



NEWTOWN UNION HEALTH SERVICE

# **Annual Report 2021 - 2022**





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## SECTION ONE

### Newtown Union Health Service Policy Board and Staff

#### Policy Board:

Chairperson	Tim Rochford
Treasurer	Julie Lamb
Secretary	Fiona Osten
Kaumātua	Te Urikore (Julius) Waenga
Staff (clinical) Representatives	Jonathan Kennedy
Māori Rōpu Union Representative	Fran Renton (Co-opted August 2021) Grant Brookes
Community Representatives	Julie Lamb Roger Shaw Barbara Lambourn

#### Staff Administration Team:

Fiona Osten (Manager), Tunisia Pohatu (Reception Team Leader), Vanessa Gray (Executive Assistant), Giordano Rigutto (Finance Administrator), Kathy Symonds (Operations Administrator – from January 2022), Paul Marsden (Clinical Administrator – from March 2022)

#### Allied Health:

Philippa Thompson (Social Worker), Sonia Smith (Māori Social Worker), Flora Toma (Interpreter), Ella Checkley (PCPA – from October 2021), Linda Bryant (Clinical Advisory Pharmacist)

#### GP Team:

Vivienne Coppell (Team Leader), Jonathan Kennedy, Tin Maung Maung, Katrina Harper, Nikki Turner, Philip Dashfield, Angharad Dunn, John Robson (until February 2022), Sophie Sharpe (from January 2022), Howard Livingston (Locum) Massey, Ellen Miller (from January 2022), Jenny Linsell (from February 2022)

#### Nurse Team:

Dianne Theobald (Team Leader), Serena Moran (Nurse Practitioner – until March 2022) Maureen McKillop, Fou Etuale, Louise French, Rosie Wilson-Burke (maternity leave January 2022 – 2023), Joanna Cuncannon, Cathy O'Callaghan, Marcia Gawith (until February 2022), Victoria Lambert (until March 2022), Alasdair Muir (until January 2022), Mario Merlo, Trish Hancox, Fiona Da Vanzo (until February 2022), Bryony Hales (Locum), Rachel Mizon (from January 2022), Ella-Rose Haig (from February 2022), Denyce Galler (from May 2022), Hannah Kuizinas (from May 2022)

#### Reception Team:

Josie Bain (until June 2022), Ella Checkley, Abeer Dawod (until May 2022), Kathy Symonds (until December 2021), Debbie McGill, Judith McCann (until December 2021), Waty Arief-Macher (until October 2021) Krys Keenan (Locum – until October 2021), Nahreen Awas (from November 2021), Zaenab Al-Nasih (from November 2021), May Ngo (from December 2021), Mutia Armand (from January 2022)

## SECTION TWO

### Chairperson's Report



***Tim Rochford, Chairperson NUHS Policy Board***

Tēnā koutou katoa  
Ko te pae tawhiti, whāia kia tata  
Ko te pae tata, whakamaui kia tina  
(Seek the distant horizons and cherish those you attain)

This whakataukī exemplifies the journey of Newtown Union Health Service in its remarkable journey over the last 35 years. NUHS has always led from the vision that good health should be available to all, whatever your income. We were the very first of many union health services and continue to be driven by a sense of solidarity with those who are struggling, and have always had a vision based on social justice. We are also a health service that always tries to improve the day to day lives of those who seek our support. For us the distant goal of equitable health for all is always on our mind as is the care and needs of our people, is the treasure we cherish on a daily basis.

Of course, this last year has been dominated by COVID as have the two before it and what an extraordinary experience it has been. The World Health Organisation has estimated over 6 million have died directly from the pandemic and estimate the real toll could be at least double that. We in Aotearoa / New Zealand have been spared the worst impact as a result of wise and compassionate Government and a country united in the desire to protect our weakest.

Three years of COVID has had its toll however and I hope our country stays its course and continues to view our health and wellbeing through a compassionate lens. The world is a much less stable and benign environment than it seemed in 2019 and the stress of the pandemic and the isolation it caused will bring issues for years to come. The call of Jacinda Ardern to be kind is more relevant now as we return to some form of normal.

NUHS has been at the forefront of protecting our people and has worked tirelessly and I continue to be in awe of Fiona and the amazing, dedicated staff that have been serving us over the last year. We continue to provide care and honour our vision and commitment to those who we serve.

As we have a new membership system, I encourage all those who have not enrolled to do so to give us a solid community of our whānau to guide us through our challenges.

It has been a great privilege to be appointed Chair of the Board and I am honoured to represent and lead this wonderful team so imbued with the spirit of our vision. Sadly, we will be farewelling Barbara Lambourn, our longest serving board member, and seeking new members and energy as our mahi continues in this rewarding and challenging kaupapa. We have been here for thirty-five years and will continue to serve you and your whānau for at many years to come.

No reira  
Kia hora te marino  
Kia whakapapa pounamu te moana  
Kia tere to karohirohi I mua I te huarahi

Ngā Mihi  
Tim Rochford

## Manager's Report



**Fiona Osten, Manager**



I want to start this year's report with a thank you to all NUHS staff who have been, and continue to, work incredibly hard. Working within the health environment during the pandemic has required significant resilience and commitment. I acknowledge the heavy pressure and fatigue this has brought to people, and I am grateful to staff who have continued to keep the focus on providing outstanding care to the patients who use the services of NUHS.

There have been many staff changes during this reporting period and the recruitment process and supporting new staff has been continuous over this last year. Given the current recruitment difficulties it has meant there hasn't been a month when recruitment hasn't been a priority. This is time consuming and disheartening at times however we have had fabulous staff join the team and we try hard to remain in good spirits.

The roof upgrade has finally been completed and I am pleased to report the repairs successfully means the roof leaks have stopped. It was a long and complicated process, and I would like to thank Brian and Ludlow Builders for the outstanding result.

We moved to Indici, a new Patient Management System, in May 2021. Over this last year we have been able to consolidate our knowledge and skills with the new system and a year on I am pleased to say the new system is working well for us.

This year we continue to be successful in maintaining our Health Care Home status which is designed to improve the quality and sustainability of services within General Practice. We have also completed the Royal NZ College of General Practice Foundation Standards for Massey, another quality improvement programme that supports us to reflect and improve on the services we provide.

We have completed four years of the shared partnership we have with Massey University where NUHS provides the medical services for Massey students at the Wellington Campus. This started as a unique initiative which has been successful in providing a reliable service for students. NUHS staff work alongside the Massey team of counsellors, allied health providers and the administration team. I have a solid and respectful relationship with the Massey Health Service Manager in Palmerston North who has oversight of the Administration Team in Wellington.

During the peak Covid period last year Tū Ora PHO contracted NUHS to provide a Mobile Swabbing Services and Community support which we provided in partnership with Wesley Community Action. The service covered the Wellington area up to Churton Park. The service provided access to Covid screening and community support that were difficult to access for sectors of the community.

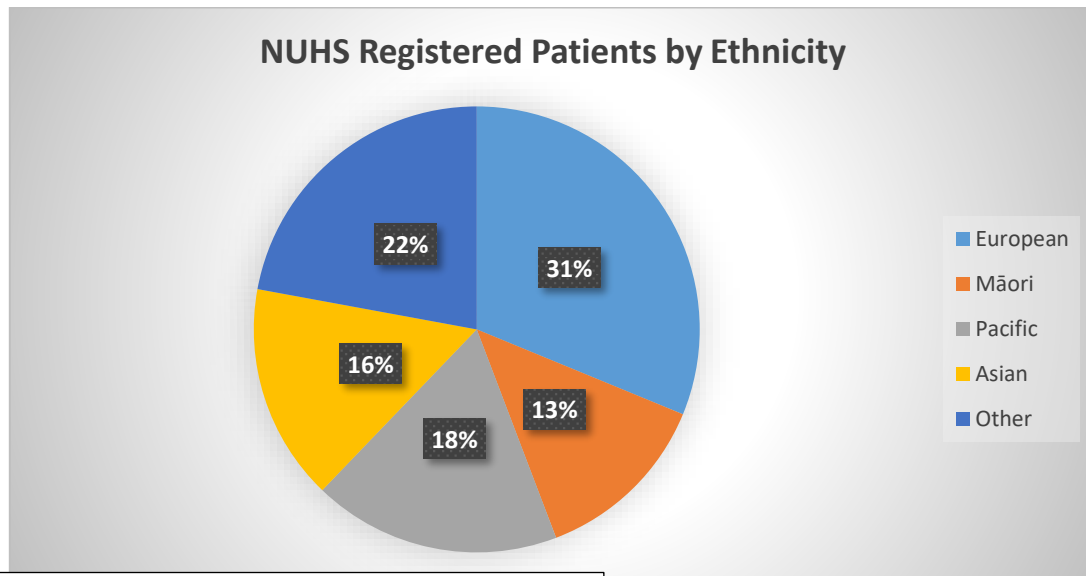
A big thank you to the staff who support the Managers role and me to make sure I can do the best job possible to manage and lead the service. The support from staff and the Board makes such a complex job sustainable and rewarding.

It's been important for our Kaumatua, Papa Julius, to remain safe and well during the pandemic and although we may not have seen as much of each other as previous years he is always a phone call away offering us support and guidance, E te rangatira, e kore e ārikarika a ngā mihi ki a koe, mōu tautoko i tō mātou Kaupapa, ā, nāu i tina ake ai te taura herenga tangata. Tēnā, ko ngā kupu ruarua nei hei tīhaketanga mo e utanga o whakairo nui

## Patient Register and Demographics Report

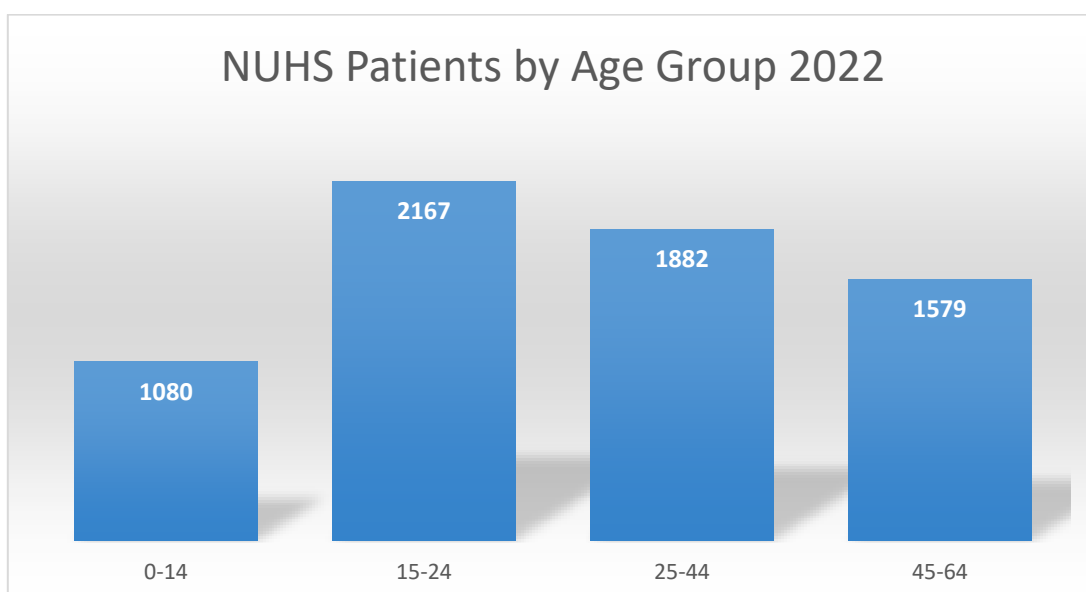
As of 30 June 2022, the number of NUHS funded patients was 7490. This number does not include casual patients who may still be in the process of being enrolled, transferring out or not eligible for NZ Government funding. Patient complexity continues to increase which means register size still does not capture the volume of work involved in providing services to patients. Of the total group of patients, 4050 patients have been identified as having high needs.

There has been a decrease of 579 patients from the last reporting year. In part this can be attributed to Covid-19 where the restriction on travel has meant a continued reduction of international students at Massey, and the register management due to staff vacancies, slower than predicted recruitment times and staff welfare.



Source: Tū Puna Practice Portal, Tū Ora PHO

The pie graph above shows the breakdown of registered patients by ethnicity. The European component is 31% which is the same as last year. The second- highest group is Other at 22% then Pacific at 18% followed by Asian at 16% and Māori at 13%.

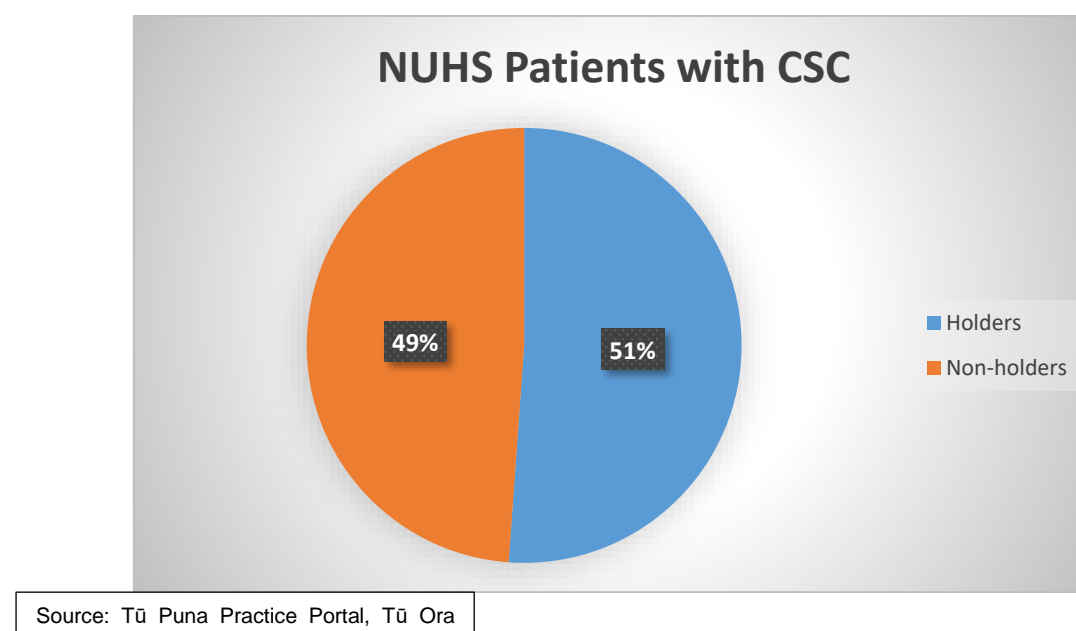
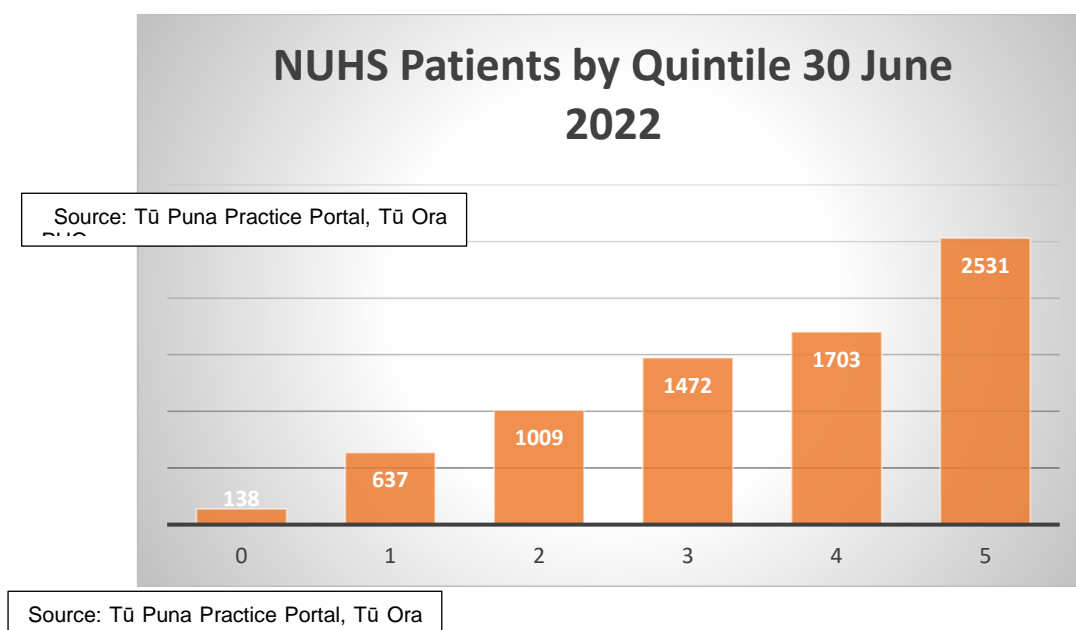


Source: Tū Puna Practice Portal, Tū Ora PHO

The graph above shows the distribution of the population by age group. Since the merge with Massey this too has changed the NUHS demographic.

This year most of the registered patients are aged between 15-24 years of age with the second group the 25-44 years old.

The graph below shows the breakdown of the population using the NZ Deprivation Index. Quintile 1 represents people living in areas of less deprivation and Quintiles 4 and 5 those living in areas of greater hardship.



This chart above shows the numbers of those patients with and without a Community Services Card (CSC). The service receives additional Government funding for those patients who have a CSC. Since this new funding was introduced, this has meant an increase in funding to the service.

There are still patients eligible to receive the CSC though for many the application process is not easy, and they don't apply. The NUHS team offers support to patients where needed.



## SECTION THREE

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

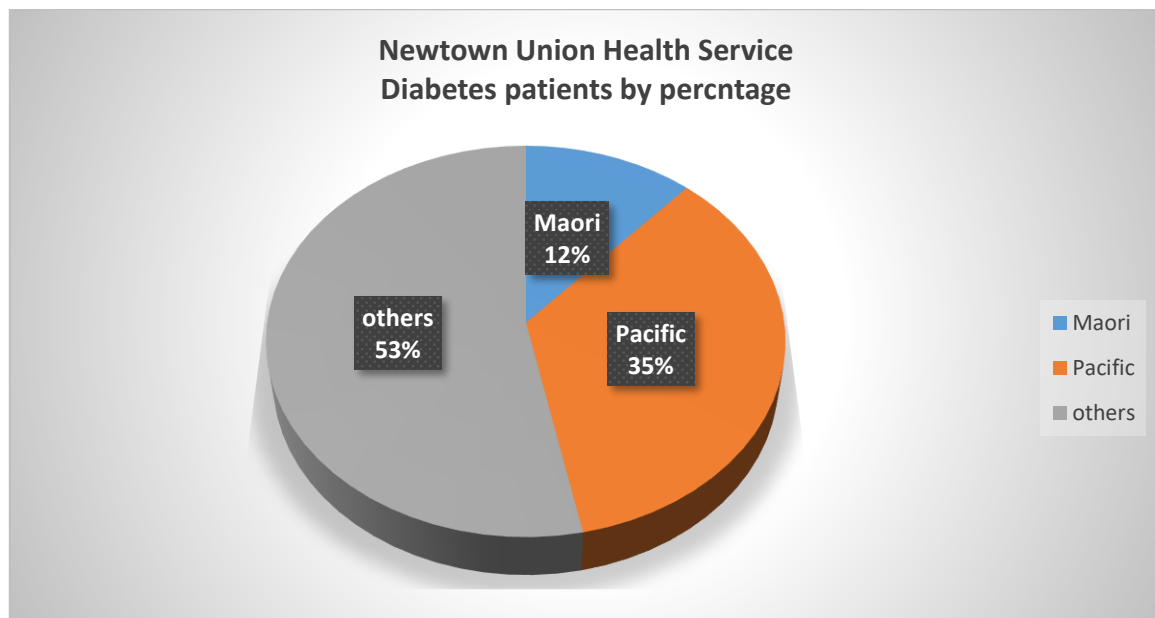
### Diabetes Report



#### *The Diabetes Team*

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 Clinical Pharmacist Linda Bryant.

There are 656 registered patients who have a diagnosis of diabetes, 537 with pre-diabetes. Of these groups 625 have Type 2 diabetes and 29 have Type 1 diabetes.



NUHS has a Diabetes Education Programme that covers all aspects of diabetes care, including initial assessment and education and ongoing screening. The programme is delivered on an individual basis at regular scheduled appointments with the patients' allocated nurse or their GP. 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 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 can 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.

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 Diabetes related activities include:

- Three monthly Diabetes Specialist consultation clinic with Dr Jeremy Krebs for patients with HbA1c >64 and higher level of complexity.
- 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.
- Outreach nursing service.
- Fortnightly community Dietitian clinics.
- Liaison 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 a collaboration between primary and secondary care and works to promote quality and consistency of diabetes services across the region.

One nurse is a member of the Wellington Regional Diabetes Clinical Network which has oversight of Diabetes Services in the greater Wellington region.

COVID has presented us with many challenges as shortage of nurses due to sickness; leave and the energy of our staff has been diverted to providing care and follow up of patients with COVID. This has meant that management of long-term conditions including Diabetes has not been delivered in the same way. There has been less opportunity to see people in person and virtual consultations with our high- needs population are often limited and made more difficult if English is not their first language. It is anticipated that as COVID work starts to stabilise, there will be more opportunity to follow up patients who may be needing support with their long-term condition management.

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. There will be wider ramifications as this group are more likely to be impacted by 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.

Diabetes Team  
NUHS



### *The Mental Health Team Report*

The Newtown Union Health Service (NUHS) mental health contract supports the provision of funded visits for 549 patients. This has remained stable over 2022. Utilisation rates show there have been 674 consultations over the past 6 months, an average of 1.2 consultation per patient on the register.

To ensure the patients get the best care we can provide the Newtown Union Health Service Mental Health Team activity includes:

- Three-monthly meetings with the Team for Assertive Community Treatment (TACT team).
- Bi-monthly 30-minute meetings with Opioid Treatment Service Primary Care Liaison
- Fortnightly 60-minute meeting with a psychiatrist Paul French Followed by a 2-hour clinic for patient reviews by Dr French.

### **Outreach**

NUHS provides a 3-monthly GP clinic at a supported living facility, run by Emerge Aotearoa, with liaison and support provided as needed between scheduled outreach clinics.

Before 2022 there were six-monthly reviews with WCMHT, health Pacifica and Te Whare Marie. This has not yet resumed 2022 due to several barriers, however there is planning for these to be resumed soon.

Within the community there is increasing feedback that counselling and mental health services are difficult to access due to increased demand, and lack of funding. Patients have voiced that they feel not heard or treated appropriately within the secondary services.

NUHS has been fortunate to have a Health Improvement Practitioner (HIP) as part of the team during the reporting period. This is a Tū Ora PHO funded role. Unfortunately, this role has become vacant and while we wait for a replacement there has been increased pressure on the staff. This position has been missed as the HIP has a vital role in supporting patients in the community.

Alongside the HIP role there is a Health Coach role, funded by Tū Ora PHO and employed by Te Waka Whaiora. The Mental Health team works with Te Waka Whaiora navigation service to integrate these into Newtown Union Health service provision.



***Dr Linda Bryant, Clinical Advisory Pharmacist***

The clinical advisory pharmacist (CAP) works 2.5 days at NUHS, 1.5 days funded by Tū Ora Compass and 1.0 day funded by NUHS. The service is provided primarily from the Newtown Clinic, with half a day at the Broadway clinic. The CAP has a clinic on three afternoons a week; while at other times manages repeat prescriptions and responding to medicine information enquiries.

Pharmacist facilitation has continued to be a combination of clinics for patient appointments to optimise medicines, repeat prescribing to identify potential medicines issues, opportunistic patient consultations and medicines information / recommendations. The continual focus is optimising medicine therapy to reduce drug-related morbidity and mortality and reduce inequity in our population with high unmet need. Contact with patients may be in clinic, telephone, text, email or through the My Indici patient portal.

The last half of 2021 had a focus on getting the population vaccinated against COVID, and from February 2022 the COVID omicron surge impacted on services. It was difficult managing long term conditions with many patients and staff unwell, and / or in isolation. However, it was gratifying to see that we had a continued uptake of the new medicines, empagliflozin and dulaglutide, for reducing the renal and cardiovascular complications of diabetes.

There has also been a focus on switching people with asthma from reliance on the previous reliever medicine (salbutamol) to the combination of reliever and preventer inhalers (AIRE regimen), as per the new guidelines for managing asthma in adults. This is particularly important for those people with mild or seasonal asthma as evidence has shown that relying on only a reliever and not using a preventer, increases damage to the lungs. Like with the new medicines to reduce the complications of diabetes, this change in practice is very important to help reduce inequity. A greater proportion of Māori and Pacific people have asthma.

Another aspect of COVID was the impact it had on consistency of medicines supply. Although not directly a stock shortage issue, the production of cilazapril, the most prescribed ACE Inhibitor for blood pressure, has meant extra work switching people from cilazapril to another medicine, and including follow ups to monitor the effect on blood pressure and make dosage adjustments when necessary. This is continuing and the plan is to have discontinued the majority of people on cilazapril before Christmas 2022.

Medicines information enquiries are constant, often requiring an immediate answer as a clinical decision is required. Being readily accessible is important for these enquiries. The response to enquiries is often shared with all clinicians to aid further learning. Similarly bulletins regarding clinical updates are provided.

The CAP has attended and presented at the general practitioner peer group discussing medicine updates, including new medicines for heart failure.

Looking to the 12 months from July 1 2022 the aim is to review progress for our use of empagliflozin/dulaglutide, and the switch to the AIRE regimen for people with mild asthma. Heart failure will also be a focus, and optimising medicines.



### *The Outreach Immunisation Team*

Newtown Union Health is contracted to provide Outreach Immunisation Services and covers the Wellington region from Island Bay in the South through to Churton Park in the North, including Makara and Ōhāriu Valley.

The team consists of 2 experienced registered nurses working part-time, and an administration support person.

Over the past year the service received a total of 542 referrals, an 11% increase from the previous year. 135 children were given vaccinations during the reporting year.

Most of the immunisations were given in the child's home, including emergency accommodation. Referrals to families in emergency accommodation has increased steadily throughout the year.

The Outreach Service has noted more referrals for children living with extended whanau, over the past year. This includes children in the care of grandparents. This has meant an increase in the level of work trying to contact them and arranging suitable times to home visit and give the immunisations. Several different communication methods are used to follow-up referrals through telephone calls, text messages, email and home visits made by the Outreach nurses. This reflects the diverse and flexible model required to action referrals. Multiple attempts are made to contact families, reflecting the huge effort and challenges that the nurses face in reaching these high needs and vulnerable families.

During this past year, 278 home visits were made by the nurses. 657 phone calls were made, and 530 text messages sent.

The OIS nurses have had several referrals for children from refugee and migrant backgrounds. These families have English as a second or third language, and the nurses have navigated this during their visits with the help of family members, translation services (via google on mobile phone), and interpreters.

Many referrals to the OIS were for children/families who have moved to the Wellington region and have been unable to register with a GP. The OIS nurses have encouraged them to follow up with this and have provided local GP contact information.

25 referrals received from GP practices were for children who had relocated overseas. The nurses utilised email to ascertain if they were still in New Zealand. Most families quickly responded, and the nurses were able to pass this information on to practices.

During the August 2021 Covid-19 lockdown the OIS nurses were unable to undertake home visits during this time, and both nurses worked from home. IT connections allowed the nurses to continue to monitor referrals, send emails to families and other stakeholders, make phone calls, and sent text messages. The nurses were in regular contact with each other during this time.

Covid-19 Level 2/orange allowed the nurses to resume home visits and giving immunisations in the home setting. Appropriate PPE was worn, and health screening was done prior to and on arrival at the homes. Equipment was cleaned after each visit, and the nurses followed MOH guidelines for healthcare staff undertaking care in the community. Priority was given to referrals for the youngest children needing immunisations and NZ Māori and Pacific Island children.

The Outreach Immunisation team continue to work collaboratively with local Plunket nurses, 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 and Plunket nurses, and GPs for further health care.

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. This provided the team an opportunity to enhance their knowledge and skills as well a chance to network with other immunisation providers.

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.

## Newtown Park Flats Clinic and Outreach Report



### **Newtown Park Flats Clinic and Outreach Team**

Newtown Park Flats (NPF) outreach clinic operates weekly on Fridays by a nurse; doctor attends on first Fridays monthly. 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 etc. Those who need urgent support or treatment are referred to Newtown Union Health Service clinic. Patients needing social support are assessed and referred to the NUHS social worker or appropriate social service providers.

Newtown Park Flat registered population - June 2022

Ethnicity	00 to 04	05 to 14	15 to 24	25 to 44	45 to 64	65 +	Total
AFRI	9	11	7	23	7	3	60
ASIA	2	3	2	6	6	4	23
EURO		1	1	6	11	2	21
MAORI				5	6	2	13
MIEA	2	1	1	8	6	7	25
PI	3	7	5	4	10	3	32
Total	16	23	16	52	46	21	174

The current registered population stands at 174. We have conducted one flu clinics at NPF during this period. Majority of attendees at NPF clinic are at deprivation index of 5. Home visits are also a key component of this clinic to provide health care to house bound clients.

NPF clinic service has been affected by COVID because of small waiting area without red and green stream, staff sickness and leaves during this period.

Ia Manuia  
Fou Etuale and Tin Maung Maung  
Newtown Park Flat Team



### *The Refugee Team*

The Newtown Union Health Service Refugee Team most recently has consisted of Cathy O'Callaghan (Primary Care Nurse), Angharad Dunn (General Practitioner) and Philippa Thompson (Social Worker).

Nima Baniowda (Social Worker) was part of the team whilst covering Philippa's maternity leave until she returned in February 2022 and Nima's role finished in May 2022.

Jonathan Kennedy (General Practitioner) was the longstanding GP on the team until this was taken over by Angharad Dunn in late 2021. He has continued to support and guide the team throughout the year. The team was supported by Serena Moran (NUHS Primary Care Nurse Practitioner) until her resignation in early 2022.

The Covid-19 Pandemic has continued to have a major effect during the reporting period. In particular, Quota Refugee arrivals and Refugee-Like Migrant family reunification arrivals have been greatly reduced, although there are now signs that arrival numbers are increasing again.

As the situation with the pandemic has stabilised throughout the year, some challenges have lessened though impacts on former refugees already in New Zealand with disrupted settlement processes, and disrupted access to health care and social services, including primary health care continue to some degree. Issues with accessing appointments, variable use of interpreters by health services and major pressure for adequate housing continue to be common themes reported by people with refugee backgrounds to NUHS clinical staff.

Te Āhuru Mōwai o Aotearoa/Mangere Refugee Resettlement Centre now accommodates Quota refugees for 5 weeks before they settle in different areas around the motu. Recently in 2022 the stay has been much longer due to insufficient housing availability all over Aotearoa. A recent intake of families to Wellington are at present in emergency & transitional housing which impacts on their ability to access primary health care and support.

### **Refugee Team and NUHS refugee activities**

Refugee Liaison Meetings continued to be held monthly with regular representation from Red Cross Refugee Trauma Recovery, Red Cross (resettlement support), Regional Public Health (public health nurses), and other health professionals working in the refugee sector. At times these meeting have been held virtually to accommodate pandemic restrictions.

Refugee team members attended the Ministry of Business, Innovation and Employment (MBIE) / Immigration New Zealand Refugee Resettlement Stakeholder Webinar, Wellington Regional Wider Refugee Network and the Former Wellington Regional Action Plan Group.

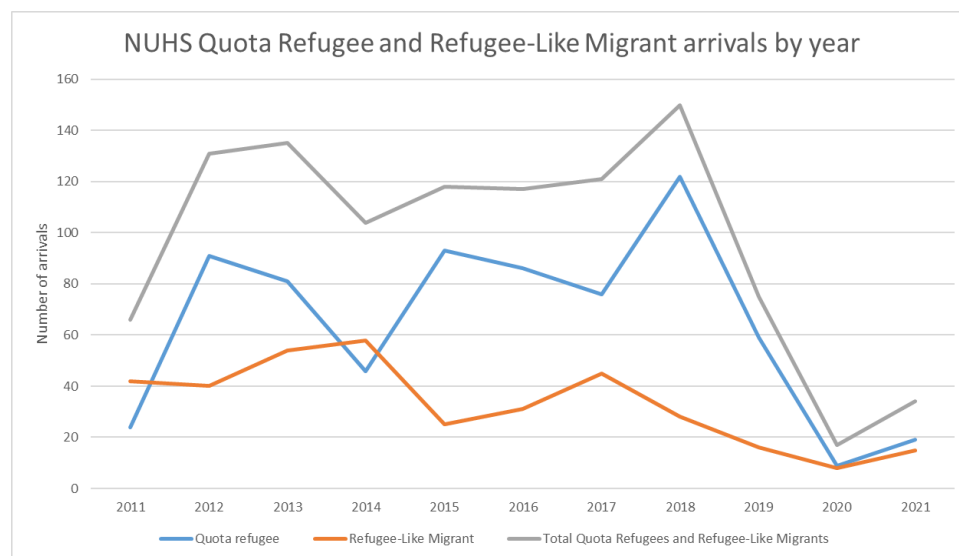
The NUHS Refugee Team and Whitireia Polytechnic collaboration was completed and four post graduate nursing eLearning Refugee Modules went live and are now available to purchase from Whitireia.

The NUHS Covid-19 outreach service, which previously included Nurse Practitioner Serena Moran, continued to assist with addressing challenges faced by former refugee families in Wellington and provided a mobile Covid-19 testing service for a PHO wider population. Video-interpreting continues to be used especially with the NUHS-employed interpreter. Video-consultation capability remains, though possibly continues to be underutilised. During this reporting period, New Zealand re-entered higher Covid alert levels resulting in increased use of this important option.



Overall, capability for delivery of our primary health care service remains stable with sufficient staffing to meet usual demands. The ongoing workload for former Quota Refugee and Refugee-Like Migrant patients already enrolled continues, though there could be expected to be additional stresses on these groups because of concern for family members overseas and delays in family reunification that can impact on health and need for primary care services.

### **Arrivals in the reporting period 1/7/2021 – 30/6/2022**



Newtown Union Health Service refugee team members look forward to ongoing provision of health care for existing and newly arrived refugees and their migrant family members in the remainder of 2022 and in 2023, with an anticipated increase in arrival numbers over this time and more stability of issues created by the pandemic.

#### **Appendix: \*Newtown Union Health Service 'Refugee-like Migrant' Eligibility Criteria**

(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 Social Worker Team*

The role of the social worker at Newtown Union Health is to support the doctors and nurses when patients present with issues which are not medical and yet still affect their health. This could be housing, finances, immigration, family transitions (marriage, new baby, children growing up) or family breakdown, or coming to terms with a new diagnosis. The aim is for client and social worker to set goals and work together to achieve them. This can include advocacy, accompanying someone to appointments or being a listening ear. It is voluntary and can continue as long as needed. Working as a team with the doctors and nurses ensures we can offer effective support, such as being able to quickly get assistance from a triage nurse if someone mentions they are unwell while talking to us.

### **Staff**

Sonia Smith continues her role as the NUHS Māori social worker (NUHS MSW). Philippa Thompson returned from parental leave in February after 15 months away. Nima Baniowda filled the role of the NUHS general social worker in her absence and stayed on for an additional three months. She left NUHS in May to take up a role at Wellington Regional Hospital – we wish her all the best.

### **Issues**

The NUHS MSW has recognised that Māori whānau have been reaching out for support in the last year predominantly around breaking down access barriers to health services. Barriers experienced are understaffing due to the covid pandemic, therefore appointments for primary and secondary healthcare comes with an extensive wait time. Many whānau also struggle to understand the complexities of accessing resources to help maintain their health, therefore The NUHS MSW will always support whānau towards making urgent or routine health appointments, sorting prescriptions and medications, regular follow up liaisons with all health professionals, transport support when necessary, locating funding for health sustenance, and advocating at all levels to alleviate extensive health costs.

The NUHS MSW has also noticed a substantial increase in whānau suffering from financial hardship throughout the last year. Many support requests are regarding food sustenance, WINZ entitlements, and finding ways to help whānau get by from one week to the next. Food is a basic necessity of life and without food security there is a negative domino effect that impacts on the whole whānau mentally, physically, and spiritually. Housing is another ongoing issue that has limitations due to the housing crisis, therefore the NUHS MSW has been working with whānau to ensure they become content in their current housing environments until a property becomes available, alongside advocating and facilitating as many different housing support streams as possible for whānau, to speed up the allocation process.

The NUHS General Social worker recognises that the housing crisis continues to affect many of our clients. Advocacy can be provided to ensure applications for social housing are appropriately prioritised but then there inevitably remains a long period of waiting, which is very frustrating for families. The social worker tries to support clients through this time both practically and emotionally. With borders re-opening, another significant issue is immigration with many clients applying to bring family members or partners to New Zealand. The social worker helps clients to access legal advice to support this. Covid-19 continues to impact many families and it is not uncommon to have appointments cancelled because someone is unwell or in isolation. Sometimes work can be done remotely.

## **Successes**

It is always a success to create and maintain strong trusting bonds with whānau as that comes with consistent engagement, followed on with successful outcomes. And because many whānau who are referred suffer from hardship, the NUHS MSW makes it a priority to create sturdier trusting bonds with community and government agencies as well, which ultimately eliminates whānau financial issues a lot sooner than usual. Breaking down financial restraints has a positive ripple effect towards eliminating most health and social issues whānau suffer from. Successful outcomes with whānau also tends to be spread by word of mouth throughout the NUHS Māori community, whereas the NUHS MSW has in many cases ended up working with the immediate whānau as well as their extended whānaunga via using a holistic kaupapa māori approach.

Nima's knowledge of Arabic language and culture was a significant asset to many of the Middle Eastern clients and she was able to provide robust advocacy for them, without neglecting other cultural groups. For the NUHS general social worker there has been small successes related to housing, for example, finding temporary accommodation for two young women who were homeless and pregnant (although finding permanent homes for them is an ongoing challenge). Other small successes include advocating for a high priority rating on the social housing waiting list. Another success comes from being creative about working remotely, using available technologies.

## **Networking**

Networks that continued to be strengthened with the NUHS social workers are with Wellington City Council, Kainga Ora, Dwell Housing, EIS, Oranga Tamariki, Rangatahi MH Unit, Birthright, Family Courts, Te Aro Family Law, Paul Eagle Office, Police, Social Worker Peer Group, City Mission Social Supermarket, Salvation Army, Wesley Care, WCLC, NEST Collective, CCDHB Ora Team, Tu Ora PHO, SVDP, Tui Hauora, Taeaomanino Trust, Te Roupū Awhina, Te Haika, Refugee Trauma Recovery, Strengthening Families, Red Cross, Sustainability Trust, Healthy Homes.



**NEWTOWN UNION HEALTH SERVICE INC.**  
**ANNUAL REPORT**  
**FOR THE YEAR ENDED 30 JUNE 2022**

- 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**

## **INDEPENDENT AUDITOR'S REPORT**

### **To the Members of Newtown Union Health Services Incorporated**

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#### **Opinion**

We have audited the financial statements of Newtown Union Health Services Incorporated on pages 1 to 9, which comprise the statement of financial position as at 30 June 2022, 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 2022, 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 Auditor's 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.<sup>3</sup>



### **Auditor's 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 auditor's 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 auditor's responsibilities for the audit of the financial statements is located at the XRB's website at [www.xrb.govt.nz/standards-for-assurance-practitioners/auditors-responsibilities/audit-report-8/](http://www.xrb.govt.nz/standards-for-assurance-practitioners/auditors-responsibilities/audit-report-8/).

**Signed:**

A handwritten signature in blue ink, appearing to read 'L Heath'.

**L Heath - Qualified Auditor**  
**Dent and Heath**  
**Lower Hutt**  
**26 October 2022**

**Newtown Union Health Service Inc.**  
**Statement of Comprehensive Revenue and Expense**  
**For the Year Ended 30 June 2022**

	Notes	2022 \$	2021 \$
Revenue from exchange transactions	3		
Primary Care Contracts			
Capitation		1,771,180	1,772,153
PHO and MINHEA Contracts		1,580,494	1,776,728
Total Contracts		<u>3,351,674</u>	<u>3,548,881</u>
PHO Quality Payments		33,065	33,595
Operations		800,182	599,485
Total Operating Income		<u>4,184,921</u>	<u>4,181,961</u>
Non Operating Income			
Interest on Investments		9,733	16,076
Total Income		<u>4,194,654</u>	<u>4,198,037</u>
Less: Expenses			
Staff Costs		3,299,017	3,248,310
Operating Costs		552,422	614,737
Financial Costs		96,570	75,160
Other Costs		19,800	19,322
Total Expenses		<u>3,967,809</u>	<u>3,957,529</u>
Net Surplus/(Deficit)		<u>226,845</u>	<u>240,508</u>
Other Comprehensive Revenue and Expense		-	-
Total Comprehensive Revenue and Expense		<u><u>226,845</u></u>	<u><u>240,508</u></u>



# Newtown Union Health Service Inc.

Statement of Changes In Equity  
For the Year Ended 30 June 2022

	Notes	2022 \$	2021 \$
<b>Accumulated Comprehensive Revenue and Expenditure</b>			
Opening Balance		1,511,329	1,014,700
Total Comprehensive Revenue and Expense for the year		226,845	240,508
<b>Movements in Reserves</b>			
Transfer from/(to) Capital Replacement Reserve		(69,511)	270,525
Transfer from/(to) Redundancy Reserve		9,292	(14,404)
<b>Accumulated Comprehensive Revenue and Expenditure at 30 June 2022</b>	3.7	<b>1,677,955</b>	<b>1,511,329</b>
<b>Reserves</b>			
<b>Capital Replacement Reserve</b>			
Opening Balance	3.7	<b>326,442</b>	<b>596,967</b>
Depreciation for the year		69,511	59,475
Use of funds		-	(330,000)
Reserve build-up for future capital expenditure		-	-
Net transfer from/(to) Accumulated Comprehensive Revenue and Expenditure		69,511	(270,525)
<b>Closing Balance</b>		<b>395,953</b>	<b>326,442</b>
<b>Service Building Reserve</b>			
<b>Closing Balance</b>		<b>174,961</b>	<b>174,961</b>
<b>Redundancy Reserve</b>			
Opening Balance		145,387	130,983
Transfer from/(to) Accumulated Comprehensive Revenue and Expenditure per reserve policy		(9,292)	14,404
<b>Closing Balance</b>	3.7	<b>136,095</b>	<b>145,387</b>
<b>Service Development Reserve</b>			
<b>Closing Balance</b>	3.7	<b>103,848</b>	<b>103,848</b>
<b>Total Equity at 30 June 2022</b>		<b>2,488,812</b>	<b>2,261,967</b>



# Newtown Union Health Service Inc.


## Statement of Financial Position

As at 30 June 2022

	Notes	2022 \$	2021 \$
<b>Current assets</b>			
Cash and Cash Equivalents	4	1,831,993	1,701,344
Receivables from Exchange Transactions	3	169,521	195,478
Prepayments		45,473	38,494
Accrued Income		6,241	8,881
Accrued Interest		4,665	1,400
		<u>2,057,893</u>	<u>1,945,597</u>
<b>Fixed Assets</b>	5	1,187,357	1,029,180
<b>Total Assets</b>		<u><b>3,245,250</b></u>	<u><b>2,974,777</b></u>
<b>Current liabilities</b>			
Trade and Other Creditors	3	220,016	235,425
GST Payable		48,575	34,478
Employee Entitlements	3.4	303,133	286,538
Advance Income		104,106	76,107
Dallow Fund		38,108	37,762
Union Support Fund		2,500	2,500
		<u>716,438</u>	<u>672,810</u>
<b>Term Liabilities</b>			
Trade Union Loans		40,000	40,000
<b>Total Liabilities</b>		<u><b>756,438</b></u>	<u><b>712,810</b></u>
<b>Net Assets</b>		<u><b>2,488,812</b></u>	<u><b>2,261,967</b></u>
Accumulated Comprehensive Revenue and Expense	3.7	1,677,955	1,511,329
Service reserves	3.7	810,857	750,638
<b>Total Equity</b>		<u><b>2,488,812</b></u>	<u><b>2,261,967</b></u>

Approved by:

   
Chairperson

 Julie Lamb  
Board Member

26/10/2022

Date

# Newtown Union Health Service Inc.

Statement of Cash Flows  
For the Year Ended 30 June 2022

	Notes	2022 \$	2021 \$
<b>Cash Flows from Operating activities</b>			
<i>Cash was received from:</i>			
PHO and other Contracts		3,412,684	3,616,074
Claims and Consultation Fees		828,832	573,748
Interest Income		6,468	18,787
		<u>4,247,984</u>	<u>4,208,609</u>
<i>Cash was applied to:</i>			
Payments to Employees		3,289,357	3,251,072
Payments to Suppliers		600,638	627,783
Union Support		-	2,500
Dallow Fund		(346)	(102)
Donations		-	100
		<u>3,889,649</u>	<u>3,881,353</u>
<b>Net Cash generated from/(used for) Operating Activities</b>		<u>358,335</u>	<u>327,256</u>
<b>Cash Flows from Investing Activities</b>			
<i>Cash was applied to:</i>			
Purchase of Fixed Assets		<u>(227,686)</u>	<u>(365,732)</u>
<b>Net increase/(decrease) in Cash and Cash Equivalents</b>		<b>130,649</b>	<b>(38,476)</b>
Cash and Cash Equivalents at the beginning of the year		<u>1,701,344</u>	<u>1,739,820</u>
<b>Cash and Cash Equivalents at the end of the year</b>	4	<u>1,831,993</u>	<u>1,701,344</u>
<i>Comprising:</i>			
Cash on Hand, Current Accounts and Interest Bearing Accounts		984,912	861,093
Cash on Term Deposit		847,081	840,251
<b>Total Cash and Cash Equivalents</b>	4	<u>1,831,993</u>	<u>1,701,344</u>

**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.

**Newtown Union Health Service Inc.**  
**Notes forming part of the Annual Report for the year ended 30 June 2022**

*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 includes 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.

**Newtown Union Health Service Inc.**

**Notes forming part of the Annual Report for the year ended 30 June 2022**

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:

	2022	2021
	\$	\$
Annual leave accrual	287,390	273,175
Sick leave accrual	15,743	13,363
Total employee entitlements	303,133	286,538

**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.

**Newtown Union Health Service Inc.**  
Notes forming part of the Annual Report for the year ended 30 June 2022

**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 Cash and cash equivalents**

Cash and cash equivalents include the following components:

	2022	2021
	\$	\$
Cash at bank and interest-bearing call accounts	984,912	861,093
Short-term deposits with maturities of less than 12 months	847,081	840,251
Total cash and cash equivalents	1,831,993	1,701,344

**5 Fixed assets**

2022	Office equipment and furniture	Medical equipment	Buildings	Total
	\$	\$	\$	\$
Cost	463,918	98,420	1,431,826	1,994,164
Accumulated depreciation	392,596	77,570	336,641	806,807
Net book value	71,322	20,850	1,095,185	1,187,357

2021	Office equipment and furniture	Medical equipment	Buildings	Total
	\$	\$	\$	\$
Cost	419,118	95,489	1,251,870	1,766,477
Accumulated depreciation	356,998	72,294	308,005	737,297
Net book value	62,120	23,195	943,865	1,029,180

Depreciated value of Buildings is as follows:

	2022	2021
	\$	\$
Hall Avenue Clinic, including improvements	1,095,185	943,865

**Newtown Union Health Service Inc.**

**Notes forming part of the Annual Report for the year ended 30 June 2022**

**6 Audit**

These financial statements have been subject to audit. The audit fee amounted to \$ 11,500 (2021: \$ 11,500).

**7 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:

	2022	2021
	\$	\$
Board	4,884	6,197
No. of people	7	10
	\$	\$
Manager and Senior Management	264,086	252,770
No. of people	3	3

**8 Operating Lease Commitments:**

NUHS has entered into the following leases:

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

Lease 3 years from 01 July 2019 to 30 June 2022.

Option to renew for a further 3 years.

Due within 1 year – if option is exercised: \$ 18,121



**Lease of premises at 412 Broadway, Miramar, Wellington.**

Lease 3 years from 01 December 2019 to 31 December 2022.

Option to renew for a further 6 years.

Due within 1 year – if option is exercised	\$ 45,996
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**Lease of two vehicles:**

**Vehicle 1:**

Lease signed on 28 August 2020 for 3 years

Due within 1 year:	\$ 6,241
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Due thereafter	\$ 1,040
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**Vehicle 2:**

Lease signed on 05 April 2022 for 3 years

Due within 1 year:	\$ 5,006
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Due thereafter	\$ 8,761
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**Lease of printers and scanners:**

Lease 3 years from 7 December 2018 to 20 December 2021.

Due within 1 year:	\$ 5,796
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**9 Capital commitments**

Roof remediation and air conditioning renewal work was completed during the year.

There are no capital commitments at the balance date.

**10 Contingent assets and liabilities**

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

**11 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. (2021: \$ Nil).





