. Of these groups 550 have Type 2 diabetes and 25 have Type 1.

Newtown Union Health Service
Percentage of Patients with Diabetes by Ethnicity at 30 June 2017



Source: Karo Register Data Management

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 condition and set future goals. The team work with patients to set and review their goals on a regular basis and to reduce the long term negative impact of diabetes alongside improving overall wellbeing.

We continue to offer funded diabetes appointments with a nurse every 3 to 6 months and a funded annual review with either their GP or nurse. Patients starting on insulin are currently supported by funded appointments to establish their insulin regime and ensure that they are able to manage their treatment in a safe way. Clinical pharmacist offers appointments to review Diabetes medications and is also able to initiate insulin if required.

We routinely screen patients opportunistically who may be at risk of developing diabetes. People who are identified as having pre-diabetes are offered initial diet/lifestyle education and are recalled in an appropriate time frame to review their progress.

Outreach nursing services are available to diabetics who have identified barriers to them attending appointments. The Pacific Navigation Service will be involved to provide support for Pacific patients accessing NUHS diabetes service. 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, a group who hold monthly meetings providing education and support for people living with diabetes and other long term conditions.

All NUHS patients with diabetes are offered a self-management programme and will be encouraged to attend an appropriate self-management group as available.

- The activities of the NUHS diabetes service are: Monthly Diabetes team meeting involving Nurses, GP's, Community Dietitian, and interpreter. This time is used to discuss and plan individual case management and the implementation of the DMP.
- Three monthly Diabetes Specialist consultation clinics with Dr Jeremy Krebs for patients with HbA1c >64 and higher level of complexity. On average 3 - 5 patients have a joint consultation with Dr. Krebs and their Primary Care provider. Time is allocated to discuss and review management of approximately 15 - 20 additional patients with diabetes. All clinicians and allied health workers have access to attend this clinic for increasing knowledge and skill in diabetes management regular contact with community podiatrists to ensure a collaborative approach to managing patients with diabetes. Sixteen patients were seen and 23 patients' diabetes management plan were discussed within the last 12 months. One combined clinic was cancelled due to Dr. Jeremy Krebs was in overseas.
- Regular staff updates 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).
- All NUHS nurses have completed an online Diabetes Education Programme to achieve level 2 of the National Diabetes Nursing Knowledge and Skills Framework The provision of providing management of diabetes care is now allocated across all the nursing team. As a service, we have found that we have a team of nurses who are gaining confidence and expertise in managing people with diabetes which enhances the quality of care provision. There are five NUHS nurses who are competent and confident in insulin initiation.
- Two diabetes nurses who are members of the Diabetes Nurse Practice Partnership Team (DNPPT). This is in collaboration between primary and secondary care and was initiated to promote quality and consistency of diabetes service provision to priority practices across the region. These nurses facilitate communication between the DNPPT and NUHS, and take responsibility for ensuring a consistent and quality approach diabetes service provision.

The Diabetes Team

Urgent Care and Drop-in Service Report

The aim of the On-The-Day (OTD) Service - First Contact Care GP and Nursing based services provided by Newtown Union, is to respond to the needs of those with recognised barriers to accessing traditional primary health care services, as well as for those clients who are acutely unwell.

We continue to provide this service between the hours of 9.00am to 1.00pm and 2.00pm to 4.00pm at Newtown. At the Broadway clinic this service is provided by having dedicated appointments in the schedule of doctors working there for on the day appointments, with a nurse available to take phone requests and triage.

As a result of the health care home initiative we are looking at changes to this system. We have introduced some "doctor triage" time where a rostered doctor will spend some time doing telephone work triaging patients familiar to them with the aim of being able to manage some requests more efficiently and on occasion without needing to see the patient. We have upgraded the telephone system, and modified the building to improve the working space for triage nurses and telephonists. Over time we hope to be able to train the practice population to ring for requests on the day rather than dropping in. There will always be a limit to this due to problems with patients who have limited English proficiency and patients without access to a phone.

Evaluation of this service shows that utilisation is at the same rate for all ethnicities. As expected we see more children under 5 years old and more people over the age of 44 years. People from the highest deprivation quintile have a higher utilisation rate than others which suggests that this service is fulfilling a particular need for these people.

The doctors continue to fulfil their obligations at the After Hours Medical Centre as well as running a clinic at NUHS on a Saturday morning.

The OTD Team

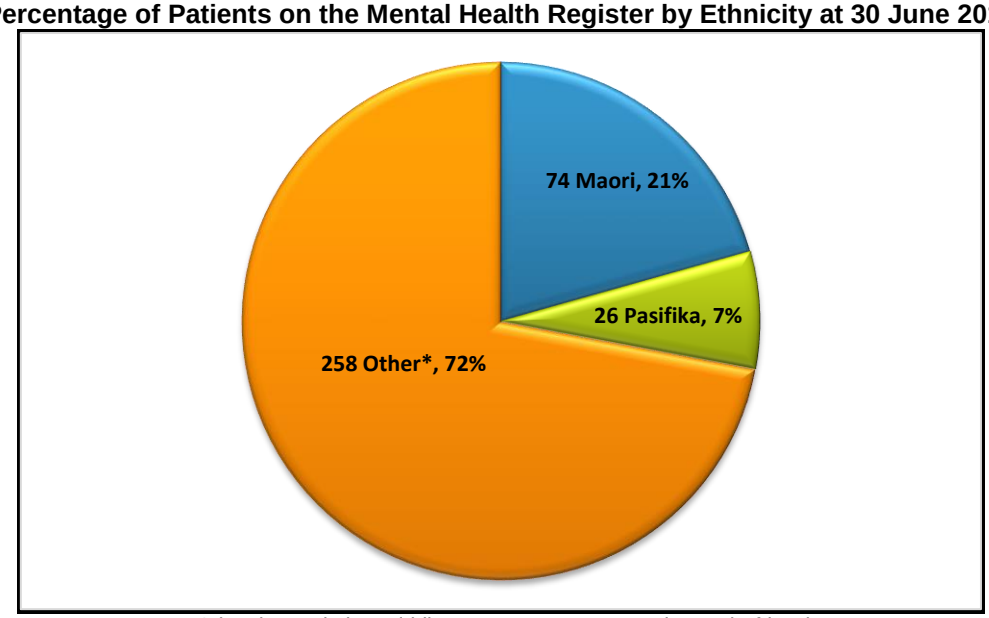
Mental Health Report

The Mental Health team comprises of Primary Health Care Nurse Bryony Hales, Dr Katrina Harper and Social Worker Tanya Kotua, and oversees the care provided to those on the mental health register.

There are 358 people enrolled on the mental health register, who have an enduring moderate to severe mental illness. The mental health team also provides a forum for discussion about those patients with mild to moderate mental health issues. This includes those referred to the PHO Primary Solutions service providing short term interventions, and for those people with drug and alcohol addictions, not all of whom qualify for inclusion on the mental health register.

The overall number of patients on the register has slowly increased over the past year. Anecdotally we have noticed increasing numbers discharged from secondary care back to primary care and long waiting lists to be seen in secondary care. Our ethnicity data shows there are 74 Maori, 26 Pasifika, and 258 other (NZ Pakeha, Middle Eastern, European, Asian and African) patients.

Newtown Union Health Service
Percentage of Patients on the Mental Health Register by Ethnicity at 30 June 2017



*Other (NZ Pakeha, Middle Eastern, European, Asian and African)
Source: Karo Register Data Management

The highest users are the 45 - 64 year age group followed closely by 25 - 44 year olds with more male than female registered.

Just under half are from quintile 5, i.e. living in the most disadvantaged areas. This, however, does not accurately reflect the level of need as many of others live in pockets of social housing in areas such as Newtown, Te Aro, Mt Cook and Central City.

All staff at NUHS are involved with care of people with mental health. Since 2016 we have not had a dedicated mental health nurse attached to the team which has limited any outreach activities. However visits continue to be made monthly to Henry Street supported living.

The service aims to ensure quality healthcare is provided meeting each patient's mental and physical health needs. All patients are on regular screening for CVDRA, diabetes, smoking risks, cervical screening, immunisation and mammography. Those patients who do not access services regularly are followed up and care offered on a regular basis. Contact is also made with secondary services if they are involved to ensure we maintain communication. The register helps to ensure all patients care plans are reviewed and details updated at least yearly.

A significant amount of time is spent by all the clinicians at NUHS in coordinating with other services such as CATT, Te Haika, Te Ara Pai, WINZ, City Council and other NGOs involved in offering services to our patients. Each month the Opiate Treatment Service liaison nurse, and the coordinator of Primary Solutions for NUHS, meet with the mental health team to discuss mutual clients. Psychiatrist Paul French holds a fortnightly clinic at NUHS, as well as offering consultation and advice to NUHS clinicians.

Staff have continued to participate in professional development, attending external study sessions, and organising an in-house half day training for all clinical and non-clinical staff.

Increasingly, as evidenced by the public discussion regarding mental health services nationally, the care available to those with mental illness is under stress. Both acute intervention, and long term support, are becoming more difficult to access. Patients are reporting increasing isolation which impacts on their mental and physical health.

The CCDHB Te Ara Pai navigation service offers support for short periods based on patients meeting specific goals. Over the last year increasing difficulties accessing these support services, and concern for those needing ongoing long term social support and activities, led to a discussion with Te Ara Pai re their services. Unfortunately this did not bring about any resolution to this situation.

NUHS is also party to a review of the CCDHB Primary Mental Health Liaison Service that is in progress.

For NUHS the workload remains high and reduced funding is provoking a need to re-address how we can continue to provide high quality support to people who are often in very vulnerable and marginalised situations with poor resources.

The Mental Health Team

Clinical Advisory Pharmacist Report

The Newtown Union Health Service (NUHS) clinical advisory / 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.

This year the service continued with repeat prescriptions and patient clinics to optimise medicines, particularly for diabetes, cardiovascular and gout therapies. An addition has been the opportunity to treat many people with hepatitis C with new medicines that provide a cure to 95 to 98% of people.

As well as the individual patient services the clinical advisory pharmacist has continued promoting best practice approaches to medicines therapy and linkages with other services.

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 provides Outreach Immunisation Services (OIS) on behalf of Compass Health, for Capital and Coast DHB. The contract area is from Churton Park south and referrals are received from any services providing care for children and self-referrals are accepted.

The service received a total of 263 referrals in this reporting period. 47 referrals were out of the contracted area and were transferred to another outreach immunisation service; this occurred when the children lived either in the Hutt Valley or in Porirua. 81 children were given vaccinations during the reporting year with a total of 180 vaccinations given. 7 referred children had left NZ, and 38 referrals were unable to be contacted. 22 referrals declined the OIS service. There are currently 19 active referrals. All immunisations were given in the child's or whanau's home environment.

A number of different communication methods are used to follow-up referrals through telephone calls, text messages 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, and reflects the huge effort and challenges that the nurses face in reaching these high needs and vulnerable families.

During this past year, 574 telephone calls were made, 181 txts sent, and 244 home visits were made by the nurses. The Outreach Immunisation team 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 nurses have had to liaise with CYFS/Ministry of Vulnerable Children to provide services to children in their care. The team also liaises with a wide network of health professionals, and referrals were made to Kokiri Marae OIS, Ora Toa OIS, local Tamariki Ora nurses, and GPs for further medical care.

The Outreach nurses attend regular meetings with the other OIS providers in the CCDHB area, as well as attending meetings with the wider immunisation stakeholder's network.

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.

The Outreach Immunisation Team

Child Health Report

The Child Health Team is comprised of Dr Katrina Harper, Nurse Maureen McKillop, Social Worker Belinda Boyce and Maori Social worker Tanya Kotua. The team meets fortnightly to discuss families in the service that may need extra support and/or the involvement of our Social Worker and Maori Social Worker.

The benefits of the multidisciplinary team model are the skills and relationships that each professional has to contribute and deciding on whom the most appropriate person is to respond to particular issues for these families. This is particularly important where there are care and protection concerns, and protects the team from acting in isolation when making decisions about reporting concerns.

Doctor Kate Hall (Developmental Paediatrician) continues to have a quarterly clinic at NUHS for children requiring assessments and access to Child Development services. This clinic is accessible to families at NUHS. Interpreters are organised for onsite consultations, and access to the child's clinician and medical notes provide a broader view of the needs of the child for the Specialist.

Once a term Regional Public Health School nurses meet with the Child Health Team to identify children that may have extra needs e.g. eczema follow-up, allergy plans for schools, or if the sick child at school presented to the service.

The child health team is currently working on a process to update family violence and child protection policies.

Four Independent midwives currently hold clinics at NUHS weekly on Thursday and Friday caring for many pregnant women from the service. They have been able to refer women to the Social Worker for issues such as housing, family concerns, coping with parenting and teenage parenting.

The Dallow fund (legacy of Graham Dallow) is available for the use of children at NUHS. The Child Health Team has tried to identify how best to use this fund for low income families. Currently children from 13-18 years are able to have pharmacy prescriptions costs met with this fund. Funding can be applied for school holiday programmes and other miscellaneous health related costs. Additionally social workers can apply for a one-off discretionary grant to assist vulnerable families where no other funding is available to meet their needs.

The Child Health Team

Strathmore Community Clinic Report

Outreach from NUHS to the Strathmore community consists of a weekly Wednesday morning doctor's clinic at the Strathmore community centre, and visits, phone-calls, referrals and documentation associated with this. The outreach nursing services for this community have been provided from the 412 Broadway clinic for this period, and on occasion when technology has been out of action the doctor's clinic has been provided out of the Broadway site also.

The regular team comprises Vivienne Coppell (Doctor), Georgie Makamaka (Receptionist) and Elaine Hill (Co-ordinator).

The numbers using the outreach clinic are variable from week to week, as expected for a drop-in, unplanned care service. The data confirms that the people seen at the outreach site are mainly higher need groups and Maori/Pacific, which reflects the local community population. Most users are local residents and use the outreach clinic as their main site of service. Services provided in the clinic include regular follow-up of chronic care conditions, repeat medications, and treating acute illness.

There is additional input into the community outside of clinic times - such as home visits and phone calls. The increased use of computer-based support tools and advanced forms has meant that reliable computer services are essential for top-quality care, and also that some of the services to this community can be provided outside of the set clinic hours or from offsite. Fortunately the technology has been generally more reliable this year than previously.

We are able to liaise very effectively with our second site in Broadway, to follow-up on tests and review conditions which need more time or different facilities from those available at the outreach site, or need to be reviewed between Wednesdays.

The Strathmore Outreach Team

Newtown Park Flats Clinic and Outreach Report

Newtown Park Flats (NPF) outreach clinic operates weekly on Friday's by a nurse; and a 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.

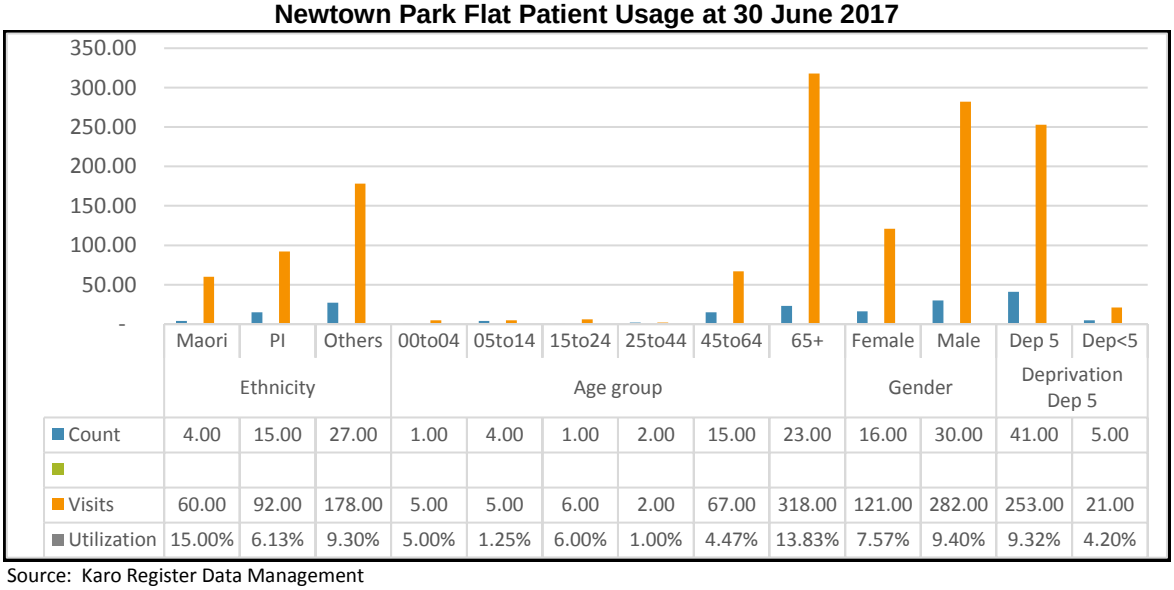
The clinic delivers full medical care including health checks on asthma, diabetes, sexual health, mental health, blood pressure checks, child health checks, immunization, social support, smoking cessation, elderly support, health education, health promotion etc. Those who need urgent support or treatment 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 at 30 June 2017

Ethnicity	00 to 04	05 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 +	Total
AFRIAN	17	4	3	36	5			65
ASIA	2		2	3	2	6	3	18
EUROPEAN		1	1	4	9	2	5	22
MAORI			1	3	7	2		13
MIEA	3	1	1	12	6	4	1	28
OTHER				1	2			3
PASIFIKA	4	3	2	5	8	1	5	28
Total	26	9	10	64	39	15	14	177

Source: Karo Register Data Management

Newtown Park Flat Patient Usage at 30 June 2017



Source: Karo Register Data Management

The current registered population stands at 177, an increase from 170. Forty six patients were consulted 403 times during the last 12 months. European was the highest users followed by Pacific Islands, Maori, Asian, Middle Eastern and African. 50% of the service consumers are 65 years and above age group. Majority of the clinic attendees are male. Forty one out of 46 clients attended at NPF clinic were at deprivation index of 5 (89.13%)

Home visits are also a key component of this clinic to provide health care to house bound clients. We had made 56 home visits during this period which is not included in NPF clinic visit count. We have had two flu immunization clinics at NPF during this period.

The Newtown Park Flats Clinical and Outreach Team

Refugee Report

The Refugee Team over this reporting period has consisted of Philippa Thompson (Social Worker), Belinda Boyce (Social Worker), Barbara Bos (Primary Health Care Nurse) and Jonathan Kennedy (General Practitioner). Philippa started maternity leave in November 2016 and Belinda was welcomed to the Refugee Team.

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.
- Through discussion at the fortnightly refugee liaison meetings, the refugee team initiated with Regional Public Health regionalization of the 3D Health Pathways refugee health pages.
- Jonathan Kennedy received University of Otago Research Grant funding for refugee and refugee-like migrant health research, with ethics approval and all consultation completed, allowing this research to start in early 2017 as planned.
- Jonathan Kennedy and Serena Moran presented to the Refugees in Primary Care workshop on 12/11/2016, organized by Regional Public Health, which was well attended by health professionals from across the region. Belinda Boyce attended the workshop as a participant.
- Jonathan Kennedy attended part of the Medicines' Sans Frontière open board meeting held in Wellington 2/12/16 – 4/12/16.
- Barbara Bos, representing the NUHS refugee, team attended Lucy Anderson's farewell from Red Cross. Lucy has been a valued senior social work colleague over many years working in the regional refugee sector.
- Refugee Liaison Meetings – Meetings were changed from monthly to fortnightly in February 2017 in recognition of better electronic communication between providers and to address meeting load for staff from NUHS and other organizations. This was a three month trial after discussion with the other organizations and after recent review seems to be working well for all parties involved.
- Jonathan Kennedy - preparation, with Serena Moran (Primary Health Care Nurse, NUHS) to teach the biennial refugee and migrant health paper University of Otago, Wellington (UOW) Department of Primary Health Care and General Practice.
- Barbara Bos – Obtained funding for and enrolled in the UOW Refugee and Migrant Health Paper starting in July 2017.
- Belinda Boyce and Barbara Bos – RPH, Wellington Regional Action Plan (WRAP) meetings – were attended alternately, one on the 17/2/17 and the second 29/5/17. Benefit is gained from the networking with other agencies working within the refugee sector.
- Barbara Bos presented Refugee Health to Massey University second year nursing students 21/2/17.
- Jonathan Kennedy attended the Ministry of Business, Innovation and Employment (MBIE) Refugees Access to Health meeting 1/3/2017, informing Refugee Resettlement Strategy processes.
- Jonathan Kennedy attended the MBIE NZ Refugee Resettlement Strategy Service Providers Update 2/3/2017.
- Jonathan Kennedy presented Refugee Health in Primary Care talk to the Tropical and Infectious Disease postgraduate class for UOW 5/5/2017.
- Jonathan Kennedy was an invited speaker at the MBIE & Ministry of Health, National Refugee Resettlement Forum 24/5/2017.
- The NUHS 30th Anniversary Celebration 17/6/2017 included a welcome to refugees over many years with performances by Cambodian and Samoan migrants. Cambodian and Assyrian food was provided as part of the celebration.
- Jonathan Kennedy represented NUHS at the World Refugee Day celebration at Parliament 15/6/17.
- Belinda Boyce, Jonathan Kennedy and Barbara Bos met with Katrina Penney who visited from the Mangere Refugee Resettlement Centre to discuss issues to do with transfer of refugees to our service, 15/6/17.

There have been a number of large refugee like migrant families who have enrolled at NUHS this year. Many of them have arrived under the family reunification category and have been supported by Red Cross volunteers through the pilot programme. For the first half of 2017 the arrivals of refugee like migrants has increased, while quota refugees have decreased. With as many as 10 members in a family the enrollment and screening process takes a lot of time and resource to complete. Usually our quota refugees who have come through Mangere have had all their assessments and screening tests completed prior to resettlement

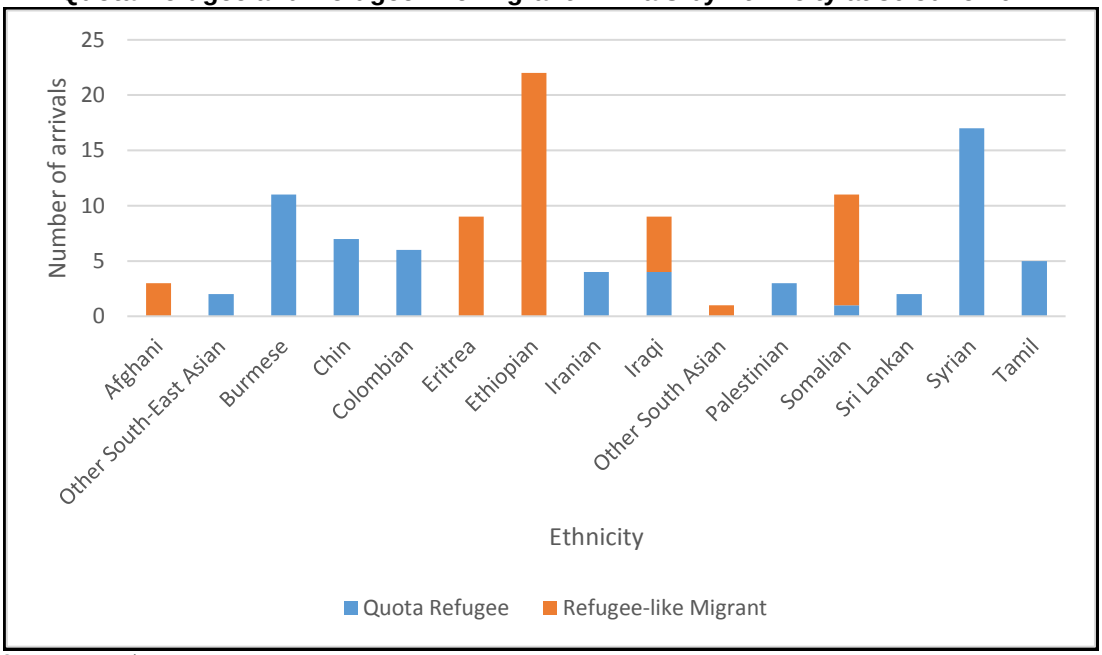
in Wellington. Our refugee-like migrant population have not, so it becomes the role of NUHS nurses to provide health checks, lab forms for bloods and stool samples, referrals to RPH for TB screening, then follow up of results and referrals to their General Practitioners as required. In addition to this the clients are offered immunisations if they have no documented history of them. Catch up schedules are then planned and appointments arranged to complete these immunisations, which can take over a year.

Assessments of mental health and social issues, i.e. housing and finances are also completed and referrals to Red Cross Refugee Trauma Recovery and our social worker Belinda Boyce are made as necessary. Most often these appointments will require an interpreter as most will not speak English. The work is time consuming, challenging but rewarding and requires efficient planning, liaison and communication between the refugee team, NUHS staff and other organizations working within the refugee sector. The monthly meetings between NUHS refugee team and the other external organisations are valuable in assisting this communication, and attendance at the Wellington Regional Action Plan and MBIE meetings promotes valuable networks which aide us in providing good quality care to our patients. At times staff on the refugee team have not been able to attend external meetings due to other work commitments within NUHS. If NUHS is short staffed the nurse or GP cannot be released to attend and unfortunately this results in missed opportunities for learning, sharing of information and development of our service.

Social work with refugees

Belinda has noted that due to the housing crisis currently experiencing here in Wellington that two of her former refugee clients have become homeless due to various reasons. One currently resides in a motel with a 6 week old baby which is funded by Work and Income, while the other who is six months pregnant is couch surfing with friends. This is not an ideal way to begin life with a child or as first time parents living in New Zealand. Both of these women are on the social housing register and are also on the emergency housing list with the local Salvation Army. Housing remains to be a regular discussion with the former refugee families, many are living in cold, damp unsuitable housing, while others live in over-crowded housing as there is a limited housing stock to accommodate the larger families.

Newtown Union Health Service
Quota Refugee and Refugee-like Migrant Arrivals by Ethnicity at 30 June 2017

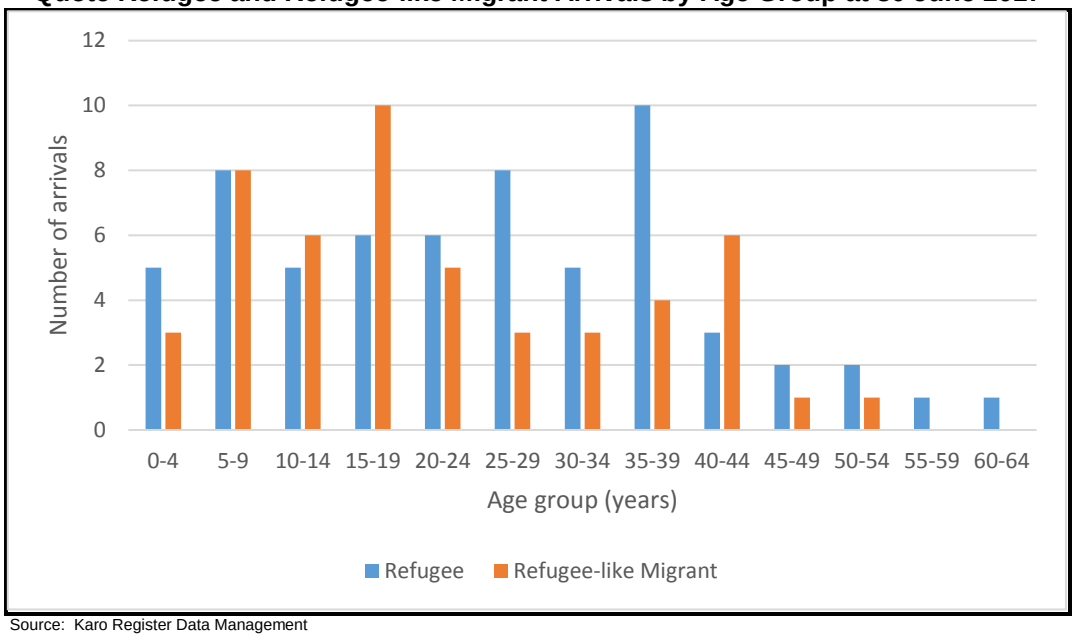


Source: Karo Register Data Management

Figure: NUHS quota refugee and refugee-like migrant arrivals 1 July 2016 to 30 June 2017 by ethnicity. Note where only one arrival has been identified with a given ethnicity, the ethnicity has been broadened to region to improve anonymity.

62 quota refugees and 50 refugee-like migrants enrolled and arrived to Newtown Union Health Service in the annual reporting period. The largest quota refugee groups were of Syrian, Burmese, Chin, Colombian, Tamil, and Iranian ethnicities. Refugee-like migrants predominantly identified as Ethiopian, Somali, Eritrean, Afghani or Iraqi ethnicity.

Newtown Union Health Service
Quote Refugee and Refugee-like Migrant Arrivals by Age Group at 30 June 2017

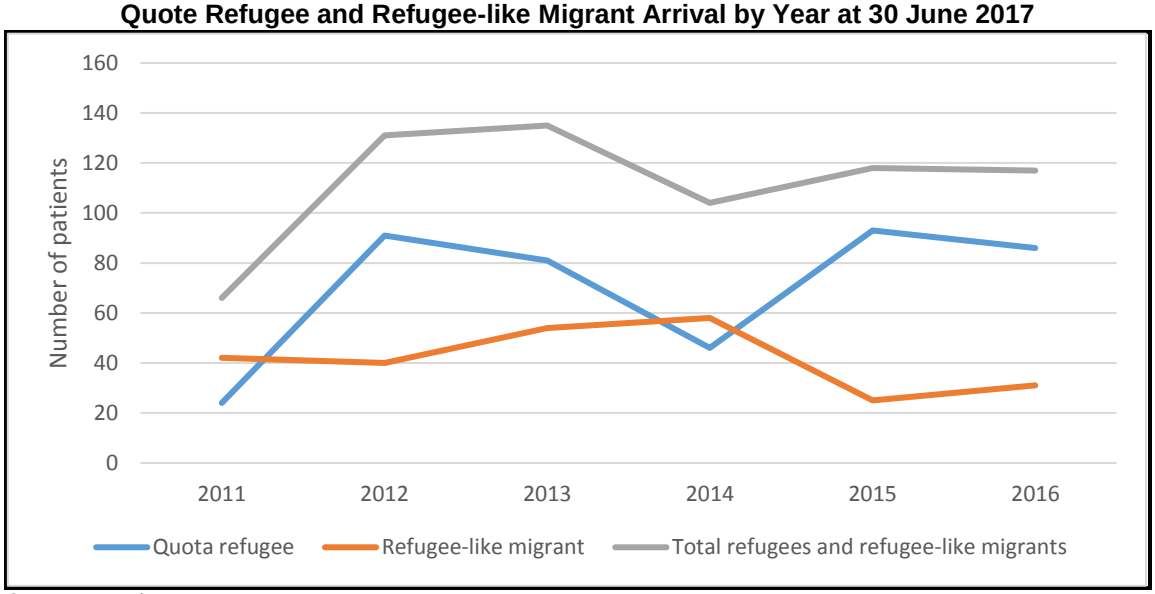


Source: Karo Register Data Management

Figure: NUHS quota refugee and refugee-like migrant arrivals 1 July 2016 to 30 June 2017 by age group.

Refugees were aged between one year and 62 years, compared with refugee-like migrants who were aged between one year and 52 years, with refugee-like migrants more concentrated between five years and 24 years old. 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.

Newtown Union Health Service
Quote Refugee and Refugee-like Migrant Arrival by Year at 30 June 2017



Source: Karo Register Data Management

Figure: NUHS quota refugee and refugee-like migrant arrivals 2011 to 2016.

Arrivals by year in the quota refugee and refugee-like migrant groups 2011 to 2016 are provided for reference. If current trends continue, 2017 is tracking to have fewer quota refugees arrive to the practice than in recent years. Conversely, there have already been more refugee-like migrant arrivals (n=36) in the six months to 30th June 2017 than arrived in the whole of 2016 (n=31).

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 the remainder of 2017 and into 2018.

The Refugee Team

Social Worker Report

Social work at Newtown Union provides an essential service which supports families where their health needs intersect with social issues. Such as, access to services, immigration, and employment, housing or changing family dynamics. The social work team comprises of Belinda Boyce and Maori Social Worker, Tanya Kotua. This year the team had a third year student doing their placement over two months, here at NUHS.

Belinda's role fits in well with her interests in people's health and as well as community social work and is appropriate to her previous community experiences. This social work role is challenging but rewarding, owing to the wide variety of people who are seen as well as the issues in which they face. She has particularly enjoyed working with some of the former refugee communities in Wellington, seeing how much they contribute to the local community despite the many issues they face. At present the main topic is the lack of suitable housing in the Wellington region for families or individuals as well as assisting with immigration issues.

Tanya's role aims to encourage and support whānau, hapū and iwi in their journeys toward mauri ora. Māori make up fourteen percent of patients registered with NUHS, however whānau for a various number of reasons do not visit the clinic unless they are seriously ill. Engagement would enable them to access numerous services that will ultimately lead to mauri ora and whānau ora.

One whanau I have visited at home, had her phone disconnected, (although this may seem trivial to some), this whanau needed their phone as it was connected to an alarm system. The client's phone was reconnected after several phone calls from my cell phone as the client had no other phone.

Another client I was able to support her to get back on a benefit to ensure her rent was paid and attend a tenancy termination hearing. Pleased to say her tenancy was not terminated and benefit was reinstated and backdated due to a WINZ error.

The main social work interventions include increasing health knowledge, strengthening coping strategies and ensuring access to information, resources and to informal/formal supports. Advocacy on frontline and higher levels is also crucial. It was great to see that clients have stayed resilient and utilised their strengths well in those distressing times, achieving good outcomes for themselves and their families. The shortage of appropriate and affordable housing has become increasingly noticeable with more and more clients seeking social work support for this reason. Many clients live in houses that are unhealthy, overcrowded, or for which they must pay more than half their income; others have no secure housing at all. Wellington City Council and Housing New Zealand have long waiting lists and private rentals are generally too expensive. This challenge is exacerbated by difficulties communicating with the state housing provider via the call centre rather than through face-to-face contact.

The relationships with the social work team has with Wellington City Council, local government agencies, community networks and other health providers continues to remain strong. Our social work peer group in Newtown ensures that there is ongoing, strong community connections.

The Social Worker Team

Financial Report

NEWTOWN UNION HEALTH SERVICE INC.

ANNUAL REPORT

FOR THE YEAR ENDED 30 JUNE 2017

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 Flows
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 2017, 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 2017, 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.

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.

DENT and HEATH

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 and Heath
Lower Hutt
31 October 2017

Newtown Union Health Service Inc.

Statement of Comprehensive Revenue and Expense
For the Year Ended 30 June 2017

	Notes	2017 $	2016 $
Revenue from exchange transactions	3		
Primary Care Contracts			
Capitation		1,206,157	1,194,622
PHO Contracts		1,387,354	1,433,772
Total Contracts		2,593,511	2,628,394
PHO System Level Measures		13,437	15,237
Operations		332,513	341,358
Total Operating Income		**2,939,461**	**2,984,989**
Non Operating Income			
Interest on Investments		25,243	27,322
Total revenue from exchange transactions		**2,964,704**	**3,012,311**
Revenue from non-exchange transactions	3		
Bequests and donations		1,834	10,023
Total Income		**2,966,538**	**3,022,334**
Less: expenses			
Staff Costs		2,458,165	2,455,754
Operating Costs		386,460	344,123
Financial Costs		161,224	194,914
Other Costs		42,848	62,567
Total expenses		**3,048,697**	**3,057,358**
Net (Deficit)/Surplus		**(82,159)**	**(35,024)**
Other Comprehensive Revenue and Expenses			
Extraordinary Item			
Loss on building damaged by fire		-	(40,196)
Insurance settlement on damaged building	4	174,961	-
Plus Expenses recovered from Reserves			
Staff redundancy payments		28,916	-
Pharmacy consultancy payments		12,900	-
Total Other Comprehensive Revenue and Expenses		**216,777**	**(40,196)**
Total Comprehensive Revenue and Expense		**134,618**	**(75,220)**

DENT AND HEATH Chartered Accountants LOWER HUTT

Newtown Union Health Service Inc.

Statement of Changes In Equity
For the Year Ended 30 June 2017

	Notes	2017 $	2016 $
Accumulated Comprehensive Revenue and Expenditure			
Opening Balance		1,154,921	1,230,141
Total Comprehensive Revenue and Expense for the year		134,618	(75,220)
Movements in Reserves			
Transfer to Capital Replacement Reserve		(188,940)	-
Transfer to Redundancy Reserve		(76,784)	-
Recover building refurbishment costs		147,392	
Transfer Insurance receipts to reserve		(174,961)	
Accumulated Comprehensive Revenue and Expenditure at 30 June 2017	3.7	**996,246**	**1,154,921**
Reserves			
Capital Replacement Reserve	3.7		
Opening Balance		**48,930**	**48,930**
Transfers to reserves per reserve policy		188,940	-
Building interior refurbishment costs		(147,392)	-
Closing Balance		**90,478**	**48,930**
Service Building Reserve			
Transfer of insurance settlement on damaged building	3.7	**174,961**	**-**
Redundancy Reserve			
Opening Balance		58,438	58,438
Transfer from Accumulated Comprehensive Revenue and Expenditure per reserve policy		76,784	-
Staff redundancy payments		(28,916)	-
Closing Balance	3.7	**106,306**	**58,438**
Service Development Reserve			
Opening Balance		102,048	102,048
Pharmacy consulting payments		(12,900)	-
Closing Balance	3.7	**89,148**	**102,048**
Total Equity at 30 June 2017		**1,457,139**	**1,364,337**

DENT AND HEATH Chartered Accountants LOWER HUTT

Newtown Union Health Service Inc.

Statement of Financial Position
As at 30 June 2017

	Notes	2017 $	2016 $
Current assets			
Cash and Cash Equivalents	5	1,115,635	1,019,581
Receivables from Exchange Transactions	3	71,866	170,983
Prepayments		9,435	11,947
Accrued Income		4,593	3,917
Accrued Interest		5,657	5,057
		1,207,186	1,211,485
Fixed Assets	6	723,868	579,207
Total Assets		**1,931,054**	**1,790,692**
Current liabilities			
Trade and Other Creditors	3	228,119	209,874
Employee Entitlements	3.4	159,714	171,481
Dallow Fund		41,082	-
Union Support Fund		5,000	5,000
		433,915	386,355
Term Liabilities			
Trade Union Loans		40,000	40,000
Total Liabilities		**473,915**	**426,355**
Net Assets		**1,457,139**	**1,364,337**
Accumulated Comprehensive Revenue and Expense	3.7	996,246	1,154,921
Service reserves	3.7	460,893	209,416
Total Equity		**1,457,139**	**1,364,337**

Approved by:

Grant Brodie 31/10/17

Chairperson

Board Member

31/10/2017

Date

DENT AND HEATH Chartered Accountants LOWER HUTT

Newtown Union Health Service Inc.

Statement of Cash Flows
For the Year Ended 30 June 2017

	Notes	2017 $	2016 $
Cash Flows from Operating activities			
Cash was received from:			
PHO and other Contracts		2,714,085	2,583,632
Consultation, ACC and other fees and receipts		323,817	373,593
Interest Income		24,643	25,385
Bequests and donations		1,834	10,022
		3,064,380	**2,992,632**
Cash was applied to:			
Payments to Employees		2,477,949	2,426,193
Payments to Suppliers		523,028	610,405
Grants and Donations		-	1,416
		3,000,976	**3,038,014**
Net Cash generated from/(used for) Operating Activities		**63,403**	**(45,382)**
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		**(183,392)**	**(43,690)**
Net Cash applied to Investing Activities		**(8,431)**	**(43,690)**
Dallow Fund transferred from PHO		**41,082**	-
Net increase/(decrease) in Cash and Cash Equivalents		**96,054**	**(89,072)**
Cash and Cash Equivalents at the beginning of the year		1,019,581	1,108,653
Cash and Cash Equivalents at the end of the year	5	**1,115,635**	**1,019,581**
Comprising:			
Cash on Hand, Current Accounts and Interest Bearing Accounts		376,158	304,074
Cash on Term Deposit		739,476	715,507
Total Cash and Cash Equivalents	5	**1,115,635**	**1,019,581**

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.

DENT AND HEATH Chartered Accountants LOWER HUTT

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:

	2017	2016
	$	$
Annual leave accrual	150,389	158,676
Sick leave accrual	10,283	12,803
Total employee entitlements	160,672	171,481

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.

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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:

	2017	2015
	$	$
Cash at bank and interest bearing call accounts	376,158	304,074
Short-term deposits with maturities of less than 12 months	739,476	715,507
Total cash and cash equivalents	1,115,634	1,019,581

6 Fixed assets

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

2016	Office equipment and furniture	Medical equipment	Buildings	Total
	$	$	$	$
Cost	260,292	67,310	744,242	1,072,345
Accumulated depreciation	226,885	46,889	219,363	493,138
Net book value	33.907	20,421	524,879	579,207

DENT AND HEATH Chartered Accountants LOWER HUTT

Depreciated value of Buildings is as follows:	2017	2016
	$	$
Hall Avenue Clinic, including improvements	632,582	524,879

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 Well Health Trust PHO (from 1 July 2017 with 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
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:

	2017	2016
	$	$
Board	6,030	4,322
No. of people	10	9
Manager and Senior Management	271,980	271,005
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. NUHS occupies the premises but negotiations on the exercise of the right of renewal are still in progress. If negotiations are successful the commitment will be as follows:

Due within 1 year:	$ 15,264
Due thereafter	$ 15,264

.

Lease of two vehicles:

Lease 1: 3 years from 7 July 2015 to 7 July 2018

Due within 1 year:	$ 4,909

Lease 2: 3 years from 20 July 2017 to 20 July 2020

Due within 1 year:	$ 4,726
Due thereafter	$ 9,452

Lease of printers and scanners:

The lease is for 3 years until 30 June 2019.

Due within 1 year:	$ 5,160
Due thereafter	$ 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. (2016: $ Nil).

DENT AND HEATH Chartered Accountants LOWER HUTT